

Introduction

The monitoring of local authorities' (Las') health and safety enforcement services is part of the Health and Safety Commission's (HSC's) arrangements to ensure that Las are complying with their statutory duties. The HSC has asked the Health and Safety Executive/Local Authority Enforcement Liaison Committee (HELA) to monitor the performance of LAs more closely and report back to it on their findings.

The attached audit report examines the health and safety enforcement service of Salford City Council. The assessment includes local arrangements in place for the enforcement of the health and safety at work, etc. Act 1974 (HSWA) in premises defined by the Health and Safety (Enforcing Authority) Regulations 1998.

Section 18 of the HSWA requires that LAs perform their duties in accordance with guidance from the HSC. This guidance is mandatory.

Section 18 (4) states it shall be the duty of every local authority to:

- make adequate arrangements for the enforcement within their area of relevant statutory provisions; and
- perform the duty imposed on them by the above paragraph and any other functions conferred on them by any of the relevant provisions in accordance with such guidance as the HSC may give them.

The HSC issued revised Section 18 guidance to Las in September 2001. This sets out the broad principles that the HSC wishes LAs to adopt in enforcing health and safety legislation. It sets out the framework in which LAs should operate.

HELA audits assess LAs compliance with Section 18 guidance together with the opportunity to identify and disseminate good and best practice. The audits are designed to complement the Government's Best Value regime and the achievement of best practice.

Inter-Authority Audit at Salford Environmental Health Department

The audit was carried out in accordance with the HELA protocol for inter-authority auditing of local authorities' management of Health and Safety Enforcement.

Many LAs have developed effective systems to benchmark their health and safety enforcement with other LAs, as well as with the HSE. The HELA audit protocol was issued to LAs in June 2000 and was designed to help the management of LA health and safety enforcement to be audited by peer LAs within an inter-authority audit group or by an external auditor.

The audit framework will help LAs assure themselves, and the HSC, that they are making an effective contribution to HSC's key priorities. The audit will also help LAs to identify good and best practice, promote consistency of enforcement between LAs and promote continuous improvement in the delivery of their health and safety enforcement service.

Objectives

The objectives of the audit protocol are to help LA's to:

- Assess the extent of compliance of their management of health and safety enforcement with HSC's mandatory guidance;
- Identify and share good and best practice among LA's;
- Compare and benchmark their health and safety enforcement functions in order to achieve greater consistency;
- Identify key areas for more detailed examination, review and action;
- Provide guidance for Chief Officers and other Managers with responsibility for environmental health to inform their work programmes and clarify their statutory duties as enforcing authorities;
- Inform LA's work under the Best Value framework and help to provide a customer-focused service; and

- Achieve continuous and measurable improvement in the management of health and safety enforcement by LA's.

The Audit Framework

The framework consists of mandatory practice questions relating to HSC's Section 18 guidance, best practice questions, an answer and comments section, and auditors' notes.

Section 18 Headings

Aspects of LAs enforcement activity have been grouped in the framework under the following headings:

A	Enforcement policy and procedures	Health and safety enforcement policy statement, including the approach that the LA will take, and its implementation, to ensure Compliance with health and safety law.
B	Managed work programme and service plans	The LA's management systems, planned programme of work and service plans to deliver its statutory responsibilities under HSWA and the HSC's key priorities.
C	Competence and training	The LA's planned programme of work for ensuring competence of enforcement officers.
D	Investigation of accidents, complaints and requests for service	Policies and procedures to investigate accidents (also incidents of ill-health and dangerous occurrences), complaints about the LA.
E	Review and quality assessment of LA's performance	

Question sets

These are divided into questions about mandatory practice and best practice. They are defined as:

Mandatory Practice	What the LA must do to comply with HSC's mandatory Section 18 guidance.
Best Practice	The enforcement practices that the LA should aspire to in order to deliver a high quality and customer oriented enforcement service. These will add value to the enforcement service and help deliver the 4 C's of challenge, compare, consult and compete outlined in Best Value.

The protocol focuses on management processes (e.g. planning, measuring and monitoring, resources management) and activities that help contribute to an effective enforcement service.

The aim of the audit is to look for evidence (records of performance, documented procedures, evidence of management systems, inspection reports, minutes of meetings, etc.) of any claims made before providing their answers to the audit questions.

The HELA audit protocol has been developed to provide a framework to be used to measure the extent of LA's compliance with Section 18 guidance using the following matrix:

Level	Compliance with statutory requirements (HSC's Section 18 guidance)	Best Practice
0	No compliance with HSC's mandatory section 18 guidance	
1	Statutory requirements infrequently met (less than 50% compliance with HSC's Section 18 guidance).	

2	Statutory requirements frequently met (50-99% compliance with HSC's Section 18 guidance).	
3	Requirements under HSC's Section 18 guidance met fully.	
4	Requirements under HSC's Section 18 guidance met fully.	Full commitment to, and achievement of, best practice and continuous improvement

The matrix does not assume that LAs who do not fully comply with Section 18 will be developing no elements of best practice. However, the best practice section of levels 0-2 has been shaded out to emphasise that those scores will be based solely on achievement of LAs' statutory obligations.

LAs should measure each element of their health and safety service to calculate a 'score' for each. The overall LA score will be the lowest score for any individual element of the LA's service.

For example: An LA measures that its enforcement policy, managed work programme and investigation procedures fully comply with Section 18 guidance and display some elements of best practice. It achieves level 3 for these elements. Arrangements for ensuring the competency of staff and performance management and review do not fully comply with the standard outlined in Section 18, although they display some elements of best practice. They meet the criteria of level 2. The LA therefore achieves a level 2 service.

The minimum standard that all LAs should be achieving is level 3 service.

Purpose of the audit

The HSC has asked HELA to monitor the performance of LAs more closely in order to assure itself that LAs are making adequate arrangements to enforce health and safety effectively.

Salford City Council volunteered as a pilot authority audit with Stockport Metropolitan Borough Council on behalf of the ten Greater Manchester Authorities.

Scope of the audit

The audit covered the council's health and safety enforcement service. It took place at the Council's offices at Crompton House, Swinton on 15th and 16th October 2002.

The audit assessed the council's compliance with the HSC's Section 18 guidance using HELA audit protocol for the management of LAs' health and safety enforcement. The audit was undertaken using the original HELA document LAC 23/19- Enforcement Section 18 HSWA Inter-authority Auditing Consistency.

Organisation and management

Salford comprises of 60 elected members with three main parties. Labour having overall control with 51 Councillors, Liberal Democrat has 5, Conservative with 3 and 1 Independent Councillor. The council has a cabinet structure with a mayor, an executive and a scrutiny process. The council has a lead member for health and safety enforcement within the Executive Member for Environmental Services. Full details of the structure is available on the council's website www.salford.gov.uk/environment/services.shtm

Health and Safety enforcement is part of the council's Environmental Services. The purpose of the department is to serve the communities both inside and outside the boundaries of the city by providing a safe environment in which to live, work, shop or play. The directorate is responsible for a wide range of services including pollution control, refuse collection and recycling, street cleansing, pest control, drainage, public health issues, health & safety, food safety, trading standards and consumer advice, outdoor services and bereavement services.

There are currently eleven officers working on health and safety law enforcement including one Principal EHO and ten Environmental Health Officers spending approximately 50% of the time exclusively on health and safety work.

Executive Summary

The Health and Safety service plan for 2002/03 sets out a clear strategy for the performance that must be achieved by Environmental Services. The service plan reflects the council's Corporate Mission in term of health and safety requirements. The main functions of the service which complement each other in addressing health and safety include health and safety inspections, health and safety complaints, investigation of accident/ill health notifications, health and safety training, health promotion and licensing /registration.

The authority has 3768 health and safety premises recorded on its FLARE database with risk rating based in line with HELA 67/1.

Part of the Service Action plan ensures the service takes a balanced approach to the mix of enforcement action taken and identified as 4 main categories:

Demand Driven	Inspection Driven
Request for service Health and Safety Complaints Investigations of accidents/ill Health notifications Asbestos notifications	Inspection Programme Targeted Inspections
Education Driven	Intelligence Driven
Inspection Programme Targeted Inspections Health & Safety Courses & Risk Assessment Workshops Press Releases Partnerships	Sampling Inspection Programme Targeted Inspections Health & Safety Courses & Risk Assessment Workshop Health & Safety Complaints Liaison and Partnerships

The Service Plan for 2002/2003 identified the following in order to meet compliance with Section 18 guidance:

- ◆ To carry out 1607 inspections / contacts of health and safety premises by the **31st March 2003**;

- ◆ To revisit approximately 150 of these premises to check compliance with statutory notices / letters;
- ◆ To investigate and prevent the spread of approximately 160 accidents / ill health notifications;
- ◆ To deal with approximately 530 health and safety complaints and requests for service by 31st March 2003;
- ◆ To deal with 10 animal complaints and 22 licences to monitor health and safety by 31st March 2003.

Auditors Comments/Documents Evidenced

Enforcement Policy and Procedures

Mandatory Practice: Salford Environmental Health does have a written enforcement policy available on the Intranet and Internet. Although no checks on enforcement actions are being made, the use of Enforcement Management Model should improve audibility.

Salford does have the current Lead Authority Partnerships (LAP's) data but finds it difficult to in demonstrating evidence for consultation with Lead Authorities because of the infrequency of action.

Enforcement practices showed that the authority implements HSC/HELA key priorities and programmes for planned inspections but there was no specific documentation re "Initiatives" in the business plan (as outlined in the HELA strategy, LAC and other guidance).

Best Practice: The LA has signed up to the Enforcement Concordat and the enforcement policy is in accordance with the Concordat.

Managed Work Programme

Mandatory Practice: The Local Authority does incorporate a planned programme of risk-based activity to target key-risk areas in that planned inspections are reviewed every quarterly and ongoing monthly. The Business Plan, however, does not reflect the HSC Strategic Plan and HELA strategy and priorities, i.e.: initiatives are not included in the yearly Business Plan.

Three Improvement Notices and one Prohibition Notice were audited and the following points were raised:

- a) There was no accompanying letter with one Notice served by hand and was therefore difficult to audit. Evidence relied on discussion and was not noted on the computer system.
- b) There was a poor description of contraventions on one Notice, but accompanied by a more detailed letter. The letter was complicated as it related to two different premises.
- c) Improvement Notice wording satisfactory but no schedule was given with the Notice.

Enforcement Procedures:

The Local Authority does have a managed inspection programme consistent with LAC67/1 Rev2 and HSC's s.18 guidance. Planned inspections are reviewed every three months and are ongoing monthly. All inspections are planned and prioritised according to risk and risk-rated.

Although all planned and due inspections were not achieved, the LA does have a Service Plan which outlines how the LA will organise and implement its health and safety regulatory functions. A number of low risk premises for example are targeted through questionnaires. The service plan is agreed by elected members and made available to stakeholders.

Best Practice: Salford has carried out a number of special initiatives aimed at achieving perceived benefits and improvements in health and safety standards, e.g. free Risk Assessment Workshops, work carried out on Legionella and a staged Award Scheme for Hairdresser's.

Competence & Training

Mandatory Practice: The LA does have a stated and written policy for authorisation of officers to enforce health and safety. Authorisations for staff and training needs are discussed through appraisals for individuals. Training matrix evidenced in the quality system, very general but covers main points, e.g. competence, authorisation and training and supervision of officers evidenced.

Best Practice: Investors in People cover all aspects required here.

Investigation of Accidents, Complaints and Request for Service.

Mandatory Practice: The LA does have a documented policy for responding to reported accidents and complaints in connection with health and safety conditions. Although the policy does state the criteria on which decisions to investigate accidents will be based i.e. Reference to HELA: LAC 22/3 no specific targets are set for accidents.

Best Practice: The LA does have a system for contacting officers during out of normal hours and in emergencies for serious accidents. There is also a system for the recording and management of F2508 forms on the Directorate's FLARE computer system.

Review and quality assessment of LA's performance.

Mandatory Practice: The LA has completed and returned its LAE1 return to the LAU.

Best Practice: The LA has achieved Environmental Health Quality System, ISO9000:2000, IIP and Charter Mark.

Conclusion

Based on HELA's protocol the LA achieves a Level 2 Service. There was only minimal non-compliance that prevented the LA from achieving a Level 3 Service. However, it is felt that the framework used in the HELA matrix makes it extremely difficult to achieve the minimum standard of Level 3 unless there is 100% compliance in all areas of their management of health and safety work.

Salford Environmental Health does have a high standard of compliance with HSC's mandatory section 18 guidance and best practice requirements. This is reflected in areas where targets have been met through Enforcement Policy and procedures along with what was evidenced in the managed work programme and service plans. The LA has achieved Investors in People and Competence & Training is covered through IIP. The Authority has signed up to and achieved a number of Quality Initiatives for which a Level 3 has been recognised and awarded under this Audit Report.

Following a further meeting an action plan was discussed and implemented in response to the audit and the documents that were evidenced.

Action Plan

Section 18 Headings	Action Plan	Timescale
Enforcement Policy and Procedures	<p>(1) Once the final version of the Enforcement Model is available (April 2003) training will be provided to all officers in the use of determining action required proportional to the contravention.</p> <p>(2) To enable officers to record and thus provide evidence of consultation with home/lead authorities a FLARE action has been inserted and its use discussed at February's team meeting.</p> <p>(3) Include explicit detail in the 2003-4 Section 18 H&S service plan of how Salford will target HELA's priorities and programmes.</p>	<p>To April 2004 when EMM fully adopted by local authorities</p> <p>March 2003</p> <p>May-June 2003</p>
Managed work programme and service plans	<p>(1) Include explicit detail in the 2003-4 Section 18 H&S service plan of how Salford will target HELA's priorities and programmes.</p> <p>(2) All Improvement and</p>	<p>May-June 2003</p> <p>March 2003</p>

	Prohibition Notices are checked by the service's lead officer or in his absence a SEHO. This procedure was discussed at February's team meeting.	
Enforcement procedures	High and overdue H&S inspections will continue to be prioritised with a commitment to achieve all high-risk H&S inspections due each year. The service continues to benchmark itself against the HELA Annual Report to ensure the whole inspection programme remains in the upper quartile. In addition high risk and medium risk PIs are set for programmed H&S inspections, monitored quarterly and an outcome based H&S indicator is planned for implementation in April 2004.	Ongoing
Competence and training	The authority is accredited to IIP and ISO9001 : 2000, which ensures that the needs of the organisation match the competency of our employees. The services also contributes through the Greater Manchester H&S Sub Group to arranging on going competency training for enforcement officers.	Ongoing
Investigation of accidents, complaints and requests for service	FLARE reports are run to ensure all complaints / service requests are actioned within 3 working days. For this a local performance indicator has been set that is monitored monthly and reported quartley. All accidents are checked by the lead office or other senior officer against HELA 22/13 and FLARE reports	LA has signed up to and achieved quality initiatives

	run to ensure they are responded to within 3 working days.	
Review and quality assessment of LA's performance	Level 3 achieved	

Enforcement Policy and Procedures.

Mandatory Practice- a policy on the use of prosecutions- Once the final version of the Enforcement Management Model is available (April 2003) training will be provided to all officers in the use of the model in determining action required proportional to the contravention.

Consultation with Lead Authorities where appropriate- To enable officers to record and thus provide evidence of consultation with home /lead authorities a FLARE action detail code has been inserted and its use discussed at team meetings and now implemented.

Implementation of HSC/HELA key priorities and programmes- Include explicit detail in the Section 18 H&S service plan of how Salford will target HELA's priorities and programmes and specifically initiative work. To be implemented by May/June 2003.

Managed Work Programme.

Target enforcement action proportionately and appropriately to promote cost effective compliance- All Improvement and Prohibition Notices are checked by the service's lead officer or in his absence a SEHO. This procedure has been discussed through team meetings and is now implemented.

Enforcement Procedures.

LA's Managed Inspection Programme consistent with LA67/1 Rev2 and HSC's Sec.18- High risk and overdue H&S inspections will continue to be prioritised with a commitment to achieve all high risk H&S inspections due each year. The service continues to benchmark itself against the HELA Annual Report to ensure the whole inspection programme remains in the upper quartile. In addition high risk and medium risk PIs are set for programmed H&S inspections, monitored

quartley and an outcome based H&S indicator is planned for implementation in April 2004.

Competence and training.

Mandatory Practice- The authority is accredited to Chartermark, IIP and ISO9001: 2000, which ensures that the needs of the organisation match the competency of its employees. The service also contributes through the Greater Manchester H&S Sub Group to arranging on going competency training for enforcement officers.

Investigation of Accidents, Complaints and Request for Service.

Mandatory Practice- FLARE reports are run to ensure all complaints/service requests are actioned within 3 working days. For this a performance indicator has been set that is monitored monthly and reported quarterly. All accidents are checked by the lead officer against HELA 22/3 and FLARE reports run to ensure they are responded to within 3 working days.

Review and quality assessment of LA’s performance.

Mandatory/Best Practice- Level 3 achieved.

Following the Greater Manchester Health and Safety Sub-Group meeting on 13th March 2003 Nick O’Donnell from the LAU, HSE gave a presentation on calculating the overall compliance score from the individual elements under Section 18 headings.

The compliance score from the individual elements are given as follows:

Auditing Framework-key elements	Management Arrangements	Score maximum	Salford’s score
Enforcement Policies and Practices	Enforcement Policy	1	0.9
	Enforcement Practices	1	0.3
	Effective management of enforcement	1	0.7
	Sub-total	3	1.9
	Best practice	1	0.1
	Maximum compliance score	4	2.0

Risk-based Managed Programme	Risk-based programme	1.2	1.2
	Priority Planning	1.2	0.8
	Service Plans	0.6	0.3
	Sub-total	3	2.3
	Best Practice	1	0.5
	Maximum compliance score	4	2.8
Competency	Authorisation linked to competence	0.8	0.8
	Assessment of competence	1.2	1.2
	Maintenance of competence	1	1
	Sub-total	3	3.0
	Best practice	1	0.5
	Maximum compliance score	4	3.5
Investigations	Effective policies/procedures	1	1
	Effective investigations and practices	1	0.7
	Effective management of enforcement	1	0.5
	Sub-total	3	2.2
	Best practice	1	0.9
	Maximum compliance score	4	3.1
Performance Management	Measuring/monitoring of activity	0.8	0.8
	Measuring/monitoring of activity against policies/plans	1	1
	Auditing/benchmarking	1.2	1.2
	Sub-total	3	3.0
	Best practice	1	1
	Maximum compliance score	4	4.0

**AUDIT REPORT FOR SALFORD CITY COUNCIL 15th and 16th
OCTOBER 2002**

Section 18 Headings	Mandatory Practice	Best Practice
Enforcement policy and procedures	Level 2 achieved	LA has signed up to the Enforcement Concordat
Managed work programme and service plans	Level 3 achieved	LA does take part in European Health & Safety week, initiative on Legionella, staged awards for hairdresser's and beauty shops and risk assessment workshops.
Competence and training	Level 3 achieved	LA has achieved Investors in People and Competence & Training is covered through IIP.
Investigation of accidents, complaints and requests for service	Level 3 achieved	LA does have a system for contacting officers during out of hours in case of emergencies & accident notifications.
Review and quality assessment of LA's performance	Level 4 achieved	LA has signed up to and achieved quality initiatives.

A reassessment of the LA's level of compliance with Section 18 guidance was made using the revised HELA audit protocol. Using the 'compliance matrix', the LA was adjudged to be demonstrating a level 3 compliance with the HSC's section 18 guidance. Overall the authority was assessed to be of a level 3 standard.