

Exploration of the affect of litigation culture on the attribution and reporting of slip and trip accidents

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Exploration of the affect of litigation culture on the attribution and reporting of slip and trip accidents

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Health and Safety Executive statistics show no decrease in the number of reported slip and trip accidents. Is it because there are more accidents of this nature than in previous years or are there other factors that are impinging on the statistics?

Due to changes in the litigation law in recent years, lawyers have been offering a 'no win no fee' service, which appears (on the surface), to be generating a tendency amongst individuals to pursue claims of negligence, even in the most frivolous of cases. Along with this there have been media adverts encouraging people who have had an accident to seek compensation. Reports in the press also suggest that there are many companies willing to pay out small amounts of compensation rather than fight a more costly litigation process.

Society continues to change and there is less tolerance when it comes to risk. Incidents are reported in the media of outdoor school activities being cancelled because of fears of accidents (compensation claims). At the same time there is a groundswell against frivolous claims by the general public, which seems to indicate that, for the majority, there is such a concept as acceptable risk. But to what extent is this risk acceptance more or less tolerated than it was say 10 years ago?

The purpose of this work was to determine the effect of this heightened awareness, brought about by media activity, on the reporting of accidents, (if any).

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EXECUTIVE SUMMARY

Introduction

Health and Safety Executive statistics show no decrease in the number of reported slip and trip accidents. Is it because there are more accidents of this nature than in previous years or are there other factors that are impinging on the statistics?

Due to changes in the litigation law in recent years, lawyers have been offering a 'no win no fee' service, which appears (on the surface), to be generating a tendency amongst individuals to pursue claims of negligence, even in the most frivolous of cases. Along with this there have been media adverts encouraging people who have had an accident to seek compensation. Reports in the press also suggest that there are many companies willing to pay out small amounts of compensation rather than fight a more costly litigation process.

Society continues to change and there is less tolerance when it comes to risk. Incidents are reported in the media of outdoor school activities being cancelled because of fears of accidents (compensation claims). At the same time there is a groundswell against frivolous claims by the general public, which seems to indicate that, for the majority, there is such a concept as acceptable risk. But to what extent is this risk acceptance more or less tolerated than it was say 10 years ago?

The purpose of this work was to determine the effect of this heightened awareness, brought about by media activity, on the reporting of accidents, (if any).

Methodology

This study employed both quantitative and qualitative techniques (multi-method) engaging solicitors, insurers, H/S representatives from, manufacturing and retail and a survey of the general public to address the research question.

Results

Findings indicate that employers are recording and reporting more accidents as a self-defence mechanism against the threat of possible litigation. Employers/managers are taking more precautions with those having accidents on their premises (both employees and the public) e.g. offering to take people to hospital for a check up, then some more accidents are being recorded under RIDDOR than previously. Findings also indicate that the general public and employees are less inhibited about reporting slip and trip accidents as they are more aware of their rights and therefore less tolerant of what they see as unfair treatment, however litigation is not usually their first action. Findings suggest that people mainly resort to law if they believe that their complaint has not been fully acknowledged. Where organizations are conciliatory (e.g. acknowledging that people have a grievance) in their approach to people slipping and tripping on their premises, litigation is less likely. The majority of people however, are more likely to make a claim for compensation if their injuries are serious and if the organization is perceived as 'remote' e.g. local councils from the individual. Results indicate that people are less likely to make a claim against their employers. It also appears that 'litigation' has peaked and claims are beginning to stabilise. The threat of litigation has caused organizations to put into place policies and control measures to reduce accidents this has been primarily to defend themselves against litigation. In theory, at least, this should mean that accident statistics should begin to reflect this by showing a reduction in the number of accidents taking place but as organizations are

recording and reporting more (that would previously not have been reported), to protect themselves, this may be confounding the statistics.

Both the threat of litigation and inspections are viewed as equally important driving forces in reducing slip and trip accidents. The combinations of litigation and health and safety visits (both advisory and enforcement) were therefore all seen as essential to improving safety.

Industries are seeing costs increase, this is because average payouts have increased but accidents themselves are not increasing.

Conclusions and Recommendations

HSE needs to engage with the Insurance Sector to help and support them in understanding how slips and trips are caused and can be prevented.

HSE should also approach the Association of Personal Injury Lawyers (APIL) to explore how they can help and support their members in understanding how slips and trips are caused and can be prevented.

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1 PURPOSE

To explore the effect of the 'Litigation Culture' on the attribution and reporting of slip and trip accidents.

1.1 OBJECTIVES

1. To ascertain if the threat of litigation is more effective than a health and safety visit.
2. To establish if slips and trips accidents are still viewed in the same way. For example, has there been a reduction in embarrassment and tolerance amongst employees? If so what has been the effect: Are there higher expectations amongst employees as a result? Has there been an increase in blame culture?
3. To establish the effect of the slips project so far, has the programme had an influence? Are employees more aware of slip and trip accidents? Is it because of the 'no win no fee' type advertising, inspector interventions or because of the slips and trips campaign.
4. To establish if litigation has had an effect on the number of, or seriousness of, slip and trip accidents being reported. For example, have reporting levels in organisations increased in the last few years, if so, is it because of the so-called claims culture, or are there other reasons? Has there been an increase in the reporting of 'over three day', or major injuries relating to slips and trips?
5. To ascertain if companies are seeing an increase in financial burden due to slip and trip insurance claims and to gain a picture of how much slip and trip accident claims cost the insurance industry every year, if possible, compared to another claim type which industry sees as being one of their current major concerns, such as stress. Many small claims are settled out of court, is this taken into account when calculating the total cost from claims.

1.2 BACKGROUND

HSC has identified Slips and Trips as one of its priority programmes. Its objective being to reduce the incidence rate of fatal and major injuries caused by slips and trips by 5% by 2004, and by 10% by 2010. However recent research carried out by HSL found that many industries do not see slips and trips as being a problem and give more importance to other issues. It is hoped that the deliverables from this project can be used to persuade industry of the high costs and prevalence associated to slip and trip accidents and encourage employers to move it higher up their agenda.

It is clear that more baseline information is needed on causes, trends and industry/sector issues, if targets such as these are to be met. It is believed that the project will assist in providing factual data on the economic and business costs of slips and trips. It will also improve knowledge of the causative factors, particularly in relation to human factors issues.

In the last few years, there appears to have been a significant increase in the number of advertisements informing the public that if they have had a slip or a trip at work, they may be eligible for compensation. As well as employing traditional advertising techniques, such as television and radio, advertising has reached new levels, it has even been found on hospital appointment cards. If people are responding to the advertising, it raises several questions. What effect is the perceived compensation culture having on the reporting and attribution of slip and trip accidents? What about causative factors, are people now behaving differently? Do they still

look at slip and trip incidents as being trivial and inconsequential? The results are used to better inform the slips and trips programme and improve knowledge of the causes, trends and issues associated with reported slip and trip injuries

2 METHODOLOGY

To answer the above research questions the methodology for this work used, telephone interviews, questionnaires and focus groups as well as a literature search. It used sources, from: Health and Safety professionals, management, trades unions, the Insurance industry and Solicitors involved in litigation as well as the general public.

By tapping into all of these sources the data can be considered robust to give a clear picture as to what is happening.

To keep this project manageable, within both budget and timescale, a sample of managers and health and safety professionals was used from the retail and manufacturing sector only. To add breadth to the study samples were taken from different locations. Consistency of findings constitute both robustness and degree of generalizability.

One question to answer was about 'are people more aware now (about slips and trips) than before' e.g. ten years ago? This will be tapping into long-term memory, which may have been influenced by other factors not associated with the phenomena being explored.

Interview schedules were constructed for use with solicitors, insurance companies, trades unions and managers in the retail and manufacturing industries. An attitude questionnaire was constructed for use with the general public.

Interviews took place with managers in three major shopping centres in the Midlands, Yorkshire and Greater Manchester. Telephone interviews were arranged with managers in the retail and manufacturing sectors. Telephone Interviews were also used to gain Trades Union input and input from insurance companies. A focus group was used for solicitors involved in injury litigation.

Objective information in the form of statistical data was requested at every opportunity; however, there was a great deal of reluctance to furnish this information on the part of the majority of respondents.

The attitude questionnaire was constructed to determine what people's attitudes were in reporting and bringing litigation action in respect of injuries through slip and trip accidents. It was also hoped that it would give some insight into whether or not peoples attitudes to reporting accidents and/or bringing litigation action had changed in response to the 'no win no fee' and the advertising campaigns operated over the last ten years, as a result of this, encouraging people to make claims for any type of accident.

If the advent of the 'no win no fee' approach to redress in the courts, had an effect on peoples attitudes to making claims for injuries, then it is reasonable to assume that that attitude change has only come about in the last 10 years or so. If this is the case then there may well be a discernable age effect when it comes to people's inhibitions to making a claim. It was hypothesised that the older the age group the less likely it would be that they would consider making a claim and that the tendency to make claims would be in a younger population. Although no precise age is put on younger or older it was expected that results would differentiate between those more likely to make a claim being younger than those less likely to make a claim. Therefore twelve age bands were targeted between 16-70+ (see annex 7).

A questionnaire was constructed using a seven point Likert Scale. This was piloted on a small sample (n=15). Some changes were made to items and the questionnaire in response to feedback and the questionnaire was again piloted, internal reliability = 0.952.

To get the cross section of people needed, a rail company was approached and permission was requested to use their train services on a particular route in Derbyshire. This was done to limit the geographical area from which the sample would be taken. The reason being to control for, as far as possible, external influences on the sample that may influence attitudes to and attitude change to the phenomena being investigated. It was assumed that a sample from a more homogenous population would have similar influences acting on them than from a more heterogeneous sample (in this case promoting lowered inhibitions in reporting and claiming compensation for slip and trip accidents). Cut off points along the route were calculated so that questionnaires were not given out beyond a certain point. This allowed good time for respondents to complete the questionnaire and constrained the sample within geographical limits. Members of the general public travelling between Buxton and Stockport completed 400 questionnaires over two days. The questionnaires were distributed between 0730 and 1700hrs each day, so that as diverse a section of the public could be sampled. This resulted in a good population 'fit' in relation to the age groups, as compared to the population of each age group given in the 2001 Census.

3 RESULTS

Interview and focus group summaries from solicitors, insurance, retail and manufacturing sectors were analysed thematically can be found in annexes 1-6.

Results were analysed using SPSS v13. A one-way between groups ANOVA was used which looked for any age differences across the sample. T-tests were used to determine statistical differences within the response categories for each question. Results were significant at the $p = >.001$ level. The only difference in attitudes, regarding age, was for those under 21 and those over 65 who were more likely to make a claim than any other age group. See Annex 7 for full analysis

3.1 MAIN FINDINGS

- Claims peaked about three to five years ago (See annexes 1, 3, 4, 5, 6).
- Reporting and recording of accidents has increased as a defence against claims. Some of which are reportable under RIDDOR (See annexes 1, 4, 5).
- Claims can take up to three years to be lodged, therefore good recording is considered necessary (See annexes 5, 6).
- Findings support the literature that the litigation culture in this country is a 'myth' but in some parts of the country employees are more litigious than others (See annexes 1, 2, 3, 4, 6, 7).
- Trades Unions filter out 'flimsy' claims from members. (See annex 1).
- Insurers pay out claims that are small or have gone on a long time (See annexes 5, 6).
- Individuals who have made a successful claim identified themselves as more likely to claim again if they had an accident, in comparison to people who have not claimed before (See annex 7).
- People are more likely to claim against 'impersonal organizations' e.g. local council (See annexes 3, 5, 6, 7).
- People are more likely to claim for more serious injuries (See annex 7).
- People are more likely to claim if their complaint has been ignored – compensation is often irrelevant (See annex 5).
- People are less likely to claim if their complaint has been acknowledged (See annex 5).
- The combinations of litigation and health and safety visits (both advisory and enforcement) were therefore all seen as essential to improving safety (See annexes 1, 2).
- Younger people 16-20 years are more likely to claim, as are older people over 65 (See annex 7).

- Insurance companies may be fuelling claims in their readiness to settle small claims (See annexes 2, 5, 6).
- The majority of claims are settled out of court (See annexes 1, 6).
- The majority of claims are for small amounts e.g. £1-3000 (See annexes 1, 3,).
- Solicitors and Trades Unions see risk management as the best policy (See annexes 1, 2).
- There is little awareness of the Slip and Trip Priority Programme (See annexes 1, 2).
- Slips and Trips are the most common form of accidents in the retail sector (See annexes 1, 3).
- Threat of litigation has caused organizations to put H/S policies in place (See annexes 1, 3, 4).
- There is greater awareness of 'rights' by the public (See annexes 1, 6).
- It is now easier to pursue a claim after an accident than 15 years ago (See annex 6).
- Solicitors are liable for no win fees but these can be recovered through costs in a win situation (See annex 2).
- Solicitors are not always aware of the legitimacy of a claim when they take it on (See annex 2).
- There is no evidence to support the fact that family members and/or friends, encourage/influence people to bring legal action for compensation (See annex 7).

4 DISCUSSION

The findings appear to support the literature, see Bamber (2005), that the so-called 'litigation culture' is a myth, certainly in the work situation. It is now easier to pursue litigation and people are more aware of their rights (there is evidence that there may be one or two 'hotspots' for litigation in the country, where employees are more likely to pursue litigation for compensation purposes but this would need to be investigated further as to why). Results indicate that people appear to be reluctant to bring action unless they have sustained serious injuries (see annex 7). Where legal action is brought against organizations it is usually because the individual perceives they have a justifiable complaint and this is being ignored (see annex 5). Recognition that there is a genuine grievance appears to be enough to ward legal action off in the majority of cases (see annex 5). This is not to say that frivolous claims are not being made but the majority of these are not pursued far. The tendency for insurance companies to pay out small claims, almost without question does appear to increase the likelihood of people claiming again, if they have a minor accident (see annex 5,7). Although organizations make a full investigation after each incident is reported, some incidents are reported after the event, which makes it difficult to determine the causation (See annex 5). However, when incidents are reported at the time, there is usually an associated hazard to be found (See annex 5).

In respect to the reporting/recording of accidents organizations are recording all accidents, however, trivial in order to defend themselves against the possibility of claims being made (See annexes 1,4,5). Organizations are also more likely to offer to send people for a check up at a hospital, again as a precautionary measure (See annex 5). By doing so this may result in a RIDDOR report. Results indicate that claims may well have peaked over the last two to three years (See annexes 1,3,4,5,6). This may well be due to organizations being better able to defend the more frivolous claims because of their reporting procedures and having more robust H/S policies/systems in place (See annexes 1,3,4). There appears to still be little knowledge of the Slip and Trip priority Programme (See annexes 1,2).

5 CONCLUSIONS

In conclusion, although the popular press would have us think otherwise, there is little evidence to support the myth of the 'litigation culture'. This is supported by the literature. The threat of litigation has caused organizations to tighten up their policies on reporting and recording accidents as well as putting controls in place. The increase in RIDDOR statistics may be a result of organizations, especially retail, reporting more incidents as a self-defence mechanism against the threat of litigation. This is particularly so where members of the general public are concerned. Increased reporting and recording of accidents may well have resulted in an increase in RIDDOR reporting, as a precaution against future litigation claims, especially where precautionary measures are taken up, e.g. offering to take the person to hospital for a check up, even for minor accidents. On the positive side for HSE the fear of litigation has caused organizations to put into place control measures and policies on accident reduction. Although this may have resulted in an apparent increase, statistically, in the number of reported accidents, long-term benefits may accrue because of organizations implementing control policies. Both solicitors and Trades Unions see the necessity of continued HSE regulation to promote accident reduction in the workplace. It appears, however, that the insurance industry may be encouraging claims to be made for minor accidents, thereby encouraging more reporting, by paying out small claims without challenge, as it is cheaper to do so. HSE can play an important role here by engaging with Insurance companies to offer help and support in understanding how slips and trips are caused and can be prevented. HSE have already held a seminar in January 2005 with the Association of British Insurers on these issues as a step towards this.

The results of this work may indicate that employers/managers (as a precaution against possible litigation) may well be offering employees checkups at hospitals after an incident, whereas in the past they did not do this, so triggering a RIDDOR report. This may mean that statistical analysis of RIDDOR data may well be exaggerating the number of slip and trip incidents compared to five to ten years ago (these are more predominant in the retail sector, where members of the general public are concerned) despite the efforts of the Slip and Trip Priority Programme.

6 RECOMMENDATIONS

HSE needs to engage with the Insurance Sector to help and support them in understanding how slips and trips are caused and can be prevented.

HSE should also approach the Association of Personal Injury Lawyers (APIL) to explore how they can help and support their members in understanding how slips and trips are caused and can be prevented.

7 REFERENCES

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8 APPENDICES

8.1 ANNEX 1

8.1.1 Summary of Trade Union interviews

8.1.1.1 *Impact of Litigation vs. health and safety visits*

The threat of litigation and the use of enforcement health and safety visits were seen as effective methods to improve safety in the workplace. The use of advisory health and safety visits were also seen as effective, but perhaps not as effective, due to the lack of some form of sanction. It was suggested that some employers need the threat of sanctions in order to get them make changes, whilst other employers will happily make changes without this threat. The combinations of litigation and health and safety visits (both advisory and enforcement) were therefore all seen as essential to improving safety.

8.1.1.2 *Blame culture*

The interviewees did not feel that there is a blame culture in relation to slips and trips, they did note, however, that awareness is now much better. It was also suggested that the threshold that individuals have for accidents has decreased. This was illustrated by explaining that someone losing the tip of a finger might have been seen as 'a part of the job' some time ago. Now people are less likely to tolerate such accidents as 'a part of the job' and believe that the employer should have protected them against such an accident occurring.

8.1.1.3 *The claim culture*

One interviewee noted that the 'claim culture' can be counter productive, as this results in time and money being wasted by putting in useless interventions in order to cover companies against claims, just in case there is an accident. An example was given of the implementation of handrails in a location where they were not really needed. This was likened to coffee cups with 'hot contents' warnings on them.

8.1.1.4 *Awareness of the Slips and Trips Priority Programme (PP)*

Whilst some interviewees were aware of the Slips and Trips PP, others were not. It was also recognised that generally employers are unaware of the Slips and Trips PP.

8.1.1.5 *Pattern of claims*

Slips and trips claims were noted to be at a steady rate now. One interviewee suggested that these claims steadied out around about 2001. It was also noted that over the years major accidents such as permanent disability have decreased, whilst minor accidents (e.g. requiring a very short time off work) have increased.

8.1.1.6 *Pursuing claims*

Most often claims are only pursued if they have >50% chance of success. The better reporting of claims provides better evidence for pursuing claims, and can also help employers to fight claims in some cases.

8.1.1.7 Distribution of claims

The retail sector makes up a large amount of claims, and slips and trips are generally one of the most common forms of accident claims.

8.1.1.8 Accident reporting

Under reporting was still noted to be a potential issue. In some cases individuals may be talked out of reporting an accident.

8.1.1.9 Attributing accidents to a cause

One interviewee suggested that attributing an accident to a cause (e.g. a slip or a trip) does make pursuing a claim easier. One example given for this was that the cause (the slip or trip) and effect (the injury, e.g. a broken ankle) could easily be seen with slips and trips. Other topics such as stress were noted to be less straightforward.

8.1.1.10 Frivolous / exaggerated / fraudulent claims

It was generally suggested that frivolous claims get filtered out, making the success of such claims a rarity.

8.1.1.11 Settling claims

Most claims are settled out of court.

8.1.1.12 Employer responsibility

In some organisations, supervisors and employers see health and safety as a personal responsibility. Also many workers do not wish to work with colleagues who are unsafe. This results in more people re-attending training or being moved to different jobs if they are perceived to be at risk of having an accident.

8.1.1.13 Development of policies

Whilst it was suggested that some organisations need the threat of litigation to produce new policies, other organisations will produce policies without the threat of litigation.

8.1.1.14 Encouraging reporting

One interviewee noted that employers are now more likely to report and encourage reporting. Factors that affect reporting were noted to include:
HSE and their legal powers e.g. with employers wanting to keep on the good side of inspectors
Pressure from insurers and risk of common law claims
Realisation that better informed employers are doing a better job and that good H&S is linked to good general practice

8.1.1.15 Perception of slips and trips

An interviewee noted that slips and trips are still not taken as seriously as other types of accident. It was noted that more notice is taken of slips and trips when work levels fall due to a large number of people away from work due to slips and trips, or when a slip or trip results in a fatality.

8.1.1.16 Employee loyalty

Some employees were identified as reluctant to report accidents or make claims as this was sometimes perceived as putting a negative 'mark' against them, which may impact on how their employer views them or promotions etc.

8.1.1.17 Payouts

It was suggested that these could be as low as a few hundred pounds but then increase to thousands of pounds and above depending on the level of severity. The highest payouts were noted to be when a slip or trip results in permanent disability.

8.2 ANNEX 2

8.2.1 Overview Solicitors Responses

It was felt that a faulty or dangerous system of work wouldn't necessarily be found out at a health and safety visit. For example, what happens once the HSE inspector leaves? One person felt that there should be a system of continual monitoring by people actually working in the business. To this end he suggested that employee representatives should be charged with monitoring health and safety in the workplace. Another commented, that this already happens within unionised workplaces.

By removing litigation as a means of tackling health and safety failures, this would leave only one method of monitoring and enforcement – i.e. HSE inspections.

It was felt that there was still a very high level of embarrassment involved in having a 'slip or trip' and this resulted in delayed and under-reporting of this type of injury. Due to the perceived nature of the injury, 'when people fall they simply don't report it'. This is especially true of older ladies, who are still very embarrassed about falling over and often feel that any injury will clear up quickly.

In terms of making a claim and not being embarrassed, this has a lot to do with the culture of the workplace. Employees within unionised workplaces are more used to reporting and claiming for health and safety breaches.

Only one person was explicitly aware of the slips project. It should be noted that all the members of the group were highly experience lawyers, predominantly working in litigation concerning occupational health. This may indicate a lack of visibility in the promotion of the slips project.

In terms of preventing slips and trips, all felt that employers should already carry out risk assessments to prevent such accidents.

Some employers, however, don't understand what is required with a proper risk assessment. For example, some employers have instructed staff to wipe-up a spill and considered this an appropriate risk assessment.

'No win, no fee' agreements are only relevant after a person has incurred an injury, whereas there should be adequate precautions taken to prevent the injury in the first place. Any 'slip or trip' campaign should show the kind of damage that can occur. It was suggested that the dangers of 'slip and trip' accidents could be illustrated via the use of video footage of people who had actually been injured.

The general consensus was that the use of the terminology "financial burden" should be re-considered as such a reference to an injured person was inappropriate. Furthermore, the group felt that it should be emphasised that there would be no "financial burden" – i.e. litigation – if the employer had taken the appropriate steps to protect its workers in the workplace.

The best way to encourage a good health and safety regime was to link it with insurance premiums. APIL has continually called for this, and while the Association of British Insurers (ABI) has introduced a scheme called 'making the market work' to do just this, there has been mixed reports as to its success. It should emphasise to employers the potential cost savings that effective health and safety policies could make to their business. In addition, the amount of

money that the Government loses due to poor health and safety in workplaces - in terms of disability benefit and hospital care - should also be mentioned.

8.2.2 Other points

Solicitors do not always know if a claim is frivolous or not at the outset.

Insurers 'pressurise' solicitors to pay up to reduce costs.

Solicitors are liable for no win fees but these can be recovered through costs in a win situation e.g. they compensate by adding extra costs when they win a case.

Litigation is now easily accessible to the majority – call centres - 'claims farmers'

There is general agreement with the findings of the Better Regulation Task force, e.g. the Litigation Culture is a myth, and that claims are steady only, awards are increasing.

8.3 ANNEX 3

8.3.1 Retail - Summary of Interviews

8.3.1.1 Accident and slip and trip trends

The general trend identified by many of the interviewees was that the amount of accidents and slips and trips being reported has been increasing. A number of interviewees identified that there had been an increase in the amount of accidents/slips and trips reported, which started/became noticeable from around 1999/2000. One interviewee suggested that the number of accidents reported now seems to have peaked.

The majority of interviewees from the retail sector outlined that the largest number of accidents, especially slips and trips, involve customers. One of the interviewees, who identified employees as having the greater number of accidents/slips and trips, added that there is a relatively low footfall within the organisation as a whole.

Slips and trips were a relatively common form of accident, generally accounting for 20% to the majority of total accidents.

8.3.1.2 Accident claims

In line with the increase with accidents being reported, the majority of interviewees noted that claims had also increased. One interviewee highlighted that since 1996 claims within the company had tripled, but had now become steady. Again it was generally noted that most claims are from customers rather than employees.

8.3.1.3 Are more accidents reported now due to the threat of litigation?

There were mixed feelings as to whether the threat of litigation had led to more accidents being reported. Some interviews suggested that it had, whilst others suggested it had not. A fairly large number of interviewees did however attribute the increase in accident reporting to the 'no win, no fee' culture that has emerged in recent years and which is fuelled by the media.

8.3.1.4 Has the threat/actual litigation led to policies being developed to manage slips and trips?

There were mixed reactions here. Some interviewees suggested that in some way, the threat of litigation had led to policies being developed. Others however noted that policies have not been developed as a result of the threat/actual litigation. One interviewee added that policies were in place before the threat.

8.3.1.5 How many claims are frivolous/exaggerated/fraudulent?

There was a consensus from most interviewees that at least some claims were frivolous. Figures given for the number of claims that are frivolous ranged from 5% up to 'most claims'. Also, whilst some interviews used the term 'frivolous', one interviewee identified some claims as 'outright fabrications'. The number of frivolous claims was partly attributed to the 'no win, no fee' culture which includes 'street vending'. One interviewee suggested that people often see large companies as 'cash cows'.

8.3.1.6 Percentage of successful claims

Figures given for the percentage of successful claims ranged from 30% to 80%.

8.3.1.7 Average payout for a slip and trip claim

There was a great deal of variation in the payouts for claims. The lowest figure given was £600, whilst the highest figure was £20,000. The average figure that was calculated from the responses from interviewees was a little under £5,500. This is however likely to have been distorted by one high figure. If this high figure is not considered, then the average is a little over £3000.

8.3.1.8 Number of claims settled out of court

This figure ranged from 25% to 100%. Generally most interviewees suggested that most claims are settled outside of court.

8.3.1.9 Industries that might have higher claim rates

Retail
Food and hospitality
Warehousing and distribution
Construction

8.3.1.10 Other comments

A number of interviewees noted the importance of having good accident records in order to defend cases. CCTV and witnesses were also noted to be beneficial in order to help to fight a case. Some locations in organisations where it was noted that slips and trips occur included: Escalators, near the main entrance, on hard floors

One interviewee noted that some accident figures might be distorted upwards due to organisational growth.

8.4 ANNEX 4

8.4.1 Manufacturing Summary of Interviews

8.4.1.1 Accident and slip and trip trends

Generally most interviewees noted that there were very few accidents, and that there was not a trend, or that the rate was steady. Two interviewees noted that accident/slip and trip rates were declining. Slips and trips were not identified as a major cause of accidents. Some interviewees suggested that slips and trips were the cause of 10% to 25% of accidents.

8.4.1.2 Accident claims

Some interviewees identified that they had not been involved in any claims at all. Two interviewees noted that the number of claims was reducing, whilst one noted that the rate was steady.

8.4.1.3 Are more accidents reported now due to the threat of litigation?

The majority of interviewees suggested that the threat of litigation has not lead to more claims being reported. A small number of interviewees did think that the threat of litigation was resulting in more accidents being reported. This was attributed to the 'no win, no fee' culture. One interviewee added that the current situation regarding claims is 'very American'.

8.4.1.4 Has the threat/actual litigation led to policies being developed to manage slips and trips

A number of interviewees suggested that the threat/actual litigation has led to policies being developed. One interviewee suggested that the threat/actual litigation has focussed policy development, whilst another suggested that it has accelerated policy development. A small number of interviewees did not believe that the threat or actual litigation had led to policies being developed to manage slips and trips.

8.4.1.5 How many claims are frivolous/exaggerated/fraudulent?

Generally most of the interviewees suggested that at least some claims were likely to be frivolous. One interviewee suggested that 20% of claims are 'down right lies'; whilst another suggested that some people have 'tried it on'. Overall, it was believed that frivolous claims were low, with the highest number of suggest frivolous claims at 80% for one organisation. One interviewee noted that the 'no win, no fee' culture was partly to blame for the number of claims made. A small number of interviewees outlined that their companies had no frivolous claims made against them.

8.4.1.5 Other types of accidents

Slips and trips did not appear to be the most common types of accidents for the interviewees in the manufacturing sector. Instead these included; manual handling, cuts, trapped fingers and exposure to hazardous substances.

8.4.1.6 Percentage of successful claims

Many interviewees were unsure of the number of claims that were successful for the claimant. For those interviewees who did have some idea, success rates ranged from 40% to 90%.

8.4.1.7 Average payout for a slip and trip claim

Again, many interviewees were unsure of the average payout for a slip and trip claim. The lowest figure given was £1000, and the highest was 10,000. The average payout calculated from the figures given by interviewees is £3750. If the average is recalculated excluding the single high figure given by one interviewee, the average is £2250.

8.4.1.8 Number of claims settled out of court

The majority of interviewees were unsure of how many claims were settled out of court. From the interviewees who commented here, most suggested that the majority of cases were settled out of court, whilst one interviewee noted that all cases were settled out of court.

8.4.1.9 Industries that might have higher claim rates

Industries that were suggested to have higher claim rates included:

- Driving and transport
- Construction
- Casual labour
- Manufacturing
- Chemical industry
- Forestry and logging

8.4.1.10 Other comments

Some interviewees highlighted the importance of good housekeeping and rigorous accident recording in order to avoid slip and trip accidents/fight them in court. Organisations with low accident rates sometimes attributed this to having a loyal or experienced workforce. One interviewee whose company use an occupational health specialist added that having a health specialist within the company acts in a deterrent to employees attempting to make fraudulent/frivolous claims. Another interviewee attributed a batch of claims to input from the Union. Finally, one interviewee highlighted that accident figures can be misleading, as companies with low accident figures may not be reporting accidents properly, whereas companies with high accident figures are most likely to be following the correct accident reporting rules and procedures.

8.4.1.11 Statistics

Statistics from one organisation highlight low reported accident rates during 1998, then a rise up to the year 2000. From 2000 until 2004 the rate has reduced and appears relatively steady again now, but still higher than in 1998. Statistics from a further two organisations show a fairly steady accident rate from 2001/2002 to date.

8.5 ANNEX 5

8.5.1 Overview of Shopping Centre Managers responses

The general consensus is that claims are not going up. Accident figures are stable over the past number of years. All cleaning is recorded unless it is ad hoc e.g. done by staff other than cleaners.

A conciliatory approach e.g., acknowledging fault has reduced the number of claims made. This may include offering to take injured party to hospital, drive them home, replace damaged goods etc.

All accidents known about are recorded, as claims may take up to three years to be reported. At this point Management may have forgotten about the incident. This makes it difficult to defend.

Insurers may be fuelling the claim culture by not challenging small claims.

Full investigation are made after each incident is reported, some incidents are reported after the event, which makes it difficult to determine the causation

If incidents are reported at the time, there is usually an associated hazard to be found.

There was a reluctance to provide statistical data.

There is no evidence that employee claims are on the increase.

The major shopping centres report an average of about 25 million customers a year.

There appears to be a strong health and safety culture promoted through management to employees in all shopping centres.

8.6 ANNEX 6

8.6.1 Overview of Insurance Interviews

8.6.1.1 *Are you receiving more claims for slip and trip accidents from employers than 10 years ago?*

More accidents are now reported but fewer take place. All statistics show that litigation claims are on the decline, figures point to a 20% drop in employers' liability claims and a 10% reduction in claims by the public. One reason may be that claims in proportion to GDP are lower in the UK than in the rest of Europe. Most companies (retail sector) are not seeing more claims. Claimants are just receiving more – because of the Legal fees involved in the no win – no fee situation. This is seen as a license for Solicitors to print money. Five years ago claims cost about 30% now they cost about 45%. This is because Solicitors can double their rates if they win – success fee. There is a myth about the 'claims culture' stats pattern is not increasing.

8.6.1.2 *If yes what do you think the cause is?*

Increased awareness of the need to be proactive wherever possible. Compensation claiming is more 'user friendly' can be done in one phone call. The process can start at a call centre. There is now a belief that someone is to blame.

Greater awareness of rights and ease with which to claim i.e. no costs up front on CFAs. Society has changed people are less 'deferential' than say 40 years ago – they are more aware. People may be reporting accidents more but they are not claiming. There is now less stigma in claiming – more acceptable to claim. Self perception is 'I'm owed'. Fuelled by advertising. Big companies are soft targets.

8.6.1.3 *Is the trend upwards steady or decreasing? What's causing this?*

Claims generally are not increasing dramatically.

Claims numbers have increased by 2-5% annually; settlements values are up.

There is now less stigma in claiming – more acceptable to claim. Self perception is 'I'm owed'. Fuelled by advertising. Big companies are soft targets.

8.6.1.4 *In your opinion what percentage of claims are 'frivolous'?*

5-10% annually mainly because of increased compensation and 'success fees'.

8.6.1.5 *Compared to other types of accident causes e.g. workplace transport, manual handling are there more or less the same levels of claims made?*

Levels are more or less the same across the spectrum.

8.6.1.6 *What percentage of these claims concern employees /members of the public?*

40% employee 60% public

8.6.1.7 What percentages of claims are successful?

If a case is clear-cut will not go to court. If the event occurred and was reported 80-90% success rate. If not success rate is low.

8.6.1.8 What is the average payout per claim for slips and trips?

The cost of claims is increasing. £5000 -£7000 for bruising strains and twists. Broken bones would be over £10k

8.6.1.9 What percentage of claims is settled outside of court tribunal?

98%

8.6.1.10 Are there any industries that claim higher than others?

Some areas of the country have high claiming activity associated with a highly unionised workforce. However actual accident ratios are better – just a propensity to claim. In Devon there are no claims. But the Wirral/NI has a greater % of claimants...cultural reasons.

This confirmed much of what is being said in the literature and by the Better Regulation Taskforce reports Better Routes to Redress.

8.7 ANNEX 7

8.7.1 Summary of Public Survey findings.

Results indicate there is a significant difference between differing environments in regards to the likelihood that people would pursue a compensation claim if they had an accident. The majority of people are less likely to make a claim for compensation at a friends home and more likely to make a claim if an accident occurred in an 'impersonal' setting e.g. store or street and the claim was against an 'impersonal body' e.g. local council.

There is also a significant difference between injury severities; people are more likely to pursue compensation the more severe, incapacitating the injury is.

In regards to age difference the only significant difference found was between 16-20 year olds on whether or not they would claim compensation for a minor injury and they appear to be more likely to claim for compensation regardless of the injury severities except if the accident occurred at a friend's house.

People appear to be less likely to claim for compensation for minor accidents at work but as the severity of the injury increases this changes. It may well be that larger organizations (being more impersonal) may see a higher number of claims than smaller ones but more research would be needed to verify this.

8.8 ANNEX 8

8.8.1 Questionnaire for Public Survey



Questionnaire for HSL Research on Slips and Trips

The Health and Safety Laboratory (HSL) is currently conducting research on litigation in relation to slip and trip accidents. This questionnaire aims to explore the actions that you would take if you had an accident for a number of different scenarios. Your contribution to this research by completing this questionnaire would be greatly valued and could potentially assist the Health and Safety Laboratory in improving Health and Safety in the future. Also, the questionnaire will not be attributable to you, and you will therefore remain anonymous.

GUIDE TO COMPLETING QUESTIONNAIRE

There are no right or wrong answers; this questionnaire is about your own personal feelings and opinions.

Instructions for questions 1-6

Each question will consist of a number of statements. For each statement please circle the number that best corresponds to your personal view. An example statement is provided below:

	Very Strongly Disagree	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree	Very Strongly Agree
I would make a claim for compensation if I had an accident at work	1	2	3	4	5	6	7

1. For a minor injury e.g. cuts and bruises not requiring medical attention:

	Very Strongly Disagree	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree	Very Strongly Agree
I would make a claim for compensation if I had an accident at work	1	2	3	4	5	6	7
I would make a claim for compensation if I had an accident in a store	1	2	3	4	5	6	7
I would make a claim for compensation if I had an accident in a friends home	1	2	3	4	5	6	7
I would make a claim for an accident on the street (e.g. the local authority)	1	2	3	4	5	6	7
I would encourage a member of my family/friend to make a compensation claim	1	2	3	4	5	6	7

2. For an injury requiring treatment by a doctor or hospital but not serious enough for further treatment:

	Very Strongly Disagree	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree	Very Strongly Agree
I would make a claim for compensation if I had an accident at work	1	2	3	4	5	6	7
I would make a claim for compensation if I had an accident in a store	1	2	3	4	5	6	7
I would make a claim for compensation if I had an accident in a friends home	1	2	3	4	5	6	7
I would make a claim for an accident on the street (e.g. the local authority)	1	2	3	4	5	6	7
I would encourage a member of my family/friend to make a compensation claim	1	2	3	4	5	6	7

3. For an injury requiring treatment by a hospital or doctor requiring further treatment but not time off work:

	Very Strongly Disagree	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree	Very Strongly Agree
I would make a claim for compensation if I had an accident at work	1	2	3	4	5	6	7
I would make a claim for compensation if I had an accident in a store	1	2	3	4	5	6	7
I would make a claim for compensation if I had an accident in a friends home	1	2	3	4	5	6	7
I would make a claim for an accident on the street (e.g. the local authority)	1	2	3	4	5	6	7
I would encourage a member of my family/friend to make a compensation claim	1	2	3	4	5	6	7

4. For an injury requiring treatment by a hospital or doctor requiring ongoing treatment over weeks or months and time off work:

	Very Strongly Disagree	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree	Very Strongly Agree
I would make a claim for compensation if I had an accident at work	1	2	3	4	5	6	7
I would make a claim for compensation if I had an accident in a store	1	2	3	4	5	6	7
I would make a claim for compensation if I had an accident in a friends home	1	2	3	4	5	6	7
I would make a claim for an accident on the street (e.g. the local authority)	1	2	3	4	5	6	7
I would encourage a member of my family/friend to make a compensation claim	1	2	3	4	5	6	7

5. For an injury requiring treatment by a hospital or doctor requiring major surgery and time off work:

	Very Strongly Disagree	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree	Very Strongly Agree
I would make a claim for compensation if I had an accident at work	1	2	3	4	5	6	7
I would make a claim for compensation if I had an accident in a store	1	2	3	4	5	6	7
I would make a claim for compensation if I had an accident in a friends home	1	2	3	4	5	6	7
I would make a claim for an accident on the street (e.g. the local authority)	1	2	3	4	5	6	7
I would encourage a member of my family/friend to make a compensation claim	1	2	3	4	5	6	7

6. For an injury requiring treatment by a hospital or doctor leading to permanent incapacity or disability:

	Very Strongly Disagree	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree	Very Strongly Agree
I would make a claim for compensation if I had an accident at work	1	2	3	4	5	6	7
I would make a claim for compensation if I had an accident in a store	1	2	3	4	5	6	7
I would make a claim for compensation if I had an accident in a friends home	1	2	3	4	5	6	7
I would make a claim for an accident on the street (e.g. the local authority)	1	2	3	4	5	6	7
I would encourage a member of my family/friend to make a compensation claim	1	2	3	4	5	6	7

7. Please tick the first statement in the list that you agree with. Please ensure that you only select one statement. At work:

- a. If I had a slip or trip accident I would report it even if I was not injured
- b. If I had a slip or trip accident I would report it if I had a minor injury e.g. a cut/bruise
- c. If I had a slip or trip accident I would report it if I needed to see a doctor
- d. If I had a slip or trip accident I would report it only if I needed hospital treatment
- e. If I had a slip or trip accident I would report it if I needed time off work
- f. If I had a slip or trip accident I would report it if I was seriously injured from it
- g. If I had a slip or trip accident I would report it if I became disabled

8. Please tick the first statement in the list that you agree with. Please ensure that you only select one statement. At work:

- a. If I had a slip or trip accident I would claim compensation even if I was not injured
- b. If I had a slip or trip accident I would claim compensation if I had a minor injury e.g. a cut/bruise
- c. If I had a slip or trip accident I would claim compensation if I needed to see a doctor
- d. If I had a slip or trip accident I would claim compensation only if I needed hospital treatment
- e. If I had a slip or trip accident I would claim compensation only if I needed time off work
- f. If I had a slip or trip accident I would claim compensation if I was seriously injured from it
- g. If I had a slip or trip accident I would claim compensation if I became disabled

CONTINUED OVERLEAF

Background information about you:

Male Female

Age: 16-20 21-25 26-30 31-35 36-40 41-45 46-50
51-55 56-60 61-65 66-70 70+

Current or most recent job: _____

Postcode (first half only, e.g. SK17): _____

Have you ever had an accident at work? Yes No

If yes what happened?

Do you have a disability? Yes No

If Yes what is it?

Have you made a compensation claim for a workplace accident? Yes No

If yes what was the nature of the claim?

Thank you for your help

8.9 ANNEX 9

8.9.1 SPSS analysis of Public Survey Questionnaire

8.9.1.1 Frequency Table

Q1a For a minor injury - I would make a claim for compensation if I had an

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	156	39.0	39.8	39.8
	strongly	79	19.8	20.2	59.9
	Moderately	58	14.5	14.8	74.7
	Neither agree or	32	8.0	8.2	82.9
	Moderately	26	6.5	6.6	89.5
	Strongly	23	5.8	5.9	95.4
	Very strongly	18	4.5	4.6	100.0
	Total	392	98.0	100.0	
Missin	Syste	8	2.0		
Total		400	100.0		

Q1b For a minor injury - I would make a claim for compensation if I had an accident

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	115	28.8	29.6	29.6
	strongly	49	12.3	12.6	42.3
	Moderately	71	17.8	18.3	60.6
	Neither agree or	50	12.5	12.9	73.5
	Moderately	49	12.3	12.6	86.1
	Strongly	35	8.8	9.0	95.1
	Very strongly	19	4.8	4.9	100.0
	Total	388	97.0	100.0	
Missin	Syste	12	3.0		
Total		400	100.0		

Q1c For a minor injury - I would make a claim for compensation if I had an friends home

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	246	61.5	63.9	63.9
	strongly	73	18.3	19.0	82.9
	Moderately	29	7.3	7.5	90.4
	Neither agree or	28	7.0	7.3	97.7
	Moderately	6	1.5	1.6	99.2
	Very strongly	3	.8	.8	100.0
	Total	385	96.3	100.0	
Missin	Syste	15	3.8		
Total		400	100.0		

Q1d For a minor injury - I would make a claim for compensation if I had an street (e.g. the local

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	113	28.3	29.0	29.0
	strongly	57	14.3	14.7	43.7
	Moderately	44	11.0	11.3	55.0
	Neither agree or	43	10.8	11.1	66.1
	Moderately	72	18.0	18.5	84.6
	Strongly	36	9.0	9.3	93.8
	Very strongly	24	6.0	6.2	100.0
	Total	389	97.3	100.0	
Missin	Syste	11	2.8		
Total		400	100.0		

Q1e For a minor injury - I would encourage a friend to make a

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	131	32.8	33.9	33.9
	strongly	55	13.8	14.2	48.1
	Moderately	38	9.5	9.8	57.9
	Neither agree or	75	18.8	19.4	77.3
	Moderately	42	10.5	10.9	88.1
	Strongly	28	7.0	7.2	95.3
	Very strongly	18	4.5	4.7	100.0
	Total	387	96.8	100.0	
Missin	Syste	13	3.3		
Total		400	100.0		

Q2a See a doctor or hospital no further treatment - I would make a claim for had an accident at

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	67	16.8	17.3	17.3
	strongly	48	12.0	12.4	29.7
	Moderately	57	14.3	14.7	44.4
	Neither agree or	57	14.3	14.7	59.2
	Moderately	98	24.5	25.3	84.5
	Strongly	40	10.0	10.3	94.8
	Very strongly	20	5.0	5.2	100.0
	Total	387	96.8	100.0	
Missin	Syste	13	3.3		
Total		400	100.0		

Q2b See a doctor or hospital no further treatment - I would make a claim for had an accident in a

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	54	13.5	14.0	14.0
	strongly	33	8.3	8.5	22.5
	Moderately	59	14.8	15.3	37.8
	Neither agree or	62	15.5	16.1	53.9
	Moderately	104	26.0	26.9	80.8
	Strongly	49	12.3	12.7	93.5
	Very strongly	25	6.3	6.5	100.0
	Total	386	96.5	100.0	
Missin	Syste	14	3.5		
Total		400	100.0		

Q2c See a doctor or hospital no further treatment - I would make a claim for had an accident in a friends

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	189	47.3	48.8	48.8
	strongly	71	17.8	18.3	67.2
	Moderately	56	14.0	14.5	81.7
	Neither agree or	51	12.8	13.2	94.8
	Moderately	12	3.0	3.1	97.9
	Strongly	3	.8	.8	98.7
	Very strongly	5	1.3	1.3	100.0
	Total	387	96.8	100.0	
Missin	Syste	13	3.3		
Total		400	100.0		

Q2d See a doctor or hospital no further treatment - I would make a claim for had an accident on the street (e.g. the local

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	62	15.5	16.0	16.0
	strongly	43	10.8	11.1	27.1
	Moderately	48	12.0	12.4	39.4
	Neither agree or	51	12.8	13.1	52.6
	Moderately	100	25.0	25.8	78.4
	Strongly	54	13.5	13.9	92.3
	Very strongly	30	7.5	7.7	100.0
	Total	388	97.0	100.0	
Missin	Syste	12	3.0		
Total		400	100.0		

Q2e See a doctor or hospital no further treatment - I would encourage a member of to make a compensation

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	76	19.0	19.7	19.7
	strongly	44	11.0	11.4	31.1
	Moderately	39	9.8	10.1	41.2
	Neither agree or	81	20.3	21.0	62.2
	Moderately	83	20.8	21.5	83.7
	Strongly	41	10.3	10.6	94.3
	Very strongly	22	5.5	5.7	100.0
	Total	386	96.5	100.0	
Missin	Syste	14	3.5		
Total		400	100.0		

Q3a See a doctor or hospital plus further treatment no time off work - I would make for compensation if I had an accident at

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	45	11.3	11.8	11.8
	strongly	37	9.3	9.7	21.5
	Moderately	53	13.3	13.9	35.3
	Neither agree or	45	11.3	11.8	47.1
	Moderately	118	29.5	30.9	78.0
	Strongly	55	13.8	14.4	92.4
	Very strongly	29	7.3	7.6	100.0
	Total	382	95.5	100.0	
Missin	Syste	18	4.5		
Total		400	100.0		

Q3b See a doctor or hospital plus further treatment no time off work - I would make for compensation if I had an accident in a

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	37	9.3	9.7	9.7
	strongly	25	6.3	6.5	16.2
	Moderately	48	12.0	12.6	28.8
	Neither agree or	49	12.3	12.8	41.6
	Moderately	120	30.0	31.4	73.0
	Strongly	69	17.3	18.1	91.1
	Very strongly	34	8.5	8.9	100.0
	Total	382	95.5	100.0	
Missin	Syste	18	4.5		
Total		400	100.0		

Q3c See a doctor or hospital plus further treatment no time off work - I would make for compensation if I had an accident in a friends

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	160	40.0	42.1	42.1
	strongly	75	18.8	19.7	61.8
	Moderately	61	15.3	16.1	77.9
	Neither agree or	50	12.5	13.2	91.1
	Moderately	24	6.0	6.3	97.4
	Strongly	5	1.3	1.3	98.7
	Very strongly	5	1.3	1.3	100.0
	Total	380	95.0	100.0	
Missin	Syste	20	5.0		
Total		400	100.0		

Q3d See a doctor or hospital plus further treatment no time off work -I would make a compensation if I had an accident on the street (e.g. the local

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	44	11.0	11.5	11.5
	strongly	39	9.8	10.2	21.8
	Moderately	45	11.3	11.8	33.6
	Neither agree or	46	11.5	12.1	45.7
	Moderately	105	26.3	27.6	73.2
	Strongly	69	17.3	18.1	91.3
	Very strongly	33	8.3	8.7	100.0
	Total	381	95.3	100.0	
Missin	Syste	19	4.8		
Total		400	100.0		

Q3e See a doctor or hospital plus further treatment no time off work - I would friend to make a compensation

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	63	15.8	16.5	16.5
	strongly	33	8.3	8.6	25.1
	Moderately	46	11.5	12.0	37.2
	Neither agree or	71	17.8	18.6	55.8
	Moderately	88	22.0	23.0	78.8
	Strongly	51	12.8	13.4	92.1
	Very strongly	30	7.5	7.9	100.0
	Total	382	95.5	100.0	
Missin	Syste	18	4.5		
Total		400	100.0		

Q4a See a doctor or hospital ongoing treatment and time off work - I would make a compensation if I had an accident at

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	11	2.8	2.9	2.9
	strongly	9	2.3	2.3	5.2
	Moderately	24	6.0	6.3	11.5
	Neither agree or	19	4.8	4.9	16.4
	Moderately	101	25.3	26.3	42.7
	Strongly	117	29.3	30.5	73.2
	Very strongly	103	25.8	26.8	100.0
	Total	384	96.0	100.0	
Missin	Syste	16	4.0		
Total		400	100.0		

Q4b See a doctor or hospital ongoing treatment and time off work - I would make a compensation if I had an accident in a

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	9	2.3	2.4	2.4
	strongly	6	1.5	1.6	4.0
	Moderately	20	5.0	5.3	9.2
	Neither agree or	19	4.8	5.0	14.2
	Moderately	92	23.0	24.3	38.5
	Strongly	123	30.8	32.5	71.0
	Very strongly	110	27.5	29.0	100.0
	Total	379	94.8	100.0	
Missin	Syste	21	5.3		
Total		400	100.0		

Q4c See a doctor or hospital ongoing treatment and time off work - I would make a compensation if I had an accident in a friends

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	99	24.8	26.2	26.2
	strongly	62	15.5	16.4	42.6
	Moderately	54	13.5	14.3	56.9
	Neither agree or	60	15.0	15.9	72.8
	Moderately	61	15.3	16.1	88.9
	Strongly	25	6.3	6.6	95.5
	Very strongly	17	4.3	4.5	100.0
	Total	378	94.5	100.0	
Missin	Syste	22	5.5		
Total		400	100.0		

Q4d See a doctor or hospital ongoing treatment and time off work - I would make a compensation if I had an accident on the street (e.g. the local

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	14	3.5	3.7	3.7
	strongly	7	1.8	1.8	5.5
	Moderately	19	4.8	5.0	10.5
	Neither agree or	29	7.3	7.6	18.2
	Moderately	102	25.5	26.8	45.0
	Strongly	105	26.3	27.6	72.6
	Very strongly	104	26.0	27.4	100.0
	Total	380	95.0	100.0	
Missin	Syste	20	5.0		
Total		400	100.0		

Q4e See a doctor or hospital ongoing treatment and time off work - I would encourage to make a compensation

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	19	4.8	5.0	5.0
	strongly	13	3.3	3.4	8.4
	Moderately	20	5.0	5.3	13.7
	Neither agree or	68	17.0	17.9	31.6
	Moderately	87	21.8	22.9	54.5
	Strongly	84	21.0	22.1	76.6
	Very strongly	89	22.3	23.4	100.0
	Total	380	95.0	100.0	
Missin	Syste	20	5.0		
Total		400	100.0		

Q5a See a doctor or hospital major surgery and time off work - I would make a compensation if I had an accident at

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	5	1.3	1.3	1.3
	strongly	10	2.5	2.6	3.9
	Moderately	11	2.8	2.9	6.8
	Neither agree or	16	4.0	4.2	11.1
	Moderately	49	12.3	12.9	23.9
	Strongly	110	27.5	28.9	52.9
	Very strongly	179	44.8	47.1	100.0
	Total	380	95.0	100.0	
Missin	Syste	20	5.0		
Total		400	100.0		

Q5b See a doctor or hospital major surgery and time off work - I would make a compensation if I had an accident in a

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	5	1.3	1.3	1.3
	strongly	4	1.0	1.1	2.4
	Moderately	8	2.0	2.1	4.5
	Neither agree or	16	4.0	4.3	8.8
	Moderately	45	11.3	12.0	20.7
	Strongly	113	28.3	30.1	50.8
	Very strongly	185	46.3	49.2	100.0
	Total	376	94.0	100.0	
Missin	Syste	24	6.0		
Total		400	100.0		

Q5c See a doctor or hospital major surgery and time off work - I would make a compensation if I had an accident in a friends

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	71	17.8	18.9	18.9
	strongly	35	8.8	9.3	28.2
	Moderately	52	13.0	13.8	42.0
	Neither agree or	75	18.8	19.9	62.0
	Moderately	61	15.3	16.2	78.2
	Strongly	39	9.8	10.4	88.6
	Very strongly	43	10.8	11.4	100.0
	Total	376	94.0	100.0	
Missin	Syste	24	6.0		
Total		400	100.0		

Q5d See a doctor or hospital major surgery and time off work - I would make a compensation if I had an accident on the street (e.g. the local

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	8	2.0	2.1	2.1
	strongly	2	.5	.5	2.7
	Moderately	13	3.3	3.4	6.1
	Neither agree or	22	5.5	5.8	11.9
	Moderately	49	12.3	13.0	24.9
	Strongly	107	26.8	28.4	53.3
	Very strongly	176	44.0	46.7	100.0
	Total	377	94.3	100.0	
Missin	Syste	23	5.8		
Total		400	100.0		

Q5e See a doctor or hospital major surgery and time off work - I would encourage a make a compensation

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	14	3.5	3.7	3.7
	strongly	7	1.8	1.9	5.6
	Moderately	14	3.5	3.7	9.3
	Neither agree or	58	14.5	15.3	24.6
	Moderately	54	13.5	14.3	38.9
	Strongly	87	21.8	23.0	61.9
	Very strongly	144	36.0	38.1	100.0
	Total	378	94.5	100.0	
Missin	Syste	22	5.5		
Total		400	100.0		

Q6a See a doctor or hospital incapacity or disability - I would make a claim for if I had an accident at

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	5	1.3	1.3	1.3
	strongly	3	.8	.8	2.1
	Moderately	6	1.5	1.6	3.7
	Neither agree or	5	1.3	1.3	5.0
	Moderately	32	8.0	8.4	13.4
	Strongly	57	14.3	15.0	28.4
	Very strongly	272	68.0	71.6	100.0
	Total	380	95.0	100.0	
Missin	Syste	20	5.0		
Total		400	100.0		

**Q6b See a doctor or hospital incapacity or disability - I would make a claim for
if I had an accident in a**

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	6	1.5	1.6	1.6
	strongly	1	.3	.3	1.8
	Moderately	4	1.0	1.1	2.9
	Neither agree or	7	1.8	1.8	4.7
	Moderately	25	6.3	6.6	11.3
	Strongly	55	13.8	14.5	25.9
	Very strongly	281	70.3	74.1	100.0
	Total	379	94.8	100.0	
Missin	Syste	21	5.3		
Total		400	100.0		

**Q6c See a doctor or hospital incapacity or disability - I would make a claim for
if I had an accident in a friends**

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	51	12.8	13.5	13.5
	strongly	16	4.0	4.2	17.7
	Moderately	24	6.0	6.3	24.1
	Neither agree or	67	16.8	17.7	41.8
	Moderately	65	16.3	17.2	59.0
	Strongly	34	8.5	9.0	68.0
	Very strongly	121	30.3	32.0	100.0
	Total	378	94.5	100.0	
Missin	Syste	22	5.5		
Total		400	100.0		

**Q6d See a doctor or hospital incapacity or disability - I would make a claim for
if I had an accident on the street (e.g. the local**

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	5	1.3	1.3	1.3
	strongly	2	.5	.5	1.8
	Moderately	5	1.3	1.3	3.2
	Neither agree or	11	2.8	2.9	6.1
	Moderately	33	8.3	8.7	14.7
	Strongly	56	14.0	14.7	29.5
	Very strongly	268	67.0	70.5	100.0
	Total	380	95.0	100.0	
Missin	Syste	20	5.0		
Total		400	100.0		

Q6e See a doctor or hospital incapacity or disability - I would encourage a friend compensation

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Very strongly	11	2.8	2.9	2.9
	strongly	3	.8	.8	3.7
	Moderately	6	1.5	1.6	5.3
	Neither agree or	38	9.5	10.0	15.3
	Moderately	39	9.8	10.3	25.6
	Strongly	54	13.5	14.2	39.8
	Very strongly	228	57.0	60.2	100.0
	Total	379	94.8	100.0	
Missin	Syste	21	5.3		
Total		400	100.0		

Q7 If I had a slip or trip accident I would report

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Not	98	24.5	25.5	25.5
	Minor	70	17.5	18.2	43.6
	See	127	31.8	33.0	76.6
	Hospita	33	8.3	8.6	85.2
	Time off	20	5.0	5.2	90.4
	Seriously	18	4.5	4.7	95.1
	Disable	19	4.8	4.9	100.0
	Total	385	96.3	100.0	
Missin	Syste	15	3.8		
Total		400	100.0		

Q8 If I had a slip or trip accident I would make a claim for compensation if:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Injured	9	2.3	2.4	2.4
	minor Injury	2	.5	.5	2.9
	See doctor	56	14.0	14.7	17.6
	Hospital	94	23.5	24.7	42.3
	Time off work	93	23.3	24.4	66.7
	Seriously injured	95	23.8	24.9	91.6
	Disabled	32	8.0	8.4	100.0
	Total	381	95.3	100.0	
Missing	System	19	4.8		
Total		400	100.0		

GENDER

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	MALE	193	48.3	51.9	51.9
	FEMALE	177	44.3	47.6	99.5
	6	2	.5	.5	100.0
	Total	372	93.0	100.0	
Missing	System	28	7.0		
Total		400	100.0		

AGE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	16-20	48	12.0	12.3	12.3
	21-25	50	12.5	12.8	25.1
	26-30	25	6.3	6.4	31.5
	31-35	32	8.0	8.2	39.6
	36-40	30	7.5	7.7	47.3
	41-45	47	11.8	12.0	59.3
	46-50	49	12.3	12.5	71.9
	51-55	26	6.5	6.6	78.5
	56-60	30	7.5	7.7	86.2
	61-65	22	5.5	5.6	91.8
	66-70	13	3.3	3.3	95.1
	70+	19	4.8	4.9	100.0
	Total	391	97.8	100.0	
Missing	System	9	2.3		
Total		400	100.0		

ACCIDENT AT WORK

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	YES	91	22.8	23.6	23.6
	NO	294	73.5	76.4	100.0
	Total	385	96.3	100.0	
Missing	System	15	3.8		
Total		400	100.0		

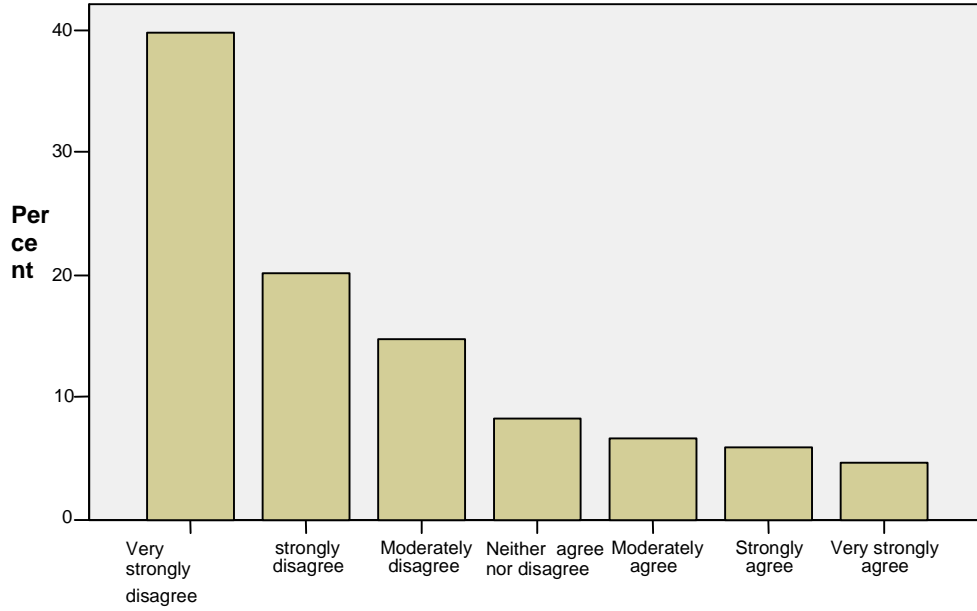
DISABILTY

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	YES	12	3.0	3.1	3.1
	NO	372	93.0	96.6	99.7
	5	1	.3	.3	100.0
	Total	385	96.3	100.0	
Missing	System	15	3.8		
Total		400	100.0		

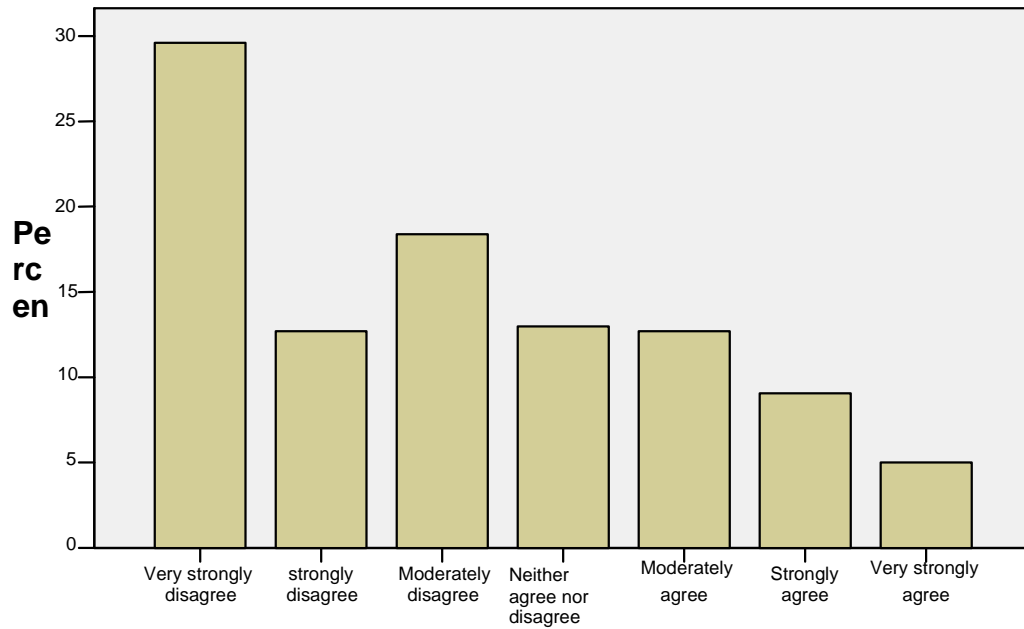
COMPENSATION CLAIM

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	YES	16	4.0	4.2	4.2
	NO	368	92.0	95.8	100.0
	Total	384	96.0	100.0	
Missing	System	16	4.0		
Total		400	100.0		

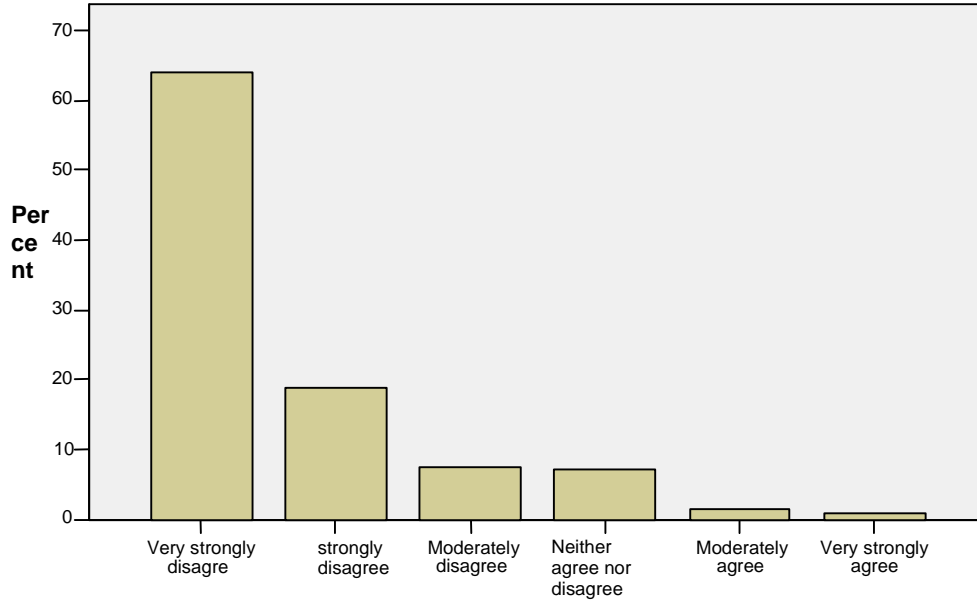
Q1a For a minor injury - I would make a claim for compensation if I had an accident at work



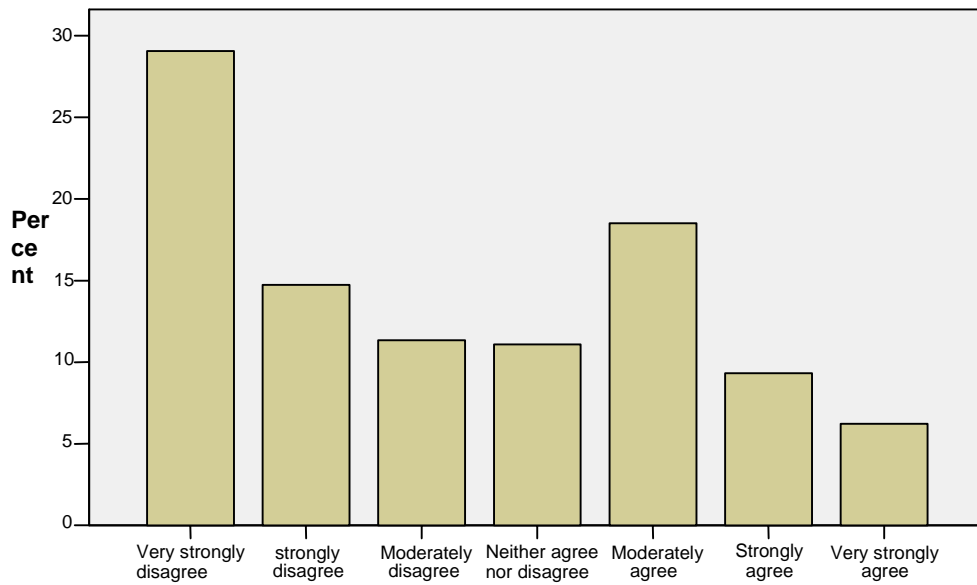
Q1b For a minor accident –I would make a claim for compensation for an accident in a store



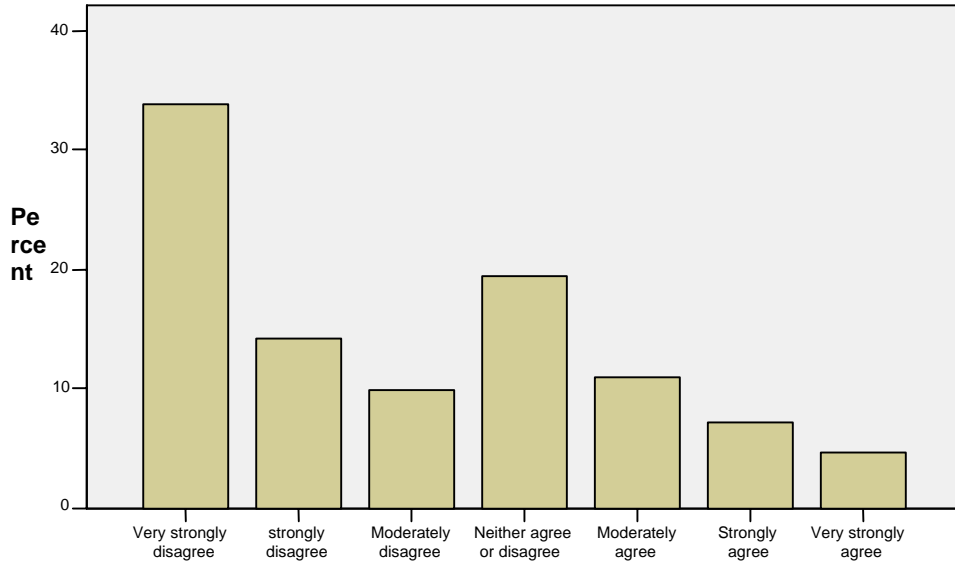
Q1c For a minor injury - I would make a claim for compensation if I had an accident in a friends home



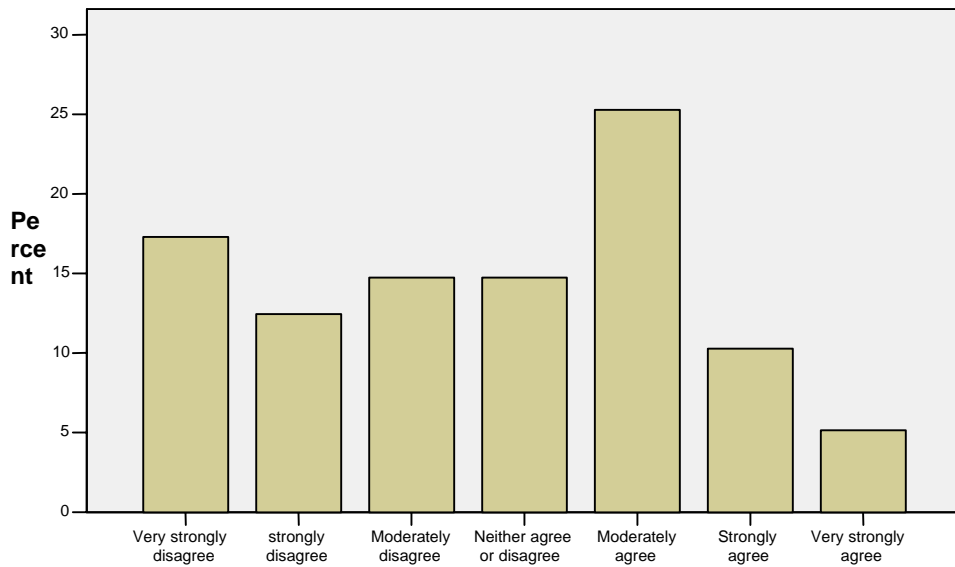
Q1d For a minor injury - I would make a claim for compensation if I had an accident on the street (e.g. the local authority)



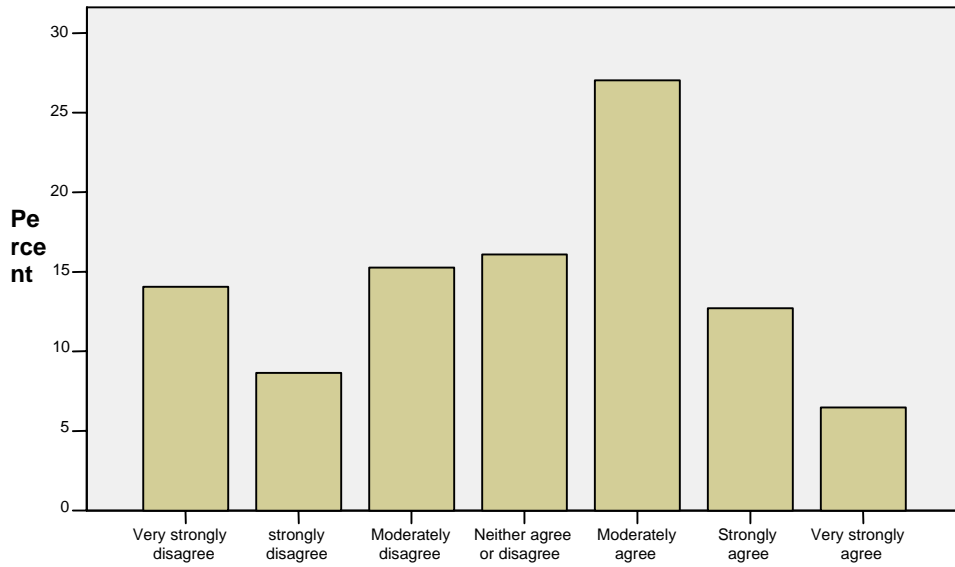
Q1e For a minor injury - I would encourage a friend to make a Compensation claim



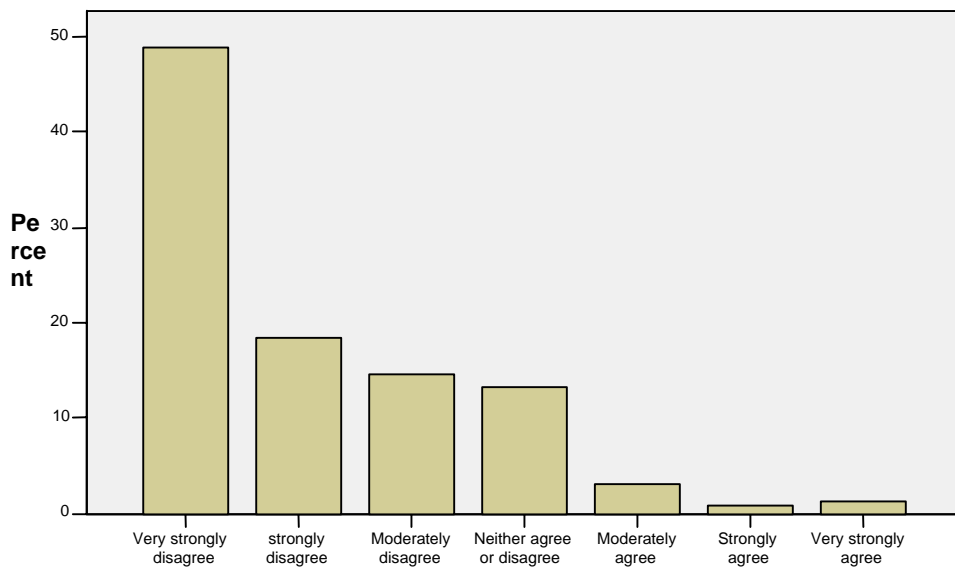
Q2a See a doctor or hospital no further treatment - I would make a claim for compensation if I had an accident at work



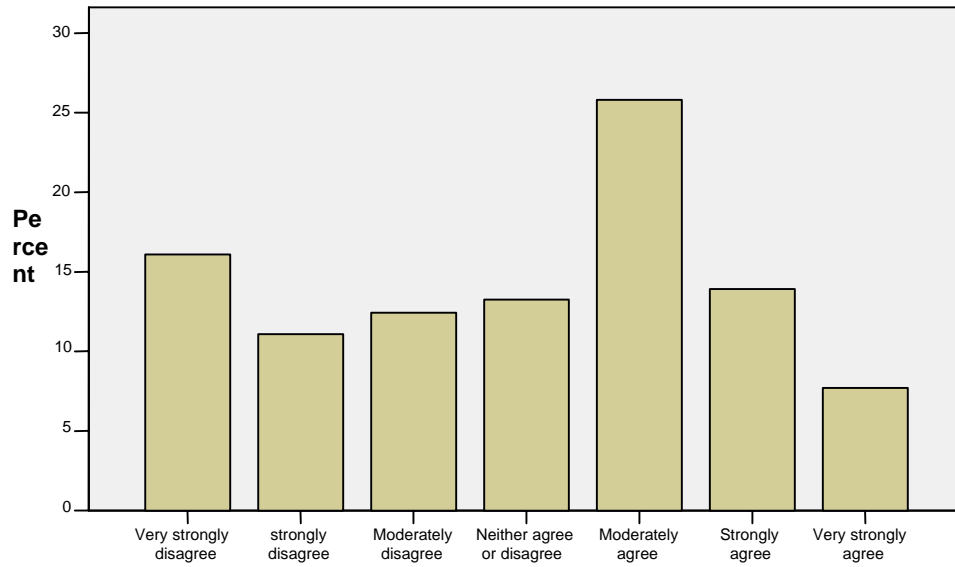
Q2b See a doctor or hospital no further treatment - I would make a claim for compensation if I had an accident in a store



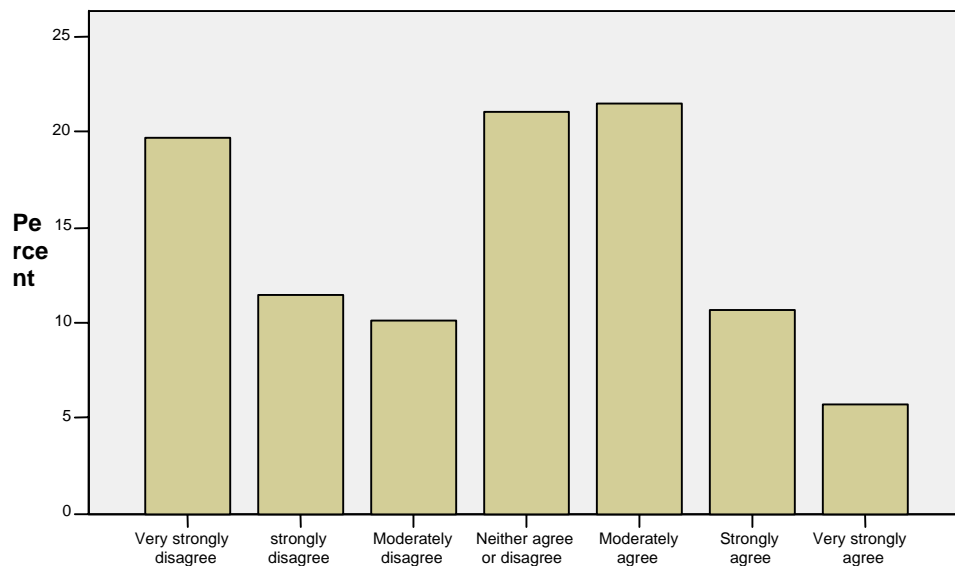
Q2c See a doctor or hospital no further treatment - I would make a claim for compensation if I had an accident in a friends home



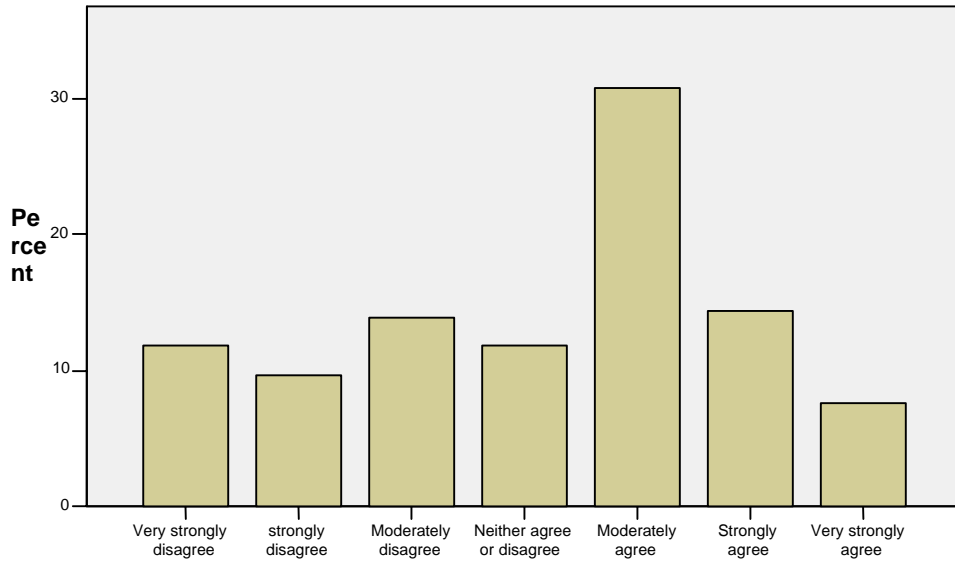
Q2d See a doctor or hospital no further treatment - I would make a claim for compensation if I had an accident on the street e.g. the local Council



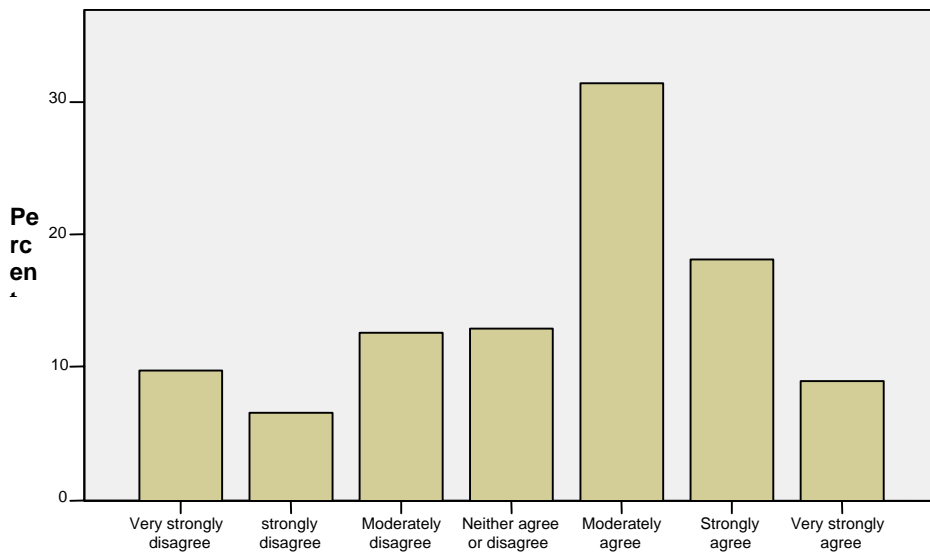
Q2e See a doctor or hospital no further treatment - I would encourage a member of my family to make a compensation claim



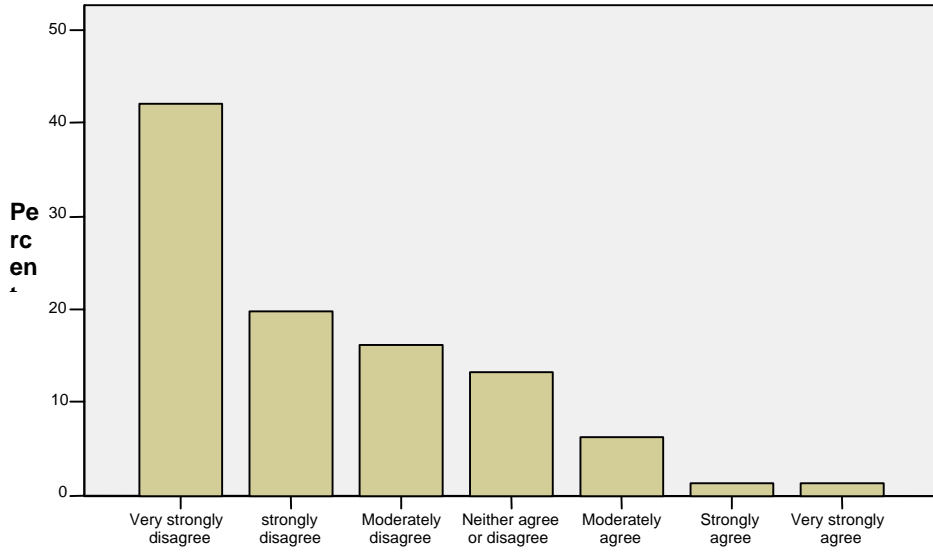
Q3a See a doctor or hospital plus further treatment no time off work - would make a claim for compensation if I had an accident at work



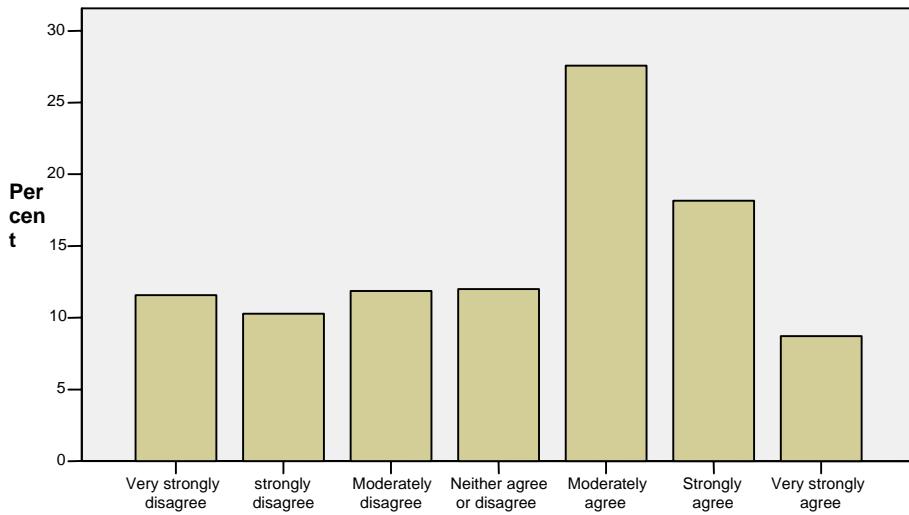
Q3b See a doctor or hospital plus further treatment no time off work - I would make a claim for compensation if I had an accident in a store



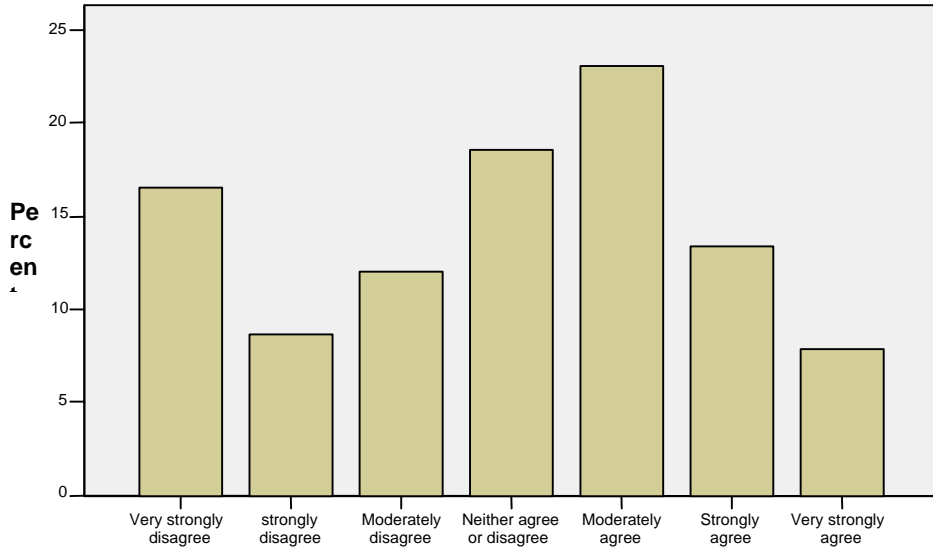
Q3c See a doctor or hospital plus further treatment no time off work - I would make a claim for compensation if I had an accident in a friends home



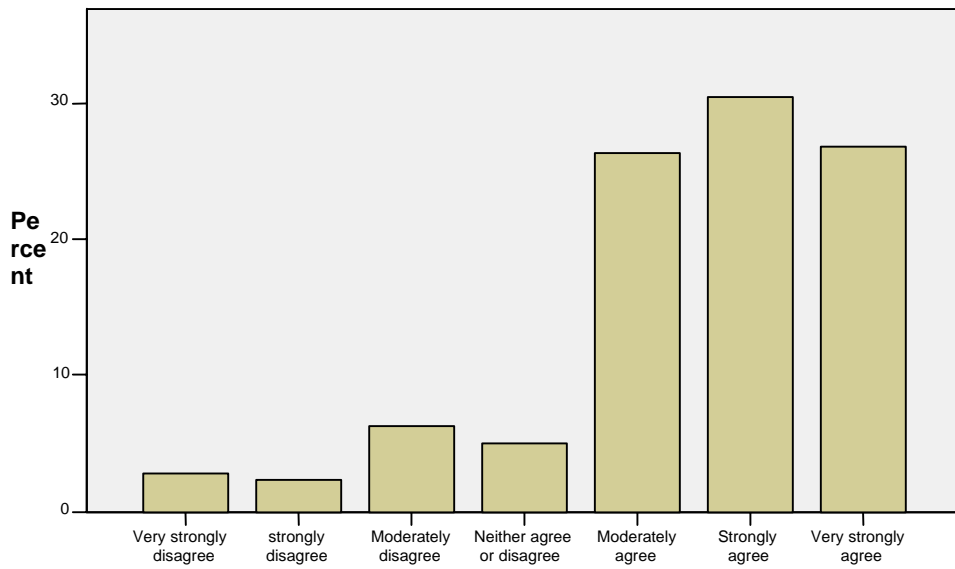
Q3d See a doctor or hospital plus further treatment no time off work -I would make a claim for compensation if I had an accident on the street (e.g. the local authority)



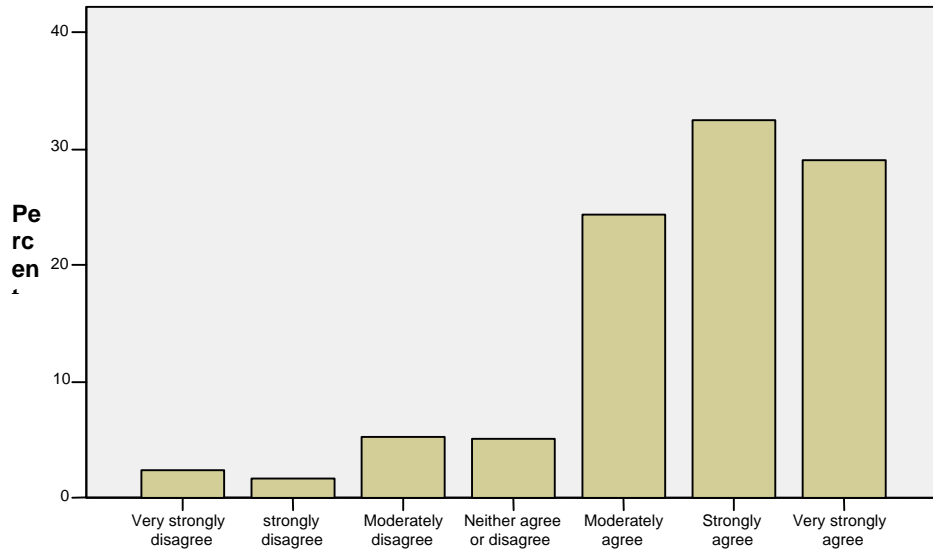
Q3e See a doctor or hospital plus further treatment no time off work- I would encourage a friend to make a compensation claim



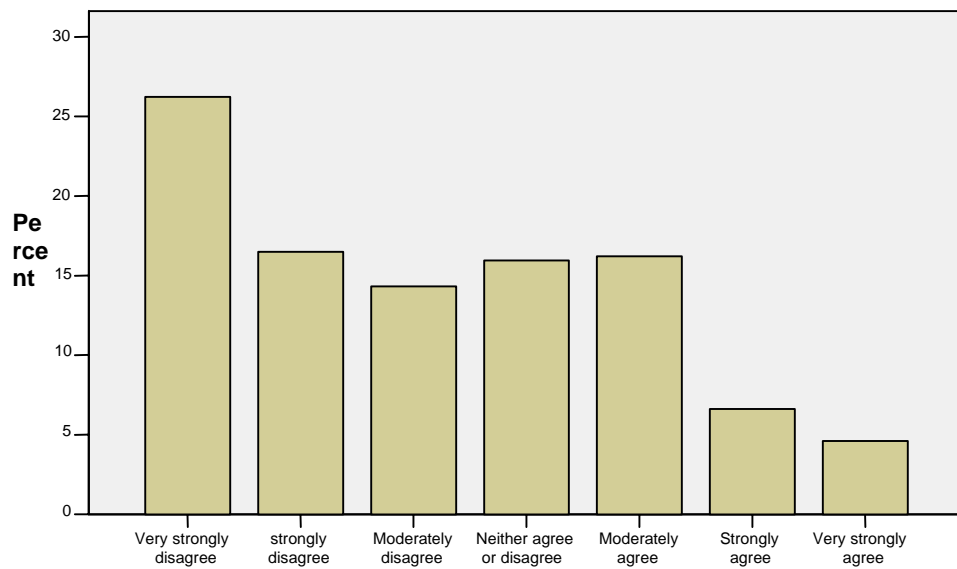
Q4a See a doctor or hospital ongoing treatment and time off work - I would make a claim for compensation if I had an accident at work



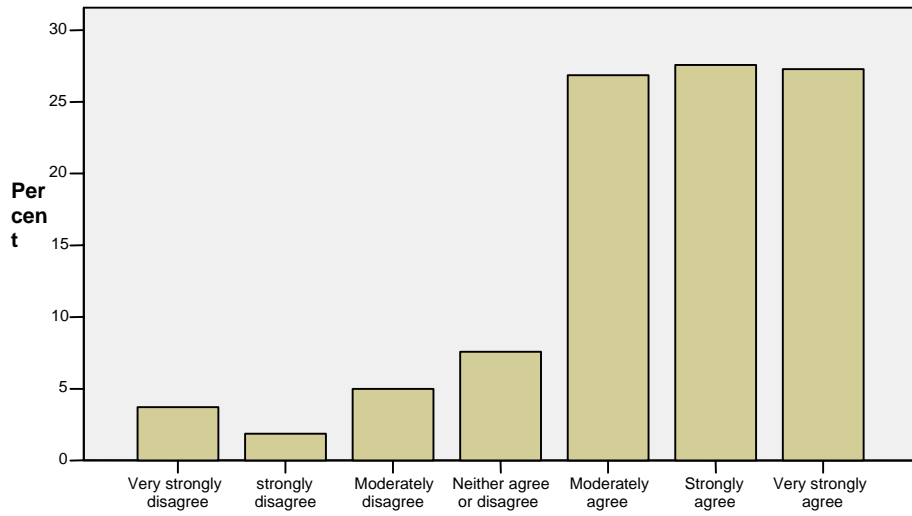
Q4b See a doctor or hospital ongoing treatment and time off work - I would make a claim for compensation if I had an accident in a store



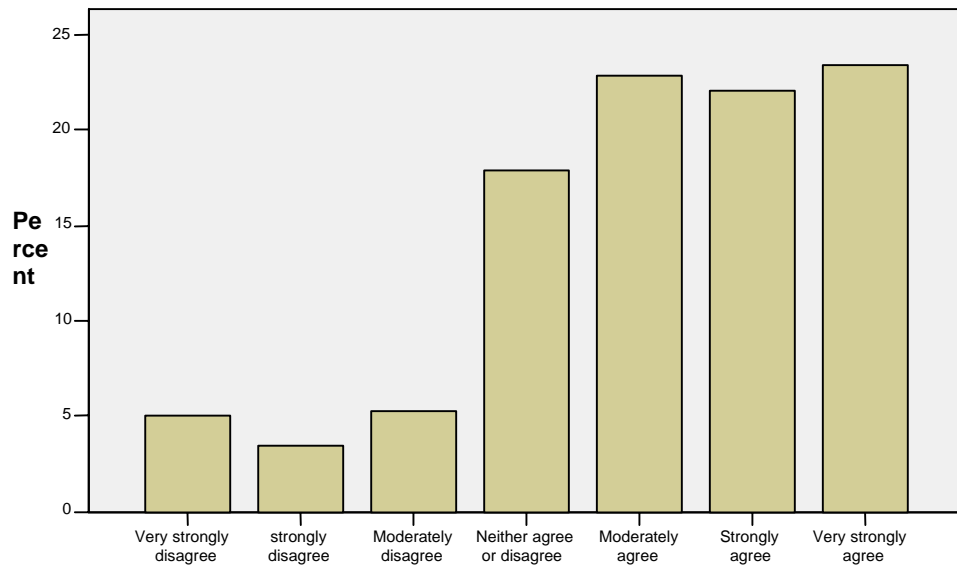
Q4c See a doctor or hospital ongoing treatment and time off work - I would make a claim for compensation if I had an accident in a friends home



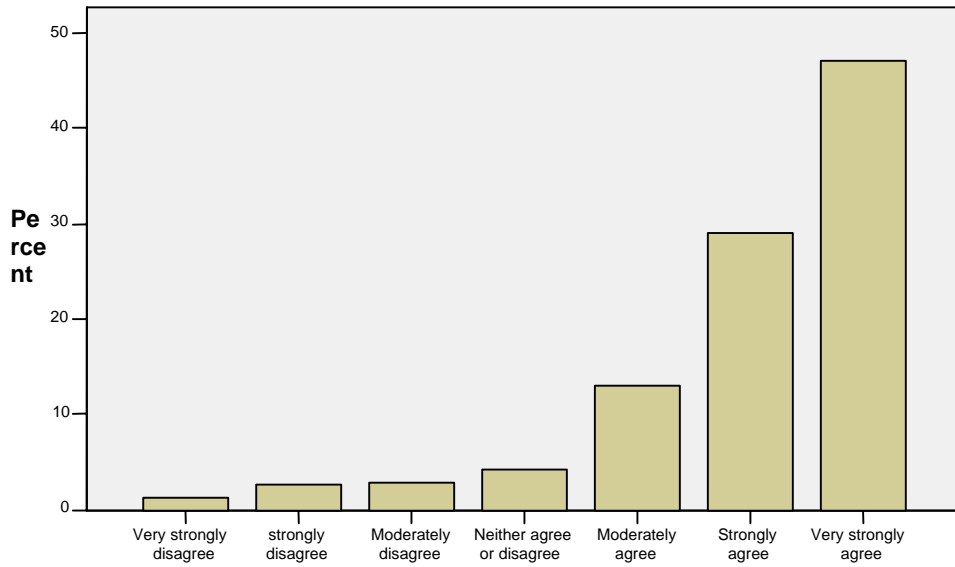
Q4d See a doctor or hospital ongoing treatment and time off work - I would make a claim for compensation if I had an accident on the street e.g. the local Authority



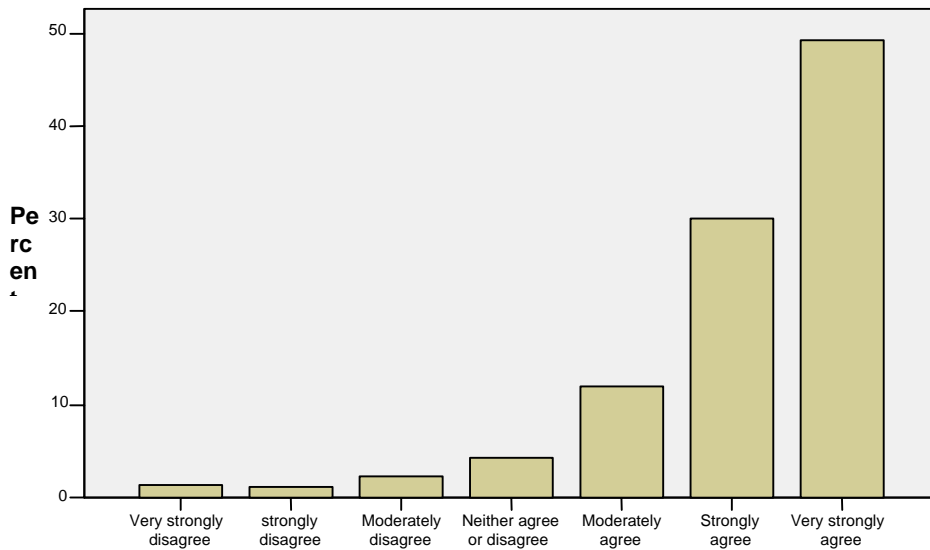
Q4e See a doctor or hospital ongoing treatment and time off work - I would encourage a friend to make a compensation claim



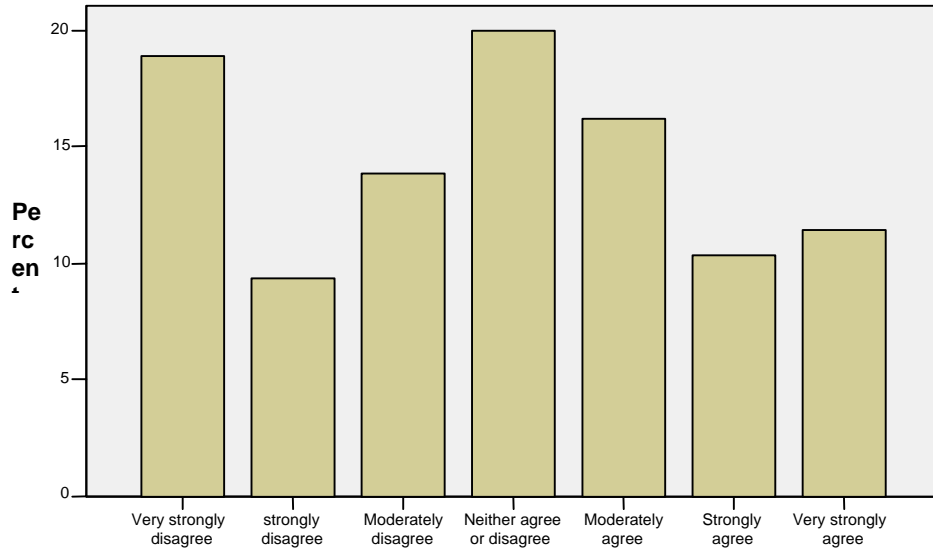
Q5a See a doctor or hospital major surgery and time off work - I would make a claim for compensation if I had an accident at work



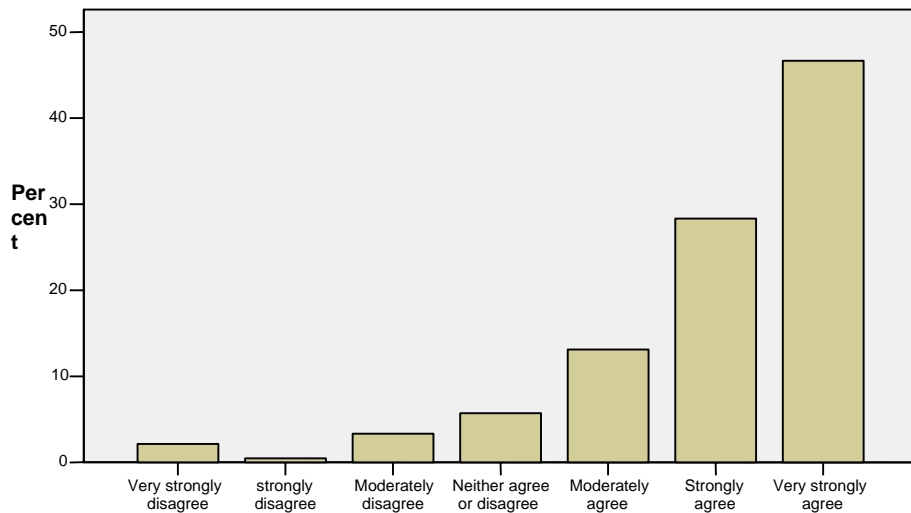
Q5b See a doctor or hospital major surgery and time off work - I would make a claim for compensation if I had an accident in a store



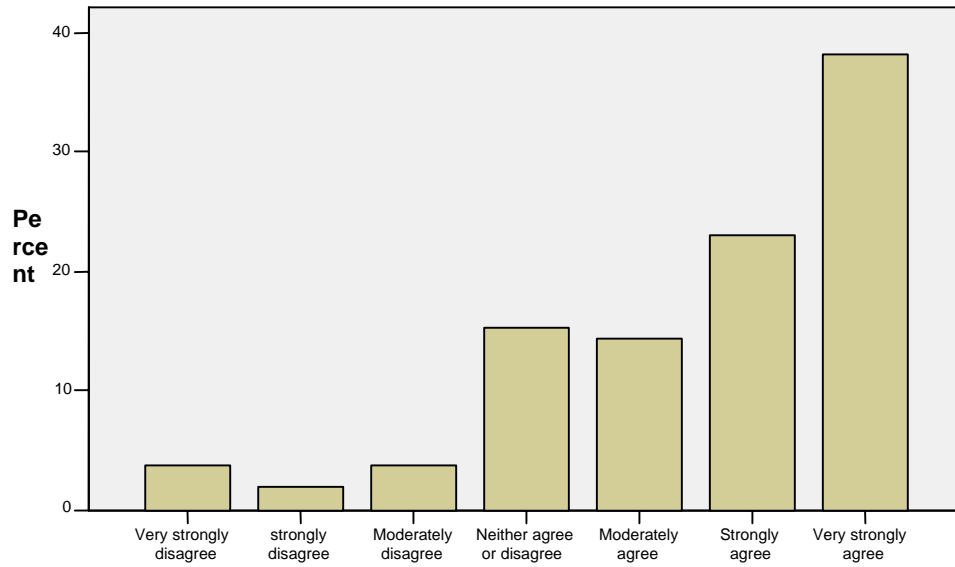
Q5c See a doctor or hospital major surgery and time off work - I would make a claim for compensation if I had an accident in a friends home



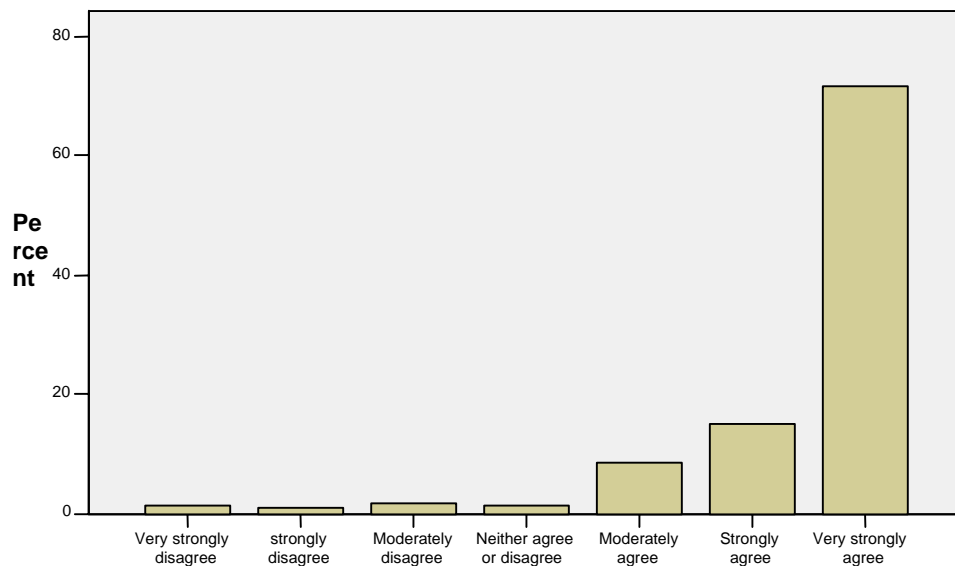
Q5d See a doctor or hospital major surgery and time off work - I would make a claim for compensation if I had an accident on the street (e.g. the local authority)



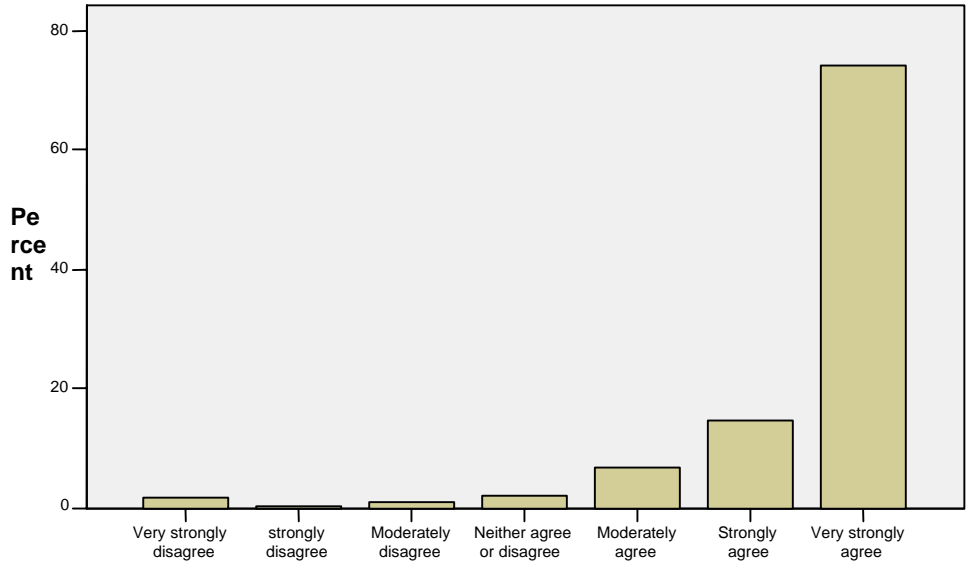
Q5e See a doctor or hospital major surgery and time off work - I would encourage a friend to make a compensation claim



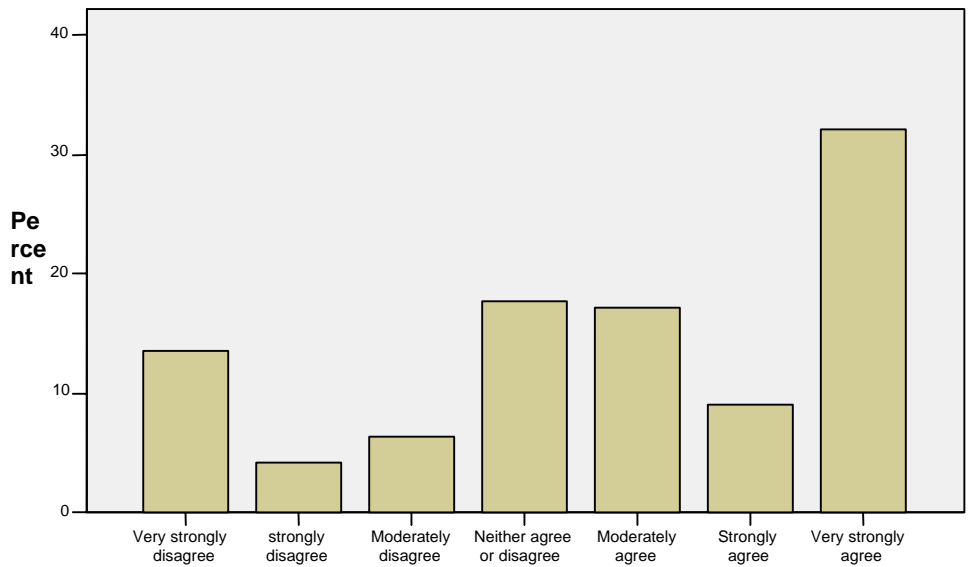
Q6a See a doctor or hospital incapacity or disability - I would make a claim for compensation if I had an accident at work



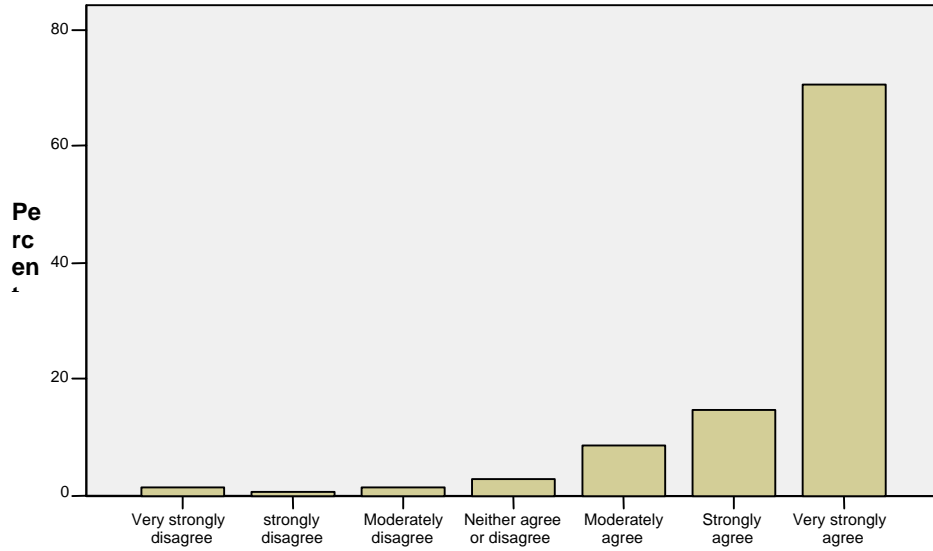
Q6b See a doctor or hospital incapacity or disability - I would make a claim for compensation if I had an accident in a store



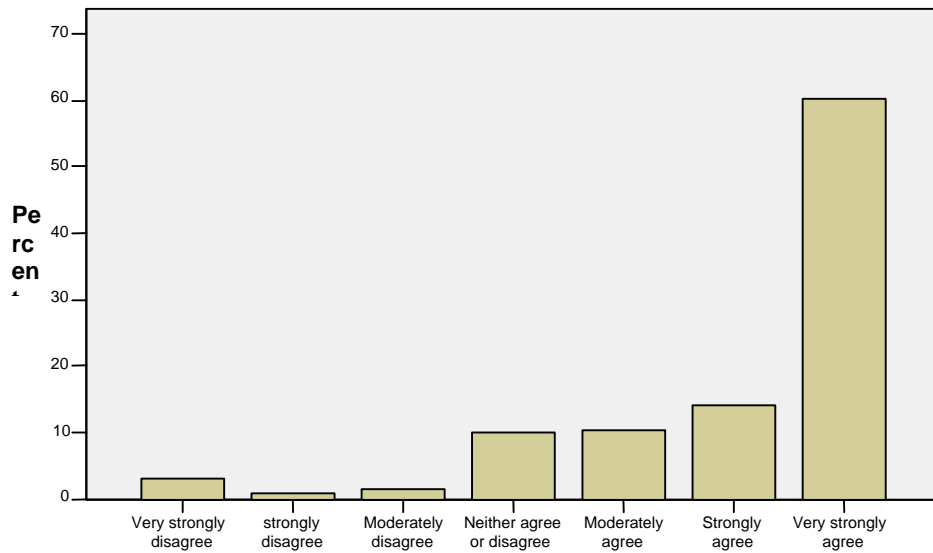
Q6c See a doctor or hospital incapacity or disability - I would make a claim for compensation if I had an accident in a friends home



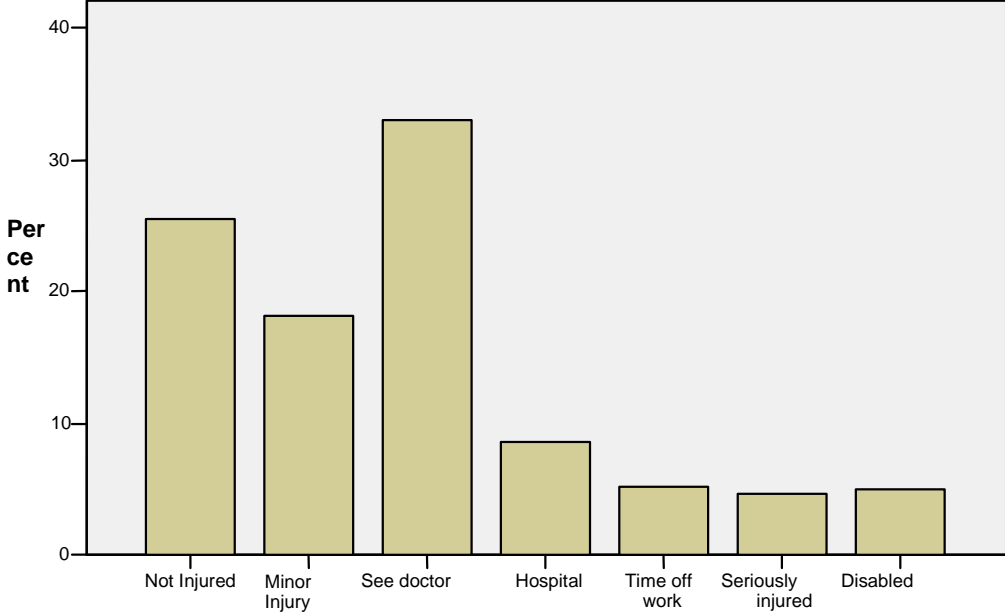
Q6d See a doctor or hospital incapacity or disability - I would make a claim for compensation if I had an accident on the street (e.g. the local authority)



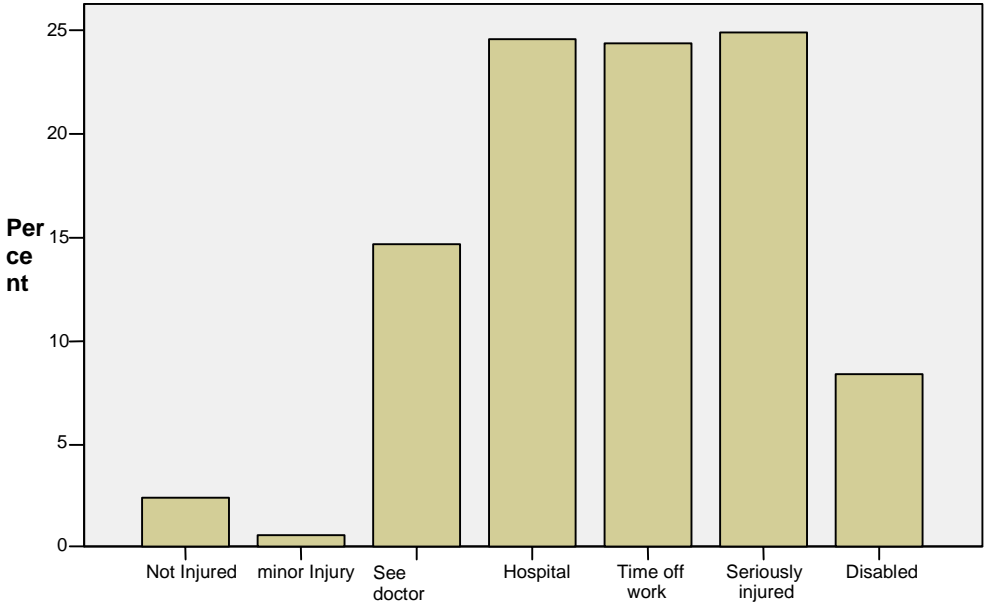
Q6e See a doctor or hospital incapacity or disability - I would encourage a friend to make a compensation claim



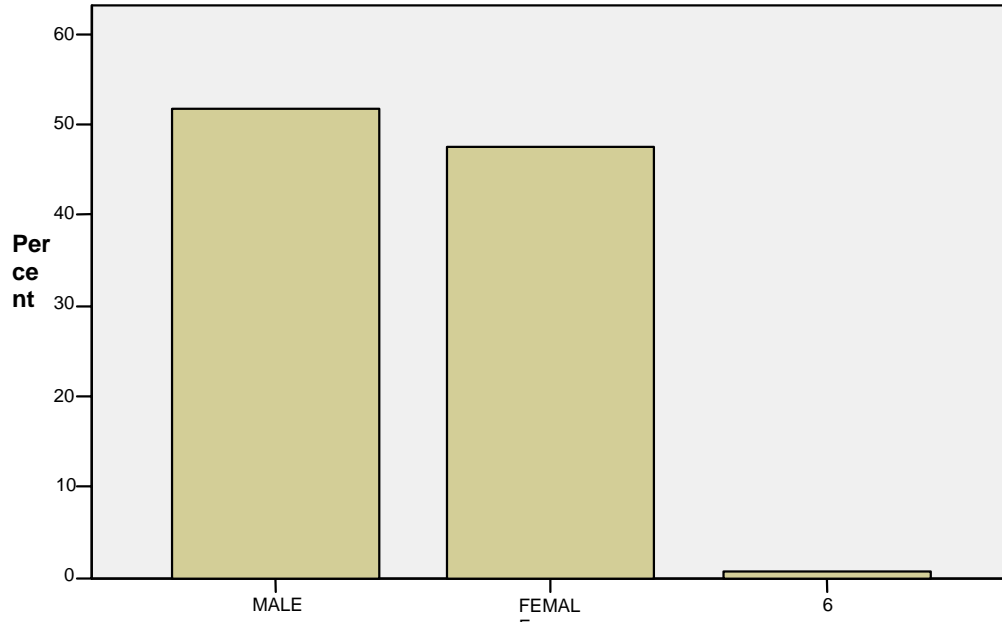
Q7 If I had a slip or trip accident I would report it if:



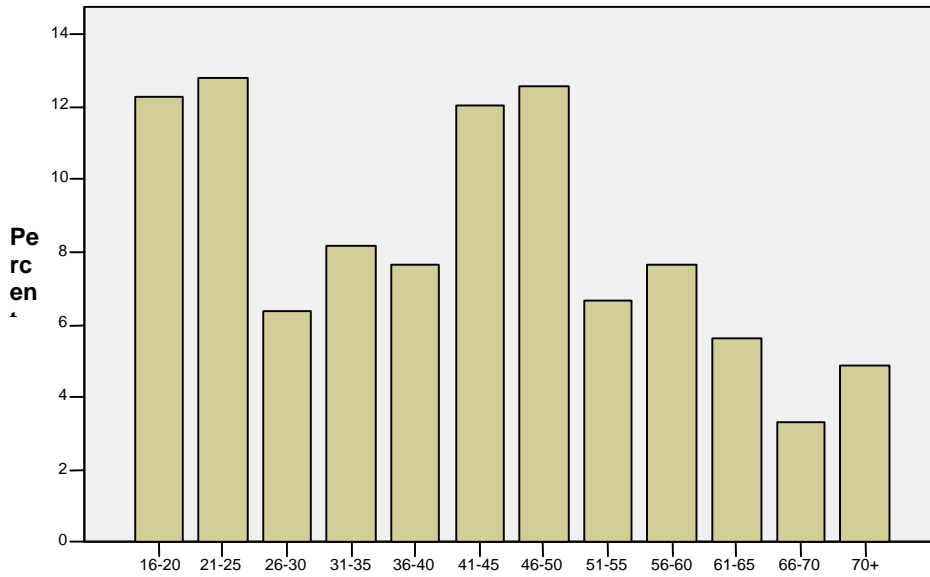
Q8 If I had a slip or trip accident I would make a claim for compensation if:



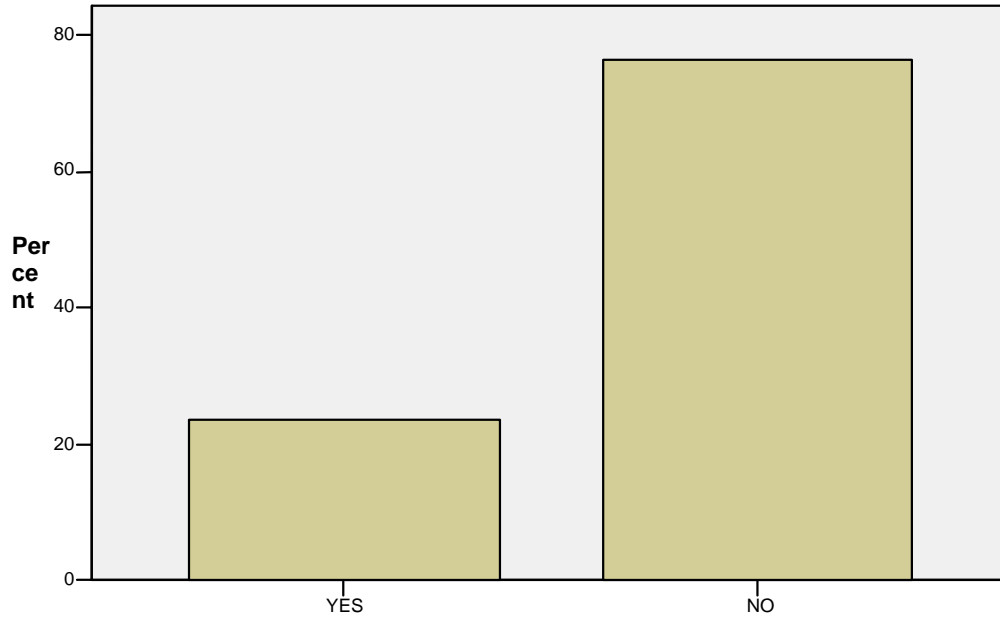
GENDER



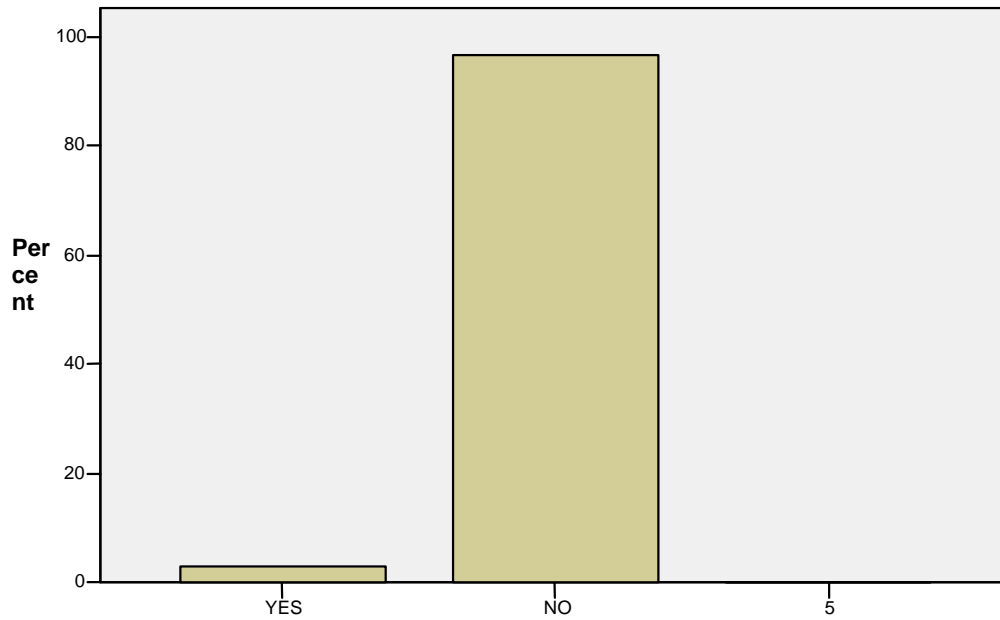
AGE



ACCIDENT AT WORK



DISABILTY



8.10 ANNEX 10

8.10.1 Objectives of study and question set sent to interviewees prior to interview.

8.10.1.1 Objectives of Litigation Study

To ascertain if the threat of litigation is more effective than a health and safety visit.

To establish if slips and trips accidents are still viewed in the same way. For example, has there been a reduction in embarrassment and tolerance amongst employees? If so what has been the effect. Are there higher expectations amongst employees as a result? Has there been an increase in blame culture?

What has been the effect of the slips project so far, has the programme had an influence? Are employees more aware of slip and trip accidents? Is it because of the 'no win no fee' type advertising, inspector interventions or because of the slips and trips campaign.

To establish if litigation has had an effect on the number of, or seriousness of, slip and trip accidents being reported. For example, have reporting levels in organisations increased in the last few years, if so, is it because of the so-called claims culture, or are there other reasons? Has there been an increase in the number of over three day or major injuries relating to slips and trips.

To ascertain if companies are seeing an increase in financial burden due to slip and trip insurance claims. Gain a picture of how much slip and trip accident claims cost the insurance industry every year, if possible, compared to another claim type which industry sees as being one of their current major concerns, such as stress. Many small claims are settled out of court, is this taken into account when calculating the total cost from claims.

I am trying to find out how litigation may affect the numbers of reported slip and trip accidents and how the Slip and Trip Priority Programme is affected e.g. is it positive in reducing long term slip and trip accidents or is it increasing reporting rates. Also how the Slip and Trip Priority Programme can work with stakeholders.

8.10.1.2 Some questions

Are organizations reporting more accidents because of the threat of litigation?

To what extent has the threat (or actual) of litigation led to /producing/implementing policies to manage slip and trip hazards.

Are employers more likely to attribute accidents to slips and trips (as a cause) because of the threat of litigation?

Are employees likely to attribute a cause to accidents e.g. slips and trips hazards for litigation purposes?

Are more slip and trip accidents being reported as compared to other types of accidents?

Are you receiving more claims for slip and trip accidents from employers than 10 years ago?

If yes what do you think the cause is?

Is the trend upwards steady or decreasing? What's causing this?

In your opinion what percentage of claims are 'frivolous'?

Compared to other types of accident causes e.g. workplace transport, manual handling are there more less the same levels of claims made?

What percentage of these claims concern employees /members of the public?

What percentages of claims are successful?

What is the average payout per claim for slips and trips?

What percentages of claims are settled outside of court/tribunal?

Are there any industries that claim higher than others?

8.11 ANNEX 11

8.11.1 Objectives and Question set sent to Trades Unions before interview.

8.11.1.1 Objectives of Litigation Study

To ascertain if the threat of litigation is more effective than a health and safety visit.

To establish if slips and trips accidents are still viewed in the same way. For example, has there been a reduction in embarrassment and tolerance amongst employees? If so what has been the effect. Are there higher expectations amongst employees as a result? Has there been an increase in blame culture?

What has been the effect of the slips project so far, has the programme had an influence? Are employees more aware of slip and trip accidents? Is it because of the 'no win no fee' type advertising, inspector interventions or because of the slips and trips campaign.

To establish if litigation has had an effect on the number of, or seriousness of, slip and trip accidents being reported. For example, have reporting levels in organisations increased in the last few years, if so, is it because of the so-called claims culture, or are there other reasons? Has there been an increase in the number of over three day or major injuries relating to slips and trips.

To ascertain if companies are seeing an increase in financial burden due to slip and trip insurance claims. Gain a picture of how much slip and trip accident claims cost the insurance industry every year, if possible, compared to another claim type which industry sees as being one of their current major concerns, such as stress. Many small claims are settled out of court, is this taken into account when calculating the total cost from claims.

I am trying to find out how litigation may affect the numbers of reported slip and trip accidents and how the Slip and Trip Priority Programme is affected e.g. is it positive in reducing long term slip and trip accidents or is it increasing reporting rates. Also how the Slip and Trip Priority Programme can work with stakeholders.

8.11.1.2 Some questions

Are you dealing with more claims for slip and trip accidents from members than 10 years ago? If so what do you think the reason is?

If yes what do you think the cause is?

Is the trend upwards steady or decreasing? What's causing this?

Do you advise your members on the likely success of claims?

Have the numbers of claims against employers affected their policies on slip and trip prevention?

Compared to other accident causes e.g. manual handling. Workplace transport are there fewer, more about the same number of claims for slip and trip accidents? Why is this?

Exploration of the affect of litigation culture on the attribution and reporting of slip and trip accidents

Health and Safety Executive statistics show no decrease in the number of reported slip and trip accidents. Is it because there are more accidents of this nature than in previous years or are there other factors that are impinging on the statistics?

Due to changes in the litigation law in recent years, lawyers have been offering a 'no win no fee' service, which appears (on the surface), to be generating a tendency amongst individuals to pursue claims of negligence, even in the most frivolous of cases. Along with this there have been media adverts encouraging people who have had an accident to seek compensation. Reports in the press also suggest that there are many companies willing to pay out small amounts of compensation rather than fight a more costly litigation process.

Society continues to change and there is less tolerance when it comes to risk. Incidents are reported in the media of outdoor school activities being cancelled because of fears of accidents (compensation claims). At the same time there is a groundswell against frivolous claims by the general public, which seems to indicate that, for the majority, there is such a concept as acceptable risk. But to what extent is this risk acceptance more or less tolerated than it was say 10 years ago?

The purpose of this work was to determine the effect of this heightened awareness, brought about by media activity, on the reporting of accidents, (if any).

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