Workplace Health & Safety

Introduction

Where people work and the activities they undertake have a direct impact on the health of the individual and / or population. Poor working conditions and practices can lead to increased risks of injury, acute and chronic disease and even death.

It is therefore paramount to ensure that the health, safety and welfare of the workforce is protected. This can be achieved through the adherence of strict health and safety legal frameworks and guidelines which all employers have a duty to comply with.

Local Authorities, through the Environmental Health and Trading Standards team, are one of two agencies (the other being the Health and Safety Executive, HSE) that are responsible for enforcing health and safety legislation. Local Authorities have overall responsibility for numerous business categories including warehouse and distribution, retail and other services sectors. The authority has a range of tools to secure compliance with all health and safety law.

The Regulatory Services team, through Environmental Health & Trading Standards, significantly contributes to this agenda by ensuring that businesses meet stringent safety legal requirements through various methodologies including accident investigation, inspection and auditing. The team also work with employers and other agencies to promote safe working environments using advice and support.

What do we know?

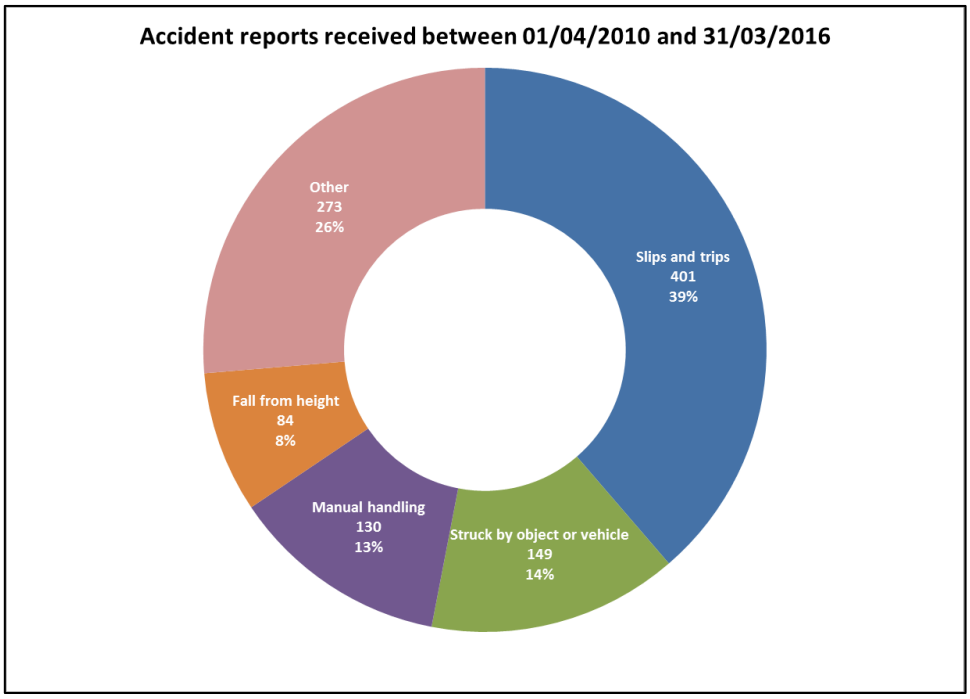
Locally

Bedford Borough Council received 1037 accident reports between 1st April 2010 and 31st March 2016. The following table shows a break-down of the accident reports received by type and gender of injured persons.

Accident reports received between 01/04/2010 and 31/03/2016

Type of accident	Total number of accidents	Percentage of total (%)	Injured men (%)	Injured women (%)
Slips and trips	401	39	39	47
Struck by object or vehicle	149	14	48	29
Manual handling	130	13	56	26
Fall from height	84	8	29	43
Other e.g. electrical, harmful substances, violence at work etc.	273	26	50	36

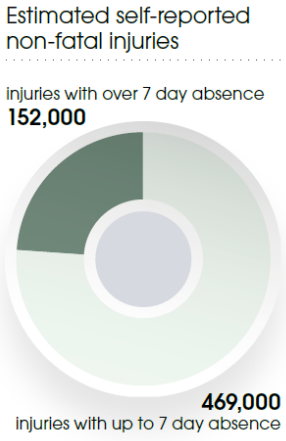
NB: % male and female injuries may not equal 100% due to data submitted.



Nationally *(Data taken from HSE, 2016)*

Nationally the data is more revealing. The following statistics represent the national picture in terms of overall accident statistics in 2015/16:

- 144 workers were killed
- 152,000 over-7-day absence (from work) injuries occurred
- 73,000 other injuries to employees were reported under RIDDOR (a national accident reporting system)
- 1.3 million working people were suffering from a work-related illness
- 30.4 million working days were lost due to work-related illness and workplace injury



Overall Workplace Injuries

- Workplace injury rates are highest in manual occupations
- Most frequent causes of injury are manual handling, slips and trips and falls from height.
- There are higher rates of workplace injury for men compared to women
- It is estimated that there are over 152 000 over-7-day injuries each year

Work-related Stress (WRS)

- The highest rates of work related stress are seen in the largest (>250 employees) workplaces
- Over 0.5 million workers suffering from WRS in 2015/16
- Highest rates of WRS are experienced in managerial and professional occupations; and in the sectors of public administration, health & social care and education

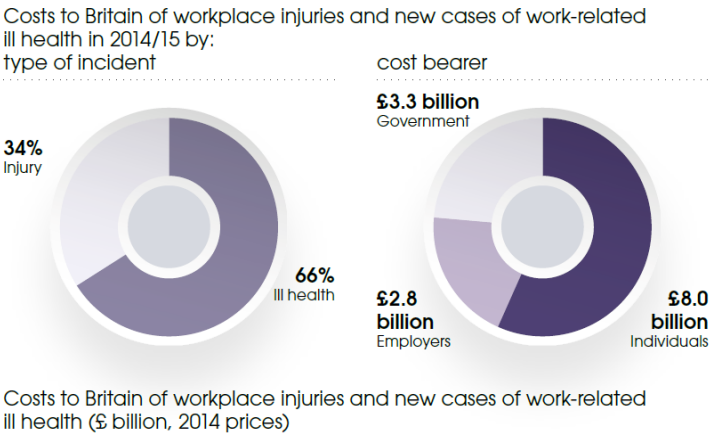
- There are higher rates of WRS for middle aged workers (ages 35 to 54) compared to other age groups.

Work related Musculoskeletal Disorders (MSD)

- The Highest rates of Musculoskeletal Disorders are in manual and skilled occupations
- MSD rates are highest for workers aged over 45
- 0.5 million workers suffering from MSD in 2015/16
- Approximately 40% of disorders affect the back, and 40% affect the upper limbs

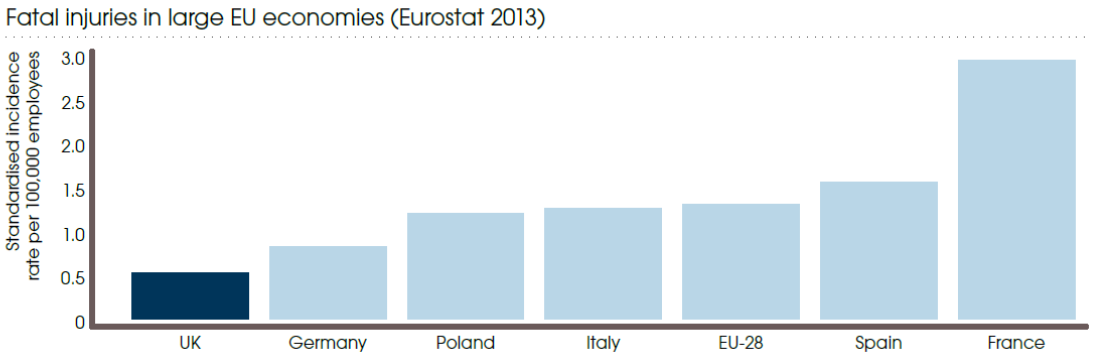
Financial Cost

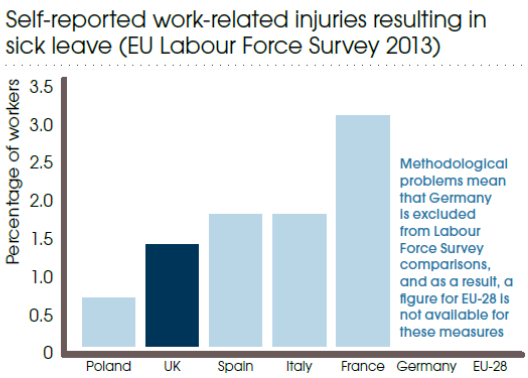
- It costs society an estimated £14.1 billion per year as a result of workplace accidents and ill health
- It is estimated that £4.8 billion per year is the annual cost of workplace injury

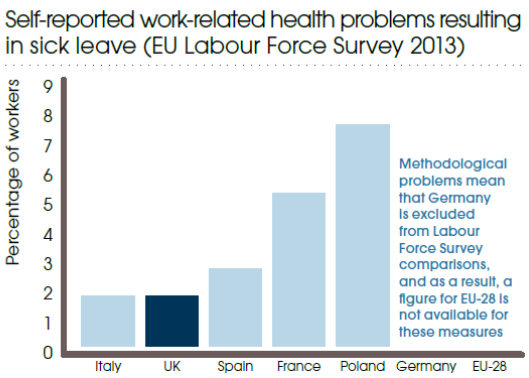


Costs to Britain of workplace injuries and new cases of work-related ill health (£ billion, 2014 prices)

European comparisons







Current Activity and Services

The Regulatory Services team carries out various interventions in order to bring about sustained improvements to workplace health, safety and welfare. This activity is based upon the statutory duties and legal obligations placed upon local authority for health & safety in the workplace and includes:

1) The inspection of all high risk businesses in accordance with the HSE risk rating guidance.

2) The response to requests for assistance relating to health and safety complaints and advice within the Borough. This includes advice and support to both employees and employers.

3) The Investigation of reportable accidents in key risk areas, in accordance with the accident investigation policy and national guidelines.

4) The implementation of preventive and educative projects designed to raise awareness and improve business performance on key health and safety risks. Typically this will include 3 projects per year, which focus on identified and prioritised risks.

5) The instigation of formal enforcement action (in accordance with the departmental Enforcement Policy), where the authority identifies serious breaches of health and safety legislation.

National & Local Strategies

National Strategies

A Strategy for Workplace Health and Safety in Great Britain to 2010 and beyond

1) In 2010 the Health and Safety Commission set out its aims to achieve a safer working Britain with the limited resources that are available. In this document it identifies its strategic aims which are to:

- Protect people by providing information and advice.
- Influence organisations to embrace high standards of health and safety and to recognise the social and economic benefits.
- Work with business to prevent catastrophic failures in major hazard industries
- Develop new ways to establish and maintain an effective health and safety culture in a changing economy, so that all employers take their responsibilities seriously.
- Do more to address the new and emerging work-related health issues. (Health and Safety Executive 2013)

2) The Health and Safety Executive has recently published a list of subject areas which it considers to be in need of focussed attention which all local authorities must consider when planning its service provision, these include:

a) Legionella infection risks
b) Explosion risks caused by leaking Liquefied petroleum Gas (LPG)
c) E coli/cryptosporidium infection risks
d) Workplace transport risk including high volume warehousing/distribution
e) Risks of falls from height, including fatalities and injuries from the falls
f) Industrial diseases (occupational asthma/deafness)
g) Crowd control risks
h) Carbon monoxide poisoning risks
i) Violence at work

(Health and Safety Executive 2013)

Local strategies

1) The local strategy for health and safety mirrors the national HSE guidance as required. Each year a service plan incorporates a selection of the yearly HSE priorities and integrates these within the departmental service plan. Identified priorities are selected on the basis of local health and safety needs/ factors.

The type of interventions undertaken will vary depending on numerous factors including the topic area, business type, and direction from the HSE. Intervention strategies range from inspections to business training seminars. The service plan confirms when these targets are to be delivered and as the year progresses details of how the interventions will be carried out are confirmed e.g. through project plans etc.

2) The Regulatory Services team endeavours to maximise the best use of its resources by working regionally through the Hertfordshire and Bedfordshire Health and Safety Liaison Group. Through this regional group the department both feeds into and delivers regional campaigns that are relevant to Bedford

3) The Regulatory Services team is open to working with all relevant partners and stakeholders to achieve joint outcomes including the HSE, other agencies (e.g. Gas Safe), other local authorities, businesses, media, voluntary organisations and the public

What is this telling us?

1) There are clear identifiable health inequalities relating to the workplace and include age, gender and socio-economic groups.

2) The detail provided in both the national and local statistics is excellent in providing the current picture of workplace health concerns. However, these statistics demonstrate the enormous scale of the issues that exists and the huge impact these issues have on an employee's health. The cost to society is also considerable and it is for these reasons that continued and improved efforts need to be made to improve the overall levels of work place environment and cultures therein.

3) The areas where improvements are needed are wide ranging. However within existing resources, efforts should be focussed into strategies which produce the

maximum benefit and outcomes. A key way to achieve this is through partnership working with key agencies and individual organisations.

What are the key inequalities?

Existing data sources confirm there are numerous identifiable health inequalities.

1) It is widely accepted that the socio-economic status of an individual (often defined within employment bandings) has a direct impact on their health. This is demonstrated first hand in the statistics presented earlier in this chapter in terms of manual occupations. For example physical jobs which are associated with greater prevalence of workplace accidents and disease tend to be carried out by those in the less socially advantaged groups. This similarly follows that males, as opposed to females, experience greater risks of some major diseases (e.g. asbestosis, mesothelioma, and other cancers) in the workplace as males traditionally undertake the manual style occupations.

2) There are areas of work where social demography do not link to both manual work and usual gender association. As an example, management occupations will tend to be at a greater risk of stress related conditions. Similarly women will tend to be more disposed to diseases such as dermatitis due to their greater likelihood of working in the hairdressing and beauty sectors. Age also has an impact and older persons (over 45) for example tend to have an increased risk of developing work related musculoskeletal type injuries.

3) What is clear in analysing the available data is that difference in social-economic status, gender and type of work can lead to health inequalities across various sections of the community and as such should always be considered when implementing effective intervention strategies.

What are the unmet needs/ service gaps?

1) There are insufficient outcome related goals set within local strategies to identify and target improvements in local accident statistics. Similarly, inequality style issues have rarely featured in local strategic planning. That being said the provision of services locally are determined by national priorities which are implemented on a statutory basis.

2) Partnership working exists with agencies that have strong historical links. However further consideration could be given to working with broader bodies such as public health in order to identify synergies.

Recommendations

1) To continue to work in line with national HSE priorities which identify the major health and safety concerns.

2) To continue to undertake a thorough and comprehensive review of all local accident data in order to categorise the main causes of workplace ill health and

accidents within Bedford. Such data can then be used to correlate any identifiable health inequalities that currently exist, informing the future development of remedial strategies and local projects.

3) Share accident data / and correlations with Public Health in order to identify possible joint initiatives and maximise combined resources and create a workplace environment that protects and enhances employees health and well-being.

This chapter links to the following chapters in the JSNA:

Cancer
Mental health
Employment and Income
Respiratory health

Other relevant links:
Workplace health: management practices - NICE guidelines [NG13] 2015
http://www.nice.org.uk/guidance/NG13/chapter/1-recommendations#3-mental-wellbeing-at-work

Bedfordshire Mental Health & Wellbeing Service (provided by ELFT)
https://www.bedfordshireccg.nhs.uk/page/?id=4162

References

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3. Health and Safety Statistics Key Figures for Great Britain 2014/15
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   [Accessed 18/11/15]

5. LAC67/2 Rev 4.1 – Targeting Local Authority Interventions
   HSE 2015