

Communities and Place

**Communities Environment and
Regulatory Services**

FOOD AND SAFETY TEAM

**HEALTH AND SAFETY
ENFORCEMENT
SERVICE PLAN
2016/17**

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Executive Summary

The provision of an effective Health and Safety Service which ensures the safety and wellbeing of the public and employees within the City of Derby has received consistent yearly approval from Elected Members of the Council.

This Service Plan explains how Derby City Council will work over the coming year to ensure that the workplaces it regulates for Health and Safety are safe and comply with the law. Our aim is to have a risk-based programme, combining inspections of high-risk premises together with alternative types of intervention in lower risk premises. This complements the Government's 'lighter-touch' health and safety regime, which aims to focus enforcement activity on higher risk sites and more serious breaches of legislation.

Our key delivery priorities for 2016/17 are:

- to undertake proactive inspections, where appropriate, in the high risk sectors/activities outlined in Appendix A of the Health and Safety Executive (HSE) National Code;
- to investigate all work place accidents, which meet our investigation criteria;
- to respond to complaints and enquiries;
- to maintain an accurate premises database; and
- to undertake targeted projects based on national priorities and local knowledge.

The targeted high risk /sectors activities for 2016/17 include regulation of:

- solid fuel use in catering premises;
- tyre fitting and motor vehicle repairs outlets – in particular looking at work place transport, noise and dust;
- workplace transport and falls from height in warehouses and distribution centres;
- prevention of ill health arising from animal contact in visitor attractions;
- violence at work in premises with vulnerable working conditions (lone/night working and cash handling) where intelligence indicates that risks are not being effectively managed;
- awareness raising of fragile roofs in relevant premises;
- industrial diseases in bakeries;
- multi agency working (as requested) to prevent exploitation of vulnerable and migrant workers;
- an assessment of barrier safety across the City; and
- nursery establishments – in particular looking at preventing access to chemical storage by vulnerable children.

1. Introduction

The Council is responsible for the enforcement of health and safety in an estimated 6529 premises within the city, from leisure and retail premises, commercial warehousing through to offices and corner shops. The businesses are predominantly small to medium sized establishments. The types of premises/nature of activities falling under Local Authority (LA) regulatory control is dictated by legislation, with the HSE regulating those premises not under LA control.

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 Derby. The Department has continued to target its resources to areas of greatest impact and risk using guidance produced by the HSE.

Against this background, the Council has responded in this plan to the HSE's key areas, as laid out in their Strategy 'Helping Great Britain Work Well' which include six strategic themes that bring a renewed emphasis on improving health in the workplace. These are outlined below, but further explanation is summarised in Appendix 1. These themes will underpin our work programme for 2016/17. This strategy runs for the next 5 years.

- **1. Acting together** Promoting broader ownership of health and safety in Great Britain.
- **2. Tackling ill health** Highlighting and tackling the costs of work-related ill health.
- **3. Managing risk well** Simplifying risk management and helping business to grow.
- **4. Supporting small employers** Giving Small Medium Enterprises (SMEs) simple advice so they know what they have to do.
- **5. Keeping pace with change** Anticipating and tackling new health and safety challenges.
- **6. Sharing our success** Promoting the benefits of Great Britain's world-class health and safety system.

The service continues to deliver by 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 priorities, Primary Authority inspection plans and local knowledge/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, to deliver proportionate, transparent and fair services 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, strong and ambitious City are achieved as far as is reasonably practical.

1.1 **Revised Priority Planning and Interventions Targeting Guidance**

Work carried out by Communities Environment and Regulatory Services (CEARS) is categorised as either proactive or reactive. Proactive work includes the routine inspection of premises and reactive work includes the investigation of accidents at work and complaints from members of the public.

Detailed guidance on targeting interventions has been issued by the Health and Safety Executive Local Authorities Enforcement Liaison Committee (HELA) as LAC/67/2 (rev 5) and regard has been its contents have been taken into account when producing this Service Plan, focusing our enforcement activity on higher risk sites and tackling serious breaches of the rules.

It is important to note that LAC 67/2 (rev 5) states that risk ratings should not to be used for determining the type of intervention or to decide on intervention frequencies. We use these risk ratings to determine a review frequency, which is reasonable and justifiable. This is outlined in the table below:

Current LAC 67/2 Categorisation	Former LAC 67/1 Categorisation	Description	Suggested Intervention Type	Derby City Council Intervention Frequencies
A	A	Highest Risk	Suitable for proactive inspection until the risks are adequately managed such that the premises can be re-categorised	Not less than once per year
B ₁	B ₁	Medium Risk 1	Not suitable for proactive inspection but all other interventions to be considered.	18 months
B ₂	B ₂ and B ₃	Medium Risk 2	Not suitable for proactive inspection. Consider the use of other interventions only where necessary based on national and local information.	2 yearly
C	B ₄ and C	Lowest Risk	Use non-inspection intervention methods / techniques.	5 yearly

1.2 HSE National Code

For the last three years the HSE has had a stronger role in directing LA health and safety inspection/enforcement activity, in the form of its National Code. It was designed to ensure regulators take a more consistent and proportionate approach to enforcement

The Code makes it clear that proactive inspection must only be used to target the high risk activities in those sectors specified by HSE, or where intelligence suggests risks are not being effectively managed. For this purpose HSE publishes a list of high risk sectors (and the key activities that make them such) that are to be subject to proactive inspections by LAs on an annual basis and Appendix 2 outlines those high risk sectors for 2016/17.

2. Background

Derby is a Unitary Authority and compact city with a clearly defined centre and district neighbourhoods. It has a strong identity, clear boundaries and is surrounded by attractive countryside. With Leicester and Nottingham, it forms part of the 'three cities' sub-region of the East Midlands. It is essentially an urban area with green areas of open land that help to maintain separate community identities and boundaries within its 17 wards. In March 2011, the census results showed that Derby's population has reached 248,752.

The Food and Safety Team (FAST) is responsible for the full range of health and safety regulatory duties, under the Health and Safety at Work etc. Act 1974 in LA-enforced premises. The team also delivers food safety regulation, including infectious disease investigations, along-side this function. This follows the restructure of the former Environmental Health and Trading Standards Division in April 2011. The main changes were the integration of two teams, the former Food Safety Team with the former Health and Safety Team into the current FAST. For 2016/17 there are 4.3 FTE posts allocated for Health and Safety regulation in the city.

3. Service Aims and Objectives

To effectively use resources including 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 Service aims and objectives will be met by:

1. Targeting all band A premises with a full inspection and a proportion of the targeted sectors within risk bands B1, B2, C premises and unrated premises where there is a relevant high risk activity proactive intervention. The priority themes for 2016-17 in Derby are:
 - solid fuel use in catering premises;
 - tyre fitting and motor vehicle repairs outlets – in particular looking at work place transport, noise and dust;
 - workplace transport and falls from height in warehouses and distribution centres;
 - prevention of ill health arising from animal contact in visitor attractions;
 - violence at work in premises with vulnerable working conditions (lone/night working and cash handling) where intelligence indicates that risks are not being effectively managed;
 - industrial diseases in bakeries;
 - multi agency working (as requested) to prevent exploitation of vulnerable and migrant workers;
 - an assessment of barrier safety across the City; and
 - nursery establishments – in particular looking at preventing access to chemical storage by vulnerable children.
2. During all proactive food inspections provide advice and also undertake a hazard spotting exercise concentrating on matters of evident concern, gas and electrical safety, fragile roofs and solid fuel.
3. Inspecting targeted premises along with any issued Primary Authority Inspection plans.
4. Continue to promote the duty to manage asbestos in buildings.
5. Contributing actively to the Health and Safety Executive's 'Helping Great Britain Work Well' strategy.
6. Consulting on licensing applications as a competent authority under the Gambling and Licensing Acts.
7. Continuing to ensure compliance with the smoke free requirements of the Health Act 2006.
8. Ensuring the service meets the required Section 18 standard to include benchmarking of our Health and Safety service with the other Unitary authorities.
9. Investigating complaints within service standards and taking appropriate action in accordance with current legislation, accompanying and guidance.

10. Providing information and advice on health and safety to businesses and members of the public.
11. Investigating accidents and taking appropriate action in accordance with current legislation and accompanying guidance and the Enforcement Management Model.

3.1 Links to the Council Plan 2016-2019

The Plan contains four pledges, which are supported by a number of 'priority outcomes as follows:



The Departmental objectives / performance indicators relevant to the service are summarised in the table below:

Relevant Key Objectives	Supporting Actions
To improve levels of food safety and occupational health and safety compliance in businesses across the City. <i>This supports: Health and well-being</i>	Complete the Food Safety and Health and Safety inspections programmes in accordance with statutory requirements.

4. Service Delivery

It is the council's policy to meet its obligations under the HSE National Code, issued under the Health and Safety at Work etc Act 1974. A risk-based approach is taken in determining its priorities for preventive health and safety at work.

We will also 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 raise awareness of these priority issues with duty holders.

The estimated number of interventions due in 2016-17 (as of 13/07/2016) is summarised in the table below. A breakdown is also indicated of those premises that fall within Appendix A of the HSE National Code because of the high risk activity/sector.

Premises Profile	Total Number of Premises	Total Number of Alternative Interventions due 01/04/15 – 31/03/16	Total Number of Proactive Inspections due 01/04/2015 – 31/03/16 (Appendix A National Code)	Other Interventions
Category A	12	4	2	<i>A proportion of these will fall within scope of an intervention undertaken during a visit for another purpose, ie, during food hygiene visits.</i>
Category B ₁	51	14	5	
Category B ₂ (B ₂ and B ₃)	933	90	12	
Category C (B ₄ and C)	4116	128	3	
Unrated	1417	99	6	
Total	6529	335	28	

As explained previously only sectors that present a comparatively high risk should be part of the inspection programme. The team's intervention programme will focus on the HSE's National Code priority sectors/activities (summarised in Appendix 1). Additional inspection / intervention may also be triggered in response to complaints, accident notifications or local knowledge.

4.1 Primary Authority Scheme

The Primary Authority (PA) scheme was launched by the Local Better Regulation Office (LBRO) in April 2009 under powers in the Regulatory Enforcement and Sanctions Act 2008, which is legislation that applies to England and Wales. The Primary Authority scheme, however, is national and gives companies the right to form a statutory partnership with a single local authority, which then provides robust and reliable advice for other councils to take into account when carrying out inspections or dealing with non-compliance.

Each business formally agrees to an inspection plan with its PA for its particular regulatory domain. Inspecting LAs are required to take agreed inspection plans into account when planning interventions for such companies and to consult with the PA before taking enforcement action. A number of the larger business chains in Derby have PA agreements in place and the FAST must have regard to their agreed inspection plans in order to plan more efficient and targeted interventions for these businesses.

We currently have one Primary Authority relationship, with George's Tradition, who own fish and chip shops throughout the East Midlands.

4.2 Commitment to Priority Areas

This plan outlines the work required to deliver the national priorities set by HSE and local priorities and is accompanied by an inspection programme that meets the requirements of the Code.

4.2.1 Derby's approach to Risk Category A Premises and those specified in Appendix A of the National Code

The rating scheme directs LA resources towards the highest risk premises within the city. The highest risk premises (Category A) will be subject to a proactive inspection on a risk priority basis along with those high risk sectors/activities identified in the National Code. Each will receive a full detailed inspection, which will include any national and local programmes as appropriate to the work activities of the business.

For 2016/17 the following interventions are scheduled:

Risk Rating	A
Number of interventions scheduled	4
Performance Aim	Carry out 100% of proactive inspections
Performance Indicator	% of inspections achieved

Inspectors will also take note of any of the following in their inspection:

- hazards proven significant risk to that industry;
- significant risks identified during the inspection;
- issues raised by employers, employees and representatives;
- complaints or reportable accidents related to the premises or duty holder; and
- an assessment of compliance with smoke-free legislation.

These visits should be for health and safety purposes only, unless the inspector can ensure that sufficient time can be devoted to this topic during a joint inspection, such as food hygiene.

4.2.2 Derby's Approach to Risk Category B1 and B2

Although these premises are of medium risk, LAC 67/2 (rev 5) clearly states they are unsuitable for pro-active inspection. However, a proportion of these businesses will fall within the sectors/activities specified in the HSE National Code and therefore may be subject to a pro-active inspection. If accident notifications or complaints are received, additional visits to these premises may be undertaken on a risk priority basis.

For 2016/17 the following interventions are scheduled:

Risk rating	B1 and B2 (that fall under Appendix A of the national code)
Number of interventions scheduled	17
Performance Aim	Carry out 100% of interventions
Performance Indicator	100% of interventions

4.2.3 Derby's Approach to Risk Category B1, B2 and C (Non-Code)

For these categories of premises, LAC 67/2 (rev 5) clearly states non-inspection intervention methods / techniques should be utilised. Premises due a health and safety intervention that do not fall within the scope of the HSE National code will only receive an intervention if accident notifications or complaints are received, on a risk priority basis.

For 2016/17 the following interventions are scheduled:

Risk rating	B1, B2 and C (that don't fall under Appendix A of the national code)
Number of interventions scheduled	212 A proportion of these will fall within scope of an intervention for another purpose. Advice will be given on national priorities set by the HSE including asbestos and fragile roofs.
Performance Aim	Carry out interventions for accident notifications or complaints received for these premises
Performance Indicator	100% of interventions when accident notifications or complaints are received

4.2.4 Derby's Approach to New and Unrated Premises

The move from traditional inspection programmes towards targeted interventions ensures work is aimed at businesses that present the greatest risk to employees. However, this has resulted in a substantial number of unrated premises on our database. The Food and Safety Team does not have the resources to carry out an inspection of all these premises and government advice is that premises must not receive an inspection without a reason.

The service has the difficult task of ensuring its database is accurate and therefore the correct interventions are undertaken. Where intelligence suggests that a premise is low risk, it will be treated in the same manner as a Category C low risk premises (see above) unless further intelligence is received in the form of an accident notifications or complaint.

However, for those unrated premises with uncertainty of their presentable risk (type of activity, numbers of employees, risk to the public and history of compliance) and new businesses (if not subject to the HSE National Code stated above), will initially be issued with questionnaires and will also be advised on their duty to manage asbestos.

The data obtained will enable a desk-top assessment to be carried out. Where questionnaires are returned and there is evidence to suggest there is a high-risk work activity or questionnaires are not returned, other interventions may follow having regard to the likely risk the premises presents in terms of its size and the types of activities being undertaken within the context of current guidance.

For 2016/17 (which include some backlog unrated) the following interventions are scheduled:

Risk rating	Unrated and New
Number of interventions scheduled	99 (694 backlog unrated)

4.3 Health and Safety Advice

The council provides information and advice upon request. We largely use the Health and Safety Executive's website publications.

4.4 Health and Safety Complaints and Requests for Service

It is the policy of the council to give a first response within 3 days to all health and safety premises complaints or requests for service. Where the complaint is of an urgent nature then a first response would be made sooner. 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.

4.5 Accurate Database

As previously stated, it is an onerous task to ensure the premises database is kept as up to date and accurate as possible, in accordance with guidance.

The following methods will be used:

- registrations forms (food);
- planning applications;
- officer observations through the surveys of sites sties known to be subject to a high turnover in the city;
- licences (premises);
- notifications (accidents, asbestos removal and defective lift reports);
- HSE referrals;
- advice enquiries; and
- Intelligence received from complaints.

4.6 Reports of Accidents and Dangerous Occurrences

Accidents and dangerous occurrences will be investigated, where identified as necessary through the accident investigation selection criteria issued by the Food and Safety Team. Accident investigations will be given a first response within 3 days. Where the accident is of an urgent nature, then a first response would be undertaken imminently.

4.7 Liaison with other Organisations

CEARS either participates in or liaises with the following groups in relation to health and safety issues, in an endeavour to ensure that the service and/or any enforcement action taken within the city is consistent with those of neighbouring local authorities. Therefore service improvements can be identified and that competence-based training can be accessed:

- Derbyshire Health and Safety Liaison Group;
- Unitary Authority's Health and Safety Benchmarking Group;
- Care Quality Commission (CQC);
- Derbyshire Chief Officers Group; and
- Health and Safety Executive.

5. Resources

5.1 Financial Allocation

The Health and Safety Service financial costs are contained within the Food and Safety Team cost centre. This cost centre also contains the costs of the Food Safety service.

5.2 Staffing Allocation

The Food and Safety Team is responsible for the delivery of a range of services in addition to health and safety, including food safety regulation and infectious disease control. The present staffing allocation in relation to all these functions is as follows:

Changes in resources are expressed as FTE:

Food & Safety Team	2013/14	2014/15	2015/16	2016/17
Team Leader	0.5	0.5	0.5	0.5
Senior EHO	1.5	1.7	1.3	1.3
EHO	1.8	1.8	2.0	1.5
Specialist TO	1.0	1.0	1.0	1.0
TO	0	0	0	0
Total	4.8	5.0	4.8	4.3

5.3 Health & Safety Training for 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 (RDNA) tool.

Officer training will be provided for all authorised officers to ensure continued professional development and officer competency. An internal training programme will be prepared for 2016/17. If additional training is required this will be arranged externally or in-house.

It is proposed that for the year 2016/17, the health and safety service will be delivered within existing resources. If, during the course of the year, it becomes apparent that the service may be under-resourced, priorities in other areas of work may need to be reassessed and the consideration of additional resources being directed to the health and safety service considered.

6. Quality Assessment

The service has documented procedures relating to health and safety duties. Internal audits are carried out by senior officers on a regular basis to ensure compliance with these procedures.

The service actively seeks the views of businesses by issuing post-inspection questionnaires to premises. Information from those returned are incorporated in the council's performance monitoring system, DORIS.

7. Review

The targets and performance standards in the Plan are monitored on a quarterly 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.

The Code requires that LAs should ensure they have a means of monitoring, capturing and sharing interventions, enforcement and prosecution activity. LAs must also make this information available and share it with HSE via the LAE1 return. This national data is available on the HSE website to assist LAs to benchmark and peer review their work with other LAs.

A summary of Derby's LAE1 submission for 2015/16 is outlined in Appendix 3. A total of 338 premises were targeted for health and safety purposes (10 inspections and 328 targeted advice), 10 notified accidents were investigated and the team responded to 19 complaints.

With current resources the Service will continue to prioritise visits to highest risk premises, contribute to the risk reductions initiatives, investigating accidents and respond to all health and safety incidents within 3 working days.

Glossary of Terms

Approved Code of Practice (ACOP)

Document with special legal status approved by the Health and Safety Commission; failure to comply is evidence that an offence has been committed.

Authorised Officer

A local authority inspector duly authorised under the Health and Safety at Work etc. Act 1974 to undertake health and safety enforcement work.

CQC

Care Quality Commission (formerly the Commission for Social Care Inspection).

EMM (Enforcement Management Model)

A model that the HSE and LAs must have regard to. The model assists Enforcing Authorities (LAs and HSE) in determining appropriate enforcement action.

HELA

Health and Safety Executive and Local Authority Enforcement Liaison Committee; national forum for discussion, producing information and advice.

HELA LAC 67/2 (rev 5)

Local Authority Circular produced by HELA and giving advice to Local Authorities on prioritising inspections by quantifying the risks posed by a business

HSE

Health and Safety Executive, the operating arm of the HSC with direct enforcement responsibility.

Primary Authority Scheme (PAS)

A scheme introduced to ensure consistency of enforcement against National Companies. Requires an LA/business entering into a legally binding agreement.

RDNA

Regulator's Development Needs Analysis tool. An online tool to enable officers to identify gaps in health and safety knowledge, thereby identifying local training needs and feeding into national training needs

Appendix 1 - Helping Great Britain Work Well' 5 Year Strategy 2016 (February 2016)



Acting together Promoting broader ownership of health and safety in Great Britain.

Health and safety should not be a responsibility assigned to a particular individual or part of an organisation, but an integral part of everyone's role.

There needs to be much broader ownership of the issues. This means engaging everyone who shares the responsibility for helping Great Britain work well, because they have a vital role in managing risk and preventing damage to individuals, businesses and the economy.

Across each nation, region or sector, we need collective ownership that best reflects local circumstances. The regulators will retain their key roles, providing targeted advice and guidance for key audience groups and taking enforcement action when and where necessary. Encouraging others to take ownership of health and safety will be critical in making this theme successful. This means everyone collaborating to reach those who may have been less engaged.



Tackling ill health Highlighting and tackling the costs of work-related ill health.

Work-related ill health is a problem for every section of society, with conditions ranging from cancer and other long-latency diseases, to stress and musculoskeletal disorders. Greater awareness of the harm, costs and preventability of work-related ill health should drive collective action to improve health outcomes.

This will require long-term and coordinated action across all sectors, bringing in additional partners such as the NHS and others to support the substantial behaviour change and awareness programmes that will be required. A key element of this theme will be in earlier prevention, which is more cost-effective than trying to intervene when a person is suffering from more serious ill health. This will involve a greater focus on health issues at work, while continuing to ensure that maintaining standards around safety remains a priority.



Managing risk well Simplifying risk management and helping business to grow.

Successful organisations understand that sensible and proportionate risk management is integral to delivering their business. This approach supports growth, enables innovation and protects an organisation's most vital asset, its people. Positive outcomes can include reduced sickness absence, lower costs and a good reputation. Promoting this compelling

business case should help even more businesses to make the most of the many benefits a good health and safety culture can bring.

Sharing examples of practice, supported by targeted, relevant advice and information will allow the system to set a common understanding of what proportionate health and safety looks like. Health and safety professionals have an important role to play. Helping businesses of all sizes get it right in an efficient and effective an efficient and effective way will build trust and improve standards.



Supporting small employers Giving SMEs simple advice so they know what they have to do.

Reaching micro and small businesses can be difficult, but not impossible. Working together, much has already been done to help small businesses, but there are opportunities to work smarter. Already many large businesses and intermediaries have developed efficient supply chains and productive relationships by working with and supporting small businesses.

Many organisations also provide free help and support to SMEs outside their supply chains through cross-sector initiatives. For SMEs, managing workplace risks shouldn't be complicated or costly. Making support available which is quick and easy for small businesses to understand, so that they can fulfil their obligations, remains a challenge for all sectors. It will also be important to identify who the key influencers are for SMEs, working with them to raise awareness levels about the peer and expert support that is out there.



Keeping pace with change Anticipating and tackling new health and safety challenges.

Great Britain leads the world in anticipating and tackling the new health and safety challenges that come with social, economic and technological change. This ability to horizon scan, when combined with the deep knowledge and unrivalled expertise of the system, means that anticipating new health and safety challenges is an area where Great Britain can play a leading role, for example through HSE's world-leading research capabilities. They are already being put to use helping Great Britain, as well as countries around the world, to improve health and safety, as well as better business outcomes.

To remain a world leader in risk management, Great Britain needs to develop high-quality capability, anticipating the workplace challenges of tomorrow and using the flexibility of our goal setting approach to solve them in ways that enable innovation and the use of new technologies. Tackling the problems of tomorrow today is a responsible investment that protects workers, enables new and different approaches and provides the new knowledge, skills and expertise Great Britain can share internationally.



Sharing our success Promoting the benefits of Great Britain's world-class health and safety system

Everyone can take pride in Great Britain's world-class reputation for health and safety and promote its success at home and abroad. Creating a world-class system is a goal we can all unite around and benefit from as a source of inspiration and achievement, and can also be pleased to support. This strategy has largely concerned itself with improving standards in Great Britain. But we should also look to share best practice and the latest thinking and innovation around the world.

This can help influence health and safety systems overseas and make it easier for British businesses to expand into new markets and territories. The work can also bring commercial opportunities for selling British health and safety 'products' or consultancy.

9	Carbon monoxide poisoning	Commercial catering premises using solid fuel cooking equipment	Lack of suitable ventilation and/or unsafe appliances	s for
10	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	

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
2	Explosion caused by leaking LPG	Premises (including caravan parks) with buried metal LPG pipework	Buried metal LPG pipe work (For caravan parks to communal/amenity blocks only)
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 ³ Warehousing/Distribution	Workplace transport
5	Fatalities/injuries resulting from falls from height/ amputation and crushing injuries	Industrial retail/wholesale premises e.g. steel stockholders, builders/timber merchants	Workplace transport/work at height/cutting machinery /lifting equipment
6	Industrial diseases (occupational deafness/cancer/ respiratory diseases)	Industrial retail/wholesale premises e.g. steel stockholders, builders/timber merchants/ in-store/craft bakeries ⁴ , stone wholesalers'	Noise (steel stockholders), use of loose flour(in-store/craft bakeries ⁴), exposure to respirable crystalline silica (outlets cutting/shaping their own stone)
7	Falls from height	High volume ³ Warehousing/Distribution	Work at height
8	Crowd control & 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
9	Carbon monoxide poisoning	Commercial catering premises using solid fuel cooking equipment	Lack of suitable ventilation and/or unsafe appliances
10	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

1. See LAC 67/2 (rev4.1) for guidance on the application to certificated petroleum and licensed explosives storage sites.

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

3. SME's not National Chains.

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

5. Premises where loose flour is used and exposure inhalation to flour dust is likely to frequently occur during baking i.e., not baking pre-made products.

Appendix 3 – Summary of LAE1 Return 2015/16

INTERVENTION TYPE		
PROACTIVE INSPECTION	<i>Risk Category A</i>	3
	<i>Risk Category B</i>	4
	<i>Risk Category B2 and C</i>	3
NON-INSPECTION INTERVENTIONS	<i>Other Visit / Face to Face Contact</i>	315
	<i>Other Contact</i>	13
REACTIVE VISITS	<i>Visits to Investigate Accidents</i>	10
	<i>Visits to Investigate Complaints</i>	19
	<i>Requests for Health and Safety Service</i>	3
	<i>Revisits to Follow Up Previous Interventions</i>	38
ENFORCEMENT ACTIONS	<i>Improvement Notices</i>	0
	<i>Deferred Prohibition Notices</i>	0
	<i>Immediate Prohibition Notices</i>	0
	<i>Simple Cautions</i>	0