

GENERAL PURPOSES AND LICENSING COMMITTEE – 11 SEPTEMBER 2009

THE HEALTH AND SAFETY INTERVENTION PLAN FOR 2009/2010 INCLUDING A REVIEW OF THE HEALTH AND SAFETY INITIAL INTERVENTION PLAN FOR 2008/2009

1 INTRODUCTION

- 1.1 This report sets out the Health and Safety Intervention Plan for 2009/2010 and a review of the Health and Safety Initial Intervention Plan for 2008/2009.

2 BACKGROUND

- 2.1 At its meeting of 12 September 2008 the General Purposes and Licensing Committee approved an initial intervention plan for 2008/2009.
- 2.2 New Forest District Council is an enforcing Authority as defined in the Health and Safety (Enforcing Authority) Regulations 1998 and as such has responsibility for enforcing the Health and Safety legislation for more than 3300 premises.
- 2.3 All enforcing authorities are required to produce an Intervention Plan setting out how they intend to deliver a range of risk-based interventions in relation to health and safety enforcement.

3 SUMMARY OF THE HEALTH AND SAFETY INTERVENTION PLAN 2009/2010

- # 3.1 The Health and Safety Intervention Plan for 2009/2010 is set out in Appendix 1.
- 3.2 This year's Intervention Plan (2009-2010) is based on the format suggested in the Section 18 Standard issued by the Health and Safety Commission and also on the format developed by the Hampshire Health and Safety Advisory Group.
- 3.3 The Intervention Plan contains a statement of commitment to improved standards of partnership working with one overriding aim – to prevent the death, injury and ill health of those at work and those affected by work activities. The plan also sets out our key delivery priorities.
- 3.4 Whilst meeting the requirements of the mandatory standard the plan has been tailored to meet the needs of those that live, work and visit the New Forest District Council Area. The following sections of the Council's Corporate Plan 'Leading our Forest Communities' are particularly relevant:
- Helping Local Businesses
 - Empowering Young Lives
 - Improving Peoples Health
 - Valuing and Supporting Older People

3.5 The service will spread its activity into the areas where it will be most effective. The Services has examined the core reactive work and made provision for helping businesses particularly new businesses, where it is believed that by providing support and guidance business will be able to operate safely. When a business is starting up is a key time to offer guidance and assistance. The plan also includes elements of the National and Regional Programmes.

3.6 The Intervention Plan has been balanced between the following three key elements:

3.6.1 Risk Based Interventions including:

- Inspections of new businesses
- Inspections of high risk businesses
- Inspections of poor performing businesses
- Accident/Complaint Investigations
- Service Requests

3.6.2 Local Based Projects based on the priorities on our corporate plan including

- Caravan Sites
- Safety in Swimming Pools
- Survey of cleaning companies
- Safety in Play Areas in Hotels and Public Houses
- To Develop health and Safety awareness for school leavers about to enter the workforce or work experience
- Mail shot to premises with UV Tanning Equipment with new guidance
- Care Home Project

3.6.3 National/ Regional Based programmes based on the Fit 3 Programme

- Disease Reduction Programme
- Injury Reduction Programme
- Joint Initiatives

4 A REVIEW OF THE HEALTH AND SAFETY INITIAL INTERVENTION PLAN FOR 2009

4.1 The Review of the Plan is set out in Appendix 2.

5 FINANCIAL, ENVIRONMENTAL AND CRIME AND DISORDER IMPLICATIONS

5.1 There are no implications as a result of this report.

6 EQUALITY AND DIVERSITY IMPLICATIONS

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

7 RECOMMENDATIONS

- # 7.1 That the Intervention Plan for 2009/2010 as set out in Appendix 1 be approved.
- # 7.2 In accordance with the Health and Safety Commission guidance, it be agreed that the Chairman signs the Intervention Plan for approval on behalf of the Committee (Appendix 1 page 11).
- # 7.3 That the Review of the Service Plan for 2008/2009 as set out in Appendix 2 is approved.

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Background Papers:

Section 18 Standard

Appendix 1

New Forest District Council Intervention Plan – Health & Safety at Work 2009/10

1 STATEMENT OF COMMITMENT

- 1.1 In June 2009 the HSE and local authority representative bodies set out their commitment in a joint statement to improved standards of partnership working with one overriding aim – to prevent the death, injury and ill health of those at work and those affected by work activities. New Forest District Council endorses this joint statement.
- 1.2 We are committed to working together on the following four clear objectives for the health and safety of Great Britain:
- to reduce the number of work-related fatalities, injuries and cases of ill health;
 - to gain widespread commitment and recognition of what real health and safety is about;
 - to motivate all those in the health and safety system as to how they can contribute to an improved health and safety performance; and
 - To ensure that those who fail in their health and safety duties are held to account.
- 1.3 We are committed to delivering these objectives by working in a close, effectively-governed, partnership that achieves the following aims:
- recognition of the need to balance local/regional priorities against national priorities – achieving the best outcomes for safer, stronger and healthier communities;
 - effective targeting and use of resources and funding towards agreed priorities;
 - joint planning, work programme and training ensuring effective interventions and service delivery methods;
 - timely communications and better sharing of information between partners;
 - working with other regulators and stakeholders to drive forward health and safety improvements, including the health, work and wellbeing programme;
 - co-ordinated enforcement activity, consistency and effectiveness, sharing intelligence, data and information, delivery of justice, cross-administrative boundary working;
 - production of advice and guidance, publicity, campaigns and communications, best practice;
 - implementation of the 'Section 18 standard on enforcement' by March 2011;
 - ensuring our views are represented within liaison, policy and partnership groups at local, regional and national levels; and
 - Ensuring that information is provided to politicians, senior managers and practitioners on the decisions of such groups and on their work as regulators.

2 OVERALL AIM OF THE SERVICE

- 2.1 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.

3 WORKING IN PARTNERSHIP

3.1 We will work with others to protect people's health by ensuring risks in the changing workplace are managed properly:

- With the HSE and with other Local Authorities across Hampshire and the Isle of Wight through Hampshire Health and Safety Advisory Group
- To ensure enforcement decisions are consistent with our Enforcement Policy, the HSE's Enforcement Policy Statement and the Enforcement Management Model. (ensures proportionate, consistent, transparent and accountable enforcement - part of the Better Regulation agenda)
- Train and develop our staff to ensure competence. (encourages staff retention/recruitment and ensures credibility with local business)
- Further develop the Environmental Health (Commercial) section of New Forest District Council's website to provide improved information on Health and Safety, and to provide up-to-date links to other websites (allows business to access information at any time).
- Increase capacity by continuing to target work plans at the same time as other Hampshire LAs, and the Health and Safety Executive.

4 KEY DELIVERY PRIORITIES

- To manage the risk in high risk, poor performing businesses. This is a targeted approach to risk in line with the Better Regulation agenda;
- To carry out a range of risk based interventions;
- To investigate major injury incidents and fatalities, and complaints which meet the investigation criteria;
- To work in partnership with local, regional and national bodies when it is relevant to do so;
- To support the Council's corporate plan 'Leading our Forest Communities' which link to local priorities;
- To support relevant parts of the Fit 3 Programme, which link to regional and national priorities;
- To ensure enforcement decisions are consistent with our Enforcement Policy, the Health and Safety Commission's Enforcement Policy Statement, and the Enforcement Management Model; and
- To train and develop our staff to ensure competence.

5 REALISING KEY DELIVERY PRIORITIES

5.1 Tables 1 – 3 set out the programmed work to be carried out in 2009/2010.

Table1: Risk Based Interventions

Intervention Work	Resources Required	Output/ Outcomes
Inspection and Rating of new businesses	250 New Businesses 63 Days	New Premises Assessed, rated and included in inspection programme or intervention strategies
Advice and support to all businesses Promoting and encouraging Sensible Risk Management	Working with Local Business organisations 110 days	Providing Training Preparing Information leaflets Carrying out Advisory Services
High Risk Premises Inspections: HELA Programmed Priority Bundled topic inspections. Target to inspect the highest risk rated businesses (A, B1 and B2).	65 High Risk Premises Inspectors set target of inspection for the year, equivalent of 65 days	Greater awareness of H&S risks; Reduction in RIDDOR Reports.
Targeting Poor Performing Businesses Revisits and appropriate enforcement Action	Estimated 20 Businesses 20 Days	20% Improvement In Confidence in Management Score
Accident/ Incident investigations: The Commercial Team will continue to investigate Mandatory Accidents, and others that fit into the appropriate criteria.	Estimated 100 cases resources needed: 100 days	Improved management of health and safety risks by business; Justice for people injured by work activates; Reduction in RIDDOR reports.
Complaints and Service Requests: The Commercial Team will continue to investigate complaints where it is appropriate to do so. Requests for information can sometimes be dealt with by administrative staff.	Complaints Service Estimated 200 Cases 100 Days	Improved management of health and safety risks by businesses; Visits/ inspections of businesses complained about.
Total Resources for Project work in 2009/10:	458 days or 2.08 FTE	

Table 2 Local Priority Projects

Priority Work	Links to corporate plan	Partnership	Resources	Output/ Outcomes
Caravan Sites - Inspection to focus on the 10 largest caravan sites in District	Encouraging Active communities	Local Projects results will be shared with other Hampshire Authorities	Estimated Project Planning and Inspections 40 days	<ul style="list-style-type: none"> Increased industry awareness of risks Improved knowledge of the Regulations;
Safety in Swimming Pools Hotels	Tourism and visitors and young people	Local Project	Estimated Project Planning and Inspection 40 days	<ul style="list-style-type: none"> Improved compliance and knowledge of legislation
Survey of cleaning companies		HSE	Estimated Project Planning 10 Days	<ul style="list-style-type: none"> To identify companies escaping regulation
Safety in Play Areas in Hotels and Public Houses Develop inspection Performa	Tourism and visitors and young people	HSE	Estimated Project Planning and Inspection 40 Days	<ul style="list-style-type: none"> All visited play areas complying with Health and Safety Legislation
Enforcement		Local	Contingency of 30 days for any cases which require prosecution	<ul style="list-style-type: none"> Successful Enforcement Action
Review of training courses	Supporting businesses	Local and National	Development and holding of at least 2 Health and Safety Courses 10 days	<ul style="list-style-type: none"> 90% of persons on course pass examination
To Develop health and Safety awareness for school leavers about to enter workforce or work experience	Supporting young people	Local Projects	Develop and hold training for those about to enter workforce 10 days	<ul style="list-style-type: none"> Hold successful courses
Mail shot to premises with UV Tanning	Protecting Peoples Health	National and local Project	Develop and carry out mail shot estimated 2	<ul style="list-style-type: none"> Reduction in RIDDOR reports;

Equipment with new guidance			days	<ul style="list-style-type: none"> • Improved health and safety awareness of stakeholders; • Increase industry awareness of risks;
Industrial Estate Survey: Review needed due to new database.	Efficiency	HSE HSAO may be involved, as part of the Promotion & Intelligence Gathering project.	Survey and data input 40 days	<ul style="list-style-type: none"> • Improved integrity of database; • Improve ability of Team to focus on high risk businesses.
Events - Acting as consultant to licensing applications and inspecting events		Licensing	Considering licensed event and planning applications and providing response 20 days	<ul style="list-style-type: none"> • Safe events
Care Home Project Follow up work: Residential Care Homes, and Nursing Homes to be provided with guidance.	Valuing and supporting older people.	HSE PACT to provide resources for project.	Estimated 20 days	<ul style="list-style-type: none"> • Improved health and safety awareness of stakeholders; • Reduction in injuries; • Improved manual handling risk
		Total Days	262 days or 1.2 FTE	

Other Issues

- Project work to be supported by press releases where appropriate;

Table 3: Delivery of National/ Regional Fit3 Program

Programme	Topic	Overview	Estimated level of resource (FTE)
Disease Reduction Programme	Asbestos	Focuses on the duty to manage and identifying where asbestos is likely to be found and the dangers of disturbing it. Forming part of routine inspection programme, or enforcement based project.	As part of high risk inspections
	Skin Disease	This project looks to reduce incidences of skin disease: catering and hairdressers and the beauty industry.	As Part of high risk inspections
	Legionella	Identification of Cooling Towers and relevant air conditioning systems, provision of guidance to duty holders, and enforcement actions where necessary.	0.25
Injury Reduction Programme	Falls from Height	Falls from Height issues related to the Shattered Lives campaign,	As part of high risk inspections
		Falls From Height - Ladders Amnesty (September 2009)	
	Slips and Trips - Retail, Hospitality & Catering	Targeted approaches to specific industries – including hotels and retail shops, and catering including an emphasis on appropriate enforcement	0.5
	Noise - Music & Entertainment Sector	To raise awareness of the Control of Noise at Work Regulations which come into force in April 2008 at venues with live or recorded music.	0.25
	Royal Mail	Coordinated management interventions – continuation of earlier project.	As part of high risk inspections
Joint working	Common Approach to Enterprises	Targeted project focusing on selected industrial estates.	0.25
	Boat Repair and Marinas	Joint inspection project focusing on Working at Height, COSHH, Confined Spaces.	0.25
	Promotion and Intelligence Gathering	Joint project with HSE to update database records on industrial estates, give advice and distribute current issues.	0.25
Total Resource:			1.75 FTE
1.0 FTE = 220 days including planning and administration time etc.			

5.2 To summarise, tables 1 -3 explain the necessary resources required to complete the work we intend to undertake as follows:

- Resources required for Risk Based Interventions (from Table 1) 2.08 FTE
- Resources required for Local Projects (from Table 2) 1.2 FTE
- Resources for National/Regional Fit 3 Programme (from Table 3) 1.75 FTE
- **Total Resources Required 5.03 FTE**

6 CAPACITY

6.1 The Section 18 Standard requires that enforcing authorities have sufficient capacity to carry out their intervention plan. The intervention plan has been assessed and an estimate made of the resources required. The Health and Safety enforcement function is carried out as part of the duties of staff in Environmental Health (Commercial). The role of each member of staff has been assessed and an allocation of time set aside for Health and Safety enforcement.

6.2 Staff resources are provided by all officers who spend a proportion of their time focussing upon health and safety work as detailed in table 4 below. Administrative staff spend a proportion of their time providing support work in relation to health and safety.

Table 4: Staff Resources

Officer Ref.	%FTE Health and Safety Work	Available Days Based on FTE =220 days
A	30%	66
B	70%	152
C	90%	198
D	30%	66
E	30%	66
F	30%	66
G	30% of 0.55 FTE	36
H	10%	22
I	10%	22
J	30%	66
K	30%	66
L	30%	66
M	30 % (Management)	66
N	33% of 0.8 FTE (Administration)	58
O	33% of 0.8 FTE (Administration)	58
P	33% (Administration)	66
	Total	1140 days or 5.18 FTEs

7 ASSESSMENT OF CAPACITY

7.1 Although 16 officers are involved in health and safety enforcement work, this equates to just over the equivalent of five full time officers.

7.2 When the amount of officer time available is compared to the time required to undertake necessary work, it can be demonstrated that we have sufficient capacity:

Available Resources	5.18 FTE
Planned Interventions	5.03 FTE
Contingency	0.15 FTE (33 days)

7.3 Therefore New Forest District Council has sufficient capacity to carry out its Intervention Plan for 2009/2010.

.....
I agree to support the objectives of New Forest District Council's Health and Safety Enforcement Intervention Plan. I confirm that the General Purposes and Licensing Committee of 11 September 2009 has approved this Intervention Plan.

Signed: Date:
Chairman of General Purposes and Licensing Committee

I agree to support the objectives of New Forest District Council's Health and Safety Enforcement Intervention Plan on behalf of senior management.

Signed: Date:
Head of Public Health and Community

Appendix 2

Review of Initial Intervention Plan 2008/2009

1 OVERALL AIM OF THE SERVICE

In 2008/2009 we continued the aim of the Service 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 was achieved through securing improvements to working environments and by promoting the health of those at work.

We worked with others including, local businesses, the Health and Safety Executive and Hampshire Local Authorities to protect people's health by ensuring risks in the changing workplace are managed properly

2 OUR KEY DELIVERY PRIORITIES

The initial intervention plan intended to deliver the service by using the full time equivalent (FTE) of 4.5 officers (1.5 FTE officers to be involved in reactive health and safety work and 3 FTE officers in planned work).

Table A: Comparison between planned interventions and actual performance 2008/2009

Key Delivery Target Priorities in 2008/2009 Intervention Plan	Actual Performance in 2008/2009
To target and manage the risk in high risk, poor performing and or rogue trader businesses;	18 out of 19 of Higher Risk Premises due for inspection (A, B1 and B2) were inspected
To investigate major injury incidents and fatalities;	No fatalities reported. 178 reportable accidents received of which 94 met the Councils criteria for investigation and were investigated.
To assess, advise and assist new business in providing a safe environment for their employees and members of the public;	We were notified of 178 new businesses which were included on the Service data-base
To carry out revisits to check enforcement, to improve health and safety outcomes and to secure action by relevant duty holders;	30 Targeted revisits to poor performing businesses 14 of which improved their confidence in management score
To promote Health and Safety Awareness to local businesses;	3 half day training sessions were held for Care Home Managers
To engage with premises with lower risk ratings with appropriate interventions as part of the overall strategy;	175 Lower Risk Premises were provided with information and advice
To noise and vibration in the leisure industry;	The project was continued focusing on premises where staff were most at risk

To develop a comprehensive care home project.	A major Care Home project was carried out
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;	635 Planned Fit 3 interventions were made to Higher Risk Premises. 319 Planned Fit 3 Interventions were made to lower risk premises
To work with other Local Authorities and the HSE to make the best use of resources and to make a greater impact;	We worked closely with the HSE and other Authorities.
We will make this initial intervention plan available to managers and practitioners	The initial Intervention Plan was placed on the Council's website.
investigate health and safety complaints;	The service investigated 121 health and safety complaints.
To develop a strategy to deal with health and safety in riding establishments including livery yards;	The service carried out a further 40 visits to riding stables.
To develop a strategy to deal with health and safety in caravan parks;	The Service has developed a strategy to visit and assess caravan parks in 2009/2010.

3 CARE HOME PROJECT

New Forest District Council had identified in its Corporate Plan that 'valuing older people' was a key aim. This aim was included as a local priority project covering Health and Safety in Care Homes for the elderly in our Initial Intervention Plan. The Hampshire Health and Safety Advisory Group included Health and Safety in Care Homes as a priority project across the county. New Forest District Council was asked to take the lead.

The original project envisaged focusing on slips and trips, but during the project planning stage it was decided to include other fit 3 topics. After discussions with care home managers accident reporting and legionella were added to the project. The project identified 40 care homes caring for the elderly. All of these care homes were contacted and offered free training on Health and Safety prior to the visit. A training presentation was prepared and 3 half-day (SHADS) were held at different locations in the District. Each business was given detailed advice and information on health and safety issues relating to care homes. 86 care home staff attended the training representing 19 care homes for the elderly.

All 40 care homes were inspected. The quality of the risk assessments remained unchanged in the 19 Care homes who had attended the training seminars. However in relation to the standards relating to asbestos, dermatitis and legionella there was a marked improvement in the standards at the care homes where someone had attended the training.

A training session was prepared for 35 Health and Safety Inspectors from other Hampshire authorities. A HSE Inspector gave a presentation on Nursing Homes. Copies of the training sessions and documentation used were provided electronically to other authorities. The project was rolled out to a number of authorities throughout Hampshire and the initial response has been very positive. The HSE have requested that we add

the project documentation to their national database (Helex extranet) which will make the information available to Local Authorities nationwide and the HSE.

4 PERFORMANCE

The main performance measure was “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”. We revisited 30 poor performing premises and the overall confidence in management scores improved in 46% of these businesses.

5 PRIORITIES AND PLANNING

5.1 HSC's Priorities

The service continued to carry out the HSC's 'A Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond'. 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 were inspected using the topic inspection approach which included the following subjects:

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

5.2 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 B.

These campaigns were evidence based to ensure that there is the greatest scope for incidence reduction, and were 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 were currently 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. As previously stated, programmed high risk inspections included premises rated A, B1 and B2.

Table B: Amended Portfolio of Fit 3 projects 2008/2009

Project Description	FTE Planned resources	Actual Resources Used FTE
Reducing Slips, Trips & Falls from Height in Building & Plant Maintenance, Food Manufacture & Food Retail	Project 0.25	0.25
Reducing Slips caused by Floor Cleaning	As Part of High Risk visits	As part of high risk visits
Stop Slips in Hotels & Catering (Operators of kitchens)	Project 0.5	0.5
Care Home Project Musculoskeletal Disorders focusing on Back Pain and Upper Limb Disorders (ULDs) To raise awareness of and competence in the prevention & control of ULDs	0.25 0.25 0.25	0.75
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	0.25
Asbestos including: e.g. Suffolk type major initiatives and dealing at inspections as bundled approach;	0.25	0.25 included in bundled inspections
Promotion of Industry led guidance for the music and entertainment industry	0.25	0.25
Flour Dust - Bakeries	As part of high risk Inspections	Part of high risk premises
Violence & aggression	0.25 Hants project	Project found to be not appropriate for NFDC
Bundled Fit 3 Projects in LA enforced sector	0.5	0.75
1 x FTE = 220 days	3.0	3.0

Note: Variations from Original - it was originally proposed to carry out the Hampshire violence and aggression project. However Hampshire Police who are partners in the project carried out an assessment and advised that it was not suitable for the NFDC District. The resources freed up were used in the New Forest District Council Care Home Project.

5.3 Locally derived objectives

We worked 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. The Service played an important role in meeting the social and economic strategic objectives of the Council. Engaging in the Fit 3 program and reducing accidents and ill health in businesses within the District contributes to a healthy community and healthy economy.

5.4 Relevant guidance and policies

This authority continued to work towards compliance with the Section 18 Standard and other relevant guidance.

5.5 Working in Partnership

We worked in partnership with other regulators, to facilitate greater reductions in accidents, ill health and sickness. We ensured 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 was involved in working with the HSE to reduce national targets, we acted as lead Authority in developing the Care Home Project through the Hampshire and Isle of Wight Health and Safety Advisory Group, and helped develop county projects and county training.

5.6 Enforcement Decisions

Enforcement decisions have been made that are consistent with our Enforcement Policy, the HSC's Enforcement Policy statement and the Enforcement Management Model. Two cases which have been identified as warranting consideration for prosecution has been referred to the Council's Legal and Democratic Services.

5.7 Staff Competence

As guidance is not yet available to meet the Section 18 Standards regarding competency, we continued to use existing guidance. We continued to hold Peer Review groups and develop our staff to ensure competence. Accompanied inspections were carried out for officers carrying out inspections and training was given to ensure consistency of approach.

6 CONCLUSION

The total number of visits undertaken in 2008/2009 rose by 313, from 844 during 2007/08 to 1157. These increases can be attributed to two main areas of work:

- Residential Care homes – we carried out a major project focusing on the fit 3 topics relevant to this sector. Interventions rose from 32 to 243.
- Consumer services where the figures went from 71 to 197. The increase in consumer services is due to a project where we inspected hairdressers and beauty salon featuring dermatitis as part of disease reduction section of fit 3.

A summary of NFDC's activity is given in Table C.

Table C: Enforcement Authority Activity – Number of NFDC Enforced Premises and Types of Interventions

Type of premises (examples are included in the guidance)	(a) Total Number of Premises at 31/3/2009	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		
1. Retail shops	923	77	93	8	8	26	22		234	26
2. Wholesale	122	28	12	0	3	1	2		46	1
3. Offices	488	5	31	1	0	1	2		40	5
4. Catering, restaurants and bars	616	122	71	15	13	7	11		239	9
5. Hotels, camp sites and other short - stay accommodation	254	14	13	6	0	1	3		37	0
6. Residential care homes	84	203	40	7	0	10	0		260	0
7. Leisure and cultural services	157	24	13	5	1	9	4		56	0
8. Consumer services	474	157	42	10	16	2	3		230	2
9. Other premises (not classified above)	87	5	4	2	2	0	2		15	0
TOTALS	3205	635	319	54	43	57	49		1157	43

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

GLOSSARY

EA	Enforcement Authority
FTE	Full Time Equivalent
FIT 3	'Fit for work, fit for life, fit for tomorrow' - A national health and safety initiative designed to decrease accidents and ill health in the workplace which concentrates on the most relevant topics for the type of business.
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