

Lead Member for Environment and Community Safety Briefing

Dear Member,

You are invited to attend the meeting of the Lead Member for Environment and Community Safety Briefing to be held as follows for the transaction of the business indicated.

Miranda Carruthers-Watt
Proper Officer

DATE: Monday, 8 April 2019

TIME: 8.30 am

VENUE: Committee Room 3, Salford Civic Centre, Chorley Road, Swinton

In accordance with 'The Openness of Local Government Bodies Regulations 2014,' the press and public have the right to film, video, photograph or record this meeting.

AGENDA

- 1 **Apologies**
- 2 **Declarations of Interest**
- 3 **Items for Decision - Part 1 (Open to the Public)**
- 3a Health & Safety Plan 2019/20 (Pages 1 - 50)
- 4 **Exclusion of the Public**
- 5 **Items for Decision - Part 2 (Closed to the Public)**
- No items*
- 6 **Briefing Items**

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Part 1 - Open to the Public	ITEM NO.
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REPORT OF
THE STRATEGIC DIRECTOR PLACE

TO
LEAD MEMBER FOR ENVIRONMENT AND COMMUNITY SAFETY

ON 8th April 2019

TITLE: Health and Safety Service Plan 2019/2020

RECOMMENDATIONS: That the Lead Member approves the Health and Safety Plan for 2019/20 incorporating a review of the 2018-2019 performance

EXECUTIVE SUMMARY:

The Health and Safety Executive has introduced a National Local Authority Enforcement Code with the aim of ensuring that local authority health and safety enforcement is focused on serious risks and poor performers. To ensure the service is accountable to our community, local authority health and safety services and processes should be designed to meet the local needs of the public and businesses. This should be reflected in publically available risk based service plans, approved, on an annual basis, by elected members, which reflects the HSE's strategic priorities and the objectives of the National Code.

BACKGROUND DOCUMENTS: None

KEY DECISION: No

DETAILS:

Health and Safety Plan

In March 2016, the Health and Safety Executive (HSE) published a strategy statement entitled "Helping Great Britain Work Well" targeting six key areas with the aim of preventing death, injury and ill health in Great Britain's workplaces and supporting businesses to grow.

Enforcement of health and safety legislation is split between the Health and Safety Executive and local authorities. With the decline in manufacturing and the rise in the service and leisure sectors, there has been an increase in the number of places of work where local authorities are the enforcing authority.

In May 2013 the HSE produced the National Local Authority Enforcement Code which sets out a risk based approach for local authority regulators to follow when targeting health and safety interventions. Local authority health and safety services and processes should be designed to meet the needs of local businesses and the public. This should be reflected in publically available risk based service plans which are approved on an annual basis, by elected members and take account of both the HSE’s strategic priorities and the objectives of the National Code.

The Health and Safety Plan is required to demonstrate a broad range of activities to meet the codes four objectives which are:-

- Planned interventions to address the HSE’s six strategic aims
- Information on the service that is being provided in line with the National Code
- The means by which these services are going to be provided
- Performance targets and how they will be achieved
- A review of performance to address any variance from meeting the targets set out in the plan.

KEY COUNCIL POLICIES: Health & Wellbeing

EQUALITY IMPACT ASSESSMENT AND IMPLICATIONS: The service has regard to the ability of business proprietors to understand written and spoken English. Where necessary, written and verbal translations are provided.

ASSESSMENT OF RISK: Low

LEGAL IMPLICATIONS

The City Council has a statutory duty to produce an annual Health and Safety Plan. The HSE has the legal power to take over the management of the Health and Safety service from local authorities who fail to achieve satisfactory levels of performance in terms of the enforcement of Health and Safety standards and legislation.

FINANCIAL IMPLICATIONS:

The requirements of the HSE can be met within existing budgets.

PROCUREMENT IMPLICATIONS: None

HR IMPLICATIONS:

The plans can be met within existing officer resources.

OTHER DIRECTORATES CONSULTED: None

CONTACT OFFICER: John Snow TEL NO: 0161 925 1315

WARDS TO WHICH REPORT RELATES: All

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**HEALTH AND SAFETY SERVICE PLAN 2019/2020
SALFORD CITY COUNCIL PLACE DIRECTORATE**

FOREWORD

The provision of an effective Health and Safety Service which ensures the safety and wellbeing of the public and employees within the City of Salford has quite rightly received consistent support from Elected Members of the Council. This Health and Safety Service Plan provides a clear strategy and will ensure that resources are targeted towards front line services at areas of greatest impact. It provides the basis for the robust monitoring of performance of the service in the long term as well as short term.

In undertaking its duties the service aims to successfully balance education, encouragement and enforcement. It follows the Health and Safety Executive's National Local Authority Enforcement Code and the Government's commitment to simplifying health and safety legislation to ease the burden on business and encourage growth as outlined in the Government publication "Good Health and Safety, Good for Everyone".

The Regulatory Delivery, part of the Department for Business, Energy and Industrial Strategy is continuing to coordinate enforcement activity across all regulatory activities. This year's Health and Safety Service Plan will continue to place a strong emphasis on partnership working, desired outcomes and reducing unnecessary red tape for businesses as required. However, we are committed to use all our available powers to secure the standards of health and safety expected by our communities. It is also pleasing that stakeholders value the Council's health and safety service so highly and I am keen that both Members and Officers continue to respond by providing a service that delivers best value. Health and Safety is a key service priority in Salford.

Councillor David Lancaster MBE

(Lead Member for Environment and Community Safety)

COMMITMENT

Health and safety has consistently been an important topic for the City Council. The right of access to a safe working environment is essential to all those who live, work or visit Salford. The Council has continued to target its resources into areas of greatest impact and risk using the updated guidance produced by the Local Authority Unit at the Health and Safety Executive (HSE) and the thorough evaluation of previous years' performance and emerging trends when compiling the Service Plan.

Salford City Council has always been proactive in ensuring that the regulatory burden on businesses in the City is reduced by combining regulatory interventions. A common sense approach is taken in line with the HSE's National Local Authority Enforcement Code.

Against this background, the Council has responded in this plan to the HSE's key Health and Safety areas, as laid out in their Strategy "Helping Great Britain Work Well" which include:-

- Supporting small employees;
- Tackling ill health;
- Acting together;
- Managing risk well;

The service continues to deliver on the above targeting the high risk injury and ill health areas. This plan will ensure that we target our health and safety interventions having regard to the range of interventions available as outlined by the HSE, the risk profile of businesses within the City, national information (accident statistics, national priorities and Primary Authority inspection plans) and local knowledge and priorities.

In line with the requirements of the National Code we are committed to ensuring compliance by providing sufficient staff resources of the right type, quality and competence, a robust management and communication structure, continued Partnership Working and delivering a proportionate, transparent and fair service in line with our Enforcement Policy. This will ensure that not only is the Statutory Duty of the council met, but that the objectives of a safe and healthy City, for the Council, are achieved as far as is reasonably practical.

By complying with the National Code, continuing to work in partnership with the HSE and the other AGMA authorities to deliver a tailored work plan the Council means to promote and maintain public confidence in a safe and healthy Salford.

Ben Dolan

Strategic Director - Place Directorate

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Introduction

This annual Health and Safety Service Plan has been produced to cover the statutory health and safety enforcement duties undertaken by Salford City Council in relation to businesses in the services sector and does not relate to the City Council's compliance with health and safety legislation. Businesses in the services sector include offices, shops, restaurants, entertainment and leisure, care homes, hotels and warehouses. The Health and Safety Executive (HSE) enforce the law at factories, hospitals, council run premises, schools, colleges, construction sites, in agriculture and at all domestic premises.

This plan sets out the detailed work activity for the coming year as required by the Section 18 mandatory guidance and the HSE's National Local Authority Enforcement Code. Section 18 (4) of the Health and Safety at Work etc Act 1974 (HASWA) requires that Local Authorities perform their duties in accordance with guidance from the Health and Safety Executive (appendix).

Local Authorities must also engage with the HSE's strategy 'Helping Great Britain Work Well' based on the analysis of injury and ill health across known hazard and sector hotspots in businesses both large and small and helping businesses to grow.

In accordance with the National Local Authority Enforcement Code, Salford City Council is committed to undertaking interventions in sectors detailed in the "Advice/Guidance to LAs on Targeting Interventions". All interventions will be as part of a local or regional initiative where evidence suggests a particular issue or topic is of significance and may lead to elevated levels of incidents, injury or ill health.

Aims and Objectives

The Health and Safety service has had full regard to the following information in setting out its aims and objectives:

- The HSE Section 18 mandatory guidance
- The HSE Strategy 'Helping Great Britain Work Well'
- National Local Authority Enforcement Code
- Advice / Guidance to Local Authorities on Targeting Interventions (LAC 67-2 rev 8)
- Local and regional enforcement issues
- Intelligence from key partners
- Regulatory Office (RO) guidance
- AGMA Public Protection Partnership (AGMA PPP)
- Corporate Strategic Plans, Community Action Plans, Local Public Service Agreements and the Directorate's Business Plan 2019-20
- Local strategic pledges and priorities

The aim of the Health and Safety service is:

To effectively use resources, including targeted enforcement and education, to promote compliance with occupational health and safety legislation and to ensure that duty holders protect the health and safety of people at work and of others who may be harmed by work activities. The Service will work in partnership with other enforcement authorities and with other regulators and stakeholders to make best use of joint resources and to maximise impact on local, regional and national priorities.

The objectives of the service are:

- To contribute towards the reduction in health inequalities.
- To contribute towards a city that is safe for residents, workers and visitors.
- To raise standards of health, safety and welfare in the local authority enforced sector by using a targeted risk based intervention programme.
- To raise health and safety awareness in the workplace in line with national strategies.
- To contribute towards the Health and Safety Executive's Strategy 'Helping Great Britain Work Well' and the Health and Safety Executive's Delivery Plan.
- To ensure the Health Act 2006 (smoke free workplaces) is complied with in Salford.
- In partnership with Greater Manchester Police and AGMA PPP, to reduce incidents of modern slavery and robberies in commercial premises through the application of health and safety legislation.
- In partnership with Electricity North West, to target commercial premises where there is intelligence of potentially unsafe electrical connections through the application of health and safety legislation.
- To consider all accident notifications and investigate all fatal and major accidents in line with the Health and Safety Executive's guidance.
- To respond to all requests for service in accordance with Directorate procedures and performance indicators.
- To provide the training and supervision deemed necessary to meet statutory competency levels for enforcement officers.
- To ensure compliance with Section 18 and maintain a competent workforce through the Regulators Development Needs Assessment Tool.
- To review and maintain documented procedures to improve the consistency and quality of enforcement.

- To raise awareness of occupational health and safety by working with other partners including other enforcing bodies, intermediaries, local stakeholders and the general public.
- To promote health and safety information through the Council's WebPages and links to the HSE's WebPages.
- To respond to requests from national businesses to act as Primary Authority.

Enforcement

Any enforcement action taken by the Directorate will be in accordance with the Regulatory Service Division's Enforcement and Prosecution Policy, the Regulator's Compliance Code and the Health and Safety Enforcement Management Model, e.g. focusing action on areas of serious non-compliance, poor premises history, deliberate economic advantage sought. Health and safety training for businesses is not provided in house but can be obtained from a range of external providers. Where a Primary Authority Partnership exists we will consult with the Primary Authority prior to taking enforcement action that may have national or a wider significance. Inspection of premises is carried out using a risk based inspection approach - the greater the risk the more frequent the inspection in accordance with the HSE's national scheme.

The service is responsible for the health and safety regulation in approximately 3945 premises. During this year we aim to carry out 50 Health and Safety interventions with premises following accident notifications, intelligence from partners or complaints and 25 programmed interventions to those premises due or unrated that fall within the high risk sectors in accordance with National LA Enforcement Code. In addition a further 150 Health and Safety interventions will be undertaken to provide advice or to tackle matters of evident concern during visits to businesses in accordance with our food safety plan.

In 2018/19 the service undertook 220 Health & Safety interventions to businesses, dealt with 215 requests for service and 110 accidents investigations. Actioned 59 matters of evident concern, investigated 9 regulatory reports of serious defects with lifting equipment and issued 102 letters, served 7 prohibition notices, issued 7 improvement notices and concluded 1 Prosecution and 1 Health & Safety Simple Caution as a result of the intervention programme.

Inspections and interventions will also include such revisits as necessary, where matters of evident concern or serious/persistent breaches of statutory requirements are found. These will be undertaken within a time period that is proportionate with those matters or breaches.

The Health and Safety Executive and the Greater Manchester public protection partnership identified the following priorities for local authorities in 2019-2020 -

- Peer review and officer competency
- Interventions linked to the National Priorities;

We will focus on the key strategic areas outlined in the Health and Safety Executive's "Helping Great Britain Work Well" strategy and the risk reduction topics during our interventions to make an active contribution to the risk reduction programme and to raise

awareness of these priority issues with duty holders. Last years' initiatives included gas safety in licensed premises, working at height and transport safety.

All accident notifications are considered in accordance with the Health and Safety Enforcement Policy and Health and Safety Executive's guidance.

During the year we aim to:

- Commence the investigation of all reportable fatalities within one working day.
- Commence the investigation of all reportable major injuries resulting from slips or trips, falls from height, workplace transport and musculoskeletal disorders in line with local and Health and Safety Executive's priorities within 3 working days.
- Commence investigating other reportable major injuries and dangerous occurrences in line with local and Health and Safety Executive's priorities within 3 working days.
- Commence investigating reportable over seven day incidents according to Health and Safety Executive's guidance, the Health and Safety Enforcement Policy, local priorities within 3 working days where resources allow.
- With regard to all other reportable accident notifications, the service will contact the injured person and / or the business to establish what steps the businesses have taken to prevent a recurrence.

All Health and Safety complaints are investigated in accordance with the Health and Safety Enforcement Policy. Our aim is to respond to complaints within 3 working days. We will use a range of techniques to respond to complaints including visits, advice given over the telephone, advisory leaflets or the referral to a more appropriate agency.

Resources

The Health and Safety enforcement service is provided by Environmental Health Officers and a Senior Scientific Officer from the Regulatory Services Division. The resources devoted to health and safety enforcement equates to approximately 1.8 full time officers.

Only staff that are competent are authorised to undertake Health and Safety enforcement; competency is based on qualifications and relevant experience. This is monitored annually through our benchmarking, quality checks, appraisals and the Regulators Development Needs Assessment tool.

During this year we propose to:

1. Target all band A premises with a full Health & Safety inspection, and a proportion of the targeted sectors (appendix 3) within risk bands B1, B2 and C premises and unrated premises where there is a relevant high risk activity proactive intervention. The priority themes relevant to Salford for 2019-20 are:-
 - a. Transport safety in high volume warehousing;

- b. Falls from height/ amputation, manual handling, unstable loads and crushing injuries in industrial and wholesale premises;
 - c. Musculoskeletal disorders in residential care settings;
 - d. Carbon monoxide poisoning from solid fuel cooking equipment;
 - e. Violence at work in premises with vulnerable working conditions (lone/night working/ hospitality/ cash handling e.g. betting shops / off-licences / care settings) and where intelligence indicates that risks are not being effectively managed;
 - f. Industrial diseases in craft bakeries and steel stockholders; and
 - g. Crowd Management at large scale events i.e. Irlam Live and similar
2. During all relevant proactive food inspections provide Health & Safety advice and also undertake a hazard spotting exercise for Health & Safety and concentrating on matters of evident concern noted in 2018-19 namely gas and electrical safety in takeaways and convenience stores, unguarded machinery, interlock maintenance and accessing stock at height or within cellars.
 3. Raise awareness of the risks associated with the handling of beverage gases in the hospitality industry.
 4. Target beauty premises undertaking high risk treatments, nail bars where there may be vulnerable workers and if progressed with the other Great Manchester Authorities introduce a tattoo rating scheme.
 5. Provide Health and Safety support to all of Salford's Safety Advisory Groups and to ensure high risk events operate in accordance with the Council's guidance.
 6. Contribute actively to the Health and Safety Executive's 'Helping Great Britain Work Well' strategy.
 7. In partnership with the Greater Manchester Centre of Excellence establish and develop Primary Authority partnerships,
 8. Consult on licensing applications as a competent authority under the Gambling and Licensing Acts and take in active role within the Responsible Authority meetings.
 9. Continue to ensure compliance with the smoke free requirements of the Health Act 2006.
 10. Ensure the service meets the required Section 18 standard to include benchmarking of our Health & Safety service with the other Greater Manchester Authorities (see Appendix 1).

The Environmental Health Team is supported by a multifunctional administrative support section that provide a full range of administrative support, particularly computer inputting, service request and complaint handling, interrogation of the Health and Safety Executive database of Reports of Injuries, Diseases and Dangerous Occurrences and asbestos notifications, as well as dealing with postal and email correspondence.

Legal support is provided by the Manchester City Council's Legal Services Team.

Health and Safety Financial Allocation

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Expenditure	239,486	237,086	181,901	180,502	179,206	£175,076	£167,788
Income	0	-5,301	0	0	0	0	0
Officer Head Count	4.04	4.20	3.15	2.85	2.85	2.85	1.8
Cost per head of population	£1.02	£0.99	£0.78	£0.77	£0.77	£0.75	£0.67*
2011 Census 233,933 (* 2017 ONS 251,332)							

Monitoring and Review

The targets and performance standards in the Plan are monitored on a regular basis. Each year the plan is reviewed and any planned improvements are incorporated into the next year's Plan. Elements of the review have been included in the various sections above.

In 2018-19, a total of 220 premises were targeted for health and safety purposes (including 5 nationally targeted inspections, 16 locally targeted initiative visits and 170 targeted advice), 110 notified accidents were dealt with and the team responded to 215 service requests as detailed in Section 2 above.

The Service demonstrated continuing compliance with the Section 18 standards (see Appendix 1) and will continue to develop and benchmark its Health & Safety activities with the other 9 Greater Manchester Local Authorities.

Regulatory Delivery coordinates enforcement activity across all regulatory activities. It is anticipated that this will continue to provide greater direction to enforcement agencies with a strong emphasis being placed on partnership working, desired outcomes and reducing unnecessary burdens for businesses.

With current resources the Service will continue to prioritise visits to highest risk and targeted premises with partner agencies, contribute to the risk reductions initiatives, investigating accidents (as detailed in 2.2.1) and respond to all health and safety incidents within 3 working days.

John Snow

Appendix 1: Section 18 Guidance

Section 18(4) of Health and Safety at Work Act states “it shall be the duty of every local authority to make adequate arrangements for the enforcement within their area of the relevant statutory provisions...” The guidance notes issued by Health and Safety Commission under Section 18(4) contain the broad principles which the Health and Safety Commission wishes local authorities to adopt in enforcing Health and Safety legislation. They provide a framework within which local authorities should operate so that the Health and Safety Commission can be confident that they are making appropriate arrangements for enforcement.

In the view of the Health and Safety Executive the following elements are essential for a LA to have in order to adequately discharge its duty as an enforcing authority:

- a clear published statement of enforcement policy and practice.
- a system for prioritised planned inspection activity according to hazard and risk and consistent with any advice given by the Health and Safety Executive and Local Authorities Enforcement Liaison Committee (HELA).
- a service plan detailing the local authority’s priorities and its aims and objectives for the enforcement of health and safety which is agreed by the local authority’s elected members.
- the capacity to investigate workplace accidents and to respond to complaints (requests for service).
- arrangements for benchmarking performance with peer local authorities.
- provision of a trained and competent inspectorate.
- arrangements for liaison and co-operation in respect of the Primary Authority Scheme.

An inter-authority audit protocol has been issued by Health and Safety Executive’s Local Authorities Enforcement Liaison Committee (HELA) which will enable the Health and Safety Executive to review and monitor the performance of local authorities. In addition local authorities are required to submit specific information to the Health and Safety Executive from time to time, with which the Health and Safety Executive will take a view on the local authority’s performance and their compliance with Section 18(4) duties.

If a local authority fails to meet its obligations under Section 18 of the Act, the Secretary of State may, after considering a report submitted to him by the Health and Safety Executive, cause a local inquiry to be held. If, following this inquiry, the Secretary of State is satisfied that a local authority has failed to perform any of its enforcement functions, he may make an order declaring the local authority to be in default. The order may direct the authority to perform their enforcement functions in a specified manner within a specified period of time. If the defaulting authority fails to comply with such an order, the Secretary of State may enforce it, or make an order transferring the enforcement functions of the defaulting authority to the Health and Safety Executive. In

such a case, Health and Safety Executive's expenses are paid by the defaulting authority.

- Local authorities must ensure that their approach to enforcement is consistent with Health and Safety Executive's policy in this respect and local authorities must also have their own clear and published enforcement policy.
- Inspectors must be suitably authorised to undertake the tasks for which they are appointed.
- Complaints about local authorities' officers should be directed to the local authority's inspector's line manager in the first instance.

The service plan (which is reviewed during the inter-authority audit process) should include information on the following: -

- future objectives and major issues that cross service boundaries
- key programmes, including a planned inspection programme
- information on the service that is being provided
- the means by which these services are going to be provided
- any performance targets and how they will be achieved
- a review of performance to address any variance from meeting the requirements of the service plan

Appendix 2: HSE's National Local Authority Enforcement Code

National Local Authority Enforcement Code

Health and Safety at Work England, Scotland & Wales

1. In his report "*Reclaiming health & safety for all: An independent review of health and safety legislation*", commissioned by the then Minister for Employment, Professor Ragnar Löfstedt recommended that HSE be given a stronger role in directing Local Authority (LA) health & safety inspection and enforcement activity.
2. This National Code has been developed in response to this recommendation and as an outcome of the Red Tape Challenge on Health and Safety. It is designed to ensure that LA health and safety regulators take a more consistent and proportionate approach to enforcement.
3. Whilst the primary responsibility for managing health and safety risks lies with the business who creates the risk, LA health & safety regulators have an important role in ensuring the effective and proportionate management of risks, supporting business, protecting their communities and contributing to a wider public health agenda.
4. LA regulators are competent professionals granted powers and duties to deliver proportionate and targeted enforcement. It is vital that LA regulatory resource is used consistently and to best effect by targeting specific risks or focussing on specific outcomes. LAs should use the full range of regulatory interventions available to influence behaviours and the management of risk with proactive inspection utilised **only** for premises with higher risks or where intelligence suggests that risks are not being effectively managed.
5. The Code provides direction to LAs on meeting these requirements, and reporting on compliance.
6. The Code is given legal effect as HSE guidance to LAs under section 18(4) (b) of Health and Safety at Work etc Act 1974 (HSWA) and applies to England, Wales and Scotland.
7. This Code sets out what is meant by 'adequate arrangements for enforcement'. This Code replaces the existing S18 Standard and concentrates on the following four objectives:

- a) Clarifying the **roles and responsibilities** of business, regulators and professional bodies to ensure a shared understanding on the management of risk;
- b) Outlining the **risk-based regulatory approach** that LAs should adopt with reference to the Regulator's Compliance Code, HSE's Enforcement Policy Statement and the need to target relevant and effective interventions that focus on influencing behaviours and improving the management of risk;
- c) Setting out the need for the **training and competence** of LA H&S regulators linked to the authorisation and use of HSWA powers; and
- d) Explaining the arrangements for collection and publication of LA data and peer review to give an **assurance on meeting the requirements of this Code**.

Section 1: Roles and responsibilities

- 8. Businesses, regulators, and professional bodies all have a role and responsibility to help prevent work place death, injury and ill health and to apply health and safety at work in a proportionate way.

Business

- 9. Health and Safety law in Great Britain clearly sets out that the primary responsibility for managing risks to workers and the public who might be affected by work activity lies with the business or organisation that creates the risks in the first place. This applies whether the organisation is an employer, self-employed, service provider or a manufacturer or supplier of articles or substances for use at work. Whilst the primary responsibility sits with the business, workers also have a responsibility to care for their own health and safety and others who may be affected by their actions. Workers should accordingly be engaged by their employers on health and safety issues.
- 10. Guidance on risk management is available on HSE's website or, where more specialised external assistance is needed, from the Occupational Safety & Health Consultants Register (OSCHR).

Regulators

- 11. The role of the regulator is to support, encourage, advise and where necessary hold to account business to ensure that businesses effectively manage the occupational health and safety risks they create.
- 12. Regulators should ensure they make best use of their resource and help improve the effective management of health and safety risks in a proportionate way. This is achieved through choosing the most appropriate way of influencing risk creators and by targeting their interventions, including inspection, investigation and enforcement activity, on those businesses and sectors that represent a higher level of risk to the health and safety of workers and the public.

13. Enforcement of health and safety is split between HSE and approximately 382 LAs in accordance with the Enforcing Authority (Health & Safety) Regulations 1998. This Code provides statutory guidance to each LA and a framework to guide local approaches. Meeting the requirements of this Code will ensure LAs approach to enforcement is consistent.
14. The focus of LAs may often be broader than specific health and safety outcomes as they can also have an impact on wider public health outcomes/ health inequalities. Additionally, LAs contribute to delivering the growth agenda and can provide invaluable advice to new business.
15. LAs as employers also have a responsibility to ensure that their regulatory staff are sufficiently competent and have sufficient management control/support to carry out the tasks that the LA requires them to undertake.
16. With its central health and safety policy role HSE will provide:
 - Authoritative health and safety advice and guidance for business;
 - Stakeholder engagement through involvement in industry liaison forums and other appropriate national forums;
 - Specialist health and safety support and advice to LAs;
 - Specific sector strategies with associated national planning priorities to inform LA regulatory interventions;
 - A list of those high risk sectors/activities appropriate to be targeted for proactive inspection by LAs;
 - Support for Primary Authorities and their inspection plans;
 - Support LA peer review of their enforcement decisions, intervention plans and professional competence; and
 - Monitor and publish LA intervention data for benchmarking purposes via the LAE1 return (see paragraph 53 in Data Collection).

Professional bodies

17. The Chartered Institute of Environmental Health (CIEH) (covering England, and Wales) and the Royal Environmental Health Institute of Scotland (REHIS) (covering Scotland) are the two main professional bodies for LA Health and Safety regulators. They are responsible for setting standards for professional practise, promoting training, education and continuing professional development via accredited courses and qualifications for Environmental Health Officers.
18. In addition there are a range of other organisations e.g. the Institution of Occupational Safety & Health (IOSH), who can help support the delivery of the risk-based approach to regulation outlined by the Code.

Section 2: A risk-based approach to regulation

19. Business is responsible for managing the risks it creates to workers and the public who might be affected by its work activity. This applies to all businesses, no matter how large or small.
20. LA regulators should use a range of interventions, by which we mean all available methods and techniques, to influence behavioural change in the way business manages or undertakes its work.
21. This Code seeks to provide advice and direction to LAs on using a risk-based, targeted and proportionate approach to their interventions and enforcement in accordance with the principles of good regulation which requires enforcement to be demonstrably targeted, proportionate, consistent, transparent and accountable.

Targeting

22. This means targeting interventions on those activities that give rise to the most serious risks or where the hazards are least well controlled.

LAs should achieve this by:

- Having risk-based intervention plans focussed on tackling specific risks;
- Considering the risks that they need to address and using the whole range of interventions to target these specific risks;
- Reserving unannounced proactive inspection only for the activities and sectors published by HSE or where intelligence suggests risks are not being effectively managed; and
- Using national and local intelligence to inform priorities.

Appendix 3

List of activities/sectors for proactive inspection by LAs from LAC 67/2 (Revision 8)

List of activities/sectors for proactive inspection by LAs¹ – only these activities falling within these sectors or types of organisation should be subject to proactive inspection			
No	Hazards	High Risk Sectors	High Risk Activities
1	Legionella infection	Premises with cooling towers/evaporative condensers	Lack of suitable legionella control measures, including premises that have: <ul style="list-style-type: none"> • Not yet demonstrated the ability to manage their legionella risk in a sustained manner, includes new cooling towers/evaporative condensers, or • Relevant enforcement action in the last 5 years and have not yet demonstrated sustained control of legionella risk.
2	Explosion caused by leaking LPG	Communal/amenity buildings on caravan/camping parks with buried metal LPG pipework	Caravan/camping parks with poor infrastructure risk control/management of maintenance
3	E.coli/ Cryptosporidium infection esp. in children	Open Farms/Animal Visitor Attractions ²	Lack of suitable micro-organism control measures
4	Fatalities/injuries resulting from being struck by vehicles	High volume Warehousing/Distribution ³	Poorly managed workplace transport
5	Fatalities/injuries resulting from falls from height/ amputation and crushing injuries	Industrial retail/wholesale premises ⁴	Poorly managed workplace transport/ work at height/cutting machinery /lifting equipment
6	Industrial diseases (occupational deafness/ occupational lung disease - silicosis)	Industrial retail/wholesale premises ⁴	Exposure to excessive noise (steel stockholders). Exposure to respirable crystalline silica (Retail outlets cutting/shaping their own stone or high silica content)

			'manufactured stone' e.g. gravestones or kitchen resin/stone worktops)
7	Occupational lung disease (asthma)	In-store bakeries ⁵ and retail craft bakeries where loose flour is used and inhalation exposure to flour dust is likely to frequently occur i.e. not baking pre-made products.	Tasks where inhalation exposure to flour dust and/or associated enzymes may occur e.g. tipping ingredients into mixers, bag disposal, weighing and dispensing, mixing, dusting with flour by hand or using a sieve, using flour on dough brakes and roll machines, maintenance activities or workplace cleaning.
8	Musculoskeletal Disorders (MSDs)	Residential care	Lack of effective management of MSD risks arising from moving and handling of persons
9	Falls from height	High volume Warehousing/Distribution ³	Work at height
10	Manual Handling	High volume Warehousing/Distribution ³	Lack of effective management of manual handling risks
11	Unstable loads	High volume Warehousing/Distribution ³ Industrial retail/wholesale premises ⁴	Vehicle loading and unloading
12	Crowd management & injuries/fatalities to the public	Large scale public gatherings e.g. cultural events, sports, festivals & live music	Lack of suitable planning, management and monitoring of the risks arising from crowd movement and behaviour as they arrive, leave and move around a venue
13	Carbon monoxide poisoning	Commercial catering premises using solid fuel cooking equipment	Lack of suitable ventilation and/or unsafe appliances
14	Violence at work	Premises with vulnerable working conditions (lone/night working/cash handling e.g. betting shops/off-licences/hospis	Lack of suitable security measures/procedures. Operating where police/licensing authorities advise there are local factors increasing the risk of violence at work e.g. located in a high

		tality ⁶) and where intelligence indicates that risks are not being effectively managed	crime area, or similar local establishments have been recently targeted as part of a criminal campaign
15	Fires and explosions caused by the initiation of explosives, including fireworks	Professional Firework Display Operators ⁷	Poorly managed fusing of fireworks

1. See LAC 67/2 (rev 8) for guidance on the application to certificated petroleum storage sites.
2. Animal visitor attractions may include situations where it is the animal that visits e.g. animal demonstrations at a nursery.
3. Typically larger warehousing/distribution centres with frequent transport movements/work at height activity.
4. Includes businesses such as: steel stockholders; builder's and timber merchants.
5. For supermarket and other chain bakeries etc check to see if there is a Primary Authority inspection plan with more specific guidance.
6. Pubs, clubs, nightclubs and similar elements of the night time economy.
7. Specific guidance on the application of the Explosives Regulations 2014 to the activities of professional firework display operators is available on the HSE website - www.hse.gov.uk/explosives/er2014-professional-firework-display.pdf



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Title: Setting Local Authority Priorities and Targeting Interventions

Open Government status Fully Open

***Target audience Local Authority Health and Safety regulators
(Practitioners and Managers)***

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Summary

This Local Authority (LA) Circular (LAC 67/2 (rev 8) is guidance under Section 18 of the Health and Safety at Work etc. Act 1974 (HSWA) and replaces LAC 67/2 (rev 7) and all earlier versions.

The LAC provides LAs with guidance and tools for priority planning and targeting their interventions, enabling them to meet the requirements of the National Local Authority Enforcement Code (the Code).

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Background

In 2013 HSE published the National Local Authority Enforcement Code (the Code). The Code is designed to ensure that LA health and safety regulators take a more consistent and proportionate approach to their regulatory interventions. It sets out the Government expectations of a risk based approach to targeting. Whilst the primary responsibility for managing health and safety risks lies with the business who creates the risk, LA health and safety regulators have an important role in ensuring the effective and proportionate management of risks, supporting business, protecting their communities and contributing to the wider public health agenda.

Introduction

The Code provides LAs with a principles based framework that focuses regulatory resources on the basis of risk. It supports LAs to develop their health and safety priorities and target their interventions to consistently comply with the Code.

Section 18(4) of the Health and Safety at Work Act etc. 1974 places a duty on Local Authorities to make 'adequate arrangements for the enforcement' of health and safety and the Code sets out what is meant by 'adequate arrangements for enforcement'. LAs are responsible for regulating the health and safety of around half of the GB workforce and it is neither proportionate nor effective to deliver a regulatory function based on arbitrary fixed inspection cycles of individual workplaces – particularly since many of those workplaces will already be managing their risks effectively.

Any modern and effective regulatory regime must allow a regulator to deploy a range of proportionate regulatory interventions. This guidance outlines the wide range of regulatory interventions open to LAs, requiring them to consider which are the most effective to influence the management of risk in a particular business.

In addition to this guidance on targeting, which includes an annual list of LA regulatory priorities (see Annex A), to further support the Code, HSE also publishes a list of specific activities in defined sectors that are considered suitable for proactive inspection (see Annex B - the 'List').

As part of the Code HSE will monitor, report and direct the approach of LA regulatory intervention. This guidance supports HSE in this process by requiring LAs to carefully consider how they target their inspections and investigations in a manner that is:

- Reactive – typically investigative actions, undertaken in response to a specific incident or complaint or visits in response to requests for assistance, or
- Proactive – inspections that are not triggered in response to a single specific incident or complaint, but result from a wider consideration of local intelligence or national trends that identify poor performers.

This is explained in greater detail in Annex E.

Implementing and complying with the Code and this guidance will ensure that LA regulatory resource is used consistently and to best effect. Using risk based targeting should free up resources and facilitate the provision of targeted advisory visits and support to aid local business growth, particularly with new business start-ups.

Action

1. Setting Priorities

In delivering their priorities LAs should ensure their planned regulatory activity is focussed on outcomes. The Code provides flexibility for LAs to address local priorities alongside the national priorities set by HSE.

LAs should construct their work plan to deliver specific outcomes. The plan is likely to consist of work to deliver those national priorities set by HSE, work to deliver local priorities and be accompanied by an inspection programme that meets the requirements of the Code. LAs should also consider whether they can gain regulatory efficiencies by planning their workplans collectively with members of their local LA liaison groups.

Investigation of Incidents and Complaints (Reactive visits) - LAs should adopt HSE's risk-based approach to complaint handling and incident selection criteria, to select relevant incidents and complaints. This will target an LAs reactive interventions to make best use of regulatory resources. Further details on the incident selection criteria and what work is considered 'reactive' can be found in Annex E.

Annual National Planning Priorities

In 2017, HSE launched 19 new Sector Strategies and Sector Action Plans which cover the period 2017-2022. The national priorities in Annex A are drawn from these sector plans, HSE will review the national priorities in Annex A on an annual basis to allow flexibility and the inclusion of any arising priorities which may result from new intelligence or in response to learning from major incidents. These annual revisions and any other changes to HSE targeting advice will be communicated to LAs via e-bulletins from the HSE HElex information system.

Locally Identified Priorities

LAs also have access to a wealth of local information (see Annex C - Information sources to assist development of LA intervention plans). This local intelligence should be used by LAs to determine their specific local priorities and poor performers, by identifying the key risks of serious workplace accidents, injuries and ill-health in their community.

Matters of Evident Concern (MECs) are defined as those that create a risk of serious personal injury or ill-health and which are observed (i.e. self-evident) or brought to the inspector's attention. Matters of Potential Major Concern (MPMCs) are those which have a realistic potential to cause either multiple fatalities or multiple cases of acute or chronic ill-health.

LAs should monitor MECs or MPMC's dealt with during advisory or other regulatory visits as well as complaints and incidents to identify any matters that may present a potential significant local issue.

Where LAs, individually, or through their Liaison groups, become aware of an issue that may be novel or an emerging problem that could have national significance they should alert HSE (via HElex or lau.enquiries@hse.gov.uk). This will allow the issue to be considered further and a decision taken as to need for some form of national intervention e.g. new guidance; issuing a safety bulletin/alert; centralised intervention, national campaign etc.

Priorities of a Primary Authority (PA)

The health and safety priorities of a PA must take account of this guidance, other relevant HSE guidance and information specific to that PA - See below.

2. Targeting interventions

LAs should use the range of techniques (interventions) available to increase their impact, and reach to influence behaviours and improve the management of risk. LAs should decide, plan and target their health and safety interventions based on the outcomes and priorities that they are trying to address.

Focussing on priorities and outcomes

To assist LAs to target their resources HSE publishes a list of higher risk activities/sectors suitable for targeting for proactive inspection (the 'List'). Under the Code, proactive inspection should be used only for the activities on this list or where there is specific intelligence that risks are not being effectively managed.

Not all national priorities are on the 'List'. This is because some priorities are better suited to other interventions e.g. LAs should not specifically inspect premises for the presence of asbestos but can seek to raise awareness of the requirement to manage asbestos.

LAs should expect to explain to the business why they are being inspected. A business can complain to the Independent Regulatory Challenge Panel when they consider that they operate in a lower risk sector and have been unreasonably subject to a proactive health and safety inspection by an LA. Where the Panel upholds a complaint, HSE will work with the LA in question to assist the LA's implementation and compliance with the Code.

Primary Authority inspection plans

Primary Authority (PA) inspection plans should be focussed on outcomes related to specific priorities. The inspection plan should follow the principles of the Code and align with the national priorities (see below) and proactive inspection consistent with the 'List' or driven by evidence specific to that PA business (es). If an individual LA identifies issues with a PA business, that they feel the PA is not aware of (e.g. as a result of local intelligence from RIDDORs, adverse defect or insurance reports etc.) contact should be made with the PA to check and share each other's information. This will help determine a proportionate and consistent response and ensure that any wider implications can be considered.

PAs developing national inspection plans will obtain general advice and feedback on their inspection plan as part of the existing PA processes in which plans are sent to national regulators for comment. PAs that wish to have more detailed advice or engagement to help develop an inspection plan can approach HSE for Supporting Regulator input by submitting the proforma available on the Primary Authority website - <https://primary-authority.beis.gov.uk/>

Risk ratings

Since 2015/16 there is no longer a requirement for LAs to report to HSE (via the LAE1), details of the risk rating of the premises visited (Category A, B1, B2 or C). The Annex on risk ratings that used to be part of previous versions of this guidance has therefore been removed. However, risk rating premises based on a dutyholder's health and safety performance can still provide useful information for an LA to assist the determination of relative intervention priorities, and an approach to general site risk rating is available for

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reference on HEx:

<https://ourknowledge.hse.gov.uk/regulatory/intervention/Lists/LAC%20672%20rev%206/AllItems.aspx>

HSE have adopted a more sophisticated system of assessing a dutyholder's performance in managing the risks based on the control measures in place at the time of the inspection. In this the inspector chooses to assess a small number of risk areas for that business. These are chosen to include the most significant risks observed and at least one health risk area. HSE records these ratings with comments and uses them to give an overall picture of the dutyholder's health and safety management. This approach to risk rating is an integrated element of HSE's Do-It inspection tools, so is not easily transferable.

If you are an LA considering the development of your own in-house risk rating approach, a list of topics used by HSE has been attached to HEx for reference:

<https://ourknowledge.hse.gov.uk/regulatory/intervention/Lists/LAC%20672%20rev%206/AllItems.aspx>

3. Reporting performance

Under the Code, LAs should ensure they have a means of monitoring, capturing and sharing health and safety intervention, enforcement and prosecution activity. LAs must make this information available and share it with HSE via the LAE1 return to allow the preparation of national data. This national data will be on the HSE website to assist LAs when benchmarking and peer reviewing their work against other LAs.

The LAE1 is limited to the capture of occupational health and safety regulatory activity required by HSE. LAs are however at liberty to report to their managers or elected members a greater set of activity or information than that required by HSE on the LAE1. (See Annex E - Recording Local Authority Activity and Enforcement Data (the LAE1)).

4. Application to Explosives and Petroleum

Application to the Petroleum Certification and Explosives Licensing Regimes

The Code applies to all LA enforcement under the Health & Safety at Work etc. Act. This includes the requirement to follow a risk-based approach to regulation for petroleum certification and petroleum and explosives licensing and the enforcement of relevant health and safety legislation at petrol filling, non-workplaces in relation to petroleum storage and licenced explosives sites e.g. Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR) and the explosives/petroleum regulations.

In practice, enforcing authorities for petroleum and explosives sites will need to ensure, by risk-based proactive inspection visits, that site operators are complying with the goal setting duties set out in the relevant health and safety legislation or for domestic and non-workplaces, petrol is stored in accordance with the petroleum storage regulations and any applicable licence/certificate conditions.

This guidance document and the LAE1 have been developed to address conventional health and safety issues and not the potential for high hazard/low frequency major

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incidents with the potential for substantial off-site effects that petroleum and explosives sites can pose.

Specific targeting advice is available for the explosives sector via the 'List'. This advice supports, but does not supersede any risk based proactive inspection visits to licensed explosive sites based on local intelligence or relating to licensing matters.

In addition, further information to help regulators dealing with certificated petroleum sites or licenced explosive sites can be found at:

For certificated petroleum sites-

www.hse.gov.uk/fireandexplosion/petroleum.htm

For licensed explosives sites –

General Information: <http://www.hse.gov.uk/explosives/index.htm>

Explosives Regulations 2014 Guidance: Safety provisions –

www.hse.gov.uk/pubns/books/l150.htm

Explosives Regulations 2014 Guidance: Security provisions –

www.hse.gov.uk/pubns/books/l151.htm

Explosives Regulations 2014 sub sector guidance –

www.hse.gov.uk/explosives/new-regs-subsector.htm

5. Further References

The National Local Authority Enforcement Code -

www.hse.gov.uk/lau/national-la-code.pdf

Helping Britain Work Well – How we hope to influence and improve the national approach to workplace health and safety

www.hse.gov.uk/strategy/

Sector Strategies – Where the health and safety focus is in the different industry sectors

www.hse.gov.uk/aboutus/strategiesandplans/sector-plans/index.htm

Go Home Healthy – Cross cutting health priorities

www.hse.gov.uk/gohomehealthy/index.htm

Independent Regulatory Challenge Panel -

www.hse.gov.uk/contact/challenge-panel.htm

Annex A - Summary of national planning priorities 2019 - 2020

This Annex sets out the 2019-20 local authority national planning priorities. Not all national priorities have a proactive inspection component

NOTE: These priorities fit within the wider GB Health and Safety strategy, 'Helping Great Britain Work Well' (HGBWW), and the focussed health and work strategy 'Go Home Healthy'.

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This wider strategy sets out the six themes for the whole of the GB health and safety system. LA workplace health and safety regulators are a key part of that system, and will be expected to play their role in:

- Encouraging and recognising improvements, being increasingly joined up to deliver improved outcomes and minimise unnecessary burdens on businesses;
- Continuing to promote the risk-based, goal-setting regulatory regime that has served health and safety in Great Britain so well;
- Working with partners in the system to make workplaces safer and healthier, providing a level playing field for responsible employers with regulators and co-regulators, by advising, promoting, and where necessary, enforcing good standards of risk control;
- Using proportionate, risk-based regulation to support better outcomes, innovation and the safe use of new technologies;
- Developing services and products that contribute to improved management and control of risks, sharing our knowledge, and;
- Continuing the dialogue and conversation with stakeholders to make the system better, always looking to provide simple, pragmatic advice and support

Over-arching principles

LAs should use the full range of interventions available to influence behaviours and the proportionate management of risk (see Annex D).

Targeted / Planned inspections (Proactive inspections)

Proactive inspection should only be used for:

- a) Specific projects/programmes of inspections identified by HSE for LA attention. These may be contained within Annex A of this guidance, or may be directly communicated to LAs for urgent attention as a result of new intelligence arising from an incident/investigation.
- b) High risk premises/ activities within the specific LA enforced sectors published by HSE (See the 'List' Annex B);
- c) Locally identified potential poor performers. This is where specific local intelligence indicates that a business is failing to effectively manage risk.

In all circumstances, LAs have the discretion as to whether or not proactive inspection is the most appropriate intervention using their local knowledge/intelligence of the dutyholder.

Further information describing when an LA should consider undertaking 'proactive inspection' can be found in Annex E.

National Priorities – These are collated from HSE Sector Strategies and the most recent intelligence from HSE's Sector teams, and address work strands supporting both HGBWW and GHH.

Construction - Although most construction work is regulated by HSE, LA health and safety regulators can make a significant contribution to addressing construction health

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and safety risks. Where the owners/occupiers of commercial premises at general visits appear likely to be clients for construction work, LAs should draw their attention to the Construction (Design and Management) Regulations (CDM) 2015 and the duties they have as CDM clients, referring them to advice available -

www.citb.co.uk/documents/cdm%20regs/industry-guidance-clients.pdf

In addition, there are a number of specific topic areas LAs should address during the course of their visits, as outlined below:

www.hse.gov.uk/foi/internalops/og/og-00017.htm

- **Duty to manage asbestos** - In premises likely to contain asbestos (i.e. built before 2000) LA health and safety regulators should draw dutyholders' attention to their duty to manage and the relevant HSE guidance/webpages - www.hse.gov.uk/asbestos

On occasions, failure to manage the risks from asbestos (e.g. failure to maintain in a safe condition or minor construction work that breaches the fabric of the building without proper surveys, controls or planning) may need to be dealt with immediately as a MEC. Where management of asbestos risks arises as a MEC and standards are particularly poor, LAs should take appropriate enforcement action, in accordance with the EA Regulations 1998, collaborating with HSE where necessary via normal channels.

See operational guidance on asbestos used by HSE Inspectors

<http://www.hse.gov.uk/foi/internalops/ocs/200-299/oc265-50.pdf>

- **Falls from height – work on/adjacent to fragile roofs/materials** - Fragile roofs/skylights etc., can be found at many premises that fall to LAs for enforcement. Where they are identified during visits, LAs should discuss the associated risks, to ensure that prospective clients for repair and maintenance work (owner or building user) are aware of their duties under CDM 2015 and the precautions needed, referring them to the appropriate guidance - www.hse.gov.uk/pubns/geis5.htm

On occasions, LA health and safety regulators may come across work on a fragile roof that is underway at the premises being visited (typically, small-scale repairs/maintenance such as gutter cleaning). The risks may give rise to a matter of evident concern (MEC), in which case, poor standards should be addressed with all duty holders – client, designers and contractors, and any enforcement action taken in accordance with the Enforcing Authority (EA) Regulations 1998 (for advice see –

<http://www.hse.gov.uk/foi/internalops/og/og-00073.htm>)

and in collaboration with HSE where appropriate and using normal channels.

- **Health risks - respirable silica dust** - Dust, containing harmful respirable crystalline silica (RCS), can be generated during common operations such as block cutting, chasing brickwork and cutting concrete floors. The standards for controlling this dust are detailed in HSE guidance - www.hse.gov.uk/construction/healthrisks/hazardous-substances/construction-dust.htm
www.hse.gov.uk/pubns/cis36.pdf

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During visits, LAs may come across minor construction work that is generating significant quantities of silica dust that give rise to a MEC. Poor standards should be addressed with dutyholders, and any enforcement action taken in accordance with the EA Regulations 1998, collaborating with HSE where appropriate, using normal channels. See operational guidance on silica used by HSE Inspectors -

Visitor attractions to prevent or control ill health arising from animal contact –

Please select the most appropriate intervention (Some Open Farms/Animal Visitor Attractions may require proactive inspections – See the 'List'), other situations may be usefully addressed via awareness raising or education. For information regarding the prevention or control of ill-health from animal contact at visitor attractions see:

www.hse.gov.uk/agriculture/topics/visitor-attractions.htm

Inflatable amusement devices – There has been a number of serious incidents where inflatable amusement devices have collapsed or blown away in windy conditions. Inflatables can be found at many premises that fall to LAs for enforcement, and LAs should raise awareness of the risks associated with the operation of such devices. In particular, that devices are correctly anchored to the ground, there are suitable arrangements for measuring wind conditions at regular intervals, there is written documentation from a competent inspection body to show it complies with British Standard BS EN 14960 and it is subject to an annual inspection by a competent person.

Useful guidance <http://www.hse.gov.uk/entertainment/fairgrounds/inflatables.htm>.
[British Standard BS EN 14960: 2013 Inflatable play equipment. Safety requirements and test methods](http://www.bsigroup.com/standards/BS-EN-14960)

Beverage gases in the hospitality industry - Raise awareness of the risks associated with the handling of beverage gases in the hospitality industry. In particular, highlighting the need to provide safe systems of work and emergency procedures for cellar work, with emphasis given to the handling, and storage of cylinders and work in confined spaces. Promote the training of workers to understand the hazards of working with beverage gases and in safe changeover procedures.

Useful resources are available from the British Compressed Gas Association (BCGA):
http://www.bcgga.co.uk/pages/index.cfm?start=11&page_id=20&showCategory=2&showSubCategory=2

In particular:

http://www.bcgga.co.uk/pages/download_document.cfm?document_name=GN30.pdf
could be shared with dutyholders.

Gas safety in commercial catering premises - The proper installation, maintenance and inspection by a competent Gas Safe registered engineer is essential to ensuring that staff and customers at commercial catering premises are protected from exposure to carbon monoxide gas. HSE has obtained information from Gas Safe Register which suggests that commercial caterers are not fully aware of their duties under the Gas Safety (Installation and Use) Regulations 1998 and this can lead to appliances being deemed unsafe. These appliances include boilers, cooking ranges and more specialised equipment such as tandoori ovens and chapatti flammers.

LA health and safety regulators should raise awareness, with their local duty holders, of the risks of exposure to carbon monoxide in commercial kitchens from badly installed or faulty appliances; poor ventilation resulting in lack of make -up air to support

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combustion; and/or inadequate extraction systems. LA regulators should consider a range of interventions to raise awareness of this issue.

HSE requests feedback on any interventions by LAs to determine if a national programme of further work may be required to ensure effective control of this risk in this sector.

Where there is local intelligence suggesting that the risk of CO poisoning is not effectively managed, site specific contact with a dutyholder may be necessary to influence the management of risk.

Useful resources:

- [Catering Information Sheet \(CAIS23\) - Gas safety in catering and hospitality](#)
- [Catering Information Sheet Catering Information Sheet \(CAIS10\) – Ventilation in catering kitchens](#)
- <http://www.hse.gov.uk/toolbox/gas.htm>

Welfare provision for delivery drivers - Raise awareness at LA enforced premises such as warehouses that receive regular deliveries that HSE guidance states that where it is practicable and appropriate, any onsite toilet and rest facilities should be made available to visiting workers if requested.

Appropriateness may depend on consideration of length of vehicle turnaround times, unloading times, frequency of deliveries, premises location and or distance travelled, etc. (<http://www.hse.gov.uk/pubns/priced/l24.pdf>)

Raising awareness of the need to prevent injury to members of the public from accessing large commercial waste and recycling bins - There have been numerous cases where members of the public have gained access to commercial bins for shelter and then been injured or killed when those bins were emptied into collection and compaction vehicles.

HSE's Waste & Recycling [Sector Plan](#) supports the strategic industry initiative to prevent people being injured or killed after entering large commercial bins (typically 660 litres capacity and above). When engaging with businesses that use commercial waste bins e.g. retail or licensed premises; LA health and safety regulators should raise duty holder awareness of the need to manage the risks of unsecured access to bins.

Where the risks arise as a MEC i.e. there are signs of people getting or trying to get into bins and/or other risk factors suggest it is reasonably foreseeable, then LAs should take appropriate enforcement action, in accordance with the EA Regulations 1998, collaborating with HSE where necessary via normal channels.

Guidance to advise dutyholders and provide benchmark standards can be found in the Waste Industry Safety & Health (WISH) guidance - <https://wishforum.org.uk/wp-content/uploads/2017/02/WASTE-25-.pdf>

Promoting worker involvement in safety management systems - Employers have a duty to consult employees either directly or through appointed or elected representatives, on health and safety matters. Also, businesses can gain real benefits

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from effectively consulting with their employees over health and safety, including: increased productivity; better efficiency and quality; higher levels of workforce motivation, and a healthier and safer workplace. This all happens when a business safety management system is able to take better decisions about health and safety; in a more informed, co-operative and trusting atmosphere.

To promote health and safety you should seek to encourage and support worker involvement by trying to make contact with at least one employee or safety representative (you may find there is a trade union-appointed health and safety representative). If they are available, ask for them early on in your visit, so you can:

- explain the purpose of the intervention and the reasons for the visit;
- describe briefly how the intervention will be conducted;
- find out how they and the workforce are involved in health and safety;
- provide them with the opportunity to raise health and safety concerns, in private if they wish, and
- discuss how they will be provided with relevant information at the end of the intervention.

For more information about worker involvement and health and safety representatives go to: www.hse.gov.uk/involvement/index.htm

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Annex B – List of activities/sectors considered suitable for proactive inspection

No	Hazards	Potential Poor Performers within an Industry Sector	High Risk Activities
1	Legionella infection	Premises with cooling towers/evaporative condensers	Lack of suitable legionella control measures, including premises that have: <ul style="list-style-type: none"> • Not yet demonstrated the ability to manage their legionella risk in a sustained manner, includes new cooling towers/evaporative condensers, or • Relevant enforcement action in the last 5 years and have not yet demonstrated sustained control of legionella risk.
2	Explosion caused by leaking LPG	Communal/amenity buildings on caravan/camping parks with buried metal LPG pipework	Caravan/camping parks with poor infrastructure risk control/management of maintenance
3	E.coli/ Cryptosporidium infection esp. in children	Open Farms/Animal Visitor Attractions ²	Lack of suitable micro-organism control measures
4	Fatalities/injuries resulting from being struck by vehicles	High volume Warehousing/Distribution ³	Poorly managed workplace transport
5	Fatalities/injuries resulting from falls from height/ amputation and crushing injuries	Industrial retail/wholesale premises ⁴	Poorly managed workplace transport/ work at height/cutting machinery /lifting equipment

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6	Industrial diseases (occupational deafness/ occupational lung disease - silicosis)	Industrial retail/wholesale premises ⁴	Exposure to excessive noise (steel stockholders). Exposure to respirable crystalline silica (Retail outlets cutting/shaping their own stone or high silica content 'manufactured stone' e.g. gravestones or kitchen resin/stone worktops)
7	Occupational lung disease (asthma)	In-store bakeries ⁵ and retail craft bakeries where loose flour is used and inhalation exposure to flour dust is likely to frequently occur i.e. not baking pre-made products.	Tasks where inhalation exposure to flour dust and/or associated enzymes may occur e.g. tipping ingredients into mixers, bag disposal, weighing and dispensing, mixing, dusting with flour by hand or using a sieve, using flour on dough brakes and roll machines, maintenance activities or workplace cleaning.
8	Musculoskeletal Disorders (MSDs)	Residential care homes	Lack of effective management of MSD risks arising from moving and handling of persons
9	Falls from height	High volume Warehousing/Distribution ³	Work at height
10	Manual Handling	High volume Warehousing/Distribution ³	Lack of effective management of manual handling risks
11	Unstable loads	High volume Warehousing/Distribution ³ Industrial retail/wholesale premises ⁴	Vehicle loading and unloading
12	Crowd management & injuries/fatalities to the public	Large scale public gatherings e.g. cultural events, sports, festivals & live music	Lack of suitable planning, management and monitoring of the risks arising from crowd movement and behaviour as they arrive, leave and move around a venue
13	Carbon monoxide poisoning	Commercial catering premises using solid fuel cooking equipment	Lack of suitable ventilation and/or unsafe appliances
14	Violence at work	Premises with vulnerable working conditions (lone/night working/cash handling e.g. betting shops/off-licences/hospitality ⁶) and where intelligence indicates that risks are not being effectively managed	Lack of suitable security measures/procedures. Operating where police/licensing authorities advise there are local factors increasing the risk of violence at work e.g. located in a high crime area, or similar local establishments have been recently targeted as part of a criminal campaign

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15	Fires and explosions caused by the initiation of explosives, including fireworks	Professional Firework Display Operators ⁷	Poorly managed fusing of fireworks
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¹ See LAC 67/2 (rev 8) for guidance on the application to certificated petroleum storage sites.

² Animal visitor attractions may include situations where it is the animal that visits e.g. animal demonstrations at a nursery.

³ Typically larger warehousing/distribution centres with frequent transport movements/work at height activity.

⁴ Includes businesses such as: steel stockholders; builder's and timber merchants.

⁵ For supermarket and other chain bakeries etc check to see if there is a Primary Authority inspection plan with more specific guidance.

⁶ Pubs, clubs, nightclubs and similar elements of the night time economy.

⁷ Specific guidance on the application of the Explosives Regulations 2014 to the activities of professional firework display operators is available on the HSE website - www.hse.gov.uk/explosives/er2014-professional-firework-display.pdf

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Annex C – Information sources to assist development of LA intervention plans

Although not exhaustive the following summarises the potential information sources that may be available to assist LAs when developing intervention plans - data protection issues may need addressing when sharing information of this type.

Sources within your Local Authority:

- Adverse Defect Reports (also known as Adverse Insurance Reports (AIRs)) - may indicate poor management or maintenance systems suggesting a failure to manage safety appropriately.
- Building control - changes in business activity, consider if this should be a MEC for workplace health and safety.
- Business rates - new businesses, consider if they identified in the Annex A priorities or the 'List'.
- Community protection teams - issues identified by multi-regulatory working
- Food Safety Officer observations – confidence in management as a possible health and safety MEC. Based on a number of LA reports and some limited statistical analysis by HSE, it's seen that there can be a strong correlation between a lack of confidence rating in food safety management and poor health and safety management. Using recent food hygiene assessments as a proxy for a recent assessment in the management of health and safety at a site can be useful to assist in targeting likely poor performers of H&S management.
- LA inspection/complaints database - risk ratings, past performance, local trends and MECs can provide useful background intelligence on the health and safety performance by a duty holder or provide evidence for local projects using education/awareness raising or targeted risk based inspections e.g. use of targeted information campaigns to raise awareness which could be followed up with targeted risk based inspections to assess standards, and the effect of awareness raising campaign and any need for further action.
- Local knowledge - local sector changes, poor performers.
- Registration/Licensing schemes - new businesses, changes in business activity, confidence in management.
- Trading standards - confidence in management, consider if this should be a MEC for workplace health and safety.

Sources within your local community and region:

- Clinical Commissioning Groups - anonymised local work related ill health statistics, issues that span the health and safety/ public health boundary.

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- CQC and County Councils - identification of establishments with poor or failing management systems, issues that span the health and safety/ public health boundary.
- Fire services - information regarding poor on-site conditions, identified in response to attendance at incidents or as part of their wider business engagement.
- GPs - reportable cases of work related ill health, reports disclosed by patients Local Enterprise Partnerships and their associated structures.
- Information within the Joint Strategic Needs Assessment (JSNA)
- Local health and safety Liaison Groups - Local trends, sharing good regulatory practice, methods of effective engagement, poor performing companies that operate in more than one LA.
- Local Media/Press - reported near misses, complaints and incidents.
- Local Trade Association contacts - issues of poor practice, requests for advice.
- Local training establishments - requests for advice, joint activity, changes in local business profiles.
- Police - information regarding violence in workplace or issues from the local community safety scheme.
- Safety representatives/local Trade Union contacts - worker complaints.
- Social media – e.g. Facebook and twitter can provide anecdotal evidence of poor performing local businesses.
- Utility suppliers – Gas, Electricity, Water companies – as part of their work to address fraud and utility theft they may bring to the attention of regulators information on businesses that are disregarding health and safety management e.g. untrained staff making gas connections, doing electrical work etc

HSE sources:

- Asbestos (ASB5) Database - Priority Visit Status (PVC) and requests for asbestos license deferments - if unjustified they may indicate deficiencies in competence or poor practice.
- HSE's insight research reports <http://www.hse.gov.uk/research/insight.htm>
- HSE's social media feeds
- Latest news page on the HSE website
- Industry sector updates via HSE email bulletins

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- Information provided to all LA Health and safety regulatory staff via HELEX system.
- Labour Force Survey - societal trends may include otherwise unreported trends.
- Local HSE office contacts - shared local knowledge, issues crossing the HSE/LA regulatory boundaries.
- National planning priorities - issues identified and analysed by HSE policy teams as having a national priority.
- Prosecutions database.
- RIDDOR data - reported ill health and accidents, statistical comparisons and trends.

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Annex D – Examples of Intervention approaches

Intervention	Description	Examples
<p><i>Partnerships (Non inspection intervention)</i></p>	<p>Strategic relationships between organisations or groups who are convinced that improving health and safety will help them achieve their own objectives.</p> <p>This may involve duty holders or trade unions, regulators, other Government departments, trade bodies, investors.</p>	<p>Developing new relationships between businesses and regulatory services to reduce the regulatory burden on businesses; promote two-way communication between businesses and regulatory services; supporting regulators to find the right balance between encouragement, education and enforcement and offering support from regulatory services for businesses e.g. Local Enterprise Partnerships.</p> <p>Working with a range of agencies e.g. work experience co-ordinators, secondary school students and other regulators/enforcement organisations from the coast guard to school wardens to raise awareness on sensible health and safety</p> <p>Estates Excellence type projects involve a range of organisations (e.g. LAs, Fire and Rescue Service, the Federation of Small Businesses, EEF, service providers, trade unions and local business groups) to set up/fulfil the need for advice and training for businesses and workers. Targeting SME on selected industrial estates to offer advice to managers and workers -providing free workshops, training, advice and guidance specifically targeted to a business' individual needs.</p>

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<p><i>Motivating Senior Managers</i> (Non inspection intervention)</p>	<p>Encouraging the most senior managers to enlist their commitment to achieving continuous improvement in health and safety performance as part of good corporate governance, and to ensure that lessons learnt in one part of the organisation are applied throughout it (and beyond).</p>	<p>Business engagement partnerships (e.g. Local Enterprise Partnerships) can link a range of local partners including representatives from the Federation of Small business and Chamber of Commerce to influence the controlling minds of business to get wider commitment and prioritisation of resources to address H&S and understanding and commitment to the 'Helping Great Britain Work Well' strategy.</p>
<p><i>Supply Chain</i> (Non-inspection intervention)</p>	<p>Encouraging those at the top of the supply chain (who are usually large organisations, often with relatively high standards) to use their influence to raise standards further down the chain, e.g. by inclusion of suitable conditions in purchasing contracts.</p>	<p>Given an LA's local focus, national supply chain activity is often outside of their remit (although large Primary Authority Schemes may help develop this). However, there can be opportunities for LAs to get local supply chains to improve health and safety e.g. office cleaning suppliers, builders merchants. LAs can also be involved in helping to collect intelligence that feeds into supply chain monitoring e.g. linking in with trading standards or public health work on sunbeds, tattoo inks.</p>
<p><i>Design and Supply</i> (Non-inspection intervention)</p>	<p>"Gearing" achieved by stimulating a whole sector or an industry to sign up to an initiative to combat key risks, preferably taking ownership of improvement targets.</p>	<p>Initiative to reduce workplace violence in takeaways – the LA working with the Police and local takeaways to pledge and commit to certain activities e.g. takeaways prohibiting customers possessing alcohol from entering the premises; the Police and the LA providing specific guidance, training, promotion and publicity.</p>

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<i>Intermediaries</i>	Enhancing the work done with people and organisations that can influence duty holders. These may be trade bodies, their insurance companies, their investors or other parts of government who perhaps are providing money or training to duty holders.	Using local HABIA and training college contacts to influence hair dressers and managers to take up published materials and working practices. Using insurance companies to explain the benefits of LOLER examinations for businesses operating forklift trucks.
<i>Working with other regulators and Government departments</i>	Where appropriate work with other regulators (including HSE, DVSA other LA regulators, the Police etc.) to clarify and set demarcation arrangements; promote cooperation; coordinate and undertake joint activities where proportionate and appropriate; share information and intelligence.	Working with relevant signatories of the Work-Related Death Protocol. Working with DVSA to raise awareness amongst hauliers and delivery drivers about load safety.
<i>Encouraging and recognising compliance</i>	Encouraging the development of examples with those organisations that are committed to performance and then using these examples to show others the practicality and value of improving their own standards.	Promoting and sharing compliant practice through campaigns, local business forums, large business mentoring small businesses etc. to improve the management of health and safety risks. Business Awards to give public recognition to workplaces that have taken positive action to improve employee's health and wellbeing.

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Proactive Inspection	Alongside the Code), HSE publishes a list of higher risk activities falling into specific LA enforced sectors. Under the Code, proactive inspection should only be used for the activities on this list and within the sectors or types of organisations listed, or where there is intelligence showing that risks are not being effectively managed. The list is not a list of national priorities but rather a list of specific activities in defined sectors to govern when proactive inspection can be used. However, if a business carries out an activity on this higher risk list, it does not mean that it must be proactively inspected: LAs still have discretion as to whether or not proactive inspection is the right intervention for businesses in these higher risk categories.	Proactive inspection of retail/wholesale warehouse to ensure adequate control of work at height, work place transport and loading and unloading of vehicles.
Code 43 <i>Incident and Ill Health Investigation (Reactive)</i>	Making sure that the immediate and underlying causes are identified, taking the necessary enforcement action, learning and applying the lessons.	Using HSE Incident selection criteria and HSE's risk based approach to complaints handling When there is only limited information regarding the potential need for a more involved intervention it may be prudent to maintain an active 'watching brief' to see if there is cumulative evidence that identifies poor performance.
<i>Dealing with Concern and Complaints (Reactive)</i>	Encouraging duty holders to be active and making sure that significant concerns and complaints from stakeholders are dealt with appropriately.	Adoption of the HSE complaints handling procedures to ensure that resources are targeted on complaints that indicate the poor management of risk.

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Enforcement	Inspection and investigation provides the basis for enforcement action to prevent harm, to secure sustained improvement in the management of health and safety risks and to hold those who fail to meet their health and safety obligations to account. Enforcement also provides a strong deterrent against those businesses who fail to meet these obligations and thereby derive an unfair competitive advantage.	Ensuring that adequate arrangements are made for enforcement. Taking proportionate enforcement action in line with HSE's <i>Enforcement Policy Statement (EPS)</i> (www.hse.gov.uk/pubns/hse41.pdf) and <i>Enforcement Management Model</i> (www.hse.gov.uk/enforce/emm.pdf). When taking enforcement action, making it clear to the dutyholder which matters are subject to enforcement, where compliance has not been achieved, what measures are needed to achieve compliance (including timescales) and their right to challenge/appeal. Following up on enforcement action taken to check that the necessary improvements have been made.
Revisit	To follow up on earlier interventions to check their impact and efficacy	

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ANNEX E - Recording Local Authority Activity and Enforcement Data (the LAE1)

This annex is aimed at helping LAs, especially managers; ensure data is being reported accurately and correctly. The information from the LAE1 is shared with the Chartered Institute of Public Finance & Accountancy (CIPFA).

Before planning their activity and enforcement and attempting to complete the LAE1 LAs should ensure they are familiar with the contents of this LAC and the following guidance:

- National LA Enforcement Code <http://www.hse.gov.uk/lau/national-la-code.pdf>
- List of higher risk activities in specific sectors suitable for proactive inspection <http://www.hse.gov.uk/lau/activities.pdf>
- Guidance on Combining H&S and Food Inspections https://www.food.gov.uk/sites/default/files/multimedia/pdfs/enforcement/combinin_ginspections.pdf
- Blank Version LAE1 Proforma <http://www.hse.gov.uk/lau/lae1-blank-proforma.pdf>

The purpose of the LAE1 is to collect details of LA health and safety regulatory **only**. HSE do not require LAs to provide details of visits made for other regulatory purposes (e.g. food safety, public health, licencing etc.).

Regulatory interventions - principles and recording practices

Completing the LAE1 – general principles

The only data which needs to be captured on the LAE1 is that which relates to an LA's health and safety regulatory activity

Where the main purpose of a visit is for other regulatory purposes, do not record on the LAE1 (eg if in the course of a food safety inspection you mention gas safety, this should not be recorded since the primary reason for the visit is food safety)

Do not 'double-count' visits. Each visit can only be counted once (e.g. a follow up for a MEC where an inspection is undertaken should only be counted as a proactive inspection – not proactive inspection **and** a reactive visit

For face to face non-inspection interventions, an event attended by numerous businesses should only be counted once. It is one intervention (with numerous attendees).

If in doubt what to record or which category to use – ask. A discussion with colleagues at your County Liaison group may be useful, or contact lau.enquiries@hse.gov.uk

Staff resources devoted to health and safety enforcement work

- This section is to capture the number of officers who hold warrants under HSWA and also how much of their time they are spending on HSWA activity.

Validation

LAE1s should be validated by heads of service or above, and signed accordingly. The purpose of this is to ensure senior management have an understanding of the work undertaken in your LA to support businesses manage the health and safety risks they create.

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Proactive Inspections

Principles

- Inspection can be very effective in the right circumstances – where individual face-to-face contact with a dutyholder is necessary to influence their management of risk. However, it is the most resource intensive form of intervention and should be limited to the highest risk premises. High risk activities/sectors considered suitable for proactive inspection can be found in the list (Annex B). Where there is local intelligence that suggest individual businesses, which fall within sectors/activities not on list are not effectively managing their risks, proactive inspection may be appropriate.

HSE has produced an inspection procedure for their own inspectors, and although it refers to specific HSE only activities (such as applying Fee For Intervention), the principles included may be useful when considering use of proactive inspection.

<http://www.hse.gov.uk/foi/internalops/og/ogprocedures/inspection/inspection-procedure.pdf>

- A proactive inspection is a visit to premises to examine and assess the business' management of occupational health and safety risk. The visit can either be one in which the business was:
 - unaware that the visit will take place, or
 - by appointment at a mutually agreed time, to maximise your intervention or reduce unnecessary burden on the business e.g. to ensure that key persons are available (site senior manager, or regional support staff); or when a key activity you wish to observe will be undertaken such as shelf stacking/delivery handling, cleaning, or avoiding the lunch time rush or when a stock take is underway.

Either way, the business has not been offered the opportunity to freely decline the inspection and if entry was denied the inspector is/was prepared to gain entry using their HSWA Section 20 "powers of entry".

- "No inspection without a reason" – reserve proactive inspections for higher risk activities in the sectors specified by HSE (Annex B), or where there is local intelligence showing that risks are not being effectively managed.
- Past historic risk ratings alone should not be used to determine interventions or intervention frequency.
- The list which accompanies the Code is freely available to businesses and you should always be prepared to explain to the business why this particular proactive inspection is appropriate. A business may refer to the Independent Regulatory Challenge Panel where they consider that they operate in a lower risk sector and have been unreasonably subject to a proactive health and safety inspection by an LA. If you feel you couldn't explain why, you should consider if an inspection is actually a good use of your resource, and if it is valid to potentially burden the business with an inspection.
- Proactive inspection should not be used simply as a means of gathering general intelligence [e.g. to maintain currency of a database].

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Recording proactive inspections

- Only record proactive inspections where the primary reason the premises was targeted was for occupational health and safety. If the primary purpose was for another reason, (e.g. entertainment licensing purposes, food safety inspection etc.) **do not record as a proactive health and safety inspection on the LAE1** (you can detail such visits in the comments section of the LAE1 if you feel this helps give a better picture of your overall regulatory activity).
- If premises were targeted for more than one LA regulatory purposes (e.g. food premises identified as a priority for both health and safety and food safety) then combine the inspection visit where possible and record as a proactive inspection on the LAE1.
- Record whether the proactive inspection was undertaken as a result of local or national intelligence in either one of the two columns of the table, but not both.

Non-inspection interventions

Non-inspection interventions fall into 2 categories: either 'face to face', or other contacts (i.e. 'non face to face'.

Principles

- Make the best use of resources by using the range of other available and permitted risk-based regulatory interventions (See Annex D - Examples of Interventions)
- Such interventions are an efficient and effective mechanism to reach a wider population than can be achieved by individual inspection contacts e.g. awareness and education via business seminars, training course etc. reach a much wider audience with the benefit of allowing business to share good practice.

Recording non-inspection interventions

Record other non-inspection interventions as either:

- "other visits/face-to-face contacts" include:
 - LA advisory visits, proactively offered by the LA (as opposed to reactively in response to a request from the business), and made at the convenience of the business, to provide helpful health and safety advice and support especially to new business start-ups and without recourse to section 20 powers of entry
 - Safety and health awareness events (e.g. talk to a gathering of retail businesses to discuss manual handling and violence prevention for employees.
 - Advice 'drop in' sessions where businesses can visit a designated office/desk for health and safety advice,
- "other contact/interventions" which includes:
 - Specifically targeted emails or letters to businesses to raise awareness on particular risks (e.g. letters to licenced premises to raise awareness of cellar safety)
 - Telephone calls to individual businesses to offer health and safety advice

Do not record non-targeted general newsletters, service magazines, or the number of hits on your website as "other contact/interventions".

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Reactive Visits

Principles

LAs undertake reactive visits for 3 main reasons:

1. To investigate RIDDOR reported accidents, cases of ill health, or dangerous occurrences.
 2. To investigate concerns raised, or complaints about the management of health and safety by specific businesses.
 3. In response to requests made for a visit by individual businesses.
- Intelligence gathered from reactive visits can be used to identify, poor performance, trends and local issues which may require further interventions or matter which may need to be taken forward nationally and should be flagged up to HSE.
 - The targeting of reactive visits should be proportionate and risk-based e.g. use incident selection criteria/complaint handling techniques/professional judgement.
 - HSE has developed a risk-based approach to complaint handling and incident selection criteria (<http://www.hse.gov.uk/enforce/incidselcrits.pdf>) which can help LA's target interventions effectively.
 - Matters of Evident Concern (MECs – those that create a risk of serious injury or ill-health and which are observed (i.e. self-evident or brought to the attention of LA staff)) during an inspection, non-inspection interventions or other regulatory visits should normally be addressed at that time using enforcement powers if necessary. If a MEC requires a follow-up visit those visits should be counted as reactive visits. Note: this does not include 'hazard spotting'. 'Hazard spotting' visits are not a recognised intervention approach, and such visits should be discouraged since they are unlikely to meet the requirements of the Code.

Recording reactive visits

- Record the reactive visit as directed by the incident, complaint or service request.
- **Do not record MECs dealt with during interventions or visits for other regulatory purposes.**
- Premises targeted for other regulatory purposes should be reported to the relevant regulatory agencies (e.g. Food Standards Agency in relation to food hygiene inspections) and should not be double counted.
- If a further visit is necessary to address a specific MEC, this should be recorded as a reactive visit to investigate health and safety complaints on the LAE1.

Peer Review

Section 4 of the National Code sets out how LAs will provide assurance that they are meeting the requirements of the Code. Together with submission of the LAE1, LAs should undertake inter-authority peer review. Peer review offers LAs the opportunity to discuss, refresh and share working practices, as well as allowing them to verify that key messages have been understood and necessary change has been properly embedded. Undertaken in an effective and open manner it should raise confidence and competence, by reinforcing and promoting good practice by sharing expertise across LA boundaries.

Comments

This section is voluntary and does not constitute a formal part of the LAE1 return. LA's can use it to share information regarding areas they think LAU and the wider LA community

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would be interested in hearing about. Some examples of information provided in the past have included new and emerging issues and further information regarding local intelligence lead projects. Comments should only relate to health and safety matters.

EXAMPLES OF DIFFERENT INTERVENTIONS AND WHERE THEY SHOULD BE RECORDED ON THE LAE1

INTERVENTION	EXAMPLE	WHERE AND HOW MANY TO RECORD
Health and safety awareness event	Seminar for invited craft bakeries to offer advice on occupational lung disease	Non-inspection intervention – other visits/face to face contact One recorded (its one intervention)
Participation in 'local task force'	Joint initiative with police, trading standards and home office, targeting modern slavery in nail bars.	Non-inspection – other visits/face to face contact One recorded for every premises where you discuss H&S.
Advice for SMEs	Stall set up in shopping centre where business can drop in for H&S advice	Non-inspection – other visits/face to face contact. One recorded for each business who drops in and discusses H&S
Presenting at local trade body meeting	As part of a wider meeting, encourage warehouse manager to let delivery drivers use their welfare facilities	Non-inspection – other visits/face to face contact One recorded for each event presented at.
Concern about business raised by LA colleague	Informed by building control officer of an office block they suspect of failing to manage asbestos	Reactive – visit to investigate whether business is managing risk.
Direct messaging businesses via social media	Using twitter or Facebook to direct individual businesses to web based H&S advice suitable to their business	Non-inspection – other contact/intervention One recorded for each business contacted
Receipt of several reports of defective lifting equipment	A tyre and exhaust fitter with both a vehicle lift and vehicle hoist reported as defective by competent person	Proactive inspection – more than one report could indicate poor health and safety management.
Sector specific mail shots	Standard/generic information letter/leaflet sent to all retail premises	Non-inspection - other contact/intervention

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	to offer advice on reducing risk of violence to staff	One recorded for each mail shot campaign
Business tailored letters	Individual letter sent to tyre/exhaust fitter where there is a known potential issue with work equipment they have at their premises	Non-inspection – other contact/intervention One recorded for each business individually contacted