

Meeting of the CHARGE Industry Advisory Committee
held at Johnson Tiles, Harewood Street, Tunstall, Stoke on Trent, ST6 5JZ
on Wednesday 27 October at 10.30 am

Present:

Mr G Cox
Dr P Smith
Mr M Potts
Mr C Nessfield
Ms I Stevenson
Ms A Przystupa
Mr C Haigh
Mr F Morrall
Mr D Cockcroft
Mr K Morton
Mr M Thompson
Ms C Flannigan

Representing:

HSE, (Chair)
HSE
HSE
British Precast Concrete Federation (BPCF)
Proskills
Unite
Unite, T&G Section
British Ceramic Confederation (BCC)
Marshalls
Ibstock Brick Ltd
Johnson Tiles
HSE (Minutes)

Apologies:

Mr D Appleton
Mr P Underwood
Mr R Baldwin
Mr D Donkin
Mr D Moore
Mr P Marsh

Representing:

HSE
Unite
Unite
Pilkington
Glass & Glazing Federation (GGF)
British Glass Confederation (BGC)

1. Welcome, Apologies and Previous Minutes.

- 1.1 Chair welcomed everyone to the meeting and thanked Tony Cotton, Head of Manufacturing and Mark Thompson, Health, Safety & Environmental Officer of Johnson Tiles for hosting the meeting and arranging the site tour. Apologies as listed.
- 1.2 Terry Cotton provided an overview of the company and Mark Thompson gave a presentation that illustrated processes carried out. Mr Thompson spoke of safety challenges, the company's accident/investigation/auditing process, reduction in incidents/RIDDORs, employee involvement and the on-site occupational health provision.
- 1.3 The minutes of the previous meeting required three amendments to be made. Mr K Morton represented Ibstock Brick Ltd (not Ibstock Building Products), Mr D Wood represented Hansons (not Hamptons) and Ms I Stevenson should have been included in the apologies.

2. Matters Arising.

(2.12) BG/GGF Working Group. Philip Marsh had sent his apologies but had provided the following update by email. *"The BG/GGF PPE Working Group met on 18 August 2010 to discuss the draft guidance and continue discussions over the flat glass PPE standards. The group, for flat glass, will meet again on 18 November 2010 to continue discussions on flat glass PPE standards. Updated guidance and draft standards were circulated to the Working Group on 15 October 2010."*

Action: Carry forward

(3.2) Schemes -v- Industry performance. Members were informed that HSE's injury statistics for 2009 would be published on 27 October. Information on Industry Scheme statistics was required from members in order to compare trade association data with HSE statistics. Dr Smith will report on the statistics at the March 2011 meeting.

Action: Dr P Smith

(3.4) 10-year Revitalising H&S Agenda. This had officially ended in June 2010. Members were advised of progress made in achieving a reduction in the number of fatalities and major injuries, incident rates and average number of days lost against the three Revitalising targets that had been set.

	Target	Achieved
Fatalities & Major Injuries IR	10%	22%
Ill health IR	20%	15%
Average Working Days Lost	30%	30%

Chair informed members that since the change of Government the figures would not be reported against Revitalising targets since targets no longer featured in the Government's agenda. He provided members with information on manufacturing statistics for 2009.

- ◆ the rate of fatalities per 100,000 was 0.9 (previous year figure was 1.3);
- ◆ there was a 5% reduction in major injuries;
- ◆ there was a 10% reduction in over 3-day injuries.

Discussion followed on whether accident statistics varied during periods of growth or during periods of recession. There was a view that during periods of recession manufacturing processes were likely to be less intensive and could therefore result in fewer incidents. On the other hand during periods of growth and expansion, plus additional recruitment, there could be a significant increase in incidents.

Members were briefed on HSE's position regarding Government restrictions on public spending and the effect it would have on the creation of any new HSE-produced guidance. In the current economic climate any proposed new HSE guidance would need the approval of HSE Chief Executive, Geoffrey Podger. Industry produced guidance would continue to require senior management sign-off if HSE was involved in its production and there was a request for HSE endorsement and/use of the HSE logo. Members were advised it would be "business as usual" for the CHARGE committee. Meetings had negligible costs involved and were therefore better placed than industries with formal Industry Advisory Committees.

- (4.1) Survey tool. Dr Smith had circulated the names of the two HSL contacts that Mr Donkin had provided.

Discharged

- (5.) CHARGE Strategy Leadership Guidance – main agenda item.

- (6.1) Building Products Delivery Working Group – The Delivery Charter – main agenda item.

- (7.1) Heat stress. Philip Marsh provided the following update by email. *"The draft heat stress/work in elevated temperatures guidance had been circulated for comment with two updated documents being circulated on 1 July 2010 and 9 August 2010. The current version of the draft will be discussed at the next BG HS committee on 9 December 2010."*

Action: Carry forward

- (7.3) Glass Charter. Insurance industry/basic traffic light scheme. Email update provided by Philip Marsh. *"The scheme is currently being trialed by a number of GGF members."* Mr Moore would provide a future update on this activity.

Action: Carry forward

- (6.1) Health Surveillance for Silica Exposed Workers. The HSL report *"RR 827 Health surveillance in silica exposed workers"* was now finalised and had been placed on the Community site.

Discharged

Dr Smith gave a presentation to members on Health Surveillance in Silica Exposed Workers. It outlined:-

- ◆ what health surveillance was for;
- ◆ what the problems were in relation to silica;
- ◆ the research objectives;
- ◆ main recommendations;
- ◆ development of a standardised approach;
- ◆ frequency of health surveillance.

The research was carried out due to the uncertainty about what constitutes appropriate health surveillance for Silica exposed workers in the UK. There was a need for occupational health professionals to reach a consensus and to develop an approach for health surveillance and agree how often it should be carried out (eg annual health questionnaire, past respiratory conditions, periodicity of chest x-ray, annual spirometry). Additionally, occupational health professionals needed to have sufficient knowledge and understanding of specific health issues.

Members discussed whether chest x-rays should be included as part of the health surveillance programme, the legality of health surveillance and employee co-operation and consent.

Members were informed that a meeting was scheduled for 12 November at HSL, Buxton to discuss the findings of the research report and to develop a protocol for occupational health professionals. The Working Group would be chaired by John Osman, HSE Chief Medical Adviser and would comprise respiratory physicians and occupational health physicians and representatives from employers and unions.

Action: Carry forward

3. REACH.

3.1 Mike Potts, HSE, gave a presentation covering REACH enforcement, interventions and issues for downstream users. The REACH (Registration, Evaluation, Authorisation and restriction of Chemicals) Regulations came into force on 1 December 2008 and are multi-agency enforced. Three areas of enforcement are:-

- ◆ information submission – registration, notification etc;
- ◆ information transfer – upstream, feedback information to the supply chain;
- ◆ information use – downstream users.

Powers, offences and penalties are broadly similar to those under existing health, safety and environment legislation; ie fine and/or imprisonment for breach of the Regulations.

Interventions include:-

- ◆ advice, education and promotion to increase levels of compliance, eg provision of speakers at stakeholder-run events, bite-sized guidance leaflets and the Website;
- ◆ inspection;
- ◆ investigation;
- ◆ enforcement, informal/formal written Notices.

Mr Potts gave a brief outline of enforcement activity so far. Since 1 December 2008 there had been 155 reactive interventions and 30 Notices served for registration and restriction. To date there had been no prosecutions. Members were also briefed on the ongoing proactive work. Registration requirements were explained. Whilst downstream users were unlikely to have registration obligations, they still had a duty to comply with the Regulations. They are required to:-

- ◆ identify their duties and ensure compliance;
- ◆ identify substances used and to document;

- ◆ ensure chemicals are used safely in accordance with COSHH;
- ◆ communicate with suppliers and customers;
- ◆ feedback to the supply chain.

Members were made aware of the REACH compliance contact point for complaints and referrals at <http://www.reachcompliance@hse.gsi.gov.uk>

Mr Potts' presentation has been placed on the Community site.

4. CHARGE Leadership Guidance.

- 4.1 Members' comments were invited on the draft CHARGE Strategy Leadership Guidance that had been produced by the CHARGE Strategy Working Group. The guidance was a starting point, primarily for SMEs to assist them in identifying particular attributes considered necessary for an effective health and safety leader and to address any gaps in the organisation's health and safety systems. A proposal was made for the questions to be subdivided to allow for more detailed answers. Additionally that "what" be substituted for "how" as it was felt some questions were "closed".

Dr Smith would convene a meeting of the Steering Group in early January and report back to members at the next CHARGE meeting in March 2011. Members were invited to submit any further comments by the end of November.

Action: Dr Smith/members

5. Proskills Pan-Sector Health & Safety Update.

- 5.1 Initial 2007 project. Proskills aimed to simplify an employers' ability to compare and evaluate the numerous health and safety standards and training courses available and where possible, streamline provision.

Over 5,000 National Occupational Standards (NOS) that claimed to have a health and safety content were duplicated as Sector Skills Councils/Standards Setting Boards had used the same NOS for different industry types in their Sector. A filtering process was used to reduce the number of NOS to 3,000. Each of the 3,000 was reviewed and a decision made regarding health and safety relevance. The HSG 65 POPMAR safety management system was used in the exercise. The project delivered 4 reports and covered NOS, Training Courses, Health and Safety Target Regimes and Qualifications. The 2007 project report for National Occupational Standards is available at <http://proskills.co.uk/hs/projects>

In 2009 Proskills developed and delivered the Qualifications Credit Framework (QCF) units for health and safety qualifications. Specific areas were Stand Alone Units, Practitioner Units and Regulatory Units. Additionally, Vocationally Related Qualifications (VRQs) were developed and aimed at shop floor workers.

A Sector Qualification Strategy was a key part of the research. The document would set out the future of qualifications and training and identify priority areas for development. Proskills were presently looking at various sectors to gather information/feedback to develop the Sector Qualification Strategy. There was a Steering Group of approximately 30 involved. Key players included IOSH, NEBOSH, CITB, Sector Skills Councils and colleges. There was also a separate Scottish Steering Group. The first part of the research was expected by end

of March 2011 and the work would be ongoing. The research survey had also asked questions regarding an MA for health and safety.

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

- 6.1 Members were given a copy of the Delivery Charter guidance leaflet. The guidance sets out health and safety standards the Industry expects from delivery drivers and receivers of goods at sites. A new version of the leaflet would be available in the coming weeks. The principles remained the same but it would be sharper and less wordy. When available, Dr Smith would circulate it to members for their comments by end of December. The next Working Group meeting is scheduled for 6 January 2011 to agree the content and sign off. This was the first stage of the Charter. Wincantons were carrying out a field trial to assess whether the guidance was helpful.

Action: Dr Smith/members

7. Health & Safety Improvement Schemes – progress reports.

- 7.1 Ceramic Industry PLEDGE. Mr Morrall provided an update. The October conference had been well received with approximately 200 delegates. The accident statistics followed the downward trend established in the first year of the PLEDGE. The 2011 conference is scheduled for 20 October. It would be a celebratory event to mark the 10th anniversary of PLEDGE. There was to be a Directors' Day in June 2011 and plans for a seminar on slips and trips for the ceramic industry next year.

- 7.2 Concrete Targets 2015. Mr Nessfield provided an update. Provisional statistics were being compiled. The CT2010 target of a reduction of 50% had been met and over the 10-year period of the scheme there had been a 75% reduction in RIDDORs. There was a new CT 2015 scheme that was now compulsory for BPCF members. Most organisations had signed up to the new scheme but some smaller organisations were yet to commit.

- 7.3 Members were given feedback of the BPCF SHAD that was organised by Michael Bone, HSE and Mr Nessfield. The SHAD had taken place at Roger Bullivant's, Drakelow, Burton on Trent and featured a number of scenarios. There were 65 attendees and feedback was extremely positive.

- 7.4 Mr Nessfield informed members that a Safety Alert had been circulated to BPCF members notifying them of the danger of not following the correct procedure for applying trailer and parking brakes. Failure to follow the proper procedure had resulted in 5 fatalities in the past 5 years. This was an issue that was covered at the recent SHAD. Members were encouraged to access Nina Day's presentation on the Community site. Mr Nessfield would circulate the Safety Alert to CHARGE members.

Action: Mr Nessfield

Update: The Safety Alert had been circulated to members.

8. "What Works for You" – revitalising Health & Safety Improvement Schemes.

- 8.1. Mr Morrall told members of the plan to reinvigorate the PLEDGE by inviting speakers from other sectors to exchange views/ideas and share information on best practice. There were plans to invite a lawyer to join the PLEDGE Board as well as occupational health physicians.

Members were invited to consider what works/doesn't work and feed back at the next meeting.

Action: Members

9. Any Other Business.

9.1 There were no items of other business.

10. Dates and Locations of Meetings for 2011.

- 10.1 - Wednesday 16 March at HSE Nottingham office.
- Wednesday 6 July. Industry to host – venue to be arranged.
- Tuesday 11 October at HSE Nottingham office.