



**CENTRAL BEDFORDSHIRE COUNCIL  
PUBLIC PROTECTION**

**HEALTH AND SAFETY (AS A REGULATOR) SERVICE PLAN  
2012-2014**

February 2012 information

Information about this document	
Purpose	Local Authorities are required to produce this document in part fulfilment in complying with mandatory guidance issued by the Health & Safety Executive, under Section 18 Health & Safety at Work etc Act 1974. (HSWA) and Local Authority Circular 67/2 (rev 3)
Primary Target	Appointed Inspectors, Support Officers and Elected Members
Secondary Target	Duty holders in the business sector regulated by the Local Authority, employees and members of the public.
Prepared by	Richard Johns Chartered Environmental Health Practitioner
Review by	February 2014

## Foreword

Central Bedfordshire Council is the local authority (LA) with statutory responsibility for safeguarding the health, safety and welfare of employees, and the public, working in, or visiting businesses within Central Bedfordshire. There are over 3000 businesses for which we have an enforcement responsibility.

Currently a number of significant reforms are taking place in relation to health and safety in the workplace following the publication of the Lofstedt report<sup>1</sup> and the Government's response to that report.<sup>2</sup> One of these reforms has been completed: a revised Local Authority Circular (LAC 67/3rev) relating to Targeting Interventions, and Intervention Planning. This LAC sets out how Local Authorities must approach health and safety regulation and forms the basis of this Service Plan.

The government acknowledges that good health and safety is vital to good business. Sensible and proportionate health and safety regulation can support economic growth by maintaining a healthy productive workforce. Though the U.K. is one of the better performing European countries in relation to accident and ill health statistics, the high financial and social impact of poor health and safety still needs to be addressed.

The Health and Safety Executive (HSE) in their 2010-2011 accident report stated that nationally 1.2 million people who worked during the last year were suffering from an illness (long-standing as well as new cases) caused or made worse by their current or past work. A further 0.7 million former workers (who last worked over 12 months ago) were suffering from an illness caused or made worse by their past work.

There were 200 000 reportable injuries (defined as over 3 day absence) occurred were reported alongside a further 115 379 other injuries to employees were reported under RIDDOR, with 171 workers were killed at work.

2321 people died from mesothelioma, related to asbestos exposure, and thousands more from other occupational cancers and diseases

As a result 26.4 million days were lost overall, on average 15 days per case of work-related illness or workplace injury.

Central Bedfordshire Council has assessed local intelligence in conjunction with local and national accident data and devised initiatives to help target local problems such as asbestos, electrical safety, manual handling, slips and trips, and falls from heights. In addition the service has enhanced the business support it provides.

This work carried out in Central Bedfordshire contributes to making our area a safer place to work and live. It is important in helping preventing accidents and illness, and support to the local and national economy.

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<sup>1</sup> Reclaiming health and safety for all: an independent review of health and safety legislation. Professor Ragnar E Lofstedt, November 2011

<sup>2</sup> The Government response to the Lofstedt report, DWP, November 2011

**Cllr Brian Spurr**  
**Executive Member for Sustainable Communities- Services**  
**Service Aims and Objectives**

Our primary aim is to work with others to protect people's health and safety by endeavouring to ensure that occupational health and safety risks are managed properly.

To achieve this aim, public protection officers will work in partnership with the Health and Safety Executive (HSE), other local authorities, private businesses, unions, and health service providers and with different internal departments.

This approach enables the public protection division to adopt a variety of proactive and reactive interventions which will benefit not only the health, safety and welfare of the local community, but have a wider impact across the United Kingdom due to the sharing of information on successful projects.

The public protection division has also adopted an even more supportive and educative role in particular in dealing with small businesses, so as to help support them in this period of economic uncertainty.

However, where a risk of serious personal injury is discovered, immediate action will be taken to protect the health and safety of employers, employees and other persons.

These aims derive from the fact that every Local Authority is bound by a statutory duty to appoint persons as Authorised Inspectors under the Health & Safety at Work etc Act 1974 (HSWA), to enforce health and safety law in their area.

Our ongoing objectives are to:

- Enforce the various legal provisions that regulate health and safety at work and provide advice and support to all duty holders so that they can achieve and maintain a good standard of compliance and safe working conditions;
- Provide advice, support and training to businesses to help achieve the above
- Investigate fatalities, injuries, diseases and dangerous occurrences arising from work place activities in accordance with enforcement best practice and priorities described, from time to time, in guidance from the HSE;
- Ensure our authorised inspectors are properly trained and supported so they may provide a competent and efficient regulatory service.
- Operate the service so as to comply with the mandatory standards contained within HSWA Section 18 which puts a duty on the HSE and Local Authority to make adequate arrangements for health and safety enforcement.

### **Committee structure and involvement**

A copy of the Council's constitution and details of the Executive and Committee structure can be found at:

<http://www.centralbedfordshire.gov.uk/modgov/mgListCommittees.aspx?bcr=1>

The Health and Safety Plan is approved by the Executive Member for Sustainable Communities – Services and the Regulation Committee every 2 years. In addition the Service Manager collates and presents update reports to the Executive member and Committee at least every 6 months. This ensures that relevant members are fully apprised of the work of the team and can inform their decision making.

### **Scope of the Health and Safety Service**

Public Protection as part of the Sustainable Communities Directorate, actively seeks to achieve the Council's vision to improve the quality of life in Central Bedfordshire by the delivery of a range of high quality and cost effective statutory services.

The Council is responsible for enforcement in the “services sector” such as offices, retail premises, warehouses, catering establishments, consumer service premises, places of entertainment, hotels, animal, beauty, and some classes of residential accommodation.

The HSE is responsible for the higher risk sector where the main work activities are manufacturing, transport services, healthcare, education, public services, construction and engineering.

The introduction of flexi-warranting in 2010 for both LA and HSE inspectors allows greater flexibility to respond to urgent matters of evident concern within Central Bedfordshire, irrespective of who the responsible enforcing authority for the premises is. This in turn further enables the service to deliver effective and timely action to remove significant risks to health and safety at work within Central Bedfordshire.

Local information gathered by the Health and Safety, Food Safety and Trading Standards is used to assess health and safety standards and help devise Intervention methods in line with LAC 67/2 (rev3).

The team can deal with incidents and carry out work as part of the “out of hours” service provided by Public Protection in addition to the service provided in normal office hours. Officers are also able to respond when operational and/or circumstances such as an accident investigation or emergency situation where required.

The Council understands the importance of achieving and maintaining consistency of approach in making all decisions concerning enforcement action. Our Health & Safety Enforcement Policy is currently being reviewed in light of the latest changes to Government advice.

All enforcement decisions are made in line with the Enforcement Policy and the Enforcement Management Model (EMM). Inspectors apply the principles of the EMM in all their regulatory

actions but they will only formally apply the EMM and record the outcome in certain circumstances i.e. complex matters, where the service of a notice is considered or where evidence and professional opinion suggests the consideration of a prosecution.

Liaison with Primary Authorities, Lead Authorities or other regulatory bodies assists in determining previous compliance, making assessments of health & safety management compliance, preventing duplicity in enforcement and ensuring consistency in approach.

The service will continue to liaise with enforcement partners, business stakeholders and others to further improve health and safety outcomes.

### **Demands on the Health and Safety Service**

Our commitment to improve health and safety outcomes is achieved by targeted risk based interventions. Targeting requires efficient identification and classification of all workplaces within our area so that our available resources can be directed to the areas of greatest need.

There are four Category (A, B1, B2 and C) premises risk-rating system based on a business's health and safety performance as follows:

- A. Those sectors that present comparatively high risk and where proactive inspection remains necessary as part of the overall regulatory approach. (**Category A premises**);
- B. Those sectors where there remains a comparatively high risk but non-inspection national or local interventions are required (typically **Category B1 and B2 premises**); and
- C. Those areas where non-inspection local problem reactive interventions are required (typically **Category C premises**)

As of February 2012, **3070** premises falling to the local authority for enforcement are present on the database, detailed in their relevant categories below. A comparison with the previous years' profiles is also provided.

#### **Provisional figures – updated April 2012**

<b>Category</b>	<b>Number of premises 2011</b>	<b>Number of Premises 2012</b>
<b>A</b>	15	14
<b>B1</b>	33	63
<b>B2</b>	268	343
<b>C</b>	2090	2090
<b>Unrated</b>	684	560
<b>Total</b>	<b>3090</b>	<b>3070</b>

As can be seen from the above table, in 2011 there were 684 additional premises that were not assigned a risk category. Work has been ongoing to reduce the figure of unrated premises so that we have clear understanding of the businesses operating in Central Bedfordshire and the support they need from our service.

## **Accident Investigations**

Employers and duty holders are required by the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 1995 (RIDDOR) to report specific accidents and incidents. The main precursor for employees reporting accidents and incidents have been whether there has been a major injury such as broken bones, when the employee has taken more than three days off work due to the incident, or where member of the public has been taken to hospital direct from the accident scene.

From 6 April 2012, subject to Parliamentary approval, the RIDDOR a part of the reporting requirement is to change. In respect of employee time off work, the accident reporting trigger point will increase from over three days' to over seven days' incapacitation (not counting the day on which the accident happened).

Historically accident investigations have been prioritised according to the information revealed in the accident report, investigating incidents involving vulnerable groups such as children and the elderly, major injuries, activities that give rise to serious risks, or where hazards are not properly controlled and have resulted in a fatality. From 6 April 2012, it is anticipated that **all** RIDDOR reported incidents will require an investigation. Although the number of reported incidents is expected to decrease, the seriousness of some reported incidents is likely to increase simply due to the over 7 day incapacitation time.

It should also be noted that accident investigation work can place a heavy and largely unpredictable demand on the service, as notifications can vary significantly year on year. For example in 2011 it took one year (involving the Police, Essex Trading Standards, five private organisations, solicitors and numerous individuals) to investigate and report on a serious firework incident where 18 people including children were hospitalised from a misfired professional firework which exploded next to a crowd of spectators. There were also investigations involving a fall from a big top and

## **Registrations**

In respect of controlling the risks of legionella within the area a total of 26 installations are registered under the Notification of Cooling Towers and Evaporative Condensers Regulations 1992. However work is currently being considered to improve legionella risks by targeting more local potential sources alongside plotting local legionella hazards onto GIS, and improving the Legionella Outbreak Plan.

There are 56 premises registered for skin piercing activities, specifically body piercing, acupuncture, electrolysis, tattooing, and semi-permanent make-up. Within those premises there are 106 registered persons deemed competent for carrying out these activities. Recently, there has been an increase of interest from members of the public to obtain registration. As body piercing and other body art has increased in popularity as a fashion trend, along with new evolving techniques, there is a perception that this is an easy profitable business venture. Due to the high level of risk presented by the activity, it requires detailed time consuming assessments by the officer(s), often leading to visits of the premises and checks on qualification and competencies prior to registrations being considered. As such, due to a number of enquiries received, this has had a significant demand on the service which is likely to continue.

### Health and Safety Inspections and Activity

Aside from higher risk premises programmed inspections were kept to a minimum with work focused around identified high risk businesses and enhanced business support.

The service also concentrated on animal welfare licensing, local on-site health and safety training and advice, and health and safety projects such as electrical safety, slips and trips, and sunbed safety.

In addition to the above, the level and range of enforcement activity undertaken for 2011 - 2012 is summarised below:

Activity type	Number of actions
Complaints	Awaiting information
Accidents	210 (provisional)
Statutory Improvement Notices	22
Statutory prohibition notices	8
Simple cautions	0
Prosecutions	0

### Health and Safety Complaints

Health and safety complaints received by this service are listed in the following broad categories:

- Complaints concerning businesses, from employees, trade unions, contractors or members of the public about work conditions or safety concerns.
- Notification of defective lifting equipment reports received from insurance companies and notification of asbestos stripping operations.

Investigations of complaints were carried out in accordance with section 18 guidance and service procedures. It is the policy of Public Protection to prioritise complaints on a risk basis, take into account existing unforeseeable problems, the risk rating of the premises, compliance history, whether not vulnerable groups were involved, and other factors.

## Advice to Businesses

In line with the principles of the Compliance Code for Regulators and the Council's business support unit, Public Protection is committed to working with and supporting businesses, in particular small to medium enterprises. This is achieved through a range of mechanisms: -

- Advice given during the course of inspections and other visits
- Provision of advisory leaflets and guidance notes, including those in other languages, where required;
- Response to business requests for advice and assistance;
- Information posted on the Council's website.

As part of the environmental health degree, officers learnt about business studies. This training alongside years of inspection experience enables the service to offer a high level of business support. A typical example of this service is the starting up of a new skin piercing premises within Ampthill. The owners had not been involved with such a business previously however, in Public Protection carrying out a number of on-site advisory visits, liaising with two other experienced similar companies outside the district, provision of written information and guidance, alongside officers being available via their mobile phones at any time during office work hour (this service being used on numerous occasions) has helped the business to be successful in their aims and objectives.

The Central Bedfordshire Safety Advisory Group (SAG) was established in May 2010 to uphold standards of public safety at all sports grounds and public events within its area, and to encourage the health, safety and well being of the public, operatives and competitors at such venues and events. The SAG is a partnership which brings together relevant Services within the Council together with colleagues from the Emergency Services to review and advise on public safety arrangements at selected public events. Part of the key aims of central Beds Council's roles is advising the duty holders of such events so as to help ensure they are successful and able to hold similar events in the future.

### Primary Authority

Central Bedfordshire Council currently acts a Primary Authority for Moto Hospitality Ltd which has 55 motorway services sites across the UK. This role involves providing robust reliable advice to the business on regulatory compliance and best practice for health and safety. Moreover, other Local Authorities across the UK are required to liaise with a Primary Authority when carrying out inspections or dealing with non-compliance. The partnership is an effective means for Local Authorities to deliver support to businesses with multiple outlets nationally.

## Priority Outcomes for 2011 - 2012

Though 2011 was a busy year for the service, a number of priority outcomes were successfully achieved, with others ongoing as detailed below:

- Respond to all service requests and complaints within relevant timescales. **Achieved**
- Respond to and investigate all priority accidents and incidents. **Achieved**
- Fulfil commitment to the local joint work programme with Herts and Beds Safety Group. **Achieved**
- Fully commitment to SAG and attending all meetings **Achieved**
- Devise a new enforcement policy that fully reflects LAC 67/2 rev 3. **Ongoing**



- Devise and complete electrical safety and slips and trips project. **Ongoing**
- Completion of Sun Beds project. **Achieved**
- Completion of Tyre and Exhaust project. **Outstanding**
- Devise and implement Warehouse project. **Outstanding**
- Scheduled proactive inspections of all category A, B1 and B2 premises. **Ongoing**
- Provide on-site and other support to local businesses in particular small to medium-size enterprises. **Ongoing**
- Refreshment of information held on the database in relation to actual premises on district. **Ongoing**
- Inspections of outstanding unrated premises **Ongoing**

### **Priorities for 2012 – 2013**

In addition to responding to complaints, investigating accidents, offering business advice and training etc, the service has developed its interventions for the next two years, concentrating on national priorities, local accident data, and other local intelligence. These interventions, overseen and managed by the line manager and scrutinised by the Head of Service, are fully compliant with section 18 guidance and the LAC 67(3) revised. A summary table of these interventions is attached to this document. These interventions alongside other service information will be reported to the regulation committee every six months, so to give an update as to how well the service is being implemented in Central Bedfordshire.

**Intervention planning table 2012 – 2014**

<b>Sector, premises type or specific cross sector activity</b>	<b>Evidence that identified the concern and set its priority</b>	<b>Planned intervention type</b>	<b>Rationale for intervention</b>	<b>Planned activity or resource</b>
Skin piercing businesses	Complaints, inspector observations during visits	Partnerships, inspections, devise new registration approach	Reduce risk of blood illnesses, reduce injury risks, raise awareness	Officer training, inspections, photo id introduction
Electrical safety	Local inspector knowledge	Education and awareness, Other interventions	Reduce electric shock risks,	Use of electrical test equipment during food visits
Slips & trips in catering establishments	Local accident data	Education and awareness, Other interventions	Reduce number of accidents	Questionnaire completed during food visits
Manual handling in catering establishments.	Local accident data	Education and awareness, Other interventions	Reduce number of incidents	Letters, self assessment questionnaires, follow-up
Zoonosis in animal contact	National priority	Education and awareness, Other interventions	Reduce zoonotic diseases	Inspections, distributing information sheets
Asbestos	National priority, local poor compliance	Sector/Industry wide initiatives	Raise awareness, reduce cancer risk	Letters, follow-up inspections
Sun beds	National priority	Sector/Industry wide initiatives, partnerships	Raise awareness, reduce cancer risk	Inspections – ongoing
Special Treatments: Use of Laser / Intense Pulse Light.	It is a high risk activity and Regulatory function has been transferred to Local Authorities.	Education and awareness, Other interventions	Reduce serious accidents and injury	To be decided
Warehouse workplace transport, falls from height, manual handling	Local accident data	Education and awareness, Other interventions	Raise awareness, reduce risk of serious personal injury.	Inspections, distributing information sheets. Liaise with Independent Healthcare Advisory Services