

**Meeting of the CHARGE Industry Advisory Committee
held at HSE Office, Nottingham on Wednesday 16 March 2011 at 10.30 am**

Present:

Dr P Smith
Ms R Bricis
Mr D Donkin
Mr P Marsh
Mr F Morrall
Mr C Nessfield
Ms I Stevenson
Ms A Przystupa
Mr P Underwood
Mr R Breen
Ms C Flannigan

Representing:

HSE (Chair)
HSE
Pilkington
British Glass Confederation (BGC)
British Ceramic Confederation (BCC)
British Precast Concrete Federation (BPCF)
Proskills
Unite
Unite
Unite (Observer)
HSE (Minutes)

Apologies:

Mr D Moore
Mr R Baldwin
Mr D Cockcroft

Representing:

Glass & Glazing Federation (GGF)
Unite
Marshalls

1. Welcome, Apologies and Previous Minutes.

- 1.1 Chair welcomed everyone to the meeting. Apologies as listed.
- 1.2 Members were informed that Geoff Cox had now transferred to the Services Sector, David Appleton had retired from HSE at the end of February and Keith Morton had retired from the committee. Dr Smith would send a letter of thanks to Mr Morton on behalf of CHARGE thanking him for his valuable contribution over the years.

Action: Dr Smith

- 1.3 The minutes of the previous meeting were agreed.

2. Matters Arising.

- (2.12) Flat glass PPE standards. A meeting had taken place at British Glass to discuss/agree standards. Other sectors were being consulted.
- (3.2) Schemes -v- industry performance. Trade associations had submitted their statistics for 2009. HSE would do a comparison and present at 6 July meeting.

Action: C Flannigan

- (7.1) Heat stress/work in elevated temperature guidance. Two drafts had now been consulted on. There had been input from HSE's Corporate Medical Unit. A third draft would soon be circulated. Mr Marsh would circulate to the wider CHARGE committee when further progress had been made.

Action: Mr Marsh

- (7.3) Glass Charter. Insurance/industry basic traffic light scheme. Trials had taken place with three smaller Glass & Glazing Federation companies. Dialogue was still ongoing with the insurance industry. A further set of trials would take place.

Action: Carry forward

- (6.1) Health surveillance. Agenda item.
- (4.1) CHARGE leadership guidance. Agenda item.
- (6.1) Building Products Delivery Working Group – The Delivery Charter. Agenda item.
- (8.1) What works for you – Revitalising HSISs. Agenda item.

3. Health Surveillance – progress report.

- 3.1 Members were informed of the meeting that had taken place at HSL on 12 November 2010 to follow up on the RR827 research report – “Health Surveillance in Silica Exposed Workers”. A further HSE internal meeting regarding Silica issues had taken place in January.

Uncertainty still existed about what constituted appropriate health surveillance and whether chest x-rays should be included as part of health surveillance.

Recommendation was to follow the guidance in G404 – but it was for the occupational health specialist to decide if chest x-rays were appropriate on a case-by-case basis.

Issues remaining to be resolved included:-

- ◆ understanding when there was a residual risk indicating health surveillance is necessary;
- ◆ when HS is required what it should consist of;
- ◆ the frequency of chest x-rays when required;
- ◆ health surveillance for peripatetic workers;
- ◆ user-acceptance of chest x-rays;
- ◆ cost-benefit issues.

A risk assessment tool is presently under development to ascertain residual risk.

The HSL Expert Working Group were trying to develop a protocol to give guidance to physicians. Issues for consideration included:-

- ◆ medical history of employee;
- ◆ previous levels of exposure;
- ◆ frequency of chest x-rays;
- ◆ compliance with COSHH Reg 11;
- ◆ peripatetic workers;
- ◆ adequacy of film readers/level of expertise;
- ◆ cost to administer.

Members discussed various levels of health surveillance currently in place in their organisations. There was general agreement that a consensus view from health professionals was required because of inconsistency among employers and as a consequence, employers could be negligent in their duty of care in a court of law.

The HSE RR827 research report didn't help to form a judgement on periodicity of chest x-rays

The meeting was informed of the proposed BCC's Pilot exercise concerning Silica exposed workers. It involved carrying out a sample x-ray programme of those most at risk of exposure and monitoring, to help determine if there was a need for chest x-rays, and if so, the frequency to be undertaken.

- 3.2 Mr Underwood agreed to approach their work's physician for a view and to explore the availability of ill-health statistics and report back at the next meeting.

Action: Mr Underwood

- 3.3 Dr Smith would inform John Osman, HSE Chief Medical Advisor of the BCC Pilot and also invite Marjory Mitchell to the next meeting.

Action: Dr Smith

4. CHARGE Industries Injuries Statistics.

- 4.1 The 2009-10 injury statistics for the glass, cement, concrete, ceramics, heavy clays and refractories industries were presented to members. The figures were provisional and would be confirmed by Statistics Unit in June. The presentation illustrated numbers of fatalities, major and over 3-day injuries as well as accident kind. It also addressed health and safety during the recession and possible reasons why injury rates may increase or decrease during recession.

Glass

- ◆ overall injury rates were higher than manufacturing
- ◆ 1 fatality – crushed by glass falling from an A-frame
- ◆ 2 prosecutions
- ◆ 5 Prohibition Notices
- ◆ 46 Improvement Notices

Cement

- ◆ overall injury rates were lower than manufacturing
- ◆ 2 prosecutions
- ◆ 5 Improvement Notices

Concrete

- ◆ injury rates were declining and now fewer than manufacturing
- ◆ 1 fatality – visiting HGV driver run over by his own vehicle whilst coupling up tractor unit to trailer
- ◆ 2 prosecutions
- ◆ 5 Prohibition Notices
- ◆ 27 Improvement Notices

Ceramics, Heavy Clays and Refractories

- ◆ injury rates were declining but overall, still higher than manufacturing
- ◆ 8 Prohibition Notices
- ◆ 25 Improvement Notices (majority for COSHH)

There was a high percentage of manual handling and slip/trip incidents. Reasons put forward for slips/trips included flooring, housekeeping and safety culture. A suggestion was put forward for trade associations to adopt a theme or project. All supported this. An improvement plan could be developed and performance monitored. To get the message across, it was felt this had to start at the top within organisations from CEOs to all levels of management for accountability. It was thought HSE's injury statistics could have some influence.

- 4.2 Dr Smith would write to trade associations to express concern about the level of slip/trip and manual handling incidents.

Action: Dr Smith

Proskills were liaising with British Safety Council to develop a QCF module to raise awareness of slips and trips which was in line with the HSE Steps Tool. There were also plans to develop an occupational standard for contractors (with help and input from industry experts). Ms Stevenson advised this would be discussed at a forthcoming Steering Group meeting.

Under PLEDGE Mr Morrall advised that BCC were helping member companies in the control of contractors.

5. CHARGE Strategy Leadership Guidance.

- 5.1 A revised draft of this guidance was tabled. Amendments had been made to incorporate links to resources, tools and further guidance.

5.2 All were invited to submit any further comments by the end of April prior to the next Working Group meeting.

Action: Members

5.3 The working group felt there was a need for example case studies to be published on the website. Members would ask their member organisations for examples of good leadership, bearing in mind that the guidance was aimed at small and micro businesses. Members to submit examples to Dr Smith by the end of April.

Action: Members

6. Building Products Delivery Working Group – The Delivery Charter.

6.1 Members discussed the updated draft guidance leaflet. They felt that some of the pictures were unclear and didn't tell the story. Others were too small, particularly the three at the "During Delivery" section. In addition, at this section, it was suggested that "*Don't stand under or near load*" be inserted.

PPE – there was an issue concerning Rigger boots. Dr Smith would feed this back to BPDWG.

Mr Nessfield requested an electronic copy of the leaflet. All were invited to submit any further comments by end of May.

6.2 Dr Smith to feedback issue of Rigger boots to BPDWG and send electronic version of leaflet to Mr Nessfield.

Action: Dr Smith

6.3 Members to submit any further comments on the draft to Dr Smith by the end of May.

Action: Members

7. HSE Publications Review.

7.1 Members were informed of the review of HSE publications, operational guidance and website. The review would fall into three main categories:-

- ◆ *guidance to be retained*, ie up to date, accurate and fit for purpose;
- ◆ *guidance to be reviewed/revised*, ie still relevant and useful but required updating;
- ◆ *guidance to be withdrawn*, ie no longer relevant, out of date or had been replaced by other guidance.

Dr Smith would circulate to members, a list of the industry-specific guidance that HSE were reviewing for them to categorise to help HSE with this work.

Action: Dr Smith

Update: List of industry-specific publications circulated to members.

7.2 All were asked to consider which category was appropriate and reply to Dr Smith by 15 April.

Action: Members

- 7.3 Dr Smith would send an email to trade body reps with a link to relevant documents that were to be reviewed.

Action: Dr Smith

8. Health & Safety Improvement Schemes (HSISs) – progress reports.

- 8.1 Glass Charter: Only a small number of organisations had completed the self assessment audit tool. It was felt a more simplified and flexible version of the tool was required. Additionally, to be measurable, specific standards were required to be set. Accident stats had been shared among members. Consideration is being given to compiling an annual accident report instead of the present six-monthly report. There was a need for greater focus on behaviours/culture – behavioural safety workshops had not asked for any report back. The merit scheme to encourage continuous improvement hadn't been as successful as hoped.

Members considered the development of a simple self assessment audit tool under the CHARGE banner with all providing input.

- 8.2 Concrete: Positive feedback had been received regarding sharing information, eg safety alerts and accident stats. HSE/CHARGE was cited as very helpful and effective as well as good for encouraging CEO leadership. Peer pressure/merit awards, whilst they could help motivate and reward workers, could have a negative effect on some individuals. Endorsement had been a problem. It had become increasingly difficult to obtain statements of support and to get approval for use of the HSE logo. It was felt that without such approval any industry-HSE guidance would have little value to the industry.

Dr Smith explained that since the change of government there was now a more detailed clearance process to go through regarding getting industry produced guidance supported/endorsed by HSE. Legal compliance issues and technical correctness were factors surrounding the use of HSE's logo.

- 8.3 Ceramic Industry PLEDGE: PLEDGE Phase 3 had been launched, and the document signed by CEO and certificate displayed. Shop floor workers were being involved in various projects. The contractors charter had worked well. The PLEDGE toolkit for small businesses had proved useful when recently demonstrated at a visit to a company. Over 200 delegates had attended the annual PLEDGE conference which comprised management, safety reps and shop floor workers. CHARGE and revitalising had proved to be very useful. Greater focus on tackling ill-health was a priority; suggestions from members were welcomed. There had been lack of enthusiasm from some member organisations, possibly due to lack of resources. Stakeholders wanted some form of recognition from HSE for all their hard work in setting up the 10-year initiatives, and having done what was asked of them to help drive up standards.
- 8.4 Dr Smith would feed up the management chain the proposal for some form of acknowledgement, for example from the HSE Chair, for the work done by stakeholders.

Action: Dr Smith

9. “What works for you” - revitalising HSISs.

- 9.1 Members fed back examples of what they felt had worked within their organisations. Included were:-

- ◆ good CEO leadership;
- ◆ sharing information/good neighbour/visit each other's organisations;
- ◆ face to face communication;
- ◆ CHARGE/revitalising;
- ◆ employee involvement;
- ◆ friendly rivalry – merit awards;
- ◆ SHADs;
- ◆ annual Safety Awareness Day, variety of staff grades involved, to be increased to two per year;
- ◆ tasks/projects to be given to workers;
- ◆ safety observation reports being undertaken by safety reps;
- ◆ teamed up with Smurfit Kapa, visited each others sites, liaised on risk assessments, observed shop floor activities, with workers providing report back from visits on key learning points.

10. AOB.

10.1 Dave Cockcroft was retiring from the committee. Chair acknowledged his valuable contribution to the committee.

10.2 Members were advised that an HSE Manufacturing Sector Strategy was being developed. This would be shared with members who would be given an opportunity for input as the aims and objectives of CHARGE Strategy, published 2009, for delivering the HSE Strategy, would need to be reflected in the document.

10.3 Future meeting dates:-

- ◆ Wednesday 6 July 2011, industry to host: venue to be confirmed.
- ◆ Tuesday 11 October, HSE office, Nottingham.