

# Gateshead Council

## Annual Service Plans for the Food and H&S services 2011 - 2012

### PART TWO - HEALTH & SAFETY SERVICE PLAN

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## Foreword

The UK has a relatively low rate of workplace injury and ill health compared with most of the EU. Fatalities, injuries and work-related ill health rates have reduced annually since the introduction of the Health and Safety at Work etc Act 1974 (HASWA):

For **injuries**, between 1974 and 2010:

- the number of fatal injuries to employees fell by 84%;
- the rate of fatal injury (per 100 000 employees) fell by 83%;
- the number of reported non-fatal injuries fell by 75%;
- injury rates and numbers in all main industry sectors have reduced
- around 24% of the reduction in the rate of fatal injury in the last 10 years can be attributed to a shift in employment away from manufacturing and heavy industry to lower risk service industries.

For **illness** between 1990 and 2009/10:

- work-related illness prevalence fell;
- prevalence of musculoskeletal disorders fell;
- prevalence of stress-related ill health rose;
- the shift in employment may not have contributed to the overall fall.

However, it is generally accepted that this rate of decline has now reached a plateau. There remain significant areas of poor practice which still result in serious harm to people at work and although good practice is now highly visible, the statistics are a reminder of the significant gains yet to be made in reducing the harm caused to people's health by work. Regulators and businesses must not become complacent - the key 2009/10 figures for GB reveal there were still 233,000 reportable injuries, 152 work related deaths, a reportable injury rate of 473 per 100 000 employees and 29.3 million working days lost through workplace injury and work related ill health (1.2 days per worker).

Nationally, the numbers of people who worked during the last year and were suffering from an illness caused or worsened by their work rose to 1.3 million – 555,000 of these were new cases. The emotional toll to families, friends and communities is enormous.

In the north east region the total number of injuries has fallen by 13.9% from the previous year and there were three deaths - six fewer than last year. The number of people suffering from work-related illnesses in 2009/10 remained the same as last year, at 55,000.

We must not forget that the goals for improving the health and safety in this country are underpinned by sound science, technology and evidence. Health and safety is first and foremost a means of raising standards so that businesses become more stable, efficient and sustainable.

'Traditional' enforcement strategies have run their course and enforcement authorities now need to work differently – this means supporting the simple yet enduring principle established by the Health and Safety at Work Act - that those who create risk are best placed to manage it.

This Service Plan explains the modernised approach in Gateshead. The close partnership working with Health and Safety Executive (HSE) and the north east region councils continues to develop with the introduction of flexible warrants and the work focuses not on regulatory enforcement but on campaigns that support self regulation and prioritise help to small, medium risk businesses. The key challenge for the future is making appropriate risk management relevant to the modern and changing world of work.

## Introduction

The work of the health and safety team directly links to the delivery plan for Vision 2030, in particular supporting Priority 1 which focuses on Economy, Environment and Health:

- By helping business to improve their health and safety management, we are also helping them to improve their business management and consequently their reputation as a good employer with potential benefits such as low levels of sickness, lower insurance rates and a strong competitor for business contracts.
- Our fair, friendly and open approachable to business also helps encourages investment in the borough and by sustaining economic activity we can help to reduce worklessness.
- Our work will consequently help towards the City of Gateshead status
- The team supports a focus on health through the stop smoking agenda. Having been consistently active in this area since the initial consultation leading to the Health Act, we now deal with advice and enforcement of smoking issues, signposting to smoking cessation services and support to the North-East Tobacco Alliance

Improving health at work was identified as a National Enforcement Priority for Local Authority Regulatory Services in 2007 (Rogers Review). This was decided following an evidence-based and risk-focussed approach, based on the level of risk, political priority and the perceptions of citizens and business. Rogers stated "local authority regulatory services play a crucial role in their local communities. In terms of impacting on business, and in delivering regulatory objectives for government, the importance of these services cannot be underestimated."

Improving health at work remains a national enforcement priority due to the high risks posed to individuals, their families, damage to business and the costs to the economy as a whole. The policy aim is to reduce the incidence of ill-health and days lost arising from work activities in relation to musculoskeletal disorders, stress and chemicals, promote compliance with the law, and reduce the cost and suffering to individuals and companies.

The work of the team is described in this Service Plan that outlines how people are protected by ensuring risks in the changing workplace are managed properly. It recognises these key delivery priorities:

- To manage the risk in high risk and poor performing businesses. (Targeted approach to risk in line with the Better Regulation agenda). We will be focussing on providing practical help by developing a Healthy Workplace Award scheme.
- To investigate major injury incidents and fatalities in accordance with the criteria in HELA Circular LAC 22/13. The majority of formal enforcement results from injury investigation and this work will continue to be a priority.
- Local Priorities
  - In 2010/11 we recognised the problems faced a migrant population where English is not the first language leading to poor understanding of health and safety - an issue not always well dealt with by employers. An awareness day is planned at the Metro Centre
  - In autumn 2010 we identified a potentially widespread and fatal problem with gas equipment in commercial kitchens that has resulted in a 2011/12 campaign to improve gas safety in 2011.
  - The increase in skin cancers associated with sunbeds is a matter of concern to Councillors. A new law to prevent commercial sunbed use by young persons will be used as part of a campaign to protect the public.
- To ensure enforcement decisions are consistent with our Enforcement Policy, the HSE Enforcement Policy Statement and the Enforcement Management Model (ensures proportionate, consistent, transparent and accountable enforcement - part of the Better Regulation agenda).
- To train and develop officers (through the Regulators Development Needs Analysis tool) to ensure competence, encourage staff retention/recruitment and ensure credibility with local business.
- Planning and delivering in partnership with other partners and stakeholders to achieve greater impact. The introduction of flexible warrants across the north east region will support this.
- Ongoing delivery of the Fit3 Program.

The role and responsibility on Gateshead Council is clear – we need to debunk the myths around health and safety that trivialise the impact of injuries, ill health and deaths on individuals and their families and embed health and safety so that employers and employees accept that it is the right thing to do, that it makes good management sense, and thereby good business sense, and that there is a full commitment to it.

This Plan has been agreed by Council, demonstrating that Gateshead Council supports its formal corporate commitment to improving health and safety outcomes. In it we

describe how we intend to deliver an Intervention Plan for the coming year and explain our previous year's performance. The Intervention Plan demonstrates effective performance management and recognises that greater impact can be achieved by planning and delivering with other partners and stakeholders.

This Intervention Plan sets out our overall aim and priorities and a range of risk-based interventions targeted upon:

- improving health and safety outcomes
- securing action by relevant duty holders
- interventions that can influence risk reduction
- serious risks or least well controlled hazards
- those businesses that seek economic advantage from non-compliance
- national guidance on interventions and priority programmes
- local, regional and national programmes

## **1. Service priorities and objectives**

### **The Standard**

Since 2008, section 18 of the Health and Safety at Work etc Act 1974 (The Standard) made it a legal requirement on the Health and Safety Executive and local authorities to 'make adequate arrangements for enforcement' of the relevant health and safety provisions. Enforcing Authorities are required to follow the Health and Safety Commission Enforcement Policy Statement on the purpose, method and principles of enforcement and The Standard that sets out the broader requirements and demonstrate full compliance by 1 April 2011. The Secretary of State has powers to put local authorities 'in default' should the requirements not be met.

Although still not assessed by HSE, we believe that Gateshead now complies with The Standard. Over the past 18 months we have been self assessing and implementing changes as necessary. The demanding nature of The Standard required considerable work input and resource commitment.

The Standard shows an acknowledgement by senior managers and the political /policy decision makers of certain commitments regarding health and safety enforcement. In response to this, the Strategic Director of Development and Enterprise has proposed this Plan to Council to

- acknowledge the need for Gateshead to effectively contribute to the national priority concerning year on year reductions in work related injury and ill health.
- provide adequate protection for all employees of local / regional employers.
- provide adequate protection for all members of the public within local and regional communities who may be affected by inadequate management of risk by local /

regional businesses including those living adjacent to workplaces or those entering workplaces providing retail services.

The Standard is based on four principles:

**“Make it happen”** - every Enforcing Authority 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.

**“Do it right”** - every Enforcing Authority shall

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

**“Work together”** - every Enforcing Authority 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 at a local, regional and national level.

**“Sell the story”** - every Enforcing Authority shall

- Promote sensible risk management.

Gateshead Council demonstrates its commitment to The Standard through the Health and Safety enforcement team and also its responsibilities as a major employer in the region. It directs its work to achieve ‘Vision 2030’ by promoting and maintaining good standards of occupational health, safety and welfare within the workplace environment.

## **NATIONAL CHALLENGES**

### **1. The Health and Safety of Great Britain // Be Part of the Solution**

Launched in June 2009, this is the current national strategy for health and safety. Its success relies on everyone playing their part – this includes a commitment by private sector companies and public bodies. There are four clear objectives:

- 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
- To ensure that those who fail in their health and safety duties are held to account

## **2. Securing Health Together (SH2)**

This is the HSC ten-year occupational health strategy, initially launched in July 2000 and reviewed in 2009. It aims to tackle high levels of work-related ill health and to reduce personal suffering, family hardship and costs to individuals, employers and society. The following national targets have been set:

- 20% reduction into the incidence of work-related ill health
- 20% reduction in ill health to members of the public caused by work activity
- 30% reduction in the number of work days lost due to work-related ill-health
- Everyone currently in employment but off work due to ill-health or disability is, where necessary and appropriate, made aware of opportunities for rehabilitation back into work as early as possible; and
- Everyone currently not in employment due to ill health or disability is, where necessary and appropriate, made aware of and offered opportunities to prepare for and find work.

## **3. Revitalising Health and Safety**

This public service agreement between LAs and HSE sets challenging targets for the UK to reduce the rate of injuries and ill-health arising from work activities over a 10 year period. It proposes concentrating on specific topics relating to the most common causes of reported accidents and occupational ill health (slips and trips, workplace transport, musculoskeletal disorders, workplace stress and falls from a height). The improvement targets are:

- To reduce the number of working days lost per 100 000 workers from work-related injury and ill health by 30%;
- To reduce the incidence rate of cases of work-related ill health by 20%;
- To reduce the incidence rate of fatalities and major injury accidents by 10%.

## **4. HSC Strategy for Workplace Health & Safety in GB to 2010 and Beyond.**

This builds on the Securing Health Together and Revitalising Health and Safety strategies. It sets out these main priorities:

- Developing closer partnerships. The Local Authority and HSE Working Together Strategic Partnership stems from this theme.
- Helping people benefit from effective health and safety management and a sensible health and safety culture
- Focusing on core businesses and the right interventions where we are best placed to reduce workplace injury and ill health
- Communicating the vision

## **5. Choosing Health; Making Healthy Choices Easier**

Local authorities can contribute to the overarching priorities for action by reducing the numbers of people who smoke and improving mental health. We will promote smoke free environments and use the smoke free provisions in the Health Act to regulate workplaces that expose employees to health risks of passive smoking.

We can also improve mental health by addressing stress at work. We will also advise businesses on managing sickness absence and return to work.

We can extend healthy choices by reducing barriers to improve health and reduce inequalities through employment, by improving working conditions to reduce the causes of ill-health related to work and promoting the work environment as a source of better health.

#### **6. Health, Work and Well-being - Caring for our Future**

A strategy launched jointly by the HSE, Department of Work and Pensions and Department of Health in October 2005 to improve the health and well-being of people of working age by reducing work-related illness and workplace accidents. It will play a significant role in delivering the work place health commitments outlined in 'Choosing Health'. The main themes are engaging stakeholders, improving working lives and health care for working age people.

#### **7. National Delivery Plans**

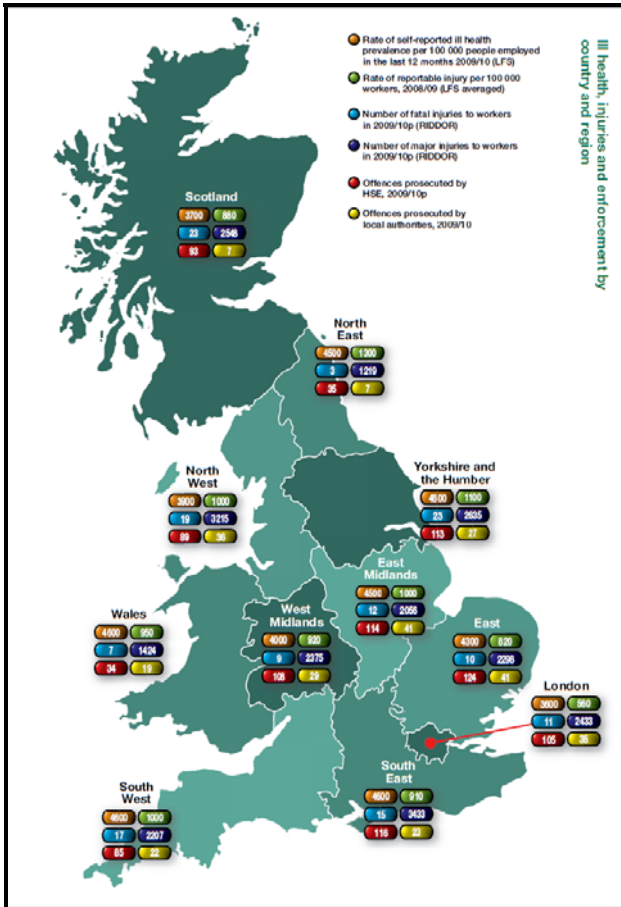
With local authority representation, the HSE has produced a Fit Three Strategic Delivery Programme including a rolling portfolio of projects developed to reduce injury, disease and ill-health. All programme directed interventions will be in support of these initiatives.

#### **8. Lord Young Report 2010 – Common Sense Common Safety**

This report includes issues which have implications for local authorities and particularly the regulatory functions of health and safety and food safety. It recommends reducing bureaucracy associated with unnecessary health and safety and insurance requirements and tackles the compensation culture. It advocates the introduction of a register for competent health and safety consultants and hopes to reverse the risk averse approach that is seen to hamper children's development. The report reinforces the move towards risk based inspection, recommending the removal of many burdens on low risk premises, the voluntary sector and the self employed along with improved, accessible and tailored advice and guidance. It supports the ethos of earned recognition, advocating Primary Authority and recommending an enhanced HSE role for large multi-site retailers. It recommends the combination of health and safety and food inspectors in local authorities and supports the opening up of the inspection regime to accredited certified bodies.

So, from April 2011 the H&S and Food Control teams have combined to form an Environmental Health team dealing with both disciplines. This initially involves an intensive period to raise officer competencies through joint inspections, training courses, supervision and mentoring. It will result in a responsive workforce that can provide better support to delivery of the intervention programmes whilst retaining the specialist officer competencies to support the local businesses in Gateshead – and in particular the higher risk businesses that require extensive technical and legal knowledge to ensure public safety is assured.

# LOCAL CHALLENGES



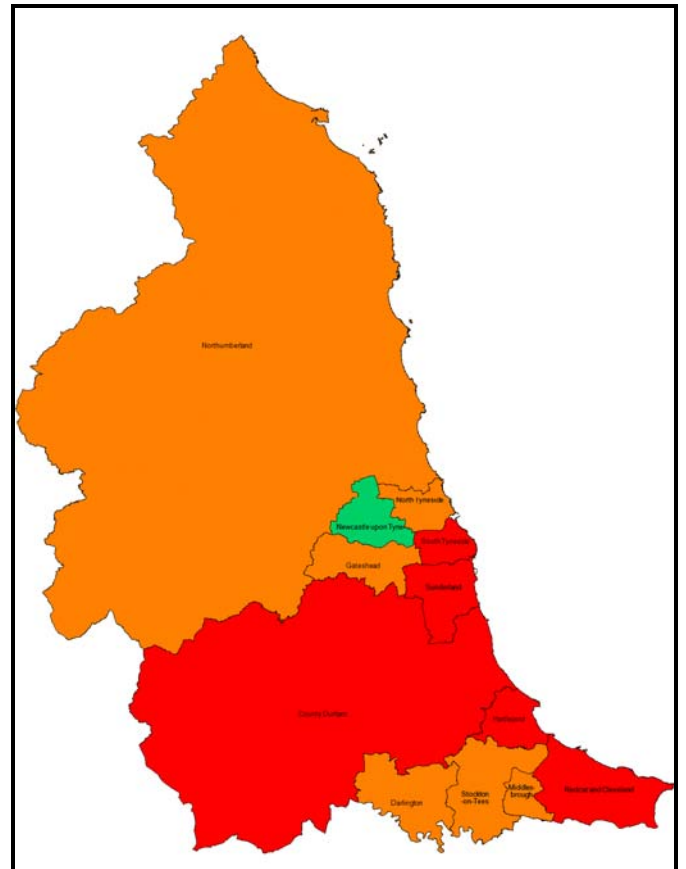
Map showing ill health, injuries and enforcement by region

Source: HSE 2010

A graphical representation of the RIDDOR injury rates across the north east at a local authority level based on 2009/10 data.

Each authority is categorised as high, medium or low risk according to how the injury rate compares to other local authority areas.

Source: HSE 2010



Local authority area	Injury rate per 100,000 employees	Risk Group
County Durham	656.7	High
Darlington	534.3	Average
<b>Gateshead</b>	<b>536.1</b>	<b>Average</b>
Hartlepool	669.9	High
Middlesbrough	424.8	Average
Newcastle upon Tyne	372.2	Low
North Tyneside	430.4	Average
Northumberland	564.4	Average
Redcar & Cleveland	636.2	High
South Tyneside	586.1	High
Stockton-on-Tees	478.1	Average
Sunderland	582.2	High

### Gateshead Profile 2009/10

	Gateshead	North East	Great Britain
<b>Resident population</b>	190,800	2,584,300	60,003,500
<b>Employed population</b>	92,371	1,027,741	26,493,628
<b>Self-reported work-related ill health</b>	4,943	55,000	1,266,000
<b>Working days lost</b>			
Due to work-related ill health	105,337	1,172,000	23,430,000
Due to work-related injury	17,436	194,000	5,097,000
<b>Reported workplace injuries</b>			
Fatal and major injuries to employees	114	1,221	26,172
Over-three-day injuries to employees	387	4,275	95,369
Total injuries to employees	501	5,496	121,541
Rate per 100,000 employees	415.2	527.3	460.0
<b>Employee injuries</b>			
Slips and trips	142	1,546	33,294
Falls from height	29	456	10,417
Handling	179	1,778	37,420
All other injuries	151	1,716	39,041
<b>Total workplaces</b>	6,425	102,351	2,446,015
<b>% of employees in</b>			
Manufacturing	14.41%	2.00%	10.23%
Construction	6.99%	5.66%	4.79%
Services	78.45%	81.26%	84.04%
<b>Workplaces with</b>			
<10 employees	5,043	60,400	2,078,698
10 - 49 employees	1,051	11,020	282,058
50 – 249 employees	268	2,689	69,286
>250 employees	63	686	15,973
<b>Local Authority Inspection Visits</b>			
Number of LA controlled premises	3,874	28,712	1,131,000
Number of visits	924	8,829	196,000
Visits per 1000 premises	238.5	307.5	174.0

## Estimated Costs

The estimated economic cost of health and safety ill health incidents in Gateshead is between £44.1 million and £67.5 million. The estimated annual cost for accidents in Gateshead is between £24.6 million and £44.6 million

## Data Sources

- **RIDDOR:** Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, under which workplace injuries are reported by employers and others.
- **Labour Force Survey (LFS):** A national survey of over 50,000 households each quarter, giving estimates of self-reported work-related ill health and injuries.
- **Illustrative Estimates:** Estimates have been produced based on regional data for ill health incidence and prevalence, and NOMIS employment data at Local Authority level. They are an illustrative estimation only.
- **Annual Business Inquiry (ABI):** An employer survey conducted in December each year, with a sample of around 78,000 businesses.
- **Estimated costs:** Estimates are in 2001/02 prices and based on the best evidence available at this time, being pro-rated from the total estimated cost of workplace injuries and ill health per the 'Interim Update of the Cost to Britain of Workplace Accidents and Work-Related Ill Health' ([www.hse.gov.uk/statistics/pdf/costs.pdf](http://www.hse.gov.uk/statistics/pdf/costs.pdf)).
- **LAE1:** A report form completed annually by Local Authorities, on a voluntary basis, providing information about LA visits and enforcement.

## Some conclusions

Along with most of the north east region, Gateshead has seen a shift in employment away from manufacturing and heavy industry to service industries. It is therefore important to note that nationally nearly half of non-fatal injuries to members of the public occur in the retail sector industries that are enforced by local authorities. In Gateshead 2010/2011, 70 of the 183 reported accidents occurred in the retail sector and 1/3 of accidents reported involved slips and trips.

2009/10 data shows the injury rate for the local authority enforced sector in Gateshead is 415.2 per 100,000 employees – placing it in the average risk group.

These figures demonstrate the importance of continuing to provide a proactive health and safety enforcement team that can fully support local businesses and secure improvements which protect the health and safety of employees (and consequently our local economy).

It is welcomed that '**Improving the health in the workplace**' is one of the Governments National Priorities identified in the Rogers Review because of 'the high risks posed to individuals, their families, business and the costs to the economy'.

In addition to being a statutorily required service, compliance with the mandatory S18 Standard contributes to several strategic objectives outlined in 'Vision 2030'.

## 2. Service aims

- Protect the safety, health and welfare of people at work in Gateshead and to safeguard others who may be exposed to risks from the way that work is carried out.
- Improve the safety, health and welfare of working conditions in the Borough through a programme of workplace inspections and self assessment, and accident, incident and complaint investigation.

### **To achieve these aims we:**

- Enforce a wide range of relevant health and safety legislation.
- Establish and maintain a planned inspection programme based on a risk-based priority planning system to select premises for inspection.
- Develop a range of campaigns and intervention programmes aimed at both specific business sectors and specific business risks
- Support the national and regional 'Fit Three' delivery plans by delivering pro-active work to support national campaigns
- Investigate complaints from the public about health and safety issues
- Investigate notified accidents, incidents and cases of occupational ill-health
- Advise, educate and assist businesses to comply with legal obligations and promote self-regulation using self-assessment tools designed for specific business sectors.
- Administer and regulate statutory permission and registration regimes for specific work activities linked to health risks, such as
  - The Lifting Operations and Lifting Equipment Regulations 1998
  - The Control of Asbestos at Work Regulations 2006
  - Gateshead Byelaws for the registration of practitioners and premises carrying on the practice of acupuncture and the business of Tattooing, Semi-Permanent Skin-Colouring, Cosmetic Piercing and Electrolysis.
- Promote issues in the Government White Paper, 'Choosing Health' by improving working conditions to reduce the causes of ill-health related to work, promote the work environment as a source of better health and support 'Smoke Free Gateshead'
- Work closely with businesses including Workplace Health and Safety Representatives and Trade Union Representatives

### 3. Enforcement

The range of responsibilities and legal powers affecting health and safety enforcement is very wide. Criminal enforcement of health and safety breaches has considerable impact on the duty holder involved, as well the resources of the enforcing authority. It can also directly affect those who are protected by the legislation. It is therefore important that all who are involved in enforcement work understand and work within the legal framework that gives rise to their powers.

All enforcement work is consistent with Gateshead Council Health and Safety Enforcement Policy. This policy:

- Reflects the HSE Enforcement Policy Statement (EPS)
- In accordance with the Regulators Compliance Code and the regulatory principles required under the Legislative and Regulatory Reform Act (2006), wherever practicable enforcement action will be effectively co-ordinate with that of other, relevant enforcing authorities to minimise unnecessary overlaps and time delays.
- Is intended to be reviewed from time to time in consultation with a range of appropriate stakeholders
- Includes the purpose and method of enforcement; the principles of proportionality, targeting, consistency, transparency and accountability; and the management of investigations, prosecutions and work related deaths;
- Has been formally endorsed by the Council; and
- Is publicly available via the Council web site (and in hard copy formats on request).

Enforcement decisions are made that:

- Are taken in accordance with the enforcement policy;
- Are monitored and reviewed to ensure consistency of enforcement decisions
- Consistently apply the HSE Enforcement Management Model.
- Follow any other relevant guidance and direction (e.g. LAPS, LOPP or PAP)

The Council has also adopted the Enforcement Concordat. This is a blueprint for fair, practical and consistent enforcement by local authorities.

Each enforcement officer carries a Warrant of Authority that identifies the scope of their enforcement remit, and an identification card.

In 2011 a 'Flexible Warrant' enabling work inter council and HSE will be introduced.

The Council has signed The Pledge, encouraging sensible risk management.

## 4. Premises profile

The Health and Safety (Enforcing Authority) Regulations divides enforcement responsibilities between Local Authorities and the HSE. Classifications are made according to the main business purpose as established in HELA Circular 23-15.

Premises profiles fluctuate throughout the year due to businesses opening / closing and changes in use. The service database is updated with any changes as they become evident. However, the accuracy of the premises database is deteriorating as a result of:

- Changes to the inspection rating system resulting in significantly fewer programmed inspections of business premises carried out.
- Nationally led strategic changes in types of intervention - resulting in business interventions through varied campaign work rather than directed visits.
- Reduction in resources to carry out surveys to identify changes to the data base.
- Businesses are no longer required to register with the enforcing authority

We must work more smartly, identifying and adopting other information sources and new methods of keeping the data base current, this includes the use of information supplied from Council non-domestic rates.

Database for which Gateshead Council is the enforcing authority:

<b>Local authority enforced business classifications</b>	<b>2010</b>	<b>2011</b>	<b>Change</b>
Retail Shops	1217	1176	↓
Wholesale shops, warehouses and fuel storage	381	358	↓
Offices	1090	960	↓
Catering, restaurants and bars	456	476	↑
Hotels, campsites and other short stay accommodation	39	36	↓
Residential care homes	73	73	↔
Leisure and cultural services	115	118	↑
Consumer services and membership organisations	464	439	↓
Other premises	20	18	↓
<b>Total</b>	<b>3855</b>	<b>3654</b>	<b>- 201</b>

## 5. Client profile

The client profile for the health and safety service is wide-ranging and varied, basically including anyone who works (whether paid or voluntary) in the local authority enforced sector.

Our database enables us to identify information about businesses that enables specifically targeted work. For example, we can group them by businesses classification/type, number of employees, geographical area and business name.

Our clients include those who make us a request for service (complaints or advice) from anyone who may be affected by these businesses. This will include employees, managers, trade union/employee representatives, customers, residents and visitors. We appreciate the various and diverse needs of these people will affect how we work with them – issues such as language, experience, education, disability, age, time available can all make a difference.

We also respond to specific health and safety queries. For example, providing health and safety information and advice to students and other local authorities and investigate smoking complaints in ALL businesses and work vehicles.

Our customers include Government departments, regulatory bodies such as HSE, Fire Authority, Police Authority, other teams within Gateshead Council, other local authorities and agencies such as Health Protection Agency (HPA), Local Government Regulation (LGR) and Chartered Institute of Environmental Health (CIEH). Some of these are also our partners.

## 6. Proactive work

### • **Intervention programme – premises inspection**

HELA LAC 67/2, introduced with effect from April 2010, provides guidance for priority planning of inspections through a risk rating system. The rating given relates to the site rather than the company. Inspectors score premises based on four risk elements and assign a rating value to each of these elements:

- Confidence in management
- Health performance
- Safety performance
- Welfare standards

The system then categorizes the risk the premises pose as high (A), medium (B1/B2) or low (C), and identifies an intervention frequency for A and B1. LAC67/2 does not give an intervention frequency for B2 and C - although ignoring these is not an option. The most suitable types of interventions for lower risk premises include:

- monitoring of accident reports
- provision of seminars or awareness days
- self-assessment questionnaires
- provision of information or mail-shots specific to particular risks associated with the main work activity

We have therefore decided an intervention frequency not less than 3 yearly for B2 and 5 yearly for C. This considers the number of premises in these categories, the resources for delivering the service plan and local/ historical knowledge of the premises database.

HSE Category	Rating score	Intervention frequency (set by LAC 67/2 or Gateshead)	Total	Due in 2011/12
A	5 or 6 on any risk	Inspect not less than once per year	3	3
B1	4 on any risk	Premises for inspection Premises without an intervention within 18 months to be reviewed	13	10
B2	3 on any risk	Premises for intervention Gateshead standard is an intervention not less than every 3 years	143	26
C	No score greater than 2	Use non-inspection intervention methods\ techniques. Gateshead standard - Intervention not less than every 5 years	3082	51
Currently unrated	Unknown	Gateshead standards - Intervention according to perceived priority	413	~ 200
Unplanned – new premises	Currently unknown	Gateshead standards - Intervention according to perceived priority	~100	~ 80

### • Campaigns and initiatives

The modern H&S agenda involves campaigns and initiatives to improve the safety, health and welfare of working conditions. These are specific initiatives developed to target various hazards and sectors. The introduction of flexible warrants in 2011 will enable officers to work with other local authority across the north east region and authorise them to deal with health and safety activities in HSE enforced premises.

In 2011/12 we are intending to concentrate on three major campaigns that will focus on local priorities:

1. We will develop a **Healthy Workplace Award** scheme that recognises good practice in small and medium businesses, improves self regulation through responsible management and encourages business improvement.
2. We will campaign to **improve gas safety in take away food businesses** by investigating the maintenance of gas fired equipment and providing relevant support to businesses.
3. We will help employers to **raise awareness of health and safety for persons who do not have English as a first language.**

4. We will campaign to **ensure that the Sunbeds (Regulation) Act 2010**, which prohibits under 18's from using commercial tanning equipment, is enforced by solaria throughout Gateshead.

## **7. Reactive work**

- **Complaints and requests for information and advice**

The Council investigates complaints from a wide customer base about health and safety and Health & Safety service provision. We endeavour to provide comprehensive information and advice on health and safety when requested. The use of the flexible warrant will help to improve safety and health in local businesses through an effective and efficient response.

Our target is to respond to 98- 100% requests and complaints within the service target of two working days.

- **Statutory Notifications**

A very significant part of the workload is taken up with accident investigation. Certain work related injuries, dangerous occurrences and occupational diseases are reportable to the enforcing authority under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Incidents are selected for investigation in accordance with HSE Guidance, local and national priorities

Every RIDDOR report received is immediately considered against the guidance and if the criteria are met, further investigation is undertaken. Our standard is to respond within two working days or more promptly where appropriate. Our priority is to take the appropriate action to prevent further recurrence. HSE have estimated that approximately 30% of reports will meet the criteria for further investigation.

Insurance companies are required to notify the enforcing authority about defective lifting equipment. We will respond to these notifications within two working days or more promptly where appropriate to ensure the risk of injury is minimised or eliminated.

The Council must be notified by licensed asbestos contractors about any asbestos stripping operation taking place in Council enforced premises. We will respond to notifications within two working days and liaise with the contractor to ensure that all work takes place according to legislative guidelines to minimise risks to contractors, employees and members of the public.

- **Registrations**

New Byelaws (in 2010) require the registration of practitioners and premises carrying on the practice of acupuncture and the business of tattooing, semi-permanent skin-

colouring, cosmetic piercing and electrolysis. The Council is required to maintain a register under the Local Government (Miscellaneous Provisions) Act 1982 and charges are made for registration of persons and premises used for each activity.

We also maintain a public register of installations under the Notification of Cooling Towers and Evaporative Condensers Regulations 1992. This is a primary source of information in the investigation of a suspected Legionella outbreak.

- **Licensing**

The service is a statutory consul tee for the public safety objectives in the Licensing Act 2003 and the Gambling Act 2005.

- **Business training and information**

As part of the Fit 3 Delivery Programme and local campaigns targeted for action by the North East Health and Safety Group, we may arrange events for business.

We will also raise awareness of legislative change. For example, The Sunbeds (Regulation) Act came into force on 1 April 2011 and amongst other controls, prohibits the use of sunbeds by persons under 18 years of age. We will be advising all local sunbed operators of the changes and then carrying out enforcement checks including through partnership working with Trading Standards underage enforcement team.

We encourage training courses including those approved by the Chartered Institute of Environmental Health.

We provide useful information on the Gateshead web site

## **8. Scrutiny of the service**

The Senior EHO and Team Leader monitor and review a random sample of post-inspection paperwork and data input to the computer system. All enforcement action is scrutinised. The Senior EHO also supervises the Technical Officer, newly qualified staff and manages student EHO placement training within the service. Joint and peer review visits are regularly carried out and are found to be particularly effective in ensuring standards. Monthly team meetings are held and all officers participate in an annual development appraisal system.

A range of internal and external reports are made on the health and safety service and all internal reporting includes explanations of over or under achieving.

Internally:

- Progress against the Action Plan and targets is regularly viewed and reported on.
- Performance against targets is reviewed corporately on a quarterly basis.

- The annual Plan includes a report on the previous Intervention Plan.
- The service is subject to Scrutiny Committee and Audit.

Externally:

- Returns are made to the HSE and CIPFA and the North-east Tobacco Alliance.
- The service is subject to Government inspections, external audit and peer review.

A common performance framework is currently being developed which can be used by both the HSE and LA's to measure the overall contribution to the Governments targets.

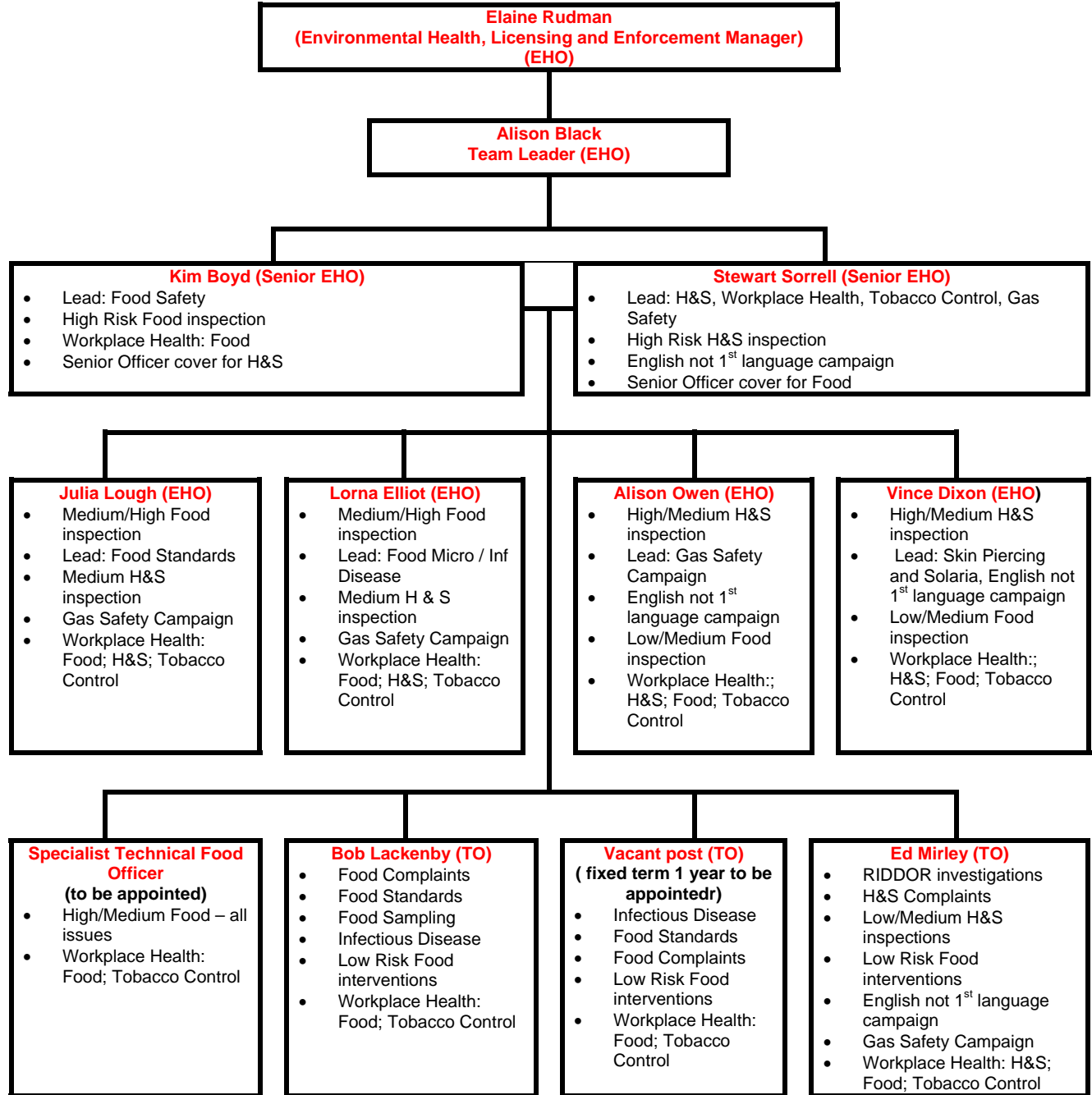
## **9. Service resources**

### **Staffing**

From April 2011 the H&S and Food Control teams have combined to form an Environmental Health team dealing with both disciplines. This initially involves an intensive period to raise officer competencies through joint inspections, training courses, supervision and mentoring. The specialist support that the team can give to businesses will be maintained and there are four Officers that are currently fully trained and experienced in health and safety enforcement to meet the S18 competency standards. All front line officers carry out regular personal assessment using the HSE 'Regulators' Development Needs Analysis Tool' (RDNA).

Competency is achieved through a mix of qualification, training, supervision and appropriate experience and is maintained at a level appropriate to the officer post. Team and individual officer competencies are monitored on an ongoing basis and are developed/extended to meet service delivery needs as well as taking into consideration changes from legislation and relevant guidance.

## Environmental Health Team structure and officer priority work load



## **10. Team resource 2011 - 2012**

To deliver the front line customer facing interventions in the Intervention Plan, the following staff resource has been allocated. An allocation of 222 days per FTE officer has been made taking into account 30 days annual leave and 8 days bank holidays.

In line with Lord Young's 'Common Sense Common Safety' report recommendations, the H&S team will also give support to the Food Control team (and vice versa) particularly for joint inspections. Establishments suitable for joint inspection will be identified by the SEHO for each team together with any necessary training and competency requirements.

The team has the capacity to deliver the Intervention Plan providing there are no unplanned, resource consuming interventions. Completion of the plan is however based on full attendance and no unplanned events that would interfere with the resource available.

It must be noted that there are a number of other actions required of officers that are not part of the intervention plan. These include:

- Meetings – a range of internal and regional meetings
- Support to student training and work experience
- Administration issues
- Group / service responsibilities
- Unplanned work - including prosecutions that are resource intensive
- Out of hours working

### **Finance**

The budget for the service takes into account expenditure for resources for delivery of the service (including staffing, legal support, vehicles, equipment, training and support services).

### **Information**

The service maintains an extensive and current knowledge of relevant health and safety information and guidance through various resources and in particular :

- HSE library and resources through the HSE Local Authority Liaison Officer.
- A library of texts including HSE publications and trade literature.
- Legal opinion from an in-house corporate legal team.
- Access to on-line databases of legislation and statutory guidance.

## **11. Liaison and partnerships**

The health and safety service has close and regular contact with the HSE via the North East Occupational Health and Safety Group. This results in shared priorities, training and action plans with delivery through partnership working across the region. The HSE Local Authority Enforcement Liaison Officer and HSE LA Partnership Officer attends and provides access to specialist services and shared resources. The group exists to promote uniformity, consistency and a sharing of knowledge. It fully supports the development of the partnership between HSE and Local Authorities working together and represents the Tyne and Wear, Durham and Northumberland authorities. Opportunities for joint working on both a national and regional level are developed in the Fit 3 Strategic Road Map.

Wider liaison with other environmental health professionals is supported via links with the CIEH (initially through the North East Regional Management Board and the Communities of Practice).

## **12. Customer satisfaction**

National indicator (NI182) has been used to monitor business customers satisfaction with regulatory services and the principles of this will be carried forward in 2011/12.

“Regulatory services” corresponds to core functions of trading standards, environmental health and licensing. A random selection of business customers across two strata (compliant and non compliant) are surveyed to assess the percentage who respond that they have been treated fairly and/or the contact has been helpful.

Regulatory Services has held Charter Mark since 2003. D&E Group has been awarded Customer Service Excellence in February 2011. These are government awards for excellence in customer services.

The Council operates a Corporate Complaints and Compliments system.

Performance has been reviewed against the targets set in the 2010/11 Intervention Plan. This comprised both statistical targets and an action plan of activities.

A customer survey of the work undertaken to help small businesses with advice and practical guidance (18 returns following 33 visits) showed a high satisfaction rate with the officer and the relevance of the advice given. 83% preferred this approach to inspection and 100% said they had implemented some or all of the advice given

### 13. Review of performance 2010 - 2011

Key Activities	End of Year 2010/11 Performance Report
<b>Planned Inspections</b> Inspection of liable A, B1- B4 premises	Planned inspection programme fully completed. New planned interventions guidance (HELA LAC 67/2) considered and necessary IT changes identified to enable new guidance to be implemented with effect from April 2010.
<b>New and unprogrammed Inspections</b>	354 unprogrammed inspections were completed. 196 establishments were removed from the database and 230 new premises were added. Business rates information links are now established and have identified a number of unrated premises, there also remains a backlog of C rated premises for interventions. There was insufficient team capacity to address all backlog unrated premises identified and this will continue in 2010/11.
<b>Accident Investigation</b>	198 RIDDOR reports received and 86 were selected for investigation in accordance with guidance on incident selection. This was a higher than expected investigation rate. One fatality was also investigated.
<b>Requests for service</b>	209 requests for service were received and 98.6% were investigated within 2 working days.
<b>Officer competency</b>	All officers have self assessed using the new Regulators Development Needs Assessment (RDNA) tool. Majority of issues will be dealt with as preparation by individuals for programmed inspections. Other training needs reported to NEOSHG or addressed through in house training sessions on various topics to maintain and improve competence of officers.
<b>Enforcement decisions</b>	It become apparent that refresher training was required on the Enforcement Management Model and this was carried out.
<b>Service ICT system</b>	Letters and Improvement Notices are now generated directly from APP. Inspection sheets generated directly from APP. Skin Piercing certificates generated directly from APP. Standard phrases for inspection letters now on APP speeding up the generation of letters still further.
<b>Database accuracy</b>	The database is now regularly updated and excellent progress continues to deal with the unrated premises backlog.
<b>Fit Three Programme</b>	This is an ongoing part of inspections and included in accident selection criteria.
<b>S18 compliance - The Standard</b>	Self assessment completed and evidenced. Considered compliant.
<b>LOPS</b>	Support to the LOPS (Large Organisation Pilot Scheme) continues with Royal Mail.
<b>Safe Interventions - safety of compactors and bailers</b>	Gateshead arranged a training day for the region. 6 visits have included the examination of compactors and bailers. The HSE requested a joint visit to a shopping centre to assess the compliance of their waste handling, including the bailers and compactors. Article in H&S newsletter.

Key Activities	End of Year 2010/11 Performance Report
<b>LAC 67/1 developments</b>	New issue 67/2 in 2010. Team compared the two systems to evaluate the effect on the inspection programme and the Gateshead evaluation of the new system was distributed around the Yorkshire and North East Region for other Councils to use. Manual conversion was decided on to ensure failsafe implementation and APP enhancement was carried out in May after team training to ensure consistency and accuracy of the database was completed.
<b>Policies and procedures</b>	Procedures with regard to the use of APP have been generated
<b>Workplace health - Smoking</b>	All visits consider smoking enforcement. 24 requests for service relating to smoking dealt with including complaints, advice requests and planning applications relating to smoking shelters. Team also worked with Metro Centre management to deal with ongoing smoking problems. Officer regularly attends regional Tobacco Alliance meetings and feedback given to North East Action Plan and newsletter.
<b>Asbestos Week</b>	Carried out visits to 3 premises to examine the asbestos management files of premises where asbestos was identified. 1 inspection identified problems, another 2 businesses were found to be suitably managing asbestos. Visits to 20 small businesses were carried out to identify issues relating to the Duty to Manage Asbestos
<b>Flexible Warrant Scheme</b>	New scheme is imminent with warrants to be administered to 3 Gateshead EHOs.
<b>Employee Involvement</b>	1 visit was carried out where worker involvement was an issue.
<b>Licensing applications</b>	Responses made as a statutory consul tee to 28 applications.
<b>European Safety Week</b>	Support agreed to the central safety team with regard to their work on slips and trips.
<b>Skin piercing</b>	New Byelaws for the registration of practitioners and premises carrying on the practice of Acupuncture and the business of Tattooing, Semi-Permanent Skin-Colouring, Cosmetic Piercing and Electrolysis were agreed by the Council. Survey of all potential establishments and previously registered practitioners completed. All registrations have been updated.
<b>Local Authority Construction Engagement (LACE) project</b>	Met with reps from HSE, Highways, Planning and BC regarding this construction engagement project work initiated by HSE. All agreed to add info to their web pages and consider sending other information out with applications.
<b>Workplace Violence</b>	No issues on workplace violence were identified during interventions or through complaint

Statistic	2009/ 2010	Target 10/11	Statistical Review of Performance 2010 - 2011													
			April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Cum	% of target
<b>Programmed GI</b>	<b>109/109</b>	<b>43</b>	3	4	11	2	10	2	4	0	2	0	4	1	<b>43</b>	<b>100%</b>
A 12 months	3/3	5	0	1	2	0	1	0	1	0	0	0	0	0	5	
B1 24 months	6/6	4	0	1	0	0	0	1	0	0	0	0	2	0	4	
B2+ 30 months	9/9	14	2	0	3	2	2	0	2	0	1	0	1	1	14	
B3 36 months	32/32	20	1	2	6	0	7	1	1	0	1	0	1	0	20	
<b>Non programmed GI</b>	<b>404</b>		42	15	20	52	30	25	14	14	3	49	40	50	<b>354</b>	
A 12 months	3		0	0	0	0	0	0	0	0	0	0	1	0	1	
B1 24 months	4		0	0	1	0	1	0	0	0	0	0	2	3	7	
B2 30 months	9		0	0	1	1	0	0	8	8	3	2	6	7	36	
B3 36 months	38		0	0	0	1	2	6	0	0	0	0	0	0	9	
B4 48 months	70		7	2	2	3	7	3	0	0	0	0	0	0	24	
C	277		35	13	16	47	20	16	6	6	0	47	31	40	277	
<b>Identified Closed</b>	<b>394</b>		2	16	7	21	11	11	7	22	49	25	8	17	<b>196</b>	
<b>Campaigns/other</b>	<b>15</b>					36	19	0	19	26	6	5	1	3	<b>115</b>	
Bailers and compactors	6		1	1	4		1	0	0	0	0	0	0	0	7	
MVR								0	19	1	0	0	0	0	20	
Sun beds						36	18	0	0	0	0	0	0	0	54	
Skin piercing								0	0	0	5	0	0	0	5	
Racking Safety										25	1	5	1	3	35	
<b>Enforcement total</b>	<b>301</b>		8	9	15	20	7	13	10	21	8	10	7	13	<b>141</b>	
Informal	4		8	9	15	20	6	11	7	9	8	8	6	13	120	
Improvement Notices	0		0	0	0	0	0	0	3	9	0	2	1	0	15	
Prohibition Notices	0		0	0	0	0	1	2	0	3	0	0	0	0	6	
Prosecutions	0		0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Service Requests</b>	<b>251</b>		15	18	17	15	18	16	22	20	16	15	16	19	<b>209</b>	<b>98.6%</b>
General	190		15	11	7	10	12	12	9	8	11	5	8	11	<b>119</b>	
Licensing	50	<b>98 - 100%</b>	0	1	2	1	4	2	6	6	2	2	2	3	<b>31</b>	
Smoking	14		0	3	3	2	0	0	4	3	3	3	3	0	<b>24</b>	
Accidents not RIDDOR	11		0	0	3	0	1	1	0	0	0	1	0	0	<b>6</b>	
Other (public health)			3	2	2	2	1	1	3	3	0	4	3	5	<b>29</b>	
<b>RIDDOR</b>																
Total received	<b>207</b>	<b>~ 30%</b>	11	22	14	13	19	12	15	25	19	19	13	16	<b>198</b>	<b>43.4%</b>
Reports investigated	<b>66</b>		2	12	7	7	12	5	10	11	5	4	6	5	<b>86</b>	

## 14. Intervention Plan 2011 - 2012

Activity	How	Est' resource (days)	Officer	Outputs/ Measurable Performance	Expected Outcomes
<b>Programmed inspections and revisits</b>	A 3 (x 5 days) 15 days	80	SEHO/ EHO EHO/TO	100% high and medium risk premises inspected	Inspection of A1-B2 premises will meet corporate targets
	B1 10 (x 4 days) 40 days				
	B2 26 (x 1 day) 25 days				
<b>Other interventions</b>	51 C low risk 10 days Currently unrated 40 days New premises 20 days	70	EHO/TO	Management indicator	
<b>RIDDOR reports</b>	Est'd 100 RIDDOR reports investigated. Selection according to guidance criteria.	50	ALL	100% reports meeting criteria investigated	Investigation of approx 30% reports received.
<b>Requests for service</b>	Response to approx 200 requests/annum	40	ALL	98 - 100% initially responded to within 2 working days	Customer satisfaction. Healthier, safer workplaces
<b>Local priorities</b>	<b>Healthy Business Award</b> – recognising sensible business management & improved employee health <b>Gas safety</b> - safety of gas installations and adequate maintenance in take aways <b>Sunbeds</b> - adopt the new Act and protect young persons health Raise awareness where <b>English isn't a 1<sup>st</sup> language</b> <b>Flexible warrant</b> – enabling regional HSE/LA working Support to <b>regional campaigns</b> where inspection is planned	290	ALL	<ul style="list-style-type: none"> <li>Vision 2030:priority 1 – economy and health.</li> <li>Guidance developed with Gas Safe Register</li> <li>Constitution change. No unstaffed tanning salons</li> <li>Feedback</li> </ul>	<ul style="list-style-type: none"> <li>More responsive service to meet business needs and local health priority</li> <li>Prevention of Carbon Monoxide poisoning</li> <li>Reduced risk of skin cancers</li> <li>Improved awareness of for employers/employees</li> </ul>
<b>Statutory consultation</b>	Respond to Licensing applications	5	TL/SEHO	Management indicator	Response made
<b>Officer competency</b>	Assessment and delivery of officer development and training needs.	60	ALL	RDNA tool. A&D meetings. 18	Competent and capable officers
<b>Team work plan and resources</b>	Team structure, workload established, Intervention Plan agreed	20	TL/SEHO	Service and intervention plan agreed by Council	Intervention plan delivery
<b>Meetings</b>	Monthly Team meetings, A&D	45	ALL	Targets met	Consistency, morale, resource
<b>Policies and procedures</b>	Review of policies, warrants of authorisation, work procedures and risk assessments.	30	SEHO/TL	SMART plan in place	s18 standard and meet our improvement plan.
<b>Database accuracy</b>	<ul style="list-style-type: none"> <li>Identify changes using Gazetteer property management information, NNDR updates, interventions and officer feedback.</li> <li>Update APP and software improvements</li> </ul>	10	ALL	Database accuracy maintained	Ongoing and increasing awareness gives more reliable and accurate database enabling improved service delivery.
<b>Sum of resource needed to deliver the Plan</b>		<b>700</b>			