

**Communities and Place**

**Public Protection and Streetpride**

**HEALTH AND SAFETY LAW**  
**ENFORCEMENT**  
**PLAN**  
**2019/20**

## **C O N T E N T S**

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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 2019/20 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; and
- to undertake targeted projects based on national priorities and local knowledge.

The targeted high risk/sectors activities for 2019/20 include regulation of:

**Falls from height** – where work on/adjacent to fragile roofs/materials are identified during visits, we will discuss the associated risks, to ensure appropriate safety precautions needed are implemented.

**Health risks from respirable silica dust** – during visits, if we come across minor construction work that is generating significant quantities of silica dust, we will address any poor standards identified with duty holders.

**Duty to manage asbestos** – in premises likely to contain asbestos (i.e. built before 2000) we will draw duty holders' attention to their duty to manage.

**Visitor attractions to prevent or control ill health arising from animal contact** – due to health risks we will proactively inspect our animal contact visitor attractions.

**Inflatable amusement devices** – there have been a number of serious incidents where inflatable amusement devices have collapsed or blown away in windy conditions. These are in use at many premises in the City and we will raise awareness of risk associated with the operation of these devices.

**Beverage gases in the hospitality industry** – during visits to our hospitality premises we will raise awareness of the risks associated with the handling of beverage gases, in particular, highlighting the need to provide safe systems of work and emergency procedures for work in confined spaces.

**Gas safety in commercial catering premises** – we will raise awareness, with our local duty holders, of the risks of exposure to carbon monoxide in commercial kitchens from badly installed or faulty appliances and/or inadequate extraction systems.

**Welfare provision for delivery drivers** – where appropriate we will raise awareness at premises that receive regular deliveries that any onsite toilet and rest facilities should be made available to visiting workers if requested.

**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 when those bins were emptied into collection and compaction vehicles, at least 11 have been killed. When engaging with businesses that use commercial waste bins we will raise duty holder awareness of the need to manage the risks of unsecured access to bins.

**Promoting worker involvement in safety management systems** – to promote health and safety we will encourage worker involvement by talking to employees during the course of our health and safety interventions at premises.

**Shipping container unloading safety** – following a serious accident investigated by the Department in late 2018, raise awareness of the issues identified to prevent similar accidents occurring at other premises in the City

**Beauty sector safety** – although some work was done in 2015, several complaints and accidents, has identified a need to revisit this area. It is considered a priority due to their potential effects upon public and consumer safety, rather than high or severe rates of worker injury and ill health.

**Shisha / smoking shelter compliance** – although work has been done in the past in this area, new business owners and alterations made by businesses, has identified a need to survey premises in the district to ensure consistent compliance with the requirements of smoking legislation.

## **1. Introduction**

The Council is responsible for the enforcement of health and safety in an estimated 5172 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 2019/20. This strategy runs for the next 3 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 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 ensured 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 Derby are achieved as far as is reasonably practical.

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

Work carried out by Public Protection 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 HSE Local Authorities Enforcement Liaison Committee (HELA) as LAC 67/2 (rev 8) 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 8) 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:

<b>Current LAC 67/2 Categorisation</b>	<b>Former LAC 67/1 Categorisation</b>	<b>Description</b>	<b>Suggested Intervention Type</b>	<b>Derby City Council Intervention Frequencies</b>
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 <sub>1</sub>	B <sub>1</sub>	Medium Risk 1	Not suitable for proactive inspection but all other interventions to be considered.	18 months
B <sub>2</sub>	B <sub>2</sub> and B <sub>3</sub>	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 <sub>4</sub> and C	Lowest Risk	Use non-inspection intervention methods/techniques.	5 yearly

## **1.2 HSE National Code**

For the last five 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 2019/20.

## **2. Background**

Derby is a unitary authority, 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 electoral wards.

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 2019/20 there are 3.15 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. 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 and B1 premises with a full inspection and a proportion of the targeted sectors within risk bands B2 / C premises and unrated premises where there is a relevant high risk activity proactive intervention.

The priority themes for 2019-20 in Derby are:

- Preventing falls from height.
- Health risks from respirable silica dust.
- Duty to manage asbestos.
- Visitor attractions to prevent or control ill health arising from animal contact.
- Preventing injury from the use of inflatable amusement devices.
- Beverage gases safety in the hospitality industry.
- Gas safety in commercial catering premises.
- Welfare provision for delivery.

- Raising awareness of the need to prevent injury to members of the public from accessing large commercial waste and recycling bins.
  - Promoting worker involvement in safety management systems.
  - Safe unloading of shipping containers.
  - Promotion of safety in the beauty sector.
  - Ensuring shisha smoking shelter compliance throughout the City.
2. During all proactive food inspections provide advice and also undertake a hazard spotting exercise concentrating on matters of evident concern, including electrical safety.
  3. Inspecting targeted premises, where necessary using any issued Primary Authority Inspection plans.
  4. Contributing actively to the HSE's 'Helping Great Britain Work Well' strategy.
  5. Consulting on licensing applications as a competent authority under the Gambling and Licensing Acts.
  6. Continuing to ensure compliance with the smoke free requirements of the Health Act 2006.
  7. Ensuring the service meets the required Section 18 standard to include benchmarking of our Health and Safety service with the other Unitary authorities.
  8. Investigating complaints within service standards and taking appropriate action in accordance with current legislation, accompanying and guidance.
  9. Providing information and advice on health and safety to businesses and members of the public.
  10. Investigating accidents and taking appropriate action in accordance with current legislation and accompanying guidance and the Enforcement Management Model.



### 3.1 Links to the Councils Vision for Derby

Derby City Councils Plan 2019 – 2023 vision is for Derby to be a caring and successful City at the heart of the midlands, proud of its heritage and ambitious for the future.

The Plan contains three themes, which are supported by a number of ‘focus’ areas follows:



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

Relevant Key Objectives	Supporting Actions
<p>To maintain good standards of food safety and occupational health and safety compliance in businesses across the City.</p> <p><i>This supports: <b>Promoting Health and well-being</b></i></p>	<p>To devise a Health and Safety interventions programme that complies with the HSE's National Code and supports their "Helping Great Britain Work Well" strategy.</p>

## 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 HSE'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 2019-20 is (as of 14<sup>th</sup> May 2019) 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 01/04/19 – 31/03/20 (which includes backlog in brackets)*
Category A	2	2
Category B <sub>1</sub>	9	9
Category B <sub>2</sub> (B <sub>2</sub> and B <sub>3</sub> )	546	36 (385)
Category C (B <sub>4</sub> and C)	3281	211 (2203)
Unrated	1334	92 (911)
<b>Total</b>	<b>5172</b>	<b>350 (3499)</b>

*\* A proportion of these will fall within scope of an intervention undertaken during a visit for another purpose, i.e., during food hygiene visits.*

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 no Primary Authority relationships, but are actively pursuing other relationships. Cost are recovered on a cost-recovery basis.

## **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 2019/20 the following interventions are scheduled:

Risk Rating	A
Number of interventions scheduled	2
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 health and safety during a joint inspection, such as food hygiene.

#### **4.2.2 Derby's Approach to Risk Category B1 Premises**

Although these premises are of medium risk, LAC 67/2 (rev 8) 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 and the others have been identified as poor performers for local intelligence matters.

For 2019/20 the following interventions are scheduled:

<b>Risk rating</b>	<b>B1</b>
Number of interventions scheduled	9
Performance Aim	Carry out 100% of interventions
Performance Indicator	100% of interventions

#### **4.2.3 Derby's Approach to Risk Category B2 and C (Non-Code Premises)**

For these categories of premises, LAC 67/2 (rev 8) 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. A small proportion of these premises will fall within the HSE's prescribed list of premises allowed to be intervened by Derby City.

For 2019/20 the following interventions outlined overleaf are scheduled:

<b>Risk rating</b>	<b>B2 and C</b>
Number of interventions scheduled	247 (and an additional 2588 backlog)  A proportion of these will fall within scope of an intervention prescribed by HSE. The rest will be given on national priorities set by the HSE including asbestos and fragile roofs, if intelligence suggests they are failing their duty holder obligations.
Performance Aim	Carry out interventions in those prescribed by HSE and interventions in other premises subject to 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. New businesses have no legal responsibility (as with food law) to register with the LA and the FAST does not have the resources to carry out checks of the district to ensure our database is maintained in up to date.

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.

For 2019/20 (which includes some backlog unrated) the following interventions are scheduled:

<b>Risk rating</b>	<b>Unrated and New</b>
Number of interventions scheduled	92 (and an additional 911 backlog)
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

*Note – due to the lack of resources given to health and safety and the government's strict guidance of what premises to target, the current database is out of date. The number of new/unrated premises throughout the City is likely to be significantly higher than 1003 premises.*

#### **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 and sign post users to this website. The service can be contacted in the following ways:

- **Email:** [FoodandSafety.Duty@derby.gcsx.gov.uk](mailto:FoodandSafety.Duty@derby.gcsx.gov.uk).
- **Via the council's website:** <https://www.derby.gov.uk/environment-and-planning/environmental-health/>.
- **Telephone:** 01332 640779 between the hours 10.00am and 4.00pm, Monday to Friday.
- **In person:** at the Council House, Corporation Street, Derby, between the hours 10.00am and 4.00pm, Monday to Friday.

#### **4.4 Health and Safety Complaints and Requests for Service**

It is the policy of the Department 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. In addition, new businesses have no legal responsibility (as with food law) to register with the LA. Where possible we will try and use the following methods to update our database:

- registrations forms (food);
- planning applications;
- officer observations of sites 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 FAST. 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**

FAST 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 FAST cost centre. This cost centre also contains the costs of the Food Safety service. The total budget for 2019/20 for both food and health and safety functions is £380,693 (compared to £382,347 in 2018/19).

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.

### 5.2 Staffing Allocation

The FAST 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:

Number of Staff Expressed as % of time spent on health and safety work	13/14	14/15	15/16	16/17	17/18	18/19	19/20
Team Leader	0.5	0.5	0.5	0.5	0.5	0.15*	0.15*
Senior EHOs	1.4	1.8	1.3	1.3	1.3	1#	1#
EHOs	1.6	1.8	2.0	1.5	1.5	1	1
Specialist TO	1.0	1.0	1.0	1.0	1	1	1
Total:	4.6	5.1	4.8	4.3	4.3	3.15	3.15

*\* current Team Leader on secondment to Food Standards Agency. SEHO acting up.*

*# 0.2 within Licensing Team who undertakes function for health and safety in tattooists, taxi offices and licensed premises for electrolysis.*

### 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 2019/20. If additional training is required this will be arranged externally or in-house.

It is proposed that for the year 2019/20, 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 following monitoring arrangements are in place to assess the quality of health and safety enforcement work and ensure expected standards are maintained:

- Daily support provided by Team Managers and Senior Officers.
- Allocation of premises requiring inspection according to risk, from the EH Civica APP system.
- Documentation audits.
- Team Leader review and approve recommendation for legal proceedings.
- Senior Officer / Team Leader to review and approve the service of notices.
- Use of standard phrases for Schedules of Contraventions.
- Ongoing appraisal and regular 1 to 1 meetings.
- Procedures for investigating complaints against the service.
- Subscription to HSE Extranet.
- Group meetings to discuss matters of professional and technical interest.

## **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 2018/19 is outlined in Appendix 3. A total of 344 premises were targeted for health and safety purposes (250 inspections and 94 targeted advice), 92 accidents were notified (20 were investigated) and the team responded to 20 complaints.



In addition, for 2018/19 two project were executed –

### **1. Care home manual handling safety**

9 million working days are lost because of Muscular Skeletal Disorders (MSDs). Nationally social care and nursing service areas, such as residential care homes, have been identified as an area of concern which required specific targeted interventions, in line with the 'go home healthy' campaign. <http://www.hse.gov.uk/gohomehealthy/> . Through this national priority planning we supported 49 care homes and supported living services to manage their employees' health from moving or handling.

The findings were one of the businesses required immediate action by the visiting officers, however this business was already experiencing wider service issues and closed through the adult services commissioning team removing their service users before enforcement action by this team was implemented. Most other care homes were reasonably compliant, requiring advice and guidance on complying with issues such as written risk assessments, implementation of controls and general health and safety obligations through letters and revisits. It highlighted the importance of continual provision of health and safety guidance to this group of businesses.

### **2. Tackling ineffective manual handling of pallet / roll cage deliveries**

Eighteen of our supermarkets were visited for health and safety purposes to tackle ineffective manual handling of pallet and roll cage deliveries. The findings were positive with most businesses fully complying with health and safety requirements. It was found that the large supermarket chains have good systems in place to minimise the risk of accidents in this area and none of the businesses required immediate action by the visiting officers.

However, the smaller independent businesses required advice and guidance on complying with issues, including written risk assessments and general health and safety obligations. It has re-affirmed the continual importance of providing health and safety guidance to Derby Citys small independent businesses.

## **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 8)

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



**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.

## Appendix 2 - HSE National Code List of High Risk Sectors/Activities for 2019/20

**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: 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 <sup>2</sup>	Lack of suitable micro-organism control measures
4	Fatalities/injuries resulting from being struck by vehicles	High volume Warehousing/Distribution <sup>3</sup>	Poorly managed workplace transport
5	Fatalities/injuries resulting from falls from height/ amputation and crushing injuries	Industrial retail/wholesale premises	Poorly managed workplace transport/ work at height/cutting machinery /lifting equipment
6	Industrial diseases (occupational deafness/ occupational lung disease - silicosis)	Industrial retail/wholesale premises <sup>4</sup>	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 <sup>5</sup> 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 <sup>5</sup>	Work at height
10	Manual Handling	High volume Warehousing/Distribution <sup>3</sup>	Lack of effective management of manual handling risks
11	Unstable Loads	High volume Warehousing/Distribution <sup>3</sup> Industrial retail/wholesale	Vehicle loading and unloading

premises<sup>4</sup>

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 risk arising from crowd movement and behaviour as they arrive, leave and move round 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 <sup>6</sup> ) 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
15	Fires and explosions caused by the initiation of explosives, including fireworks	Professional Firework Display Operators <sup>7</sup>	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](http://www.hse.gov.uk/explosives/er2014-professional-firework-display.pdf)

## Appendix 3 – Summary of LAE1 Return 2018/19

**Table 2: Summary of Local Authority Health and Safety Activity 1  
April 2018 – 31 March 2019**

**Only include information where health and safety was targeted as a priority for intervention For guidance on targeting and recording interventions for this return see:**

- National LA Enforcement Code
- List of higher risk activities in specific sectors suitable for proactive inspection (the 'List')
- Supplementary Guidance
- LAC 67/2 (rev8) (Annex D)
- Guidance on Combining H&S and Food Inspections

Intervention type		Number of Inspections Interventions/Visits (each intervention must be counted only once)		Guidance
		Targeted using <u>National Intelligence</u>	Targeted using <u>Local Intelligence</u>	
Proactive inspections	Proactive inspection	32	18	Proactive inspections <b>are</b> planned interventions where:  a) The use of warranted powers under health and safety legislation would, if necessary, be used to gain entry or otherwise regulate part or all of a business activity, <b>and</b> b) The reason for the inspection was to specifically target occupational health and safety issues at these premises.  Proactive inspections <b>are not</b> - Inspections undertaken primarily for reasons beyond occupational health and safety e.g. food hygiene, <b>even if</b> ‘matters of evident concern’ related to health safety happen to be identified and addressed during that inspection.  Proactive inspection should only be used for the activities in the sectors contained in the list which accompanies the National Code, or where there is local intelligence of failure to manage risk.
Non-inspection interventions	Other visits/face to face contacts	200	0	Any visit/face to face contact to educate, advise or engage duty holders, employees or other bodies such as trade associations e.g. awareness days and advisory support visits.
	Other contact/ interventions	6	1	Any other targeted contact (not face to face) to educate, advise or engage duty holders, employees or other bodies such as trade associations e.g. raising H&S awareness by providing information packs. Do not include non-targeted general newsletters, service magazines or the number of website hits.
Reactive visits	Visit to investigate health & safety related incidents	20		Record the number of actual visits made under the relevant category. HSE has developed a risk-based approach to <a href="#">complaint handling</a> and incident selection criteria ( <a href="#">LAC 22/13</a> ) which LAs should adopt to help target interventions and make best use of resources.
	Visits to investigate H&S complaints	20		
	Visits following requests for H&S service from businesses	87		

Revisits following earlier intervention	24	Visits following an earlier intervention to confirm action previously required has been completed e.g. Notice compliance check.
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**Table 3: Number of enforcement actions 1 April 2016 – 31 March 2017**

(a) Improvement notices	(b) Deferred prohibition notices	(c) Immediate prohibition notices	(d) Simple cautions
1	0	0	0

(d) Number of simple cautions (non-statutory procedure) to secure compliance of health and safety in England and Wales. You do not need to submit the number of cases submitted to the Scottish Procurator Fiscal (PF), we will get this directly from the PF.

**Table 4: Peer review of your Local Authority's health and safety regulatory activities 1 April 2016 – 31 March 2017**

Name of the peer-review group for your Local Authority? (e.g. name of Regional Liaison Group or 'buddy' Local Authorities)

Derbyshire Health and Safety Liaison Group

Did the above group successfully peer-review your health and safety regulatory services during the work year ?

Yes

**Table 5: Comments (voluntary – not part of the LAE1 return)**

If you wish to provide brief comments to give further background/explanation of your reported data please include this here. Issues other LAs have comment on in the past have included:

- Anomalies or other local issues that impacted on this years' work delivery
- Local intelligence lead projects
- New and emerging issues
- The MECs that have generated the most significant amounts of activity
- Primary Authority Work relating to occupational health and safety

During the year 2018/19 at Derby City Council, we found:

- 64 premises visited had ceased trading.
- 2 matters of evident concern were noted during visits as part of food inspections – these largely related to local intelligence matters.
- It is hoped to continue to progress more peer review work through our local Health and Safety Liaison Group during 2019/2020.

**HSE, as a public body, must act in accordance with the Freedom of Information Act, which also covers information provided to HSE by third parties. For more information:**

[www.hse.gov.uk/foi/disclosure-third-partyinfo.pdf](http://www.hse.gov.uk/foi/disclosure-third-partyinfo.pdf).