A COMMON STRATEGY FOR IMPROVING HEALTH AND SAFETY IN THE FOOD AND DRINK MANUFACTURING INDUSTRIES

This document highlights the aims and objectives of a Common Strategy agreed between member organisations of the Food and Drink Manufacture Health & Safety Forum. The document highlights the actions each party will undertake to support of the Strategy.

Background and reason for the Common Strategy

1.1 The Health and Safety Commission (HSC) ‘Plan of work’ 1990/91 highlighted injuries in the food and drink manufacturing industries as 2.3x that of manufacturing generally. In view of this, the HSC asked its operational arm the Health and Safety Executive (HSE) to work with the industry to identify the main causes of injuries and reduce them.

1.2 In 1991/92 HSE’s Food Manufacture Section, the Food & Drink Federation (FDF) and the main food industry trade unions (GMB, UNITE - formerly TGWU, USDAW, BFAWU) analysed the causes of injuries and occupational ill health. This analysis led to publication of the first edition of ‘A Recipe for Safety’ that set out the industry’s health and safety priorities and how injuries and occupational ill health could be reduced. This was supported by an agreed Common Strategy document setting out actions each party would take to improve health and safety in the food industry.

1.3 Over the past 20 years, many additional trade associations and other interested parties have signed up to the ‘Recipe for Safety’ initiative. These parties now form the Food and Drink Manufacture Health and Safety Forum that meets twice a year. The Forum carries out various initiatives that have included publishing the 3rd edition of ‘Recipe for Safety’ and working with IOSH Food and Drink Group to run events such as annual conferences and training events.

1.4 The Common Strategy document was updated in 2004 to include actions on companies as well as trade associations and HSE. This 3rd edition of the Common Strategy document updates the earlier editions and sets out actions for all parties to further reduce injuries and occupational ill health.
Progress to date - and aims for the future

2.1 Progress on injury reduction since 1990/91 has been significant:

2.1.1 **Overall injury rate** (over-3-day absence + major injuries combined)
During the 20 years 1990-2010, the overall RIDDOR reportable injury rate in food and drink manufacture has reduced from 2.3x to 1.6x that of manufacturing generally. Or to put it another way, from 2805 to 1404 injuries/100,000 workers - a remarkable reduction of 50%.

The aim is to reduce the reportable injury rate to that of manufacturing generally and eventually below it.

2.1.2 **Major injury rate**
Since 1996/97 (when RIDDOR95 came into force) ‘major’ injuries (e.g. broken bones or requiring hospitalisation) have reduced from 1.7 x to 1.5x that of manufacturing generally. Or to put it another way, from 345 to 238 injuries/100,000 workers - a reduction of 31% over this 13 year period.

The aim is to reduce the major injury rate to that of manufacturing generally and eventually below it.

2.1.3 **Fatal injuries**
Fatal injuries averaged 9 per year for the 4 year period prior to 1990. This reduced to an average of 5.2 per year between 1990-2000 and 3.5 per year between 2000-2010 – a reduction of 60% since 1990. There were only two fatal injuries in 2010/11.

The aim is to reduce fatal injuries each year to zero.

2.1.4 **Occupational ill health**
Progress in reduction of cases of occupational ill health over the past 20 years is more difficult to measure because of the wide variety and changes of reporting and recording methods. However, there are some indicators:

- The occupational ill health rate for food/drink manufacture averaged over the 5-year period ending 2009/10 indicated 3080 cases/100,000 workers, just below the 3149 manufacturing average. In addition, during this period:
  - attributable cancer registrations in food/drink manufacture were the lowest of any manufacturing sector;
  - cases of occupationally induced asthma remained above average mainly due to exposure in small or medium sized bakeries and other premises handling flour and associated ingredients.

- A study at larger employers commissioned by the Food Industry Medical Association (FIMA) in 2007 compared two periods 1997-2001 and 2002-2006. The study indicated that cases of ULDs, dermatitis, asthma and back pain all
appeared to show a reduction between the two periods with ULDs and dermatitis halving at these larger sites.

The aim is to further reduce occupational ill health, particularly upper limb disorders and back injuries that comprise almost 60% of the ill health.

2.1.5 Management and human factors

Considerable effort has been made by many companies over the last decade or more to improve the management of health and safety. Continued effort needs to be given to recognising more widely the benefits of:

- concentrating on the ‘priority’ health and safety issues set out in HSE’s *A Recipe for Safety* and on the HSE food manufacture website
- effective health and safety management and risk management in reducing injuries, ill health and costs
- health and safety auditing (internal or external) to monitor and review the prevention strategies implemented
- encouraging workforce participation as key to reducing injuries and ill health
- understanding the importance of human factors in health and safety and how leadership, behaviours, business culture and workforce engagement are key to reducing injuries and ill health
- ensuring equality in age, disability, sex and sexual orientation, pregnancy and maternity, gender reassignment, marriage and civil partnership, race, religion and belief.

The aim is to further promote, develop and implement these management issues.

Proposed action and targets

3.1 To ensure a consistent message on the above 5 aims emanates from HSE and Forum member organisations, with encouragement to employers, other trade associations and industry committees to pursue these objectives.

3.2 To monitor achievement of these aims until at least 2020, with a review every 5 years.

3.3 To continue to fulfil the Forum’s Terms of Reference – see Appendix 1.

3.4 HSE’s strategy for the Manufacturing Sector is set out in Appendix 2.
Actions to implement the Common Strategy

4.1 **HSE’s Food Manufacture Section (part of HSE’s Agriculture and Food Sector) will assist industry by:**

- continuing to raise awareness for the food and drink industries to improve health and safety performance, focusing on the management of significant risk areas
- chairing and administering the *Food Manufacture Health and Safety Forum*, encouraging new membership and promoting its value and purpose
- highlighting and publicising the main causes of injuries and occupational ill health as set out in the core booklet ‘*A Recipe for Safety*’ and other HSE food industry publications
- updating, maintaining and expanding the HSE food manufacture website
- ensuring HSE inspectors visiting food and drink factories are appraised of the significant risk areas to target, and the guidance and tools available to tackle these
- promoting the value of health and safety management auditing to monitor and review the prevention strategies implemented
- participating in food industry H&S conferences and events
- promotion of greater workforce involvement in the development of health and safety systems.

4.2 **Forum member organisations (trade associations, trade unions and IOSH food and drink group) will support the Common Strategy by:**

- promoting the ‘*Recipe for Safety*’ initiative and encouraging member associations and companies to take positive actions to pursue the main causes of injuries and occupational ill health
- encouraging companies to calculate the true costs of accidents and absence due to occupational ill health, particularly from musculoskeletal injury
- promoting the value of health and safety management auditing to monitor and review the prevention strategies implemented
- participating in conferences and events to promote health and safety priorities and promoting/introducing initiatives
- promoting health and safety issues through in-house journals and newsletters
- publishing health and safety guidance specific to risks in their industry, or the industries with which they are involved
- encouraging companies to carry out joint working on health and safety issues with their employees, their representatives and trade unions at local level
- developing mechanisms for the dissemination of good health and safety practices across the food and drink industry
- encourage food equipment manufacturers to be more pro-active in assisting end-users.

4.3 **Individual food and drink companies can assist by:**

- ensuring the company has plans in place for maintaining or raising competence of health and safety advice either from in-house expertise development or from external consultants
- calculating their company’s injury rates and comparing them with industry benchmarks from HSE, trade associations and elsewhere
- costing the full impact of accidents and occupational ill health to their business to determine the potential for cost savings from good management of health and safety
- ensuring that health and safety is used as a key internal indicator of business performance
- concentrating health and safety efforts on their main causes of injury and occupational ill health - in general these will be those highlighted in ‘A Recipe for Safety’ with particular attention to reducing musculoskeletal injuries and slips injuries
- obtaining and implementing the specific health and safety guidance available for their industry and for the specific risks in their company
- carrying out health and safety management auditing to monitor and review the prevention strategies implemented
- consulting and involving trade union safety representatives or employee representatives in health and safety issues and carrying out joint working with them at local level
- ensuring full involvement of the workforce in health and safety by training and effective feedback arrangements
promoting health and safety issues in their Newsletters

Revised - October 2011 (with appendix 2 added March 2014)
Appendix 1

Food and Drink Manufacture Health and Safety Forum
Terms of Reference

The Forum should:

- bring its experience to bear to determine the best ways to further reduce injuries and occupational ill health in the food and drink manufacturing industries
- seek to act as a catalyst for positive change, evaluating new and original ideas in addition to the tried and tested methods
- encourage their member organisations to adopt, promote and support best practice and initiatives agreed by the Forum
- seek to work together in the spirit of joint working utilising all communication opportunities
- act as a catalyst for workplace level partnerships.
Appendix 2

HSE’s Manufacturing Sector Strategy

In 2012, the HSE Board approved and published a Strategy (for the period 2012-15) dividing manufacturing industries into 4 groups A-D depending on an industry’s injury/ill health record, effectiveness of national liaison arrangements and other factors.

Food and drink industries all fall within two of these groups:

- Group A which includes the meat, poultry and dairy industries which have relatively high injury and/or ill health rates. These industries receive proactive and reactive visits from HSE.
- Group C which includes the remainder of food and drink manufacture. These industries generally only receive reactive visits from HSE, although may receive occasional proactive visits when there is a national all-industry initiative (e.g. Legionella) or when local intelligence indicates an issue (e.g. a series of defective insurance examination reports).

All of the industries liaise with HSE centrally through the Food and Drink Manufacture H&S Forum and through trade association meetings. The industry is invited by HSE to focus on the strategic aims that are most relevant or least developed.

Strategy aims for 2013-15

**Leadership** - at Board level, and throughout management and supervisory levels, that people are held accountable for delivery of health and safety.

**Health** – that organisations are aware of their significant work-related health risks and take appropriate actions.

**Safety** – that dutyholders and others actively focus on the main causes of injuries and seek new ways to reduce accidents, particularly where progress has slowed.

**Joint working** – to encourage joint working between employers and workers/trades unions as an effective way of improving health and safety.

**Competency** – to encourage trade bodies and large companies to ensure a competency-assured workforce, taking into account training, assessment, maintaining skills and refresher/re-assessment.

**Injury investigation** - to ensure sites have effective investigation systems in place.

**Wider perspective** – active engagement from within and beyond the system on matters directly and indirectly affecting health and safety.

**SMEs** – to encourage trade bodies through their initiatives to identify key messages appropriate to SMEs (and to encourage IOSH Food and Drink Group to target SMEs for training events/conferences).