

## Presentation of the Health and Safety Executive Annual Report by **Marcia Davies, Regional Director, HSE West Midlands**

Marcia's presentation was focussed very much on the West Midlands results, where 3.5 million days were lost last year, due to occupational ill health. In the same period, ¾ million were lost to injury, making a total of 4.3 million days lost. Within these figures, 1.2 million days were lost through musculo-skeletal disorder, 1.4 million because of stress and 250,000 people suffered from an illness caused or made worse by work.

More seriously, Marcia added, an average of 20 workers were killed each year, whilst there were over 3,000 reported injuries, costing West Midlands society an estimated £391 million. It is suspected that many accidents and injuries go unreported, so the true cost may be much higher! The cost to West Midlands society of all ill health caused, or made worse, by ill health may be as much as £3 billion.

Looking, now, at the National picture in a 2001/02 household survey, 33 million days were lost to work-related illness in 12 months. The Average Time Off was 23 days, equating to 1.4 per worker employed, and the total cost was estimated at £18 billion every year. Musculo-skeletal disorders and stress are by far the most commonly reported illnesses. Looking more closely at these results, we see the following: -

- **Musculo-skeletal Disorders**  
1.2 million people in Britain suffer from work related musculoskeletal disorders. Just over half are back injuries.
- **Stress**  
13.4 million working days are lost in Britain each year, due to work related stress.
- **Asthma**  
for one in ten of all adults who suffer from asthma, work is the cause.

**From this it can be seen that Occupational Health is a major issue for the UK and, hence, the HSE.**

Looking at the National Work Related Injury figures, in 2003/2004 there were: -

- 235 worker deaths
- One third of worker deaths were caused by falling from height, with 5,500 injuries.
- 70 people were killed by workplace transports.
- 31,000 reported injuries to employees
- 7.3 million days lost
- A third of all major injuries caused by Slips and Trips (= 11.000)

Marcia went on to say that injuries and illness caused long-term losses to the labour market: -

- 60% of employees who are off work due to illness for more than 5 weeks do not return to work
- 80% of people moving from social security payments to incapacity benefit do not return to the workplace

It has been shown that few employers know what work related injury or ill health costs them surveys show: -

- Company Managers have imperfect cost information
- Monitoring is complicated by the need to estimate monetary measures (e.g. stress)
- There is uncertainty over time period to assess costs and benefits of regulation.
- 65% Of company directors accepted that poor occupational health and safety influenced productivity and efficiency
- Few employers have good absence monitoring systems
- Industry estimates of losses are rarely comprehensive

Against this background, it is easy to see that something needs to be done and the Government Targets aim to reduce the following key factors by 2010, relative to 1999/2000, by these amounts: -

- Working days lost to accidents and ill-health by 30%
- Fatal and major injury accidents by 10 %
- Work related ill health by 20%

As an intermediate incentive, the HSE has undertaken a Public Service Agreement for the next three years. This aims to deliver by March 2008, against a 2004/2005 baseline: -

- 9% reduction in working days lost
- 3% reduction in rate of fatal and major injuries
- 6% reduction in rate of occupational ill health

Marcia commented that an important part of this strategy was to identify and reduce the number of “pre-cursor” incidents in those industries having major accidents. **George Allcock of GKN** enquired what progress had been made against the national targets and Marcia had to admit that it had been disappointing, so far. It remained a big challenge and the HSC’s strategy, the HSE’s programme and special projects were intent on improving these trends. Success cannot be achieved unless big and rapid progress is made in these areas: -

- Back injuries and other musculoskeletal disorders
- Stress
- Slips and trips
- Falls from heights
- Transport Accidents

So, Marcia said, the HSE needs help to hit these challenging targets and that means looking at key industrial sectors to get action. In the West Midlands, the obvious priority is in manufacturing, which is a dominant sector throughout the region, and where there were 4,500 injuries reported last year – the highest for any sector! Other key national sectors are: -

- **Construction** - 70 fatalities in 2003/2004
- **Agriculture** - 44 fatalities, including 21 cockle pickers
- **Health Services** – 165,000 illnesses and 12,000 injuries
- **Government, Public Administration and Education** – Nearly 200,000 suffer illnesses.

Some challenges to achieving these aims are: -

- Those not engaged in the health and safety system want support rather than written guidance, but they want this separated from enforcement.
- Amongst those not engaged in the health and safety system, fear (of enforcement) is the key motivator for improvement.

Marcia added that these challenges were also influenced by the changing nature of the modern business environment, which shaped the HSE strategy, organised behind the key messages. A crucial part of this was the prioritisation and targeting of finite resources to work more effectively with Local Authorities on the development of new interventions. Marcia emphasised it was important not to go ‘over the top’ with regulation and the “Conkers – Bonkers” syndrome must be shunned! The strategy includes: -

### **1. Developing Closer Partnerships**

- Employment Productivity
- Education
- Health and Rehabilitation
- Public Service Reform
- HSE and Las Partnerships

### **2. Working to help people benefit from Effective Health & Safety Management and Sensible Health & Safety Culture**

- Promoting the business case
- Making Risk Assessment more usable as a concept
- Being prepared to respond to business needs
- Developing nationally available occupational health and safety support
- Simplifying advice and guidance wherever possible
- Involving the workforce.
- Government as an employer setting an example

### **3. Focussing on the core HSE business and the right interventions where best placed to Reduce Workplace Injury and Ill Health**

- HSE and LAs must be clearer about priorities and move away from areas of public safety where other can regulate more effectively, by other means
- HSE and Las will continue to enforce where necessary – death and injury will remain unacceptable
- Communicating the Vision so that sensible health and safety controls are applied sensibly through the proper understanding of risks.

In describing what is happening, Marcia said that the HSE and the 74 LAs in the West Midlands would be developing closer partnerships. Relationships with other Inspectorates were the subject of the current Hampton Review, addressing possible areas of overlap, such as inspection of prisons and control of pesticides. Partnerships with other Organisations would be addressed by the Midlands External Relations Team, lead by Roger Monaghan. Another developing initiative is the Health and Safety Awareness Officers Team (were Workplace Contact Officers) focussing on Small Firms, Local Partnerships and Projects.

Planned programmes included: -

- Injury Reduction
  - Falls from height and ladder safety
  - Slips and trips
  - Agriculture
- Ill health reduction
  - Musculoskeletal disorders campaign scheduled for June 2008
  - Stress Management Standards, launched in November 2004, including benchmarks on the HSE Website for success/failure of measures. It is an analytical tool for identifying and controlling “major stressors”.
- Days lost in Public Services
- Construction
- Communications – HSE speakers at fewer events, addressing larger audiences
- Innovation – Occupational Health & Safety Support Scheme with Pilot Schemes
- Inspection/Investigation/Enforcement
  - Topics/projects
  - Balance
- Advice/Awareness
- Supply Chain/Design
- Legislation – A Review of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

## *Members' Questions*

**Chairman Warwick Adams of Interserve Project Services** asked about the sources of the Statistics on Stress and Marcia replied that they were taken individual cases occurring in 2002/2003.

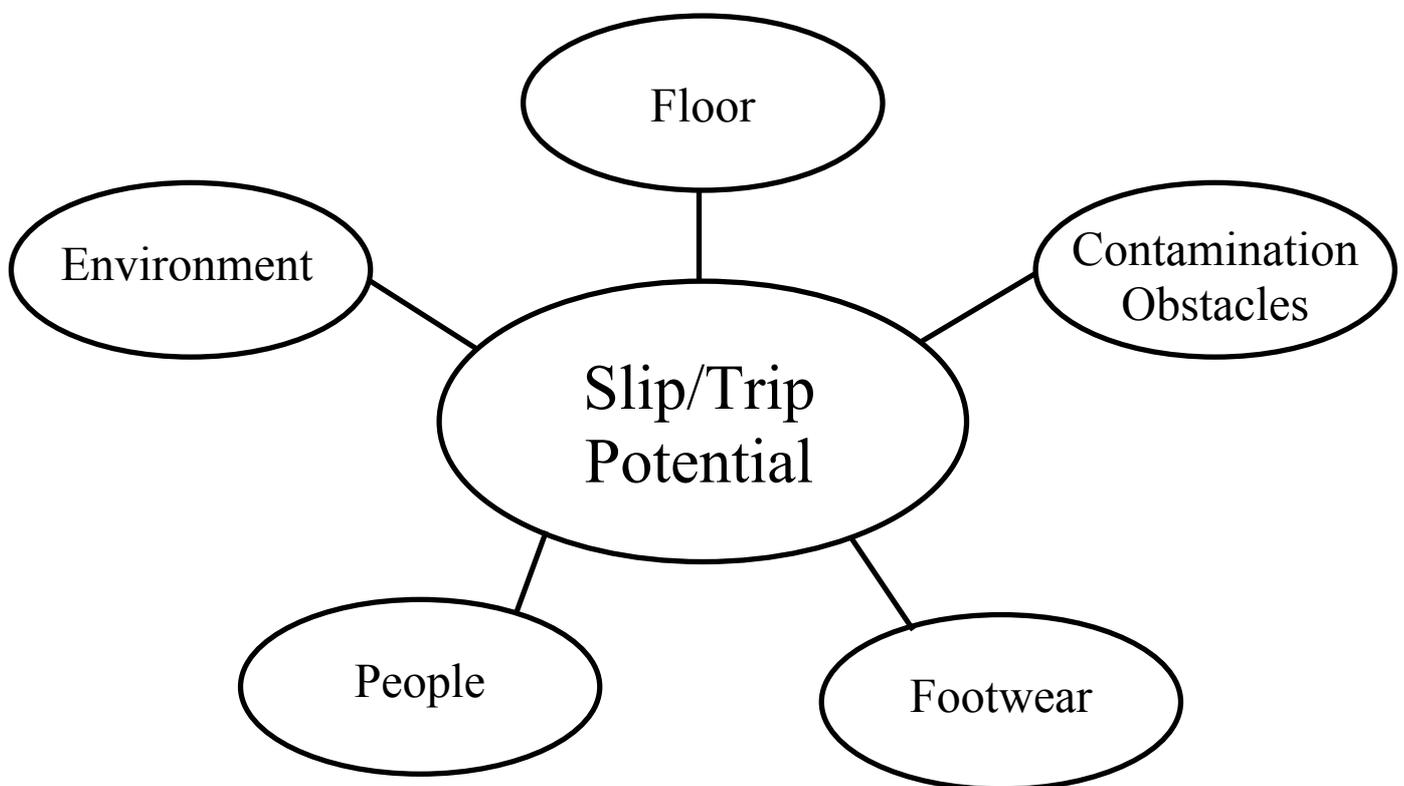
**Mike Wilkinson of Marsh UK** commented that with the profile of slips, trips and falls accident being consistent over the past ten years, was it not the case that new laws were diverting attention away from the real issues? Marcia said she agreed

entirely and HSE would be concentrating on fewer, significant areas in order to be more effective.

**George Allcock of GKN** then made the very pertinent comment that it was important for all managers and practitioners to ensure that they knew the risks occurring in their own firms and then they would not have to bother too much about the national strategy!

As an illustration of one of the significant areas for HSE and LA action, Marcia went on to give a brief presentation on Controlling slips and Trips at Work. Although “Banana Skin Accidents” are often the inspiration for jokes, victims didn’t always share in the humour, with 90% of major accidents resulting in fractures, lost income, pain and reduced quality of life! The annual loss to employers is over £500 million, whilst societal loss is over £800!

The factors contributing to slips/trips can be summarised in the following diagram: -



Marcia said that Risk Assessments should include a structured consideration of all of these factors, in order to be considered as “suitable and sufficient”. Common “Slip” hazards are: -

- Leaks, spills and splashes of liquids and solids
- Wet processes
- Unsuitable floors
- Unsuitable footwear for floor
- Rain, Mud
- Unsuitable entrance matting
- Sloping surfaces

- Wet floors after cleaning

Examples of Risk Controls for Floor Contamination are: -

- Contamination from work activities/environment controlled
- Process plant controlled and maintained
- Spillages cleaned up
- Correct cleaning regime in place and monitored

Examples of Risk controls for suitable Floor and Footwear are: -

- Floors slip-resistant
- Appropriate use of;
  - Mats
  - Anti-slip coatings/treatments
  - Drainage
  - Grids, gratings, duckboards
- Required footwear is slip-resistant

An example of how a hazard can be identified, a suitable anti-slip mat provided but improperly used, is shown in this photograph of a school entrance. Unfortunately, the risk assessment failed to identify that the most hazardous route taken by the students was not across the mat, but to the drinks machine on the left of the picture.



Common trip hazards are

- Loose floorboards/tiles
- Loose and worn mats/carpets
- Accumulated waste materials
- Electrical and telephone socket outlets
- Trailing cables, pallets, tools, etc., in gangways

Risk controls for the Prevention of Trips are: -

- Floors even, free from holes or slopes (mark slopes clearly)
- Gangways well planned and marked

- Access routes kept clear
- Stairs well constructed, with handrails
- Good lighting, avoid sudden, large changes in lighting levels



**Fork Lift Truck blocking pedestrian access**

**Pallets and plant blocking gangway**

**Further Advice and Guidance**

- Workplace Health, Safety and Welfare – ACOP and Guidance L24
- HSG 155 & 156
- INDG225 rev1, Preventing slips and trips at work
- HSE Free Information Sheets, Food FIS 6 and 22, Catering CAS 6, Education EDIS2 and Health Services HSIS2

In summary, Marcia concluded that: -

- Slips and trips are NOT a trivial matter
- Risks must be actively managed
- Include S & T specifically in risk assessment
- Solutions can be cheap and simple, but must.....

Maintain standards.

As there were no more questions, Warwick Adams closed the meeting and the Members showed their appreciation for a very interesting and informative presentation.