

GENERAL PURPOSES AND LICENSING COMMITTEE – 13 JUNE 2008

- **THE NEW SECTION 18 STANDARD FOR HEALTH AND SAFETY ENFORCEMENT**
- **REVIEW – HEALTH AND SAFETY SERVICE PLAN 2007/2008**
- **HEALTH AND SAFETY INITIAL INTERVENTION PLAN 2008/2009**

1 INTRODUCTION

The Health and Safety Commission has issued a new section 18 standard for Health and Safety Enforcing Authorities. As an Enforcing Authority for Health and Safety, New Forest District Council is bound by this standard.

2 PURPOSE OF REPORT

The purpose of this report is to provide the Committee with information on and seek approval of:

- The new section 18 standard for Health and Safety Enforcement;
- A review of the Health and Safety Service Plan 2007/2008; and
- An initial Intervention Plan for the current year.

3 THE NEW SECTION 18 STANDARD FOR HEALTH AND SAFETY ENFORCEMENT

- # The new standard is explained in Appendix 1. A presentation will be made to the Committee on the new standard. The proposed implementation of the new standard is set out in Annex 1 of Appendix 1.

4 REVIEW OF THE HEALTH AND SAFETY SERVICE PLAN 2007/2008

- # The Service Plan for 2007/2008 was compiled using the previous Section 18 guidance. As part of that Service Plan we agreed to review the activity undertaken during the year. This would normally have happened during the next year's Service Plan but as new standard requires the activities for the coming year to be set out in an Intervention Plan a separate Service Plan review for 2007/2008 has been prepared. Additionally an Intervention Plan for 2008/2009 has been written. The Review of the Service Plan for 2007/2008 is set out in Appendix 2.

5 INITIAL INTERVENTION PLAN FOR 2008/2009

- # The new standard now requires Enforcing Authorities to set out their health and safety actions for the current year in an Intervention Plan. An initial Intervention Plan is set out in Appendix 3.

6 FINANCIAL IMPLICATIONS

6.1 There are no financial implications as a result of this report.

7 ENVIRONMENTAL IMPLICATIONS

7.1 There are no environmental implications as a result of this report.

8 CRIME AND DISORDER IMPLICATIONS

8.1 There are no crime and disorder implications as a result of this report.

9. EQUALITY AND DIVERSITY IMPLICATIONS

9.1 There are no equality and diversity implications as a result of this report.

10 RECOMMENDATIONS

- # 10.1 That the Section 18 Standard Implementation Plan as Set out in Appendix 1 Annex 1 be approved.
- # 10.2 That the Review of the Service Plan for 2007/2008 as set out in Appendix 2 be approved.
- # 10.3 That the Initial Intervention Plan for 2008/2009 as set out in Appendix 3 be approved.

Further information:

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Background papers

The new Section 18 Standard

APPENDIX 1

THE NEW SECTION 18 STANDARD OF HEALTH AND SAFETY ENFORCEMENT

1 INTRODUCTION

New Forest District Council is designated as a Health and Safety Enforcing Authority under the Health and Safety at Work etc. Act 1974 and has a statutory duty to enforce the Act in those premises allocated under the provisions of the Health and Safety (Enforcing Authority) Regulations 1998. The Health and Safety Commission (HSC) has a key role in overseeing enforcement activities. Section 18(4) of the Health & Safety at Work etc. Act 1974 (HSAWA) requires Local Authorities (LAs) to perform their duties in accordance with Guidance from the Health and Safety Commission. The guidance, commonly known as Section 18 Guidance is therefore mandatory. Previous Section 18 guidance set out the elements which were essential for a local Authority to adequately discharge its duty as an enforcing authority. This authority has always endeavoured to fully comply with this mandatory guidance and previous service plans have been based on these essential elements.

2 IMPORTANCE OF NEW STANDARD

The HSC issued a new standard for Health and Safety Enforcing Authorities in April 2008. This new standard will form the basis of our future Health and Safety enforcement activity. The Section 18 Standard applies to all LAs and to the HSE in relation to their enforcement activities. The Standard sets out the requirements with which HSE and LAs will eventually be obliged to comply in making 'adequate arrangements for enforcement'. It has been given legal effect to LAs under section 18(4)(b) of the HASWA (section 18 guidance). The HASWA requires LAs to perform their duties as enforcing authorities in accordance with Section 18 guidance.

3 TIMETABLE FOR COMPLIANCE

- from 1st April 2008, to work towards compliance with the requirements of the Standard, and;
- from 31st March 2011, to comply fully with all the requirements of the Standard.

4 MONITORING

It is HSC's intention that the compliance with the standard will be monitored initially through a system based on self assessment and later via some sample auditing to test the robustness of the self assessments.

5 PARTNERSHIP

The standard recognises that "partnership is the way HSE and LAs do business" and reflects the following Statement of Intent agreed between the HSC, HSE and LA representative bodies:

'LAs and HSE, working jointly and in partnership locally, regionally and nationally, to a common set of goals and standards, committed to focusing resources on agreed health and safety priorities. The aim is to minimise harm to those in the workplace or those affected by workplace activities, and contribute to the health and safety and well-being of the local community'

6 PRINCIPLES OF THE NEW SECTION 18 STANDARD

The HSC has set out the Principles for Enforcing Authorities in four parts:

To “make it happen” every EA shall

- set out their commitment priorities and planned interventions.
- put into place the capacity, management infrastructure, performance management and information systems required to deliver an effective service and to comply with their statutory duties.
- operate systems to train, appoint, authorise, monitor, and maintain a competent inspectorate.

To “do it right” every EA shall

- use interventions, including enforcement action, in accordance with their enforcement policy and within the principles of proportionality, accountability, consistency, transparency and targeting.

To “work together” every EA shall

- work within their own organisation, in partnership with other EAs and with other regulators and stakeholders to make best use of joint resources and to maximise their impact on local, regional and national priorities.
- actively contribute to liaison, policy and governance arrangements at a local, regional and national level.

To “sell the story” every EA shall

- promote sensible risk management

7 IMPLEMENTATION OF NEW SECTION 18 STANDARD

The new standard has been considered in some detail and a Section 18 Standard Implementation plan is set out in the attached Annex 1 for the committee's consideration. This document breaks the four sections into their component parts and sets out:

- The standard
- A summary of the requirements
- An assessment of our current position
- Proposed Action

8 SUMMARY

The committee are asked to consider the proposals in Annex 1

ANNEX 1

SECTION 18 STANDARD IMPLEMENTATION PLAN

'MAKING IT HAPPEN': SYSTEMS AND INFRASTRUCTURE

The Standard	Summary of Requirements	Assessment of Current Position	Proposed Action
Commitment	Enforcing Authorities (EAs) shall make a clear statement, endorsed by senior management, on their commitment to improving health and safety.	This authority has stated its commitment both in its service plans and by signing up to the LA working together agreement to improving health and safety.	Report to senior management and Committee in 2008/2009 on formalising commitment to satisfy new standard.
Priorities and Planning	Every EA shall set its priorities and plan of interventions for the current year, taking into account HSC's priorities, national/regional priorities, local objectives and relevant guidance and policies.	In order that the service can start to operate under the new standard an intervention plan is required as soon as possible.	An initial intervention plan has been drawn up for the Committee's consideration in Appendix 3 using the guidance provided with the new standard.
Targeting Interventions	Every EA shall Target their interventions as laid out in the standard.	The new standard is more specific on targeting than our present position.	The initial intervention plan follows the targeting guidance in the new standard.
Capacity	Each EA shall assess whether there is sufficient capacity within the authority to undertake their statutory duties, and shall seek opportunities to enhance their capacity e.g. working across geographical areas.	In previous service plans targets have been set and resources have been available to meet these targets. It is our assessment that sufficient resources are available to carry out the proposed work in the initial	As each year's intervention plan is drawn up an assessment will need to be made that the authority has sufficient capacity to carry out their statutory duties. It will be necessary to review the existing methods for assessing capacity and include in future

'MAKING IT HAPPEN': SYSTEMS AND INFRASTRUCTURE (CONTINUED)

		intervention plan. This authority already works with the HSE and other Hampshire authority.	interventions plans. We will review the opportunities for working across geographical borders in 2008/2009.
Management Infrastructure,	Every authority shall have an effective infrastructure for developing, delivering, monitoring and reviewing their service.	This authority has general management systems in place. The new standard is much more specific than the previous Section 18 guidance.	Start an ongoing review of all practices and procedures in 2008, to be completed by March 2011.
Performance Management	Every Authority shall have effective systems in place to measure, evaluate and report its performance as set out in the standard.	This authority's main performance target was to inspect 90% of its higher risk premises (A, B1 and B2) The new standard sets more specific performance standards e.g. policies targets and outcomes.	Start an ongoing review of all practices and procedures in 2008, to be completed by March 2011.
Information Systems	Every Authority shall have systems that enable them to comply with the standard.	The authority operates the Acolaid information system. The new standard calls for interface with other authorities, businesses and the HSE.	A full review of action needed to meet the standard will be started in 2009/2010 with completion by March 2011.
Competent Inspectorate	Each Authority shall operate systems to train, appoint, authorise, monitor, and maintain a competent inspectorate.	We operate to previous Section 18 Guidance. This is an area where new guidance will be provided.	Operate under existing guidance. Review competency when new guidance available.

'DOING IT RIGHT': ENFORCEMENT POLICY

The Standard	Summary of Requirements	Assessment of Current Position	Proposed Action
Enforcement Policy	EAs shall have an enforcement policy that follows the HSC Enforcement Policy Statement. This should be endorsed by the authority, made available to the public and duty holders and reviewed from time to time.	New standard adds new requirements.	Review enforcement policy in 2008/2009.
Enforcement Decisions	EAs shall ensure that enforcement decisions are taken in accordance with the enforcement policy, arrangements are in place to monitor decisions that have departed from normal procedure. Appropriate enforcement models to be used when appropriate, and relevant guidance to be followed before taking enforcement action.	Enforcement decisions are taken in accordance with our enforcement policy.	When enforcement plan is reviewed ensure that it is followed and that we put in place arrangements to monitor decisions in 2008/2009.
Complaints	EAs shall provide procedures for dealing with complaints against the EA that are accessible for businesses, the public, employees and other interested parties.	The Council has a comprehensive system in place for dealing with complaints.	Review existing procedures in 2010/2011.

'WORKING TOGETHER': PARTNERSHIP

The Standard	Summary of Requirements	Assessment of Current Position	Proposed Action
Work in Partnership	EAs shall seek opportunities to work within their own organisations and with other regulators and stakeholders. Guidance is given in the standard.	Partnership with HSE already in place, Further work will need to be carried to meet the new standard.	To review and update existing systems and arrangements prior to April 2011.
Governance	EAs shall have arrangements in place to ensure their views are represented <ul style="list-style-type: none"> • Their views are represented within liaison, policy and governance groups at local, regional and national levels • They provide information to politicians, senior managers and practitioners on the decisions of such groups and on their work as regulators 	This authority already works closely with the HSE and other Hampshire authorities. Further work will be required to meet the new standard.	To review and update existing arrangements prior to April 2011.

'SELLING THE STORY': PROMOTING SENSIBLE RISK MANAGEMENT

The Standard	Summary of Requirements	Assessment of Current Position	Proposed Action
Promoting Sensible Risk Management	<p>EAs shall promote the principles of sensible risk management including:</p> <ul style="list-style-type: none"> • ensuring that workers and citizens are properly protected; • providing overall benefit to society by balancing benefits and risks, with a focus on controlling real risks – both those which arise more often and those with serious consequences; • enabling innovation and learning not stifling them; • ensuring that those who create risks manage them responsibly and understand that failure to manage real risks responsibly is likely to lead to robust action; • enabling individuals to understand that as well as the right to protection, they also have to exercise personal responsibility. 	While this authority operates within the spirit of sensible risk management we have not formally signed up to sensible risk management.	Prepare for senior management and committee reports on the adoption of sensible risk management in 2008/2009.

APPENDIX 2

REVIEW OF HEALTH AND SAFETY SERVICE PLAN 2007-2008

1 INTRODUCTION

In previous years this authority has produced a service plan as required by the guidance issued by the Health and Safety commission. (HSC) The HSC has now issued a Section 18 Standard which makes fundamental changes to the operation of the Health and Safety Service. In the Service plan for 2007 -2008 we undertook to provide a review of the service plan, we would normally do that as part of the next year's service plan. However this year we have carried out a stand alone review of the service plan. A separate report has been prepared on the implications of the new Section 18 standard and that report will set out proposals for the Committees consideration.

2 BACKGROUND

The Council is designated as a Health and Safety Enforcing Authority under the Health and Safety at Work Etc. Act 1974 and has a statutory duty to enforce the Act in those premises allocated under the provisions of the Health and Safety (Enforcing Authority) Regulations 1998. The Health and Safety Commission (HSC) has a key role in overseeing enforcement activities. Section 18(4) of the Health & Safety at Work Etc. Act 1974 requires local authorities (LAs) to perform their duties in accordance with guidance from the Health and Safety Commission. The guidance, commonly known as 'Section 18 Guidance', is therefore mandatory.

The previous Section 18 guidance issued by the HSC stated that the following elements were essential for a local authority 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 Commission 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;
- the capacity to investigate workplace accidents and to respond to complaints by employees and others against allegations of health and safety failures;
- arrangements for benchmarking performance with peer local authorities;
- provision of a trained and competent inspectorate; and
- arrangements for liaison and co-operation in respect of the Lead Partnership Scheme.

The 2007-2008 Service Plans was drawn up on this basis and this review sets out the Health and Safety activities carried out last year.

3 REVIEW OF HEALTH AND SAFETY PLAN 2007-2008

In 2007-2008 we continued the policy of carrying out programmed visits to reflect national, regional and local policies. In line with the Council's corporate objectives, the

service concentrated resources on those premises most likely to cause working days lost and public injury from their work activity. Analysis shows that significant reductions in injury, ill health or sickness absence will be achieved through such targeted intervention and priority has been given to this area of work.

3.1 New Businesses

New businesses were assessed using an initial contact form to gather, either by telephone or by visit, the necessary information to carry out an initial hazard rating. Based on this rating, the business was dealt with by a topic inspection approach, or by an appropriate intervention strategy. National priorities contained within the HSC strategy were followed and are:

- Falls from height
- Workplace transport
- Musculoskeletal disorders
- Workplace stress
- Slips and trips
- Health priorities disease reduction

The topic inspection approach concentrated on these areas.

3.2 Higher Risk Premises

We visited 95 % of high risk premises (Category A, B1 or B2) and carried out topic based inspections. We concentrated on the fit 3 topics identified by the HSC as being most appropriate for the particular type of business.

3.3 Fit 3 (Fit for work, fit for life, fit for tomorrow)

Participating in Fit 3 was an important part of our service delivery in 2007-2008. The Fit 3 strategy is based on an analysis of injury and ill health data across known hazards and sectors. In businesses large and small, it is designed to reflect more clearly the link between programmed activity and intended outcomes. More focused on delivery, it allocates resources to those activities where accidents and injuries most commonly occur, and scales back activities that make lesser contributions to HSC targets. The national targets to reduce the number of accidents and days lost through work related ill health against a baseline of 2004/2005 are:

- Injury reduction – 3% reduction in the incidence rate of work-related fatal and major injuries;
- Ill-health reduction – 6% reduction in the incidence rate of cases of work-related ill health;
- Days lost – 9% reduction in the incidence rate of days lost due to work-related injuries and ill health.

These campaigns are evidence based to ensure that there is the greatest scope for incidence reduction, and are based on input from the Health and Safety Executive (HSE) and local authorities. The outcomes and their effectiveness will be evaluated nationally by the HSE.

Where possible, premises which were high risk premises were included in suitable projects to achieve the highest possible impact. These were identified through the current priority planning process, through national targeting, work undertaken by HSE and through the effective use of local knowledge about employment and poor performers. The programmed high risk inspections included premises rated A, B1 and B2 due for inspection.

The development of a new computer database in 2007-2008 (Plantech Acolaid) has allowed more effective recording of health and safety activity, including action taken under the Fit 3.

3.4 Fit 3 Programmes and Campaigns - Projects Initiatives and Activity Relating to the HSC Strategy to 2010 and Beyond:

- Disease Reduction Programme – We carried out a project involving 12 visits to Hairdressers. We concentrated on the Fit 3 initiatives i.e. Slips trips and falls in hairdressing, muscular skeletal disorders and dermatitis.
- Disease Reduction Programme – We carried out 124 Fit 3 Interventions and visits to raise awareness on the duty to manage and to identify where asbestos is likely to be found and the dangers of disturbing it. Visits were carried out to higher risk premises (A, B1 and B2s). We wrote to lower risk premises as part of Fit 3 intervention. We also wrote to 37 local electrical companies and plumbing companies and sent them campaign packs as part of the “Asbestos The Hidden Killer Campaign”. As part of the high risk inspection program part of Fit 3 interventions and our mail shot we covered 161 premises.
- Fall from Height Fit 3 initiative – We visited 19 businesses to raise awareness of falls from height risks and the appropriate control measures that need to be thought through. We also carried out a project where we visited 20 businesses in our industrial estates operating vehicles. We supplied the businesses with campaign packs and provided information on reducing falls from vehicles. We carried out a further 10 visits supporting the campaign in other businesses.
- Slips and trips in the Hospitality Industry – While carrying out Food Safety visits we carried out separate Fit 3 visits as part of the Shattered Lives Campaign. We reinforcing the messages of the Slips, Trips and Falls publicity campaign which was run in February/March 2008 and we concentrated in the food retail, catering and hospitality sectors. We carried out 145 visits in total.
- Noise in Music and Entertainment Industry – We carried out a pilot project which sampled 14 public houses which provide music and entertainment. We identified 3 premises where there appeared to be a significant amount of amplified music and entertainment noise present. We hired dosimeters and monitored the noise that staff was exposed to. The results were analysed and measures taken where the action levels were exceeded.
- BACKS campaign – Throughout the year we continued our focus on Fit 3 issues including in 33 Premises utilising the Better Backs Campaign Packs. An officer

received Upper limb disorder (ULD) training and 4 interventions were carried out using the draft ULD toolkit.

- Local initiative – We carried out a project where we inspected all our riding stables in the district (10 premises) In addition to the main Fit 3 topics we also covered bio hazards and infection control.
- Joint intelligence gathering and Fit 3 promotion exercise with the HSE – The aim of the project was to work proactively with the HSE to share databases and to strategically gather information. Four officer days were spent visiting 48 premises (27 local authority enforced and 21 HSE enforced premises).
- Local Business Presentation – We also made a presentation to the local branch of the Federation of small businesses attended by 13 companies. We provided them with Fit 3 campaign material on slips and trips, asbestos, musculoskeletal disorders and falls from height.

3.5 Reactive Services

We continued to improve the reactive services provided, including dealing with service requests, accidents and complaints.

- Complaints/Requests for Service – This Service considered and responded to all complaints. In 2007-2008 we received 288 Health and safety related complaints and service requests, all of which were investigated. In 2007-2008, the Service also responded to 39 requests for service in relation to formal consultations under the Licensing Act 2003.
- Accidents – In 2007-2008 This Authority received some 153 notifications of accidents reportable under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 1995. All of these accidents were assessed, and following the criteria in the Health and Safety Enforcement Policy the group visited and investigated twenty six of the more serious accidents. The amount of time to investigate accidents is not easy to estimate, but can be considerable as there have been a number of serious accidents which have required detailed investigations, and the input of significant time and resources.
- Advice to Business – This Authority was actively engaged with local businesses, and has a policy to adopt an educative and persuasive approach in relation to enforcing health and safety law. A great deal of time was spent in giving advice and support for local businesses as this is considered an efficient and effective use of resources. It also provides an effective intelligence mechanism as to what issues currently concern businesses in relation to health and safety. In 2007-2008 this Service held 2 health and safety training courses and participated in other training courses in conjunction with the HSE on Fit 3 related projects.

3.6 Establishment

The establishment of the Commercial Services Group during 2007-2008 was:

1 x Environmental Health Manager post;

2 x Senior Environmental Health Officer posts (team leaders);

7 x Environmental Health Officer posts (three of which are filled by Technical Officers currently working towards qualification).

3 x Environmental Health Technician posts,

The enforcement of health and safety legislation forms part of the work responsibility of the officers in the team. The Service also carries out licensing duties covering animal boarding establishments, pet shops, and caravan sites, as well as responding to liquor and entertainment license consultations, and also undertakes food safety work. The food safety service provided by the section is outlined in a separate service plan document. We have calculated that the equivalent of 4.6 full time officers was devoted to Health and Safety.

3.7 Competency

Each officer's competency has been determined based on their qualifications, experience and training. This competency was reviewed on an ongoing basis by the Commercial Services Manager. In addition, bi-monthly peer review meetings were held specifically to achieve consistency of approach.

During the year 2007-2008 the following officers worked on health and safety related matters:

Name	Competency
Derek Jordan	Full, including service of notice and prosecution
Stephen Stone	
Robert Lennie	
Ben Stockley	
Phil Thompson	
Roger Paterson	
Jeremy Stout	
Owen McGrath	
Jenny Taylor	Inspection and Service of Notice
Andrew Weldycz	Inspection
Nicola Johnston	
Dale Bruce	
Geoff Nunn	
Andrew Freeman	
Fiona Willis	Administrative Duties
Susan Dowson	
Claudia Crack	

3.8 Quality Assessment

The Service Manager reviewed competency and quality issues on an ongoing basis. A quality and competency mechanism continued to be developed. This included accompanied inspections, file reviews and corrective training as required. Regular peer review meetings were held for officers involved in health and safety. These meetings focused on maintaining and improving the standards of inspections and worked to improve the competence of officers and consistency of approach.

3.9 Partnership

In 2007-2008 this Service continued to work more closely with neighbouring authorities and with the HSE. The HSE have made access available to their Health and Safety Extranet and this has proved to be a useful additional source of information. Taking part in national campaigns has given the advantage in that the HSE has provided finance for extensive publicity and for campaign materials.

In 2005 the Hampton Report was produced following a government initiated review of regulatory services. The report recommended a simplification of regulatory services. The main effect of the report and its findings on Environmental Health regulatory services is that proactive visits should not be conducted just because a premise is due for inspection but when there is a specific reason to visit. A new regime was introduced in the 2005/2006 Service Plan, and was continued in 2007/2008.

3.10 Targets Identified in the 2007-2008 Service Plan

It was proposed to carry out at least 90% of the high risk premises due for inspection in 2007/2008. We carried out 95 % of the high risk premises due for inspection.

3.11 Translation Services

In relation to health and safety, the Council can, where necessary, provide translation support to businesses where English is not the first language. This service was used in a single case in 2007-2008.

3.12 Liaison with Other Organisations

The group was represented on the Hampshire and Isle of Wight Health and Safety Advisory Group which aims to ensure the uniformity of enforcement throughout the County, and is investigating improving links with other organisations. We also provided a lead officer for the Backs campaign.

3.13 Staff Development Plan

Training needs for 2007/2008 were identified as part of the yearly Performance Development Interview (PDI) and was provided by a mixture of external courses, such as those run by the Hampshire and Isle of Wight Health and Safety Advisory Group (HASAG), the HSE and internal sessions developed by Senior Environmental Health Officers, in conjunction with the Environmental Health Manager.

In 2007-2008, officers attended a wide range of training courses identified as supporting their training needs. The following courses and seminars were attended by individual officers:

- Work related death seminar
- Topic inspection approach
- Disease reduction programme
- Duty to manage asbestos
- Health and safety accident investigation
- Management of health and safety
- Training re Fit 3 campaigns
- Cellar Safety and Beer Delivery Safety Event
- Health and safety in the hairdressing and beauty sector
- Courtroom skills
- Training to teach health and safety courses
- Health and Safety in the Beauty Sector
- Electrical Safety Course
- Noise in the Entertainment Sector

3.14 Main Variations in the Service Plan for 2007/2008

In the last Service Plan as at 24 May 2007 there were 2798 active premises on the health and safety database. This increased to 3146 as at 20 May 2008. This is partly explained by new businesses and partly by the migration of premises information from the previous database to the Acolaid database.

The HSE policy document, 'Revitalising Health & Safety', is still the focus of our approach and we targeted visits and projects into the priority topic areas. Topic inspection approaches to higher risk premises was still the main focus of our inspection strategy. Training has been held for officers.

4 CONCLUSION

This has been a very productive year with the service achieving its highest ever visit total. As the work has been focused into the areas considered by the HSC to be most effective we have made the best use of resources in line with Council Policies. The service exceeded its visit target for inspection of higher risk premises, contributed significantly to the HSC's Fit 3 campaign and dealt with the reactive work received. A summary of the services activities is given in Table 1.

Table 1: SUMMARY OF LOCAL AUTHORITY ACTIVITY AND RESPONSE

1) Number of local authority enforced premises and visits (excluding petroleum licensing visits)

	(a) Total Number of Premises at 31/3/2008	PROACTIVE VISITS		REVISITS		REACTIVE VISITS			(h) Total visits (columns b to g) (auto calc'd)	(i) OTHER CONTACTS e.g. mailshots, SAQs ³
		(b) ¹ Planned Fit3 Visits	(c) ² Other Planned Visits (based on risk rating)	(d1) Fit3 Revisits	(d2) Other revisits	(e) Visits to Investigate Accidents	(f) Visits following requests for Health & Safety service received by LAs	(g) Other Visits		
Type of premises (examples are included in the guidance)										
1. Retail shops	926	104	78	4	11	13	11	4	225	11
2. Wholesale	146	57	20	0	5	4	0	0	86	1
3. Offices	485	58	35	2	3	0	0	2	100	9
4. Catering, restaurants and bars	607	117	63	5	15	1	10	1	212	9
5. Hotels, camp sites and other short - stay accommodation	246	18	14	2	3	1	2	0	40	3
6. Residential care homes	86	25	7	0	0	1	1	0	34	0
7. Leisure and cultural services	157	25	14	1	4	5	3	5	57	1
8. Consumer services	417	42	29	1	5	1	4	1	83	2
9. Other premises (not classified above)	76	3	1	0	2	0	1	0	7	1
TOTALS	3146	449	261	15	48	26	32	13	844	16

¹ Proactive inspections covering Fit3 topics or other planned visits as part of projects/campaigns or joint initiatives relating to Fit3 topics.

² Other planned visits and inspections, which do not pick up on Fit3 topics e.g. licensing, legionella

³ SAQs- self assessment questionnaires

APPENDIX 3

NEW FOREST DISTRICT COUNCIL INITIAL INTERVENTION PLAN 2008-2009

1 INTRODUCTION

The new standard requires all Enforcing Authorities to set out their priorities and plan of interventions for the current year. These should take into account:

- HSC's priorities
- national & regional priorities, targets and plans
- locally derived objectives
- Relevant guidance and policies.

It is important that during this time of change the service has clear priorities and a plan of our interventions for 2008/2009, which will be developed on an ongoing basis. With this in mind an initial intervention plan has been drawn up for the committee's consideration. We will be looking to build in effective performance management systems into future plans.

The committee is asked to consider this report.

2 OVERALL AIM OF THE SERVICE

The aim of the Service is to protect the health, safety and welfare of people, including employees and members of the public, who may be exposed to risks from work activities within the area of New Forest District Council. This will be achieved through securing improvements to working environments and by promoting the health of the population. We will work with others to protect people's health by ensuring risks in the changing workplace are managed properly

3 OUR KEY DELIVERY PRIORITIES

- To target and manage the risk in high risk, poor performing and or rogue trader businesses;
- To investigate major injury incidents and fatalities;
- To assess, advise and assist new business in providing a safe environment for their employees and members of the public;
- To carry out revisits to check enforcement, to improve health and safety outcomes and to secure action by relevant duty holders;
- To promote Health and Safety Awareness to local businesses;
- To engage with premises with lower risk ratings with appropriate interventions as part of the overall strategy;
- To investigate health and safety complaints;
- Local priorities. To develop a strategy to deal with:
 - Health and Safety in Riding Establishments including Livery yards;
 - Health and Safety in Caravan Parks;
 - Noise and Vibration in the Leisure industry;

- To give priority to, and to play an active part in the 'fit for work, fit for life, fit for tomorrow' campaign; this is known as the Fit 3 strategy;
- To work with other Local Authorities and the HSE to make the best use of resources and to make a greater impact;
- We will make this initial intervention plan available to managers and practitioners

4 DELIVERY

The initial intervention plan will be delivered by the full time equivalent (FTE) of 4.5 officers (1.5 FTE officers will be involved in reactive health and safety work and 3 FTE officers in planned work). Due to the uncertain nature of reactive health and safety activity the level of resources required will be reviewed on an ongoing basis.

5 PERFORMANCE

Performance will be measured annually. The previous year's performance has been included in a separate report.

To improve the overall confidence in management scores of businesses inspected by 10% in 2008/2009; 20% in 2009/2010 and 30% in 2010/2011.

6 PRIORITIES AND PLANNING

6.1 HSC's Priorities

The HSC's "A strategy for workplace health and safety in Great Britain to 2010 and beyond" sets out strategic themes and key points for health and safety. Their vision is to gain recognition of health and safety as a cornerstone of a civilised society. The HSC wishes to see LAs and the HSE working in closer partnerships, building on current examples of best practice to develop systems for sharing training, intelligence and expertise.

Existing businesses identified as higher risk i.e. those assessed under the HSE / Local Authorities Enforcement Liaison Committee (HELA) Local Authority Circular (LAC) no. 67/1 revision 3, as A, B1 or B2 will continue to be inspected using the topic inspection approach system as detailed below:

- Falls from height
- Workplace transport
- Musculoskeletal disorders
- Workplace stress
- Slips and trips
- Health priorities disease reduction

6.2 National & regional priorities and plans

The Fit 3 strategy is based on an analysis of injury and ill health data across known hazards and sectors. In businesses large and small, it is designed to reflect more clearly the link between programmed activity and intended outcomes. More focused on delivery, it allocates resources to those activities where accidents and injuries most commonly occur, and scales back activities that make lesser contributions to HSC targets. The National Targets to reduce the number of accidents and days lost through work related ill health against a baseline of 2004/2005 are:

- Injury reduction – 3% reduction in the incidence rate of work-related fatal and major injuries
- Ill-health reduction - 6% reduction in the incidence rate of cases of work-related ill health
- Days lost – 9% reduction in the incidence rate of days lost due to work-related injuries and ill health.

The resources allocated to the Fit 3 programme for 2008/2009 are set out in Table A. These campaigns are evidence based to ensure that there is the greatest scope for incidence reduction, and are based on input from the Health and Safety Executive (HSE) and LAs. The outcomes and their effectiveness will be evaluated nationally by the HSE. We will also continue to look locally at accident and injury rates to ensure that the campaigns address local priorities. Where possible, premises which are currently high risk premises will be included in any suitable project to achieve the highest possible impact. These will be identified through the current priority planning process, through national targeting work undertaken by HSE and through the effective use of local knowledge about employment and poor performers. As previously stated, programmed high risk inspections will include premises rated A, B1 and B2 due for inspection.

6.3 Locally derived objectives

Our aim is to be an outward-looking service, working closely with the community and in partnership with others in relation to health and safety, and to enhance the quality of the lives of present and future generations. This will be achieved by:

- preserving the environment of the New Forest district for the peaceful and safe enjoyment of residents and visitors by promoting health and safety; and
- Understanding and fulfilling local needs through creating and maintaining healthy and safe communities for the enjoyment of all.

The Service plays an important role in meeting the social, economic and environmental strategic objectives of the Council. Engaging in the Fit 3 program and reducing accidents and ill health in businesses within the District will also contribute to a healthy community and healthy economy.

6.4 Relevant guidance and policies

This authority will work towards full compliance with the Section 18 Standard by 2011 and take account of further guidance. This authority will also take account of the HSE / Local Authorities Enforcement Liaison Committee (HELAL) Local Authority Circular (LAC) no. 67/1 revision 3.

6.5 Working in Partnership

We will seek to work in partnership with other regulators, to facilitate greater reductions in accidents, ill health and sickness. We will ensure effective participation, for example, through liaison with Local Authority Partnership Schemes (LAPS), Large Organisation Pilot Projects (LOPP), supply chain initiatives and Hampshire or regionally based approaches. As much of our activity will be involved in working with the HSE to reduce national targets, measuring the performance of our regulatory service will be more difficult than in previous years.

6.6 Enforcement Decisions

Enforcement decisions will be made that are consistent with our Enforcement Policy, the HSC's Enforcement Policy statement and the Enforcement Management Model.

6.7 Staff Competence

We will continue to use the standard within the previous Section 18 Guidance until the new Section 18 Standard guidance is produced. We will train and develop our staff to ensure competence.

Table A: Portfolio of Fit 3 projects 2008/2009

Project	Project Description	FTEs
1 – Slips/Trips & Falls from Height	Reducing Slips, Trips & Falls from Height in Building & Plant Maintenance, Food Manufacture & Food Retail	Project 0.25
2 – Slips/Trips & Falls from Height	Reducing Slips caused by Floor Cleaning	As Part of High Risk visits
3 – Slips/Trips & Falls from Height	Stop Slips in Hotels & Catering (Operators of kitchens)	Project 0.5
4 – Slips/Trips & Falls from Height	Watch Your Step in Care Homes	0.25
9 – Disease Reduction (SKIN)	Dermatitis - the focus of the campaign will be aimed at a broader range of Sectors where skin hazards are an issue (rather than just hairdressing) possibly targeting young people in vocational training	0.25
10 – Disease Reduction (RESPIRATORY)	Asbestos including: e.g. Suffolk type major initiatives and dealing at inspections as bundled approach;	0.25
11 – Health & Work (MSD)	Musculoskeletal Disorders focusing on Back Pain and Upper Limb Disorders (ULDs)	0.25
12 – Health & Work (MSD)	To raise awareness of and competence in the prevention & control of ULDs	0.25
14 – Noise & Vibration	Promotion of Industry led guidance for the music and entertainment industry	0.25
15 – Disease Reduction (RESPIRATORY)	Flour Dust - Bakeries	As part of high risk Inspections
17 – Other	Violence & aggression	0.25 Hants project
20 – Other Fit3 work not captured above	Bundled Fit 3 Projects in LA enforced sector	0.5
TOTAL FTE	1 x FTE = 220 days	3.0

GLOSSARY

EA	Enforcement Authority
FTE	Full Time Equivalent
FIT 3	Fit for work, fit for life, fit for tomorrow
HASAG	Health and Safety Advisory Group (within Hampshire and the Isle of Wight)
HASAW	Health and Safety at Work etc. Act 1974
HELA	Health and Safety Executive Local Authorities Enforcement Liaison Committee
HSC	Health and Safety Commission
HSE	Health and Safety Executive
LAs	Local Authorities