

**City of  
Wolverhampton  
Council**

**REGULATORY SERVICES**

**HEALTH AND SAFETY  
STATUTORY PLAN**

**2015/16**

**CITY OF  
WOLVERHAMPTON  
COUNCIL**

# City of Wolverhampton Council

## Health and Safety Statutory Service Plan 2015 / 2016

### Introduction

The Health and Safety Statutory Plan is one of two related statutory service delivery plans implemented by Regulatory Services. The plans formalise the statutory obligations of the different enforcement services discharged.

The Health and Safety Service Plan is a requirement of mandatory guidance issued under section 18 of The Health and Safety at Work etc. Act 1974. This plan serves as a quality assured framework for the delivery of the service.

Should you have any comments or views with respect to the plan please forward these to the Service Director for City Environment Nick Alderman.

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Councillor Alan Bolshaw  
Chair of the Licensing Committee

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Nick Alderman  
Service Director, City Environment

# City of Wolverhampton Council

## HEALTH AND SAFETY STATUTORY SERVICE PLAN 2015/2016

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# City of Wolverhampton Council

## Health and Safety Statutory Service Plan 2015/2016

### **1.0 Information on the service, Its Aims and Objectives.**

#### **Aims**

1. To protect the health, safety and welfare of people at work in Wolverhampton and to safeguard others, principally members of the public, who may be exposed to risks from the way that work is carried out; either in Wolverhampton, or by employers whose managerial control is based in Wolverhampton.

2. In accordance with Health and Safety Executive (HSE) guidance, to reduce risks and protect people.

#### **Objectives**

- To maintain a balance of enforcement which achieves optimum use of resources.
- To maintain a fully trained and competent inspectorate.
- To carry out enforcement in a transparent and proportionate manner.
- To maintain liaison arrangements and The Strategic Partnership with HSE and other West Midlands Authorities through the West Midlands Health and Safety Liaison Group.
- To work in collaboration with other regulatory and 'health' agencies such as the Public Health England (PHE), Care Quality Commission
- To adhere to guidance / direction issued by Health and Safety Executive Local Authority Liaison Committee (HELAL), Health and Safety Executive, Local Authority Unit, Chartered Institute of Environmental Health and Local Government Association.
- To support the Lead Authority / Primary Authority Principle.
- To respond to complaints, requests for service, accidents, incidents/reports of ill health and dangerous occurrences.
- To make elected Councillors aware of the Statutory Plan, its contents and how the service will be discharged.
- To implement through the Regulatory Services Work Programme the general aims and objectives of the statutory plan and to discharge those particular

duties detailed within this document.

- To ensure all actions and decisions taken by officers and Councillors are done so in an open and transparent fashion and with due regard to the Council's policies on equality and the principles of fairness and natural justice.
- To promote access to the Regulatory Challenge Panel in the event of a regulatory dispute.

## 1.1 Service Statement

**Each Service is required to produce a Service Statement. The Service Statement for Regulatory Services is detailed below.**

### Description of service

Regulatory Services deliver the traditionally functions of Environmental Health, Public Protection, Trading Standards and Licensing. The service is also responsible for the wider protection of public health and property. On average we receive 25,000 requests for service in each year. In addition to dealing with complaints we carry out programmed regulation of shops and businesses in Wolverhampton.

Regulatory Services enforces the law through a programme of interventions (inspections) and investigations in respect of food and other commercial and industrial businesses, and the provision of information and advice to businesses, customers and other consumers.

## 1.2 Authority profile

### Background

#### Authority Profile (based on the 2011 census)

The City of Wolverhampton has a population of 249,500 (123,400 male, 126,100 female). The ethnic breakdown of the population is:

- 64.5% white british
- 3.5% white non-british
- 18.1% Asian
- 6.9% Black
- 5.1% Mixed
- 1.9% Other

95,000 individuals, including self-employed, either live in or travel to Wolverhampton for paid employment, 73,180 of which are full time workers.

104,200 local people are either in paid employment or looking for work.

Wolverhampton is in the 6% most deprived areas in the country and levels of deprivation in the city continue to rise. About 30.2% (15,000) children live in poverty and life expectancy for both men and women is lower than the England average.

## 1.3 Links to Corporate Issues

In order to achieve continuous service improvement and strive for performance capable of achieving a sustainable future which reflects the political priorities and values of partners within Wolverhampton, it is important that the work programme links itself visibly to the overall corporate objectives.

Regulatory Services produces two service delivery plans detailing the work of the

service. They cover the work of the Food and Health and Safety services.

### **Approval and Review Process**

The statutory Service Plans are subject to approval and scrutiny by the Head of Service, Service Director and Councillors and this will be the case with the Health and Safety Service Plan.

Progress will be monitored monthly by the Regulatory Services management Team.

## **2.0 The means by which the service is discharged**

### **2.1 Organisational Structure**

The regulating functions of the Council are discharged, either through the Executive or, in the case of matters which have a quasi-judicial footing such as licensing, the Licensing Committee. The Government has determined that matters relating to the discharge of the health and safety enforcement functions be overseen by a body other than the Executive. Within Wolverhampton this is the Licensing Committee.

### **2.2 Scope of the Service**

In relation to health and safety Regulatory Services delivers;

- Programmed proactive inspections of high risk premises for health and safety purposes.
- Other interventions with dutyholders.
- Investigation of accidents arising at work within the City.
- Investigation of dangerous occurrences arising at work within the City.
- Investigation of occupational diseases arising at work within the City.
- Response to complaints/requests for service from businesses/members of the public.
- Expert assistance and advice to businesses and public.
- A dedicated “good neighbour scheme” to assist the steel stock-holding community within the City.
- Support to the West Midlands Health and Safety Liaison Group.
- Commitment to the Lead Authority Partnership Scheme (LAPS) Primary Authority Partnership Scheme (PAP) and commitment to the HSE/LA Strategic Partnership and its priorities.
- Education to businesses and the public.
- The licensing/registration of premises in respect of acupuncture, cosmetic skin piercing, tattooing, electrolysis, and the operation of cooling towers.
- Representation at the Molineux Stadium Safety Advisory Group to ensure the satisfactory implementation of the General Safety Certificate.
- Representation of the enforcing authority on the Council’s Events Safety Group.

- Liaison with neighbouring local authorities and other agencies such as Public Health England (PHE) on Legionella.
- Enforcement of safety certificates relating to all four regulated sports grounds in Wolverhampton.
- Enforcement of the Health Act 2006

## 2.3 Demands on Health and Safety Service

In accordance with the Health and Safety (Enforcing Authority) Regulations 1998, local authorities are responsible for the enforcement of health and safety in certain categories of premises. Depending upon the attendant risks associated with the work activities at these premises they are allocated a priority band. The priority band determines the frequency of inspections/ types of intervention at premises.

During 2011 a joint statement was issued by the Health and Safety Executive (HSE) and the Local Government Group. It was intended to assist LA regulators in determining the use of proactive interventions to achieve both improved health and safety outcomes for each locality and the Government's regulatory reform agenda.

Under Government reforms announced in its publication '*Good Health and Safety, Good for Everyone*', protecting people in the workplace and wider society still remains a key priority. The Government's aims for health and safety reform include reducing the inspection burden on business alongside focussing on better health and safety outcomes. Refining the intervention strategies for businesses by further improving the targeting of relevant and effective interventions and preserving inspection for higher risk premises and issues should lead to a reduced number of proactive inspections. Reducing the aggregate numbers of proactive inspections by a third across all local authorities will free up capacity for more effective outcome focussed interventions.

### Priority Programme

In conjunction with the HSE priority programme, which identifies those areas of national priority within health and safety and focuses upon the areas that are most likely to bring about an improvement in standards, the programme is a 3 year initiative aimed at influencing the health of the nation by improving areas of work most likely to contribute to ill health.

### Strategic Partnerships

The HSE and Local Authority Representative Bodies have recently published a Statement of Commitment which sets out the joint commitment to ensure provision of adequate standards of partnership working in order to prevent death, injury and ill health of those at work and those affected by work activities.

## **Accidents and Requests for Service**

In addition to the programmed work the Service receives approximately 400 requests for health and safety service and in excess of 200 accident /disease/ dangerous occurrence notifications a year.

### **2.4 Access to the Health and Safety Service**

Regulatory Services is based at the Civic Centre in Wolverhampton City centre. The office is staffed Monday to Friday (except statutory holiday days) between the hours of 8.30 am, and 5.00 pm. The full range of services provided is accessible during these periods. However, when work activities enforced by the service are taking place outside these hours, officers will be available to fulfil required functions.

#### **City Direct**

In August 2004, as one of the responses to the Comprehensive Performance Assessment (CPA) report, the Council created City Direct, a single access point enabling customers to contact the Council via telephone or e-mail between the hours of 8am – 6pm Monday to Friday and 9am – 2pm Saturday.

Outside office hours, a work related death, major incident or dangerous occurrence will be referred to the service through the Council's emergency control room. A protocol of understanding also exists with the police, HSE and the Crown Prosecution Service in circumstances where there is a work related death.

### **2.5 West Midlands Health and Safety Liaison Group**

The Health and Safety Executive/Local Authority Enforcement Liaison Committee (HELA) was created in 1975 to promote consistency of enforcement throughout and between Local Authorities and the Health and Safety Executive. In 1982 the Local Authority Unit (LAU) was created to specifically co-ordinate liaison between the Health and Safety Executive and Local Authorities. Part of this liaison is carried out through the creation of local liaison groups which include the HSE Local Enforcement Liaison Officer (ELO). The West Midlands Health and Safety Liaison Group (WMHSLG) is chaired by the Chief Environmental Services Officer for Birmingham C. C.

The group co-ordinates the West Midlands Metropolitan authorities approach to enforcement via the production of an annual business plan and the adoption of common practices, policies and procedures.

The group also organises regular training programmes for enforcement officers.

### **2.6 Investigation Skills Training**

One of the cornerstones of the work of the West Midlands Health and Safety Liaison Group is the promotion of consistency throughout the West Midlands authorities by organising Investigation Skills Workshops. The authority is committed to attending at least one health and safety Investigation Skills Workshop per year.

## 3.0 Delivery in Accordance with Section 18 HASWA

### 3.1 Inspection Programme

Of approximately 4700 premises within Wolverhampton, about 400 fall into the priority rating bands A to B2. These represent the highest safety and health risk within the City. Many involve complex processes or dangerous equipment and plant. The inspection programme relating to these is detailed below. The remaining c.4000 category 'C' premises are a combination of low risk premises such as small shops or offices where inspection would not be an efficient use of resources and premises which are currently low risk but consist of light to medium industrial type units, where although the current occupier is low risk, the premises could accommodate different/higher risk activities.

### 3.2 Priority Planning Health and Safety Inspections

#### Inspection Frequencies LAC 67/2

This guidance is divided into two parts: **Part One - Risk Rating** and **Part Two - Frequency of Intervention**. The guidance requires a shift of focus in terms of interventions planning by LAs and their officers. It reflects the HSE Board's new strategy "**The Health and Safety of Great Britain: Be part of the solution**" and sets out a new approach to developing effective health and safety regulatory interventions justified by risk. This is also mirrored through the reactive intervention approach via the **Incident Selection Criteria (LAC 22/13)**. The two systems should be used in conjunction to enable enforcing authorities to focus and optimise impact in areas of greatest risk. To enable effective operation of interventions the enforcing authority should provide sufficient resources to deliver an efficient and effective service in line with the Section 18 Capacity Toolkit

#### New Approach

For proactive work, priority should be given to the inspection of those premises and activities that, after assessment, are rated as category 'A'. The aim of the inspection must be to improve compliance and, where significant breaches continue to exist, enforcement actions should be considered. Topic based interventions, partnership projects, joint working with other regulators, contributions to local and national policy development and other non-inspection interventions can be undertaken with premises that fall into any category. It is expected that category "C" premises would normally fall outside of any inspection-based intervention because of their low risk.

The new rating process consists of evaluating 4 different elements as they relate to a work activity. A rating value is then assigned to each of these 4 elements:

- Confidence in management
- Safety performance
- Health performance
- Welfare compliance gap.

## Intervention type Table

Description	Category	Rating Score	Intervention Types
Highest Risk	A	Score of 5 or 6 on any risk	Suitable for proactive inspections until risks are adequately managed such that the premise can be re-categorised; Accident/complaint investigation
	B1	Score of 4 on any risk	Not suitable for proactive inspection but all other interventions to be considered. Accident/complaint investigation
	B2	Score of 3 on any risk	Not suitable for proactive inspection; consider the use of other interventions only where necessary based on national and local information. Accident/complaint investigation
Lowest Risk	C	No score greater than 2	Use non-inspection intervention methods\techniques Accident/complaint investigation

### Lord Young, Löfstedt, Red Tape Challenge, Joint Statement of LGG and HSE

A key priority for the Coalition Government is to ease the burden of bureaucracy on business as part of the Government's goal of making Britain more growth focused. The Government is committed to transforming the way in which regulation is delivered at the frontline and an important part of the Government's deregulatory agenda is to change the culture of health and safety.

For the Government, the first step in this process of changing the culture of health and safety was the review of the operation of health and safety laws and the growth of the compensation culture - commissioned by the Prime Minister – and the subsequent publication of the report "Common Sense, Common Safety".

In October 2010 the Government accepted all of the report's recommendations, which included measures for improving the public perception of health and safety and reducing the burden of bureaucracy on businesses. Two specific recommendations resulted in: a) Joint Health and Safety Executive (HSE), Local Government Regulation (LGR) and Food Standards Agency (FSA) guidance on "Combining Food Safety and Health and Safety Inspections." and b) A strengthening of the Primary Authority (PA) inspection plans with an enhanced role for HSE – whereby HSE will assist the Better Regulation Delivery Office (BRDO) in the development of inspection plans; and will develop sector intervention strategies for large multi-site retailers to assist individual PAs to develop inspection plans which other Local Authorities (LAs) must follow.

In March 2011, the Minister for Employment announced the next steps in the Government's plans for the reform of the health and safety system with the publication of "Good Health and Safety, Good for Everyone".

Under the reforms protecting people in the workplace and in society remains a key priority but the focus of the health and safety regime will move to a lighter touch approach concentrating on higher risk industries and on tackling serious breaches of the rules.

As a result of this Government’s reforms HSE and LAs are required to reduce the number of inspections carried out; to have greater targeting where proactive inspections continue; and to increase information provision to small businesses in a form that is both accessible and relevant to their needs.

In May 2011, Local Government Group (LGG) and HSE published joint guidance - “Reducing Proactive Inspections”

This document provided guidance for LAs to determine their proactive interventions with flexibility to deliver local and national health and safety priorities within the Government’s overall policy framework

Accordingly, the frequency of intervention for 2014/ 2015 is detailed in the table below, only Category “A” rated premises will receive a proactive inspection in line with coalition policy, guidance on the decision to carry out a proactive inspection is contained below in the **LA Inspection Wolverhampton Guidelines**.

Priority Rating	Visit Frequency	No of Premises (2014/15)
A	Proactive Inspection	3
B1	Not Proactive Inspection	4
B2	Not Proactive Inspection	68
C	Other intervention strategies and reactive strategies	c4300

<b><u>LA</u></b>	<b><u>Inspection Wolverhampton Guidelines</u></b>	
	In focussing this aspect of our work on the areas of greatest risk, we will undertake a programme of interventions in those industries, and with those employers, which present significant risk. Inspection is an appropriate intervention that improves the control of the identified risk. It is important for the reasons expressed in paragraph 3 that we are in a position to both monitor and measure our numbers of inspection visits from this year onwards. To enable us to do this we will reclassify our inspections.	
<b>I.</b>	<b>Inspection action following Investigation/topic visit :</b>	
	Is any inspection undertaken immediately following an investigation (RIDDOR or complaint) or immediately following a single topic visit (currently, inspection of LPG installations and where Legionella risks are uncontrolled) where the inspector judges it is necessary to further test health and safety risk management arrangements;	

<b>II.</b>	<b>Inspection action of a High Risk Sector :</b>	
	<p>This is any inspection of high risk areas (major areas for inclusion from 2015/16 plan are: Wholesale of heavy goods, and areas of wholesale where some processing/ manufacturing occurs which are high risk viz:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Metal stockholding</li> <li><input type="checkbox"/> Timber/ builders merchants</li> <li><input type="checkbox"/> Tyre and exhaust fitters</li> <li><input type="checkbox"/> Intrusive procedures, risk of infection</li> <li><input type="checkbox"/> metal products where processing some material</li> <li><input type="checkbox"/> food &amp; drink</li> </ul>	
<b>III.</b>	<b>Inspection action of a Poor Performer :</b>	
	<p>This is an inspection undertaken as a result of intelligence indicating poor health and safety performers<sup>1[1]</sup> such as Cat A premises, intelligence driven visits (e.g. Accidents, receipt of AIRs, credible complaints, intelligence from other regulators, economic opportunity, culture of recklessness – (See Annex 1). In this context, the following extract from the Ministerial statement on 21 March 2011 is relevant 'No industrial areas will be exempted from maintaining good standards of health and safety 'The Employers who do not take protection of their employees etc seriously will still face intervention by HSE'</p>	
<b>IV.</b>	<b>Joint Initiatives with Industry</b>	
	Are those visits with industry to promote safe and healthy workplaces (eg, partnership with National Association of Steel Service Centers) (NASS).	
<b>V.</b>	<b>Supply Chain Interventions :</b>	
	Includes procuring services and compliance with EU law etc.	
<b>VI.</b>	<b>Check Visits :</b>	
	It is recognised that both Joint Initiatives and Supply Chain Interventions may not always involve an 'inspection'.	

### 3.3 Priority Programme Delivery

## Wolverhampton Delivery

The Priority Programme for 2014/2015 is detailed in the table below and will include the following alternate interventions over and above the programme directed work.

Programme	Hazard	Detail
Health Local	Various	Target selected dutyholders with Rospa developed health resource
Health Local	Blood borne pathogens	Target unregistered "bedroom" tattooists and piercers
Health Local	Asbestos	Large Institutions Project
Safety National	LPG	Continue to respond to and act upon LPG notifications
Health Local	Asbestos	Continue to prioritise asbestos work and Duty to Manage
Safety Local	Slips and Trips	Continue to prioritise responses to S&T through mandatory visits
Safety National	Falls from Height	Continue to prioritise responses to FFH through mandatory visits. Proactive response to Industrial wholesale /retail stockholding heavy sector.
Health National	Legionella	respond to and act upon notifications of cooling tower concerns.
Health Local	Social Care	Engage with commissioning partners to gather near miss data

### 3.4 Complaint Response

Regulatory Services receives approximately 400 requests for health and safety service a year ranging from enquiries about health and safety law eg. employers/proprietors duties, through to complaints and "whistle blowers" detailing serious workplace conditions or reports of dangerous practice.

Because of the public's interpretation of the term "health and safety" the service often receives enquiries which are not relevant to the work of the division, eg. people complaining about poor workmanship or housing conditions. Invariably these complainants are given appropriate civil legal advice or referred to the correct service. These enquiries occasionally go unrecorded. Additional enquiries often come from employees for whom the HSE is the enforcing authority, these are either dealt with or, in

the event of a complaint, referred to the HSE.

All requests for service are logged and coded onto the Authority (Idox) system.

### **Selection Criteria and Priorities**

Differing responses are available to the service depending on the seriousness of the complaint. Responses may vary from giving advice/guidance over the telephone to an immediate visit by an officer.

When determining the type of response, officers have regard to:

- the potential of the circumstances to cause injury, ill health or death
- the imminence of the risk
- the number/vulnerability of the people at risk
- the history of the undertaking
- the source of the complaint
- the reliability/credibility of information received
- if anonymous, the reason given, eg worker/relative/whistleblower/neighbour
- the availability of resources, if alternative action is deemed appropriate eg defer to next visit
- any HSE priorities, formerly HELA priorities (see section 4.0)
- local issues/priorities, area initiatives
- links to other legal duties eg emergency plan/environmental protection/food safety/ sports grounds
- public perception of risk
- involvement of other agencies eg Police, Fire, Environment Agency, Primary Care Trust, Public Health England.

Response times and targets for requests for service are set out within the work programme. Serious complaints within working hours will normally be responded to immediately. Other complaints will be responded to within target times based on the above criteria. The availability of officer resources may also be a factor in the speed of response.

The service receives approximately 200 notifications of injuries, disease or dangerous occurrences every year. On average the service receives a further 40 notifications which are not reportable.

Reportable incidents fall into 4 main categories:

- (i) fatalities
- (ii) a major injury to an employee eg broken large bones/amputations, blinding
- (iii) an injury to an employee which prevents them from working for more than 7 days or
- (iv) an injury to a member of the public which meant they had to be taken from the scene of the accident to a hospital for treatment.

In addition to these four main categories are reports of disease and dangerous occurrences, however these are considerably less frequent.

The requirement to report any of these incidents is moderated by the caveat of “arising out of or in connection with the work activity”. It is insufficient for an injury to merely occur on the premises. The way the **work** is being done has to have contributed to the accident. For most accidents involving employees the work activity is a contributing factor, accidents involving members of the public are less often reportable.

Reports must be sent, by the employer, to the appropriate enforcing authority within 10 days, or forthwith for major injuries or fatalities. Accidents can also be reported on line to; [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor)

### **3.6 Response Criteria and Priorities**

Response times and targets for accidents reported to the service are set out within the work programme. Fatalities and major injuries will normally be responded to immediately unless it is a death from natural causes or unrelated to the work activity.

Not all accidents are investigated as the circumstances are either trivial or unforeseeable. When considering how to respond, regard is had to:

- the actual and potential severity of the event
- the seriousness of the potential breach
- the history of the undertaking
- HSE/ HELA/ local priorities
- the number/vulnerability of people at risk
- the likelihood that intervention will achieve improvement
- the relevance of the event to a wider range of premises

- the reasonable practicability of avoidance
- the foreseeability of the event
- legal factors.

More detailed instructions and quality procedures relating to accident investigations are contained within The West Midlands Health and Safety Liaison Group (WMHSLG) Operational Handbook.

### 3.7 Enforcement Policy

Wolverhampton and the other six West Midlands Authorities adopted a common health and safety enforcement policy in line with the Health and Safety Commission Enforcement Policy Statement in 1996.

The Policy continues to be reviewed as part of the ongoing West Midlands Health and Safety Liaison Group business plan.

### 3.8 The National Code, Section 18 Guidance

The Health and Safety Executive (HSE) and Local Authorities (LAs) are the principal Enforcing Authorities (EAs) for Health and Safety at Work etc Act 1974 (HSWA) in Great Britain. The primary purpose of the HSWA is to control risks from work activities. The role of the EAs is to ensure that duty holders manage and control these risks and thus prevent harm to employees and to the public.

To achieve this the HSE publishes from time to time guidance issued under Section 18 of HASWA. The most recent guidance is **National Local Authority Enforcement Code**.

#### The National Code Scope

This Code sets out what is meant by 'adequate arrangements for enforcement'. This Code replaces the existing S18 Standard and concentrates on the following four objectives:

### 3.9 Future Objectives/Action Plan

The new Section 18 Guidance is called **The National Code** and requires the Authority to go into more detail in areas such as:

- a) Clarifying the **roles and responsibilities** of business, regulators and professional bodies to ensure a shared understanding on the management of risk;
- b) Outlining the **risk-based regulatory approach** that LAs should adopt with reference to the Regulator's Compliance Code, HSE's Enforcement Policy Statement and the need to target relevant and effective interventions that focus on influencing behaviours and improving the management of risk;

c) Setting out the need for the **training and competence** of LA H&S regulators linked to the authorisation and use of HSWA powers; and

d) Explaining the arrangements for collection and publication of LA data and peer review to give an **assurance on meeting the requirements of this Code**.

### 3.10 Extra-service Issues

City of Wolverhampton Council's priorities are:

- Stronger economy
- Stronger communities
- Stronger organisation

These aspirations are achieved in part through Regulatory contributions to the Council's strategic goals. This Statutory Plan makes a valuable contribution to those goals.

### 3.11 Lead Authority Principle

Lead Authority Partnership schemes are concerned with the maintenance of consistency, primarily with companies that are national "high street names" and therefore have a single head office within one enforcing authority but multiple premises in other enforcing authorities.

Companies that have a presence in a number of enforcing authority areas are subject to a large quantity of enforcement actions and accordingly well placed to identify inconsistencies of approach. The Lead Authority Partnership scheme was introduced in order to manage these inconsistencies of enforcement action.

Organisations wishing to enter the scheme will normally, but not always, contact the local authority in whose area the head office resides. If mutually agreeable to both parties the local authority agrees to act as Lead Authority and will co-ordinate centrally enquiries from other authorities about matters of national significance. The authority also undertakes a review of the company's safety management procedures.

Local Authorities are either active participants within a scheme or have a passive obligation to observe the scheme in respect of partner premises.

City of Wolverhampton Council operates as a partner authority with Marston's Brewery Plc and the National Association of Steel Service Centres. The authority remains committed to maintaining these relationships by providing sufficient resources to maintain at least one specialist officer to act as local liaison officer for each partner organisation.

In addition, officers will contact the local authority in appropriate circumstances, such as, where formal action is being considered or where shortcomings have been identified in the organisations policies or procedures.

### 3.12 Primary Authority Scheme

The Better Regulation Delivery Office (BRDO) was created on 1 April 2012 as an independent unit within the Department for Business, Innovation and Skills

BRDO is intended to support economic Regeneration and business by improving regulation in the fields of Environmental Health, Trading Standards and Fire Safety.

One of the mechanisms through which BRDO intended to deliver these benefits was through the operation of the Primary Authority Scheme.

The Primary Authority Scheme builds upon the foundation of Home and Lead Authority Schemes but places the relationship on a statutory footing. Local Authorities are obliged to enter into a Primary Authority Scheme when asked by a business. Equally if an undertaking is already in such a scheme, then the counterpart Authority must have regard to any inspection plans or guidance issued by the Primary Authority prior to taking anything but expeditious action. BRDO wishes to substitute the Lead Authority Scheme with the Primary Authority Scheme however this approach is not universally supported by Local Authorities and businesses alike. It is government policy to no longer support the Lead Authority Scheme.

## 4.0 Strategic Governance (HELA)

HELA meets at least twice a year and is chaired jointly by the Deputy Chief Executive of the Health and Safety Executive (HSE) and the Chair of the Local Government Regulation (LG Regulation) Health and Safety Policy Forum.

The current Chairs of HELA are Kevin Myers, HSE's Deputy Chief Executive and Colin Alborough of Rushmore Borough Council.

HELA membership comprises senior LA officers. These members represent the Local Government Association (LGA) in England, the Convention of Scottish Local Authorities (COSLA) in Scotland and the Welsh LGA (WLGA) in Wales. HELA also includes HSE officials concerned with policy development and operations.

Also represented are The Chartered Institute of Environmental Health (CIEH) and the Royal Environmental Health Institute of Scotland (REHIS).

### **Role of HELA**

HELA's aim is to provide strategic oversight of the partnerships between HSE and local authorities, with a view to maximising effectiveness and improving health and safety outcomes.

## **5.0 Resources**

### **5.1 Financial Allocation**

The resources available to the service are set within the context of the agreed Medium Term Financial Strategy and comprise a proportion of those revenues allocated to Environmental Health.

The overall budgetary provision for 2015/16 for Regulatory Services is yet to be finalised but is in the region of £ 2.4 million.

The services resourced through this budgetary provision include:

- Food Hygiene
- Food Standards
- Health and Safety
- Public Health and Environmental Protection (relating to commercial premises)
- Infectious Disease Control
- Licensing Enforcement
- Street Scene Enforcement
- Health Act Enforcement
- Student Training

Health and Safety covers:

- Health and Safety inspection
- Accident Investigation
- Health and Safety Complaints/Advice
- Asbestos advice and enforcement
- Asbestos awareness training
- Legionella investigations
- Certification of designated Sports Grounds/ regulated stands
- Registration of premises for the purposes of acupuncture, skin piercing, electrolysis and tattooing.
- Maintenance of Lead Authority partnerships
- Consultation on Licensing and Planning matters
- Representation on City Council Safety Advisory Groups

### **5.2 Staffing Allocation**

The strategic financial, human and service functions are undertaken through the Regulatory Services Management Team.

Within Regulatory Services (Commercial) there are currently 13 FTE posts which have varying health and safety enforcement responsibilities.

Of this, a large proportion are primarily food officers for whom health and safety enforcement only represents a small proportion of their duties (circa 15%).

A breakdown of the proportions of time spent on operational and managerial duties dedicated to health and safety is detailed below:

<b>Job Title</b>	<b>No FTE</b>	<b>% Health and Safety</b>	<b>FTE</b>
Head of Service	1.0	5%	0.05
Service Lead Commercial Group 3	1.0	30%	0.30
Service Lead Commercial Group 1	0.8	10%	0.08
Inspectors	10	15%	1.5
<b>Total</b>	<b>12.8</b>		<b>1.93</b>

### **5.3 Staff Development Plan/ Employee Performance Review**

As part of the Council's aim to provide a services efficiently and effectively, Regulatory Services Management Team regularly reviews training needs to ensure all staff are trained to a level of competence appropriate to their work. This includes both managers and operational staff. Records of all training received are kept so that suitable monitoring can take place. The different ways in which training needs can be met include:-

- Internal and external training courses/events
- Regulators Development Needs Assessment (RDNA)
- Guidance for Regulators Information Point (GRIP) Tool
- Team meetings and briefings - used to disseminate information etc
- Attendance at ad hoc working groups
- "On the Job" training - as part of delegation process
- Self directed training - suitable journals and up to date information are provided
- Establishment of trainee/student placements and Student EHO training
- Cascade training
- Internal placements with other service areas or teams

An additional training programme targeting health and safety operational matters is managed by the West Midlands Health and Safety Liaison Group

In addition to the above the Service will ensure all staff participate in the regional health and safety standardisation exercise and in any organised in-house. There will also be opportunities for members of the Service to attend one-off seminars on topical issues arising during the year. Where appropriate, staff attending these seminars are required to do a cascade training session for other officers within the service.

## **6.0 Quality Management and Review**

### **6.1 Enforcement Policy Review**

Through the West Midlands Health and Safety Enforcement Liaison Group, the service maintains continuous review of its enforcement policy. The policy remains a standing item within the Group's annual work programme.

### **6.2 Prosecution Procedure**

The service maintains a documented prosecution procedure which details how inspectors proceed where investigations appear to fulfil criteria which conform with Enforcement Policy considerations that would lead to an outcome of prosecution. This procedure is monitored throughout by line management, the Council's Solicitors and the Service's Legal Proceedings Panel ("Cases Panel"), decisions on interventions are also informed by the Enforcement Management Model (EMM).

### **6.3 Regulatory and Investigatory Powers Act (RIPA)**

Regulatory Services has fully implemented the requirements of RIPA and arrangements for the authorisation of surveillance exercises in relevant circumstances are in place.