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## HELA

### **S 18 Standard - update**

A note by Gerry Kasprzok

Cleared by Phil Scott on 8 October 2007

#### **Issue**

1. HELA agreed in March 2007 to “shadow run” the draft S 18 Standard until September 2007 to enable the development to be completed and test its fitness for purpose in practice with enforcing authorities.
2. The shadow exercise has just been completed and the findings are being incorporated in to a revised standard as the returns are received. A copy of the latest draft has been attached at Appendix 1.

#### **Recommendation**

3. HELA is invited to:
  - a) endorse the continuing work on the S18 Standard;
  - b) confirm that they wish the new S18 Standard to be published by April 2008; and
  - c) consider how the implementation plan and timescale for adoption should be negotiated and agreed.

#### **Background**

4. The LA and HSE Working Together programme included a review of the S18 guidance that would not only support the new partnership but would encourage the best use of joint resources and would address emerging issues such as the better regulation agenda.

5. HSE and LAs both have a duty to 'make adequate arrangements for enforcement' under Section 18 of Health & Safety at Work etc Act 1974 (HSWA). HSWA requires LAs to perform this duty in accordance with guidance from Health and Safety Commission (HSC) and requires HSE to give effect to any directions issued to it by the HSC. The document that sets out what this duty means in practice is referred to within the rest of this update as the S18 Standard.
6. The S18 Standard sets out HSC's requirements on HSE and LAs in order to comply with their duty to make 'adequate arrangements for enforcement'. It acts both as a HSC direction to HSE under S11(4)(b) and as HSC guidance to LAs under S18(4)(b) and has mandatory status.
7. The attached current draft S18 Standard reflects the various consultations and the "shadow" exercise. It has been written to apply to LAs and those parts of HSE that have an equivalent function i.e. predominantly Field Operations Directorate (FOD), whilst recognising the differences in the two organisations.
8. As part of the review, a series of 10 GB-wide consultation workshops were held in November 2005 and attended by a total of 551 LA and HSE delegates. The responses from the workshops were reported to the meeting of the Health and Safety Commission and Local Government Panel (LGP) on 9 May 2006.
9. A draft version of S18 Standard underwent a consultation within HSE and LACORS Policy Forum in October 2006 following a widespread consultation exercise during autumn 2006. LACORS Policy Forum expressed a view, endorsed by HELA, that due to a variety of other issues coming on stream (e.g. smokefree, elections etc) LAs would find it difficult to adopt the new S18 Standard during 2007 and proposed an April 2008 timescale.
10. HELA agreed in March 2007 to "shadow run" the draft S 18 Standard until September 2007 to enable the development to be completed and test its fitness for purpose in practice with enforcing authorities.

## **Argument**

11. The "shadow" exercise consisted of 3 workshops which explored the challenges of meeting the Standard. These workshops were attended by LACORS and up to 20 different LAs of varying types with representation from Scotland, Wales, and England.
12. 15 of these LAs tested the elements within the draft S18 Standard against a set of questions which asked:-
  - Do you fully meet the Standard?

- If you do what evidence do you have?
- If you don't what do you need to do to fully meet it and how long would it take?
- How would you audit it?
- Does it help improve my service and improve outcomes?
- Does it describe "adequate arrangements for enforcement"
- Would they change the content?
- What additional support would you want?
- What guidance do they currently use?

13. The responses to these questions are being used to revise the S18 Standard. The last workshop was held on the September 24<sup>th</sup> and not all the LA responses had been received by the time this report was being prepared. A first draft narrative analysis can be found at Appendix 2.

14. The main findings and conclusions so far are as follows.

15. By their very nature the LAs who took part are self selecting and are therefore more likely to be authorities with a proactive health and safety function. Although the majority of these authorities met the main elements of the standard there were a significant number who felt that they only partially met or did not meet all aspects of the S 18 Standard.

16. Those requirements which relate to targeting duty holders; governance; working in partnership; LA/HSE Partnership; setting priorities and targets; planning; management systems; targeting interventions; enforcement decisions; and complaint systems were on the whole met (significant majority fully meeting with significant number partially meeting and few or none not meeting the Standard)

17. Requirements on capacity; benchmarking, and performance management were generally met ( small majority fully meeting with significant numbers partially meeting and few or none not meeting the Standard)

18. Linking priorities; information systems; competent inspectorate; enforcement policies and promoting the society and community role were generally met but to a lesser degree (lesser number fully meeting with significant majority partially meeting and small number not meeting the Standard)

19. The elements where there were significant numbers who did not meet the standard included the commitment to outcomes and promoting sensible risk management.

20. The LAs attending the last workshop and reinforced by their returns expressed a need for more tailored support in meeting the Standard especially in relation to Planning, Competency, Enforcement Policy, Outcome Measurement, linking priorities into Local Area Agreements and

Self Assessment. Other key issues included partnership working, data sharing and resources.

21. A similar but simpler exercise was undertaken by work units within HSE and although the main systems and infrastructures were in place some expressed a feeling that there may be gaps between the expected and the actual.
22. The following changes have been drawn from analysing the completed questionnaires so far received and the workshop sessions:
  - Move and/or combine the elements of Make a Difference in to Make it Happen (i.e. commitment, duty holders, linking priorities) and Work Together (i.e. governance).
  - Move the element on targeting from Do it Right to Make it Happen. This reinforces the elements on enforcement policy and decision making in Do it Right.
  - Move and/or combine the society and community role into Work Together.
  - Reorder and/or combine elements to reflect their relative priority/sequence.
  - Alter the pages so that all electronic links are reached by having one link per principle with these needing a Toolkit approach.
23. Whilst the “shadow” exercise has been able to test the S18 Standard to a degree there are still a number of other pieces of work that complement elements of the S18 Standard. Whilst these are not essential for publishing the Standard they provide background information to help EAs meet the Standard. These include the proposed reporting arrangements including Fit3, proposed changes to LAC67/1 rev 3; the development of the detail behind the Common Competency Framework; the requirements in the Regulatory Enforcement & Sanctions Bill on Primary Authority Principle and alternative sanctions, the role of LBRO in a number of areas and the potential to combine auditing arrangements with other regulators.
24. The next steps are to complete the refinements to the S18 Standard in the light of further returns from the “shadow” exercise, further develop Toolkits with the addition of background information outlined in para 23, and draft an “implementation plan” which will contain the practical steps needed to apply the standard, including a suggested timescale for meeting the standard in full. Once the refinements are complete we would seek the endorsement of HSE’s senior management and HSC which has been delayed whilst outcome of the “shadow” running was awaited. It is still intended to issue the Standard by April 2008.

## **ACTION**

25. HELA is invited to:

- a) endorse the continuing work on the S18 Standard;
- b) confirm that they wish the new S18 Standard to be published by April 2008;  
and
- c) consider how the implementation plan and timescale for adoption to be  
should be negotiated and agreed.

### **Contact**

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Appendix 1 – Revised Draft S18 Standard

Health and Safety Commission

***Making a difference.....***

**The Standard for  
Health and Safety Enforcing Authorities**

**Draft October 2007**

# Introduction

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.

HSE and LAs both have a duty to 'make adequate arrangements for enforcement' under Section 18 of HSWA. HSWA requires LAs to perform this duty in accordance with guidance from Health and Safety Commission (HSC) and requires HSE to give effect to any directions issued to it by the HSC.

In complying with their S.18 duties, HSC expects EAs to follow its Enforcement Policy Statement (EPS) on the purpose, method and principles of enforcement.

This document adds to the EPS, setting out the broader standard that EAs are required by HSC to meet in order to comply with their duty to make 'adequate arrangements for enforcement'. Like the EPS, it acts both as a HSC direction to HSE's Field Operations Directorate (FOD) under S11(4)(b) and as HSC guidance to LAs under S18(4)(b) and is therefore mandatory.

The standard recognises that "partnership is the way HSE and LAs do business" and reflects the following Statement of Intent agreed between the HSC, HSE and LA representative bodies:

*'LAs and HSE, working jointly and in partnership locally, regionally and nationally, to a common set of goals and standards, committed to focusing resources on agreed health and safety priorities. The aim is to minimise harm to those in the workplace or those affected by workplace activities, and contribute to the health and safety and well-being of the local community'*

The e-links shown within this document form essential support to the standard and are intended to provide up to date guidance and information to EAs on their legal duties.

The following pages set out for Enforcing Authorities:

- the **principles** on which the standard is based
- the **standard** in detail

# Principles for Enforcing Authorities

## □ To “make it happen” every EA shall .....

- set out their commitment priorities and planned interventions. [MIH1]
- 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. [MIH2]
- operate systems to train, appoint, authorise, monitor, and maintain a competent inspectorate. [MIH3]

## □ To “do it right” every EA shall .....

- use interventions, including enforcement action, in accordance with their enforcement policy and within the principles of proportionality, accountability, consistency, transparency and targeting. [DIR2]

## □ To “work together” every EA 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. [WT1]
- actively contribute to liaison, policy and governance arrangements at a local, regional and national level. [MD2]

## To “sell the story” every EA shall .....

- promote sensible risk management .[STS1]

# The Standard for Enforcing Authorities

## **make it happen** *systems & infrastructure*

**Every EA shall set out their commitment, priorities and planned interventions.  
[MIH1]**

This means:

### **Commitment**<sup>MIH 1.0</sup>

EAs shall make a clear statement, endorsed by senior management, on their commitment to improving health and safety outcomes.

### **Priorities and Planning**<sup>MIH1.1</sup>

Every EA shall set out its priorities and plan of interventions for the current year. These should take into account:

- HSC's priorities
- national & regional priorities, targets and plans
- locally derived objectives and
- relevant guidance and policies.

### **Targeting Interventions**<sup>MIH1.2</sup>

EAs shall target their interventions:

- to maximise their impact in improving health and safety outcomes
- on securing action by duty holders to manage and control the health and safety risks of their work activities
- on the duty holders who are best placed to control the risks whether they be employers or others
- on other organisations and stakeholders that can influence risk reduction
- on activities that give rise to serious risks or where the hazards are least well controlled
- to stop those that seek economic advantage from non-compliance (e.g. rogue traders)
- in accordance with national guidance on interventions and priority programmes
- in accordance with local, regional and national programmes

**Every EA shall 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. [MIH2]**

This means:

### **Capacity**<sup>MIH2.0</sup>

EAs shall have the managerial, operational, administrative and political resources, both staff and infrastructure, to contribute to improving health and safety outcomes. The capacity required is dependent on a variety of factors that includes industry type, staff competence and the range and type of interventions undertaken.

EAs shall assess whether there is sufficient capacity within the EA to undertake their statutory duties by reference to resources benchmarks.

Every EA shall have sufficient capacity to:-

- make adequate arrangements for enforcement in accordance with their enforcement policy
- develop, deliver and monitor their planned interventions
- enable effective partnership working between HSE and LAs and with other regulators and stakeholders.

EAs shall seek opportunities to enhance their capacity including :

- working across geographical areas (e.g. delivering County wide services)
- delivery of common services (e.g. accident investigations)
- utilisation of resources, systems and expertise from other organisations to provide services (e.g. delivery of publicity material or use of another regulator's inspectorate )
- adopting best practice

### **Management Infrastructure**<sup>MIH2.1</sup>

Every EA shall have an effective management infrastructure in place for developing, delivering, monitoring and reviewing their interventions.

This will include:-

- management reporting arrangements
- systems of control from management to operational and administrative staff
- routes for communication throughout the organisation and between operational & administrative staff and with policy & decision makers
- definitions of work roles and responsibilities for delivering effective services
- arrangements to support, supervise and coach staff to retain and develop their experience & competence

## Performance Management<sup>MIH2.3</sup>

Every EA shall have documented systems in place to measure, evaluate and report it's performance in achieving it's planned interventions, policies, targets and outcomes.

These systems shall include:-

- regular review of activity by managers and policy makers on progress and performance against work plans, performance indicators, milestones and targets.
- use of external review and scrutiny
- published standards for service and performance
- regular reporting of the EAs performance

## Information Systems<sup>MIH2.4</sup>

EAs shall have systems that enable them to:

- monitor and review progress towards local, regional and national policies, priorities, targets and plans
- monitor their activity including type of interventions, complaints, enforcement and other performance indicators
- inform policy and direct operational activity
- collate and analyse current data
- secure the benefits from the compatibility of data collection and data management systems
- manage and record information for regular statistical returns
- interface and upload information with the HELA Extranet
- share data with other organisations and within their own organisation to minimise information requests to businesses
- involve businesses in vetting data requirements and form design
- record accurate information about premises including assessments of the hazard and risk of the activities taking place in order to support the prioritisation of interventions

*e-link*

**Every EA shall operate systems to train, appoint, authorise, monitor, and maintain a competent inspectorate. [MIH3]**

This means:

## Competent Inspectorate<sup>MIH3.0</sup>

Competence is the ability to undertake responsibilities and perform activities to a recognised standard.

EAs shall have documented policy and procedures that state:-

- the system for the appointment and authorisation of staff engaged in health and safety enforcement duties (including staff from other regulators)
- the standards of competence required for staff who carry out and staff who support, health and safety enforcement (including the staff of other regulators)
- the arrangements to ensure that health and safety enforcement staff (including the staff of other regulators) attain and maintain their competence

*e-link*

# do it right

## *Enforcement Policy*

**Every EA shall use interventions, including enforcement action, in accordance with their policy and within the principles of proportionality, accountability, consistency, transparency and targeting. [DIR2]**

This means:

### **Enforcement policy**<sup>DIR1.0</sup>

EAs shall:

- have an enforcement policy that follows the HSC Enforcement Policy Statement
- review their enforcement policy from time to time in consultation with their stakeholders (including partners, other EAs, employers, employees and their representatives)
- ensure that the enforcement policy is formally endorsed by the enforcing authority
- make the enforcement policy available to the public and to duty holders

EAs shall follow the HSC Enforcement Policy Statement and include the following in their enforcement policy:

- the purpose and method of enforcement
- the principles of proportionality, targeting, consistency, transparency and accountability
- the management of investigations, prosecutions and work related deaths

### **Enforcement decisions**<sup>DIR 1.1</sup>

EAs shall ensure that:

- enforcement decisions are taken in accordance with their enforcement policy
- arrangements are in place to monitor and review decisions that have departed from normal procedure
- the appropriate enforcement models ( e.g. Enforcement Management Model) are applied consistently to enforcement decisions
- they follow relevant guidance and direction where appropriate before taking enforcement action

## **Complaints**<sup>DIR1.3</sup>

EAs shall provide:

- procedures for dealing with complaints against the EA that are accessible to business, the public, employees and consumer groups.

*e-link*

# work together

## *partnership*

**Every EA 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. [WT1]**

*This means:*

### **Work in partnership** <sup>WT1.0</sup>

EAs shall seek opportunities to work within their own organisations and with other regulators and stakeholders to develop:

- priorities, targets, interventions and service delivery methods
- joint planning, joint work programmes and joint training
- the most effective use of resources and funding
- cross administrative boundary working
- advice and guidance
- publicity, campaigns and communications
- best practice
- coordinated enforcement activity
- sharing intelligence, data and information
- consistency and effectiveness
- new services
- the response to reactive demands
- the best outcomes
- the delivery of justice
- encouraging economic progress
- safer, stronger and healthier communities

### **Governance** <sup>WT1.1</sup>

EAs shall have arrangements in place to ensure:

- their views are represented within liaison, policy and governance groups at local, regional and national levels
- they provide information to politicians, senior managers and practitioners on the decisions of such groups and on their work as regulators

# sell the story

*promoting sensible risk management*

**Every EA shall promote sensible risk management. [STS1]**

This means:

## **Sensible Risk Management**<sup>STS1.1</sup>

EAs shall promote the principles of sensible risk management including:

- ensuring that workers and citizens are properly protected
- providing overall benefit to society by balancing benefits and risks, with a focus on controlling real risks – both those which arise more often and those with serious consequences
- enabling innovation and learning not stifling them
- ensuring that those who create risks manage them responsibly and understand that failure to manage real risks responsibly is likely to lead to robust action
- enabling individuals to understand that as well as the right to protection, they also have to exercise personal responsibility

*e-link*

## Appendix 2 - NARRATIVE EVALUATION OF S18 SHADOW RUNNING RESPONSES TO 28 SEPT 2007

### **Key issues across the shadow running**

1. the development of SMART outcomes – identifying, developing, delivering, measuring and reporting of outcomes as opposed to outputs.
2. LAAs – how to identify key areas for H&S, policy areas for development and getting H&S onto LAAs.
3. Planning – alignment of HSE/LA planning systems
4. Partnerships – how to identify and work with partners to improve H&S outcomes
5. Data sharing – the incompatibility of IT systems is causing ongoing difficulties in terms of reporting outcomes as well as policy development and improvements to H&S.
6. The varied range of resources (and lack thereof) across LAs impacts on their ability to take on significant parts of the standard.

### **MAKING A DIFFERENCE**

#### **MD 1.1 – Outcomes**

12 responses – 50% already fully achieving this element; 17% partially achieving and 33% not achieving.

Of those partially achieving, they estimate 6 months to fully achieve. Changes to councillors and senior staff will require re signing and development of knowledge.

Those not achieving at all cite management commitment and knowledge of H&S and its outcomes and can therefore not state a commitment to any improvements to those outcomes.

Although this element provides a focus for outcomes, it needs more support in terms of how to set achievable outcomes (as opposed to outputs) and how to measure that achievement. Further guidance is also needed on what constitutes “adequate arrangements” and how to address the very real differences in level of commitment/resource across EAs. Finally, a model statement was requested by a number of respondents.

#### **MD 1.2 – Duty holders**

Of 13 responses, 70% are fully achieving this element with partial achievement by the remaining 30%. Of those stating partial achievement, a range of estimates for full achievement from 12 months to 2 years to “cannot say”.

The general feeling is one of needing more support in a number of areas :

guidance needed on setting and measuring achievable outcomes, identifying appropriate range of interventions, improve co-ordination and support for national programmes such as Fit3, developing an intervention strategy. There is also uncertainty about how to secure action by DH.

### **MD 1.3 – Linking priorities**

Of the 14 responses, 43% are fully achieving this element, 50% are partially achieving and 7% are not achieving. Of those stating partial/no achievement they estimate 6 months to 3 years for full achievement.

This element is viewed as allowing EAs to ensure their H&S policy is current, reflecting trends on good practice. It should allow for resource sharing (joint working) which will lead to improved outcomes. This element will give them a voice in setting policy direction, target setting, decision making for their local area

In encouraging local partnerships and linking priorities, they are able to share ideas and practice to improve service provision.

Major concerns exist around the issue of LAAs – how to get involved, how best to get H&S onto them etc.etc. Concerns also remain about how to actually evidence improved outcomes and how some EAs with resource issues will be able to get involved nationally. Other councils raise the need for guidance identifying and setting up links with other agencies

### **MD 2.1 – Governance**

11 responses, 64% are already fully achieving this element with 27% partially achieving and 7% not achieving. Of those partially/not achieving they estimate 6-12 months for full achievement.

LAs welcome the opportunity to get involved at the policy setting stage on national schemes which will allow for improved H&S awareness at various levels.

The main concern is that many LAs do not have the resource or training to become involved at a national level. There needs to be more detail on evidence of “suitable” links and representations and this element needs to allow for the full range of LAs, their responsibilities, experience and resource availability. There is a general feeling that too much of the governance arrangements are linked to London and should be moved to other parts of the country to encourage involvement. Finally, the changes in elected members and managers can lead to gaps in knowledge and understanding of H&S. This is an area where further advice is needed to ensure that gaps are identified and processes developed to address the regular turnover of councillors/elected members.

## **WORKING TOGETHER**

## **WT 1.1 - Work in partnership**

Of the 14 responses, 10 (72%) are already fully achieving the requirements of this element. Those where partial achievement is reported (4 responses, 28%) would expect full compliance to take 6 months – 2 years. Improved recording systems, audit trails and identification/retention of relevant data are all required to enable full achievement.

A number of issues were raised as essential to ability to achieve the element:

- one LA confirms that increased resources would be the only way to secure full achievement of this element;
- LAs would have difficulty in achieving the extensive consultation with businesses and/or developing higher level of consistency/co-ordination demanded by this element.
- limits to cross boundary work when adjoining authorities have different profiles which leave the authority needing to develop a quality management approach to consistency and effectiveness and a review of the regional CLG approach would help;
- EA would need to engage in joint planning, establish data sharing, identify opportunities for joint working, explore alternative funding streams and service innovation.

Implementing the requirements of this element are seen to help the EA in many ways. Peer review is seen to improve consistency across the county, training initiatives increase staff knowledge, sharing of ideas and resources has a positive impact on service provision and H&S outcomes, bigger impact achieved through better targeting, involving stakeholders will lead to improved prospect of self-help, level of partnership working in region is already high so this makes no change (Basingstoke & Dean), assists in raising awareness of H&S allowing for wider role of the service in influencing partners, already fully embraced (Soton, Salford, MK),

Good description of adequate – Yes, shows background work done by EA toward better regulation, it demonstrates a more joined up, thoughtful and efficient approach to regulation and standard setting, how do we assess quality of a well working partnership?

## **WT 1.2 – LA/HSE Partnership**

10 responses – 90% already fully achieving this element.

Of those partially achieving the timescale for full implementation is 12 months.

To achieve full compliance LAs would need to improve take up of available project funding, operate LAPS and increase Fit3 participation.

Implementing this complies with Hampton principles, raises awareness via wider audience, improves efficiency, effective targeting of resources, cross

fertilisation across EA staff, achieve greater number of contacts, officer training records, sign up to Sol,

Element helps to build a national framework and promote consistency but questions remain on evaluation and measuring of outcomes.

Not sure if this element gives a good description of “adequate arrangements for enforcement”. Does demonstrate a more joined up, thoughtful and efficient/effective approach. It appears this question is trying to expand “enforcement” to fit the areas under investigation which are often more than this, or actually lie outside the mainstream/legal definition of enforcement!; No it doesn't it needs to be expanded to provide a model of expected practice e.g. joint Fit3 working, Buddying with ELOs.

## **MAKE IT HAPPEN**

### **MIH 1.1 – Priorities and Targets**

Of the 13 responses, 84% are already fully achieving this element with 8% partially achieving and 8% not.

Of the 16% in the partial/no achievement category, they estimate 6-8 months for full achievement. Their main concerns are lack of a systematic identification of local objectives and the lack of a current H&S business plan that focuses on outcomes as opposed to outputs.

Although the majority are achieving this element, they still request further guidance such as :

- Examples of model service plans
- Use of HELex for advice/links to Partnership teams and plan building advice
- Improved co-ordination of national programmes
- HSC/E to prioritise its initiatives/priorities as it can swamp LAs
- Production of regional/local statistics
- Earlier guidance on topics to LAs

### **MIH 1.2 – Planning**

Of the 10 responses, 90% are fully achieving this element. Of the 10% partially achieving, 6 months for compliance.

The biggest priority for planning is the alignment of HSE/LA planning cycles. The ongoing inconsistency is causing significant difficulty in the ability of LAs to commit fully to national priorities and campaigns. Again, many are asking for advice and guidance on interventions and focussing them locally, developing SMART targets and outcomes, using existing data to support a risk based intervention plan.

### **MIH 1.3 – Working in partnership**

Is this needed in addition to WT 1.1 – a lot of overlap exists between the two.

Of the 11 responses, 55% are fully achieving this element with the remainder predicting a 1-3 year timescale for full compliance.

Again, support on how to set local objectives has been identified as well as engaging elected members/councillors! The frequency and number of changes to priorities means that LAs have great difficulty on knowing how to timetable fro this. The development of alternative enforcement strategies will assist in this element.

### **MIH 2.1 – Management Arrangements**

Of the 11 responses, 91% are already fully achieving this element with the other 9% expecting to fully comply within 10 months.

The main issue arising here is the need for clearer links to the developing competency framework and more opportunities for joint training – via Partnership teams or HELEX.

This element has a lot of support in the detail.

### **MIH 2.2 – Information**

Of the 6 responses, only 17% are fully achieving this element, with the remaining 83% finding it difficult to put a timescale on their full compliance.

The incompatibility of HSE and LAS IT systems remains a significant barrier to delivering effective, joined up H&S outcomes. HSE constantly changing its priorities and the lack of consistency on recording the data and then sharing it remains a key area to be addressed. Data systems are still messy – LAE1s and Fit3 returns are difficult.

### **MIH 2.3 – Capacity**

Of the 9 responses, 56% are fully achieving with 33% partially achieving and the remainder not achieving the element. It is difficult to give a timetable for full achievement as currently work is programmed around the resource capacity of LAs rather than targets set which have little likelihood of being achieved without an increase in staffing.

Resources need to be benchmarked to allow for the further development of risk based interventions.

### **MIH 2.4 – Benchmark**

Of the 8 responses, 50% are fully achieving with 50% partially achieving this element and estimating up to a year for full achievement. Benchmarking against other LAs allows for sharing of good practice and identification of gaps in service provision. IAAs are sometimes used for benchmarking services. Working with other LAs in schemes such as FW allows for better direction of resources at the county level.

### **MIH 3.1 – Competent Inspectorate**

Of the 10 responses, 20% are achieving or not achieving the standard with 60% partially achieving. Timescale for full compliance is 6-12 months.

The main issue is competence, how it is judged and the developing framework. Improved training and access to HSE joint training is required as well as specific advice on the competency required at various levels. A decision on the inclusion of “grandfather rights” is required as well as the case for competent support staff.

### **MIH 4.1 – Performance Management**

Of the 9 responses, 56% are fully achieving the standard with the remaining 44% partially achieving it and expecting full achievement within 6-12 months.

Peer review is a relatively new area and support and guidance is needed both in terms of standard measures/targets to be used as well as development of KPIs to enable comparison of performance.

Links between information e.g. HELA, Fit3, RHS, HElex need to be more explicitly drawn.

## **DO IT RIGHT**

### **DIR 1.1 – Targeting**

Of the 13 responses, 69% are fully achieving the standard with the remainder partially achieving and expecting to achieve fully within 6-24 months.

Improving the planning cycles and contact between HSE/LAs will improve the ability of LAs to target effectively with the limited resources they have. LAs have a different way of identifying priorities with key issues affecting the community and local businesses taking priority. Earlier involvement and notification of national programmes would assist LAs in appropriate targeting. The limited availability and accuracy of data are also barriers to effective targeting. More explicit links to national guidance and support materials will help.

### **DIR 2.1 – Enforcement Policy**

There were 12 responses, 25% are already fully achieving, 67% partially so and 8% not achieving at present. Of the partials/none achievement, they estimate 3-12 months to fully comply.

Stumbling blocks to full achievement – identification and communication with relevant stakeholders; elected member support for review of existing Enforcement Policies to take account of changes e.g. Fit3, Compliance Code.

### **DIR 2.2 – Enforcement decisions**

Of the 12 responses, 67% are already fully achieving this element with the remaining 33% expecting to comply fully within 6-12 months.

LAs feel the EMM is too wordy and needs to be reviewed to meet more local needs. The general feeling is that using the EMM (which not all do!) assists in the consistency of enforcement decisions. Links to the developing Compliance Code also need to be included.

### **DIR 2.3 – Complaints**

10 responses received, 90% of which are already fully achieving this element. The remaining 10% expect to comply fully within 9 months.

Good practice model of a complaints procedure would be useful. Guidance and clarification of sensible risk management and how to evidence this is needed.

How do councils deal with complaints against officers/enforcement action within H&S function. LA and HSE complaints procedures need to be standardised to ensure DH understanding. Could be cross referenced to similar demands from other depts e.g. Chartermark.

## **SELL THE STORY**

### **STS 1.1 – Sensible risk management**

Of the 6 responses, 33% each were fully achieving, partially achieving and not achieving this element. Estimate 6 – 36 months for full compliance.

A number of issues with this element – define “sensible”, “promotion” – the elements are generally too subjective and vague which make providing evidence a difficult task. Can we clarify actions/interventions that could promote these principles to enable easier demonstration of achievement.

### **STS 1.2 – Society and Community Role**

8 responses with 25% fully achieving and only 75% partially achieving. It is difficult to provide a timescale for full compliance.

Responses show a need for further work for this standard – the wording is vague, difficult to understand, can councils even deliver – is it within their role/capability? HELEX could be used to provide examples of novel, successful promotional methods.