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# Responsible Care Report 2017

March 2018

# Fecc RESPONSIBLE CARE REPORT 2017 (Data 2016)

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# 1. Level of Responsible Care Participation in Europe (Fecc Membership)

The *Fecc* Member National Associations (NAs) have developed – over the last 20-25 years - local Responsible Care (RC) programmes in line with the *ICTA* Joint Responsible Care / Responsible Distribution Programme.

In order to obtain the right to use the Responsible Care logo, the NA must comply with the Responsible Care rules and sign a partnership agreement with the local manufacturers' association, endorsed by *Fecc* and *Cefic*.

Each year, *Fecc* collects a series of statistical data from its National Associations and Company Members (*Fecc* Survey). The collection, analysis and interpretation of this data allows *Fecc* to draw conclusions in different areas, amongst them Responsible Care and related KPIs (Key Performance Indicators). Regarding Responsible Care implementation, the percentage of distribution companies belonging to this voluntary initiative over the period 2009-2016 is 67%, while in 2016 the average amounts to 72%, the same participation level as last year (see Figure 1).

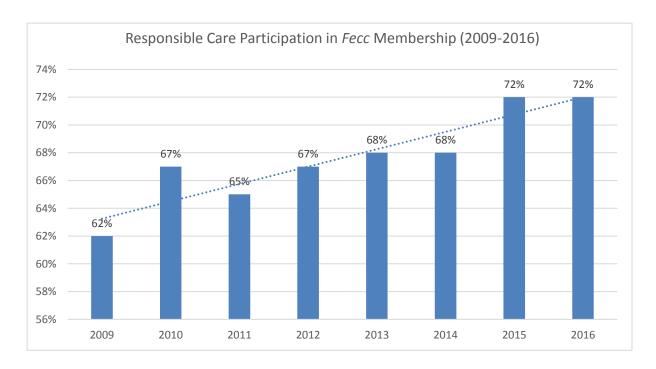


Figure 1: General Level of Responsible Care Participation in Fecc Membership (Data Fecc Survey 2017): Average per year in percentage.

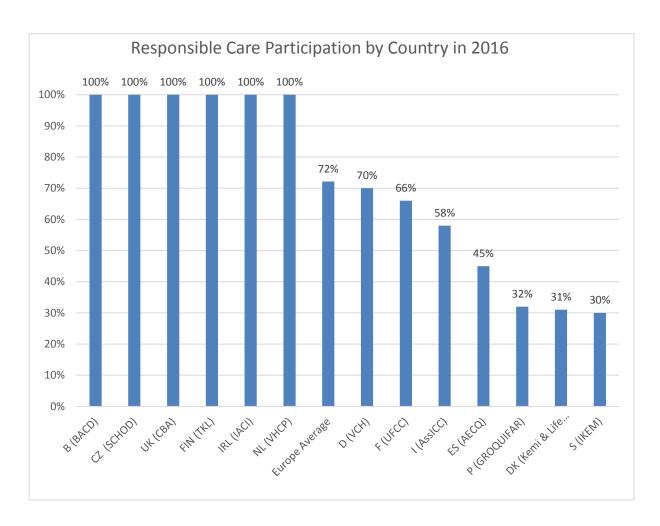


Figure 2: Level of Responsible Care Participation in Europe (Fecc Membership) per Country (Data Fecc Survey 2017)

The second graph (Figure 2) displays the results by country in 2016 and illustrates that significant differences in terms of Responsible Care implementation still exist when looking at the situation country by country.

Compared to 2015, slight changes in some countries such as Spain and Portugal and more significant changes in Sweden (decrease) as well as France (increase) occurred. In total, however, no substantial change can be observed across Europe. It is worth noticing that in Belgium, Ireland, The Netherlands, Czech Republic, and the United Kingdom the Responsible Care implementation has reached 100%. The *Fecc* Responsible Care Committee continues its efforts in order to improve the situation further.

The Tables in ANNEX I (pp. 15-16) show in detail the "hard figures" behind the percentage for each year. The calculation of the percentage per country is based on the figures provided by the NAs. The second column refers to the survey question "number of distributors committed to Responsible Care".

Finally, we should be aware of the fact that the graph does not show the Responsible Care performance of Austria (Wirtschaftskammer Österreich, WKÖ) and Switzerland (Scienceindustries, SGCI), as these are special cases. In Austria only one company out of approximately 225 chemical distributors has a commitment to Responsible Care, and Switzerland does not communicate Responsible Care data to Fecc as this country reports directly to the European Council of Chemical Manufacturers (Cefic), but SGCI might communicate Responsible Care data additionally to Fecc in the future.

The figures and graphs in ANNEX II (pp. 18-21) reveal the level of performance in the period 2013-2016 as regards the 8 Guiding Principles.

With regard to 'Risk Management', the Loss Time Injury Rate (LTIR) used in our graph (see Figure 3) is defined as number of work accidents with loss of time more than 3 days multiplied by 1.000.000 and divided by the number of worked hours. The graph reveals a downward trend in the average LTIR evolution from a peak in 2012 (10.86) to a European average oscillating around 7 since 2013, i. e. the average LTIR has stabilized more or less at this level.

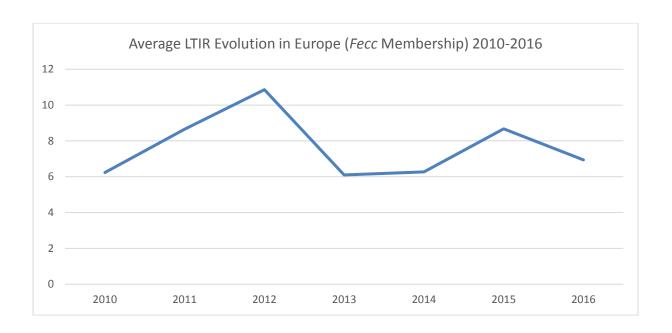


Figure 3: Average LTIR Evolution in Europe (Fecc Membership) 2010-2016 (Data Fecc Surveys 2011-2017).

Due to a lack of harmonization in Europe direct comparisons of the LTIR are difficult. However, it is possible to illustrate the trend by country in this field based on figures provided by the NAs, see ANNEX III (pp. 22-26).

The Secretariat will continue its analysis exploring how and to what extent the parameters in different countries differ, in particular whether the type of accidents/incidents communicated is comparable and how the number of working hours is counted. This research aims at harmonizing input parameters in order to enhance the comparability of data.

# 2. Review of the Fecc European Responsible Care Programme

#### 2.1. The Fecc European Responsible Care Programme

The Programme's core principles are based on the eight guiding principles of the *International Chemical Trade Association's (ICTA)* Joint Responsible Care / Responsible Distribution Programme. It offers harmonized implementation in Europe and it is tailor-made for the distribution sector. The Programme provides appropriate tools to demonstrate distributors' responsible handling and use of chemicals. Moreover, it simultaneously addresses the stakeholders' expectations about the distributors' activities.

One key element of the Programme is the mandatory Third Party Verification (TPV) of the company's compliance with Responsible Care requirements (e. g. use of ESAD system as one of the possible tools for TPV).

The *Fecc* European Responsible Care Programme is tailored for distributors in countries where no chemical distributor association exist, that is, in particular Central and Eastern European countries. In addition to this option, NAs have the possibility to use the Programme as their own or they can outsource their Responsible Care activities to *Fecc*. The Programme also addresses Pan-European companies that — with previous authorisation of their NA - may apply to *Fecc* for the RC programme in the countries where Responsible Care is already run by NAs.

An amendment to the *Fecc* Responsible Care Programme, worked out by the Responsible Care Committee, which introduces – by exception – the possibility of a Second-Party–Verification under certain conditions which is now part of Version 2.3. (January 2016) has not been used yet.

In 2017, a Working Group has been set up to revise and update the Guidelines "The European Responsible Care Programme for Chemical Distributors" to be published in 2018.

#### 2.2. Fecc European Responsible Care Programme Participation

With regard to the *Fecc* European Responsible Care Programme, there are now in total 13 distributor companies in the programme, with some entities 'on hold' for the time being. As of mid-November 2017, no Evaluation Report was submitted to the Responsible Care Committee. The Evaluation/Authorization Reports are an integral part of the Programme and are intended to analyse the company's TPV assessment and improvement plans to enable a decision on granting permanent use of the Responsible Care logo.

Two NAs (*AECQ*, Spain and *BACD*, Belgium) have adapted the *Fecc* European Responsible Care Programme. One NA (*GROQUIFAR*, Portugal) uses the *Fecc* European Responsible Care Programme.

#### 2.3. ESAD and Responsible Care

Since 2004, ESAD (European Single Assessment Document) is a joint initiative of the chemical manufactures (*Cefic*) and distributors (*Fecc*) that offers a tool for assessing HSSE compliance of the chemical distribution companies. ESAD is designed around the Eight Guiding Principles of the *ICTA* Joint Responsible Care/Responsible Distribution Programme and therefore provides an excellent TPV tool for assessing the distributors' compliance with the Responsible Care programme. A SQAS/ESAD/Distributors assessment does not lead to a certificate but offers a detailed factual report which each chemical company needs to evaluate according to its own requirements.

#### **Key principles of ESAD:**

- Eight RC Guiding Principles as specified in the *ICTA* programme are included.
- Validity of the report for three years.
- An improvement plan can be uploaded in the relevant section of the report.
- Reports are digitally available.
- Reports can only be seen by selected users (e.g. *Fecc*) who have been granted access to the individual report.

The revised version ESAD 2015, integrating CSR/Sustainability issues and incorporating enhanced questions to address the European Commission requirements in terms of security, came into force on 1 April 2015.

In 2015-2016, there were several discussions with *Cefic* on the relationship between Responsible Care and Sustainability and active participation in a *Cefic-TfS<sup>1</sup>-Fecc* working group. In order to achieve recognition for SQAS/ESAD, a *Fecc-CBA-VCH* expert working group in cooperation with *Cefic* worked on closing the identified gaps between the *TfS* and SQAS/ESAD Questionnaire – based on a comparison between SQAS/ESAD at questionnaire level – and submitted proposals for new questions to *TfS* for which an answer remains pending. Recognition of the SQAS/ESAD Questionnaire by *TfS* might be facilitated in 2018 as both, *TfS* and SQAS, will develop and launch new Questionnaires.

*Fecc* contributes to the update of the SQAS/ESAD (+Transport) Questionnaire, thus keeping it in line with regulatory developments and industry best practice.

Fecc developed and launched a TfS-ESAD Survey exploring the demand for the ESAD scheme, Ecovadis Audit, and TfS Assessments by distributors' business partners. After the analysis of the results and the presentation—based on the outcome - a proposal how to integrate new questions into the Fecc Annual Survey was made. It was decided to integrate a modified version (new Q63 and Q64) into future Annual Surveys.

Discussions were resumed on the detection of overlaps between Responsible Care at European level and ISO schemes in order to increase efficiency (in-depth comparison of questionnaires) and address the needs of companies by rendering the system more flexible.

In 2017, *Fecc* made a recommendation on the combination of ESAD Chlorinated Solvents (CS) Assessments with ISO 9001 / 14001 Audits, which has subsequently been extended to all ESAD sections.

A Webinar was held on the proposal of an alternative way to accredit assessors in ESAD F&G on 31 August 2016. Technical requirements to become EXCIPACT assessor were explored as well as the ESAD Module Assessor Accreditation and the use of the new SQAS Accreditation Manual monitored.

<sup>&</sup>lt;sup>1</sup> Together for Sustainability

Figures 4-7 provide insight into the development of the different SQAS modules (Transport Service, Cleaning Stations, Rail Operators, Warehouses, and ESAD/Distributors) over the last nine and ten years respectively. As far as ESAD/Distributors is concerned, we clearly notice a decrease from 2013 (120 assessments) to 2014 (63) after a steady increase in the period 2011-2013, a significant increase in 2015 (110) and again a decrease in 2016 (89) which seems to demonstrate the 3 year renewal cyclic character of the evolution in terms of numbers of assessments for the ESAD/Distributors Module.

Figure 7 breaks the total number of Active ESAD Reports in 2016 down to country level – with a variation spanning form 1 (Hungary, Norway, Sweden) to 13 (France).

	2008	2009	2010	2011	2012	2013	2014	2015	2016
Transport Service	401	413	444	464	440	504	551	510	544
Cleaning Stations	164	131	165	190	191	197	221	190	245
Rail Operators	9	7	14	4	12	30	17	20	37
Warehouses	35	38	43	62	69	45	78	73	64
ESAD (Distributors)	66	111	95	74	102	120	63	110	89
Total	675	700	761	794	814	896	930	903	979

Figure 4: Number of SQAS Assessments per Module and Year (Cefic SQAS/ESAD Statistics) – Table.

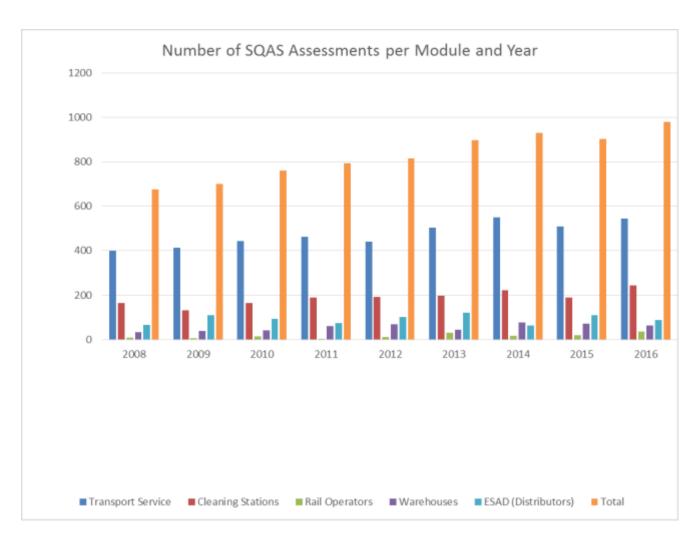


Figure 5: Number of SQAS Assessments per Module and Year (Cefic SQAS/ESAD Statistics) – Graph.

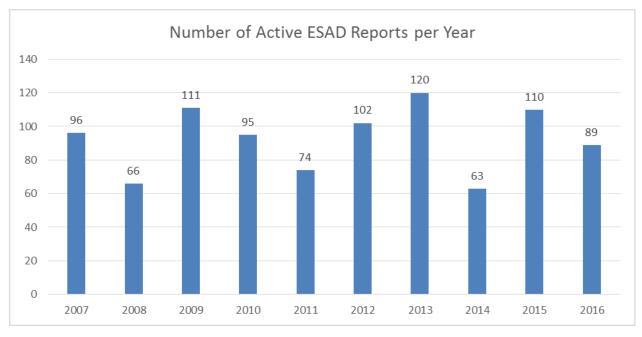


Figure 6: Number of Active ESAD Reports per Year (Cefic SQAS/ESAD Statistics).

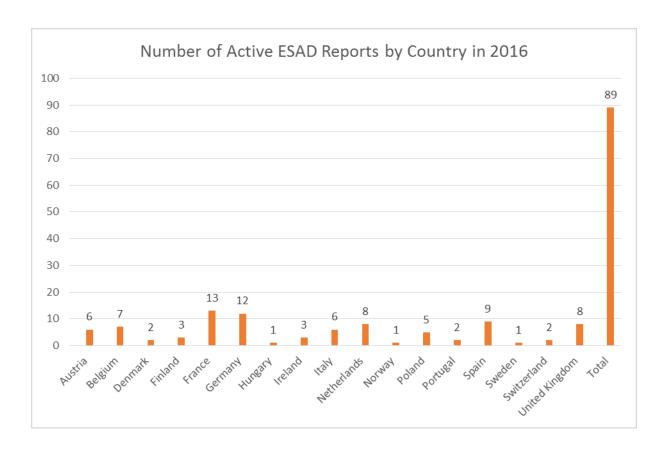


Figure 7: Number of Active ESAD Reports by Country in 2016 (Cefic SQAS/ESAD Statistics).

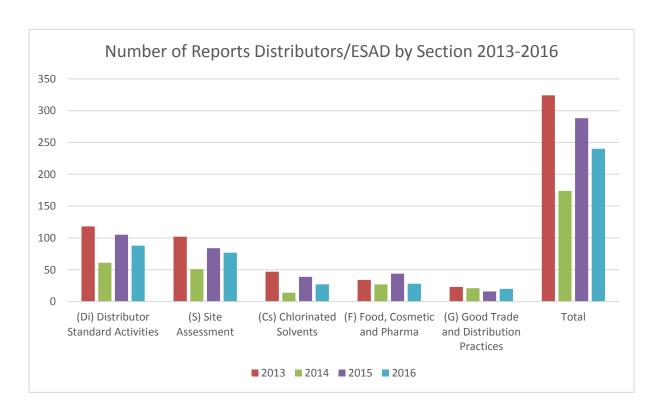


Figure 8: Number of Reports in Distributors/ESAD in 2013-2016 (Cefic SQAS/ESAD Statistics).

A closer look at the Distributors/ESAD module by section (Figure 8) reveals that 88 ESAD reports (Report type: only Distributors/ESAD (2015)) were registered in Di (Distributor Standard Activities), and

- 77 in S (Site),
- 27 in CS (Chlorinated Solvents),
- 28 in F (Food, Cosmetics and Pharma),
- 20 in G (Good Trade and Distribution Practices).

Added up, this amounts to a total of 240 reports in 2016, compared with a total of 288 in 2015 and 174 in 2014, illustrating a high degree of fluctuation over time.

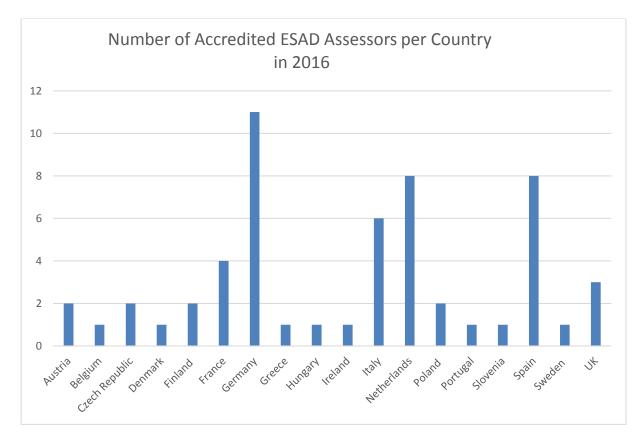


Figure 9: Number of Accredited ESAD Assessors per Country in 2016

Figure 9 displays the wide spread of situations in Europe as far as the number of accredited ESAD assessors per country is concerned: from 11 in Germany to just one in each of Greece, Hungary, Ireland, Portugal, Slovenia, Belgium, Ireland, Sweden, and Denmark.

#### 2.4. Fecc Responsible Care Committee

The *Fecc* Responsible Care Committee consists of Company Responsible Care Coordinators, as well as National Association Representatives.

Since December 2011, the Responsible Care Chairman is Robert Stuyt, Secretary General of the Dutch National Association of Chemical Distributors *VHCP*.

The *Fecc* Secretariat and the Responsible Care Committee offer support and practical help to the companies and NAs which implement Responsible Care across Europe. In 2017, *Fecc* organised four Responsible Care Committee Meetings thus providing a platform for Responsible Care Coordinators and Responsible Care NA Representatives to interact and share best practices. During the Responsible Care Committee Meetings, presentations were made by:

- *IKEM* (*Innovations- & kemiindustrierna i Sverige AB -* Sweden),
- CBA (Chemical Business Association UK),
- Azelis.

Additionally, the Committee was proud to celebrate the winner of the *Cefic* Product Stewardship Award 2016, the *Fecc* Member Company *SAFECHEM*, for its innovative business model which addresses all aspects of the life cycle to optimise resource efficiency (Chemical Leasing Model).

In the context of best practice sharing, the Committee launched a survey on the implementation of Improvement Plans and will explore this issue further in 2018.

Furthermore, the Committee worked out an updated version of the Responsible Care Partnership Agreement (Memorandum of Understanding) between *Cefic* and *Fecc*, which was signed by the DGs of the two associations in Brussels on 10 May 2017. This agreement aims at endorsing the ongoing close cooperation between both parties in the promotion and implementation of Responsible Care initiatives all over Europe. In this context, *Fecc* suggested that its Member National Associations refresh and re-evaluate their national Responsible Care Partnership Agreement with their respective national Manufacturers Association.

Also in 2017, the Committee finalized the <u>Fecc Note on Sustainability</u> (published in March 2017).

The Guest Speaker Series on the link between Responsible Care, Sustainability and Corporate Social Responsibility (CSR) - which started with a presentation from *Cefic* in 2016 - continued in 2017 and featured presentations from the following organizations:

- Brenntag,
- VHCP (Verband van Handelaren in Chemische Producten The Netherlands),
- ECSA (European Chlorinated Solvents Association),
- ECTA (European Chemical Transport Association).

A survey among the Committee Members to explore Committee Member competencies/experiences, expectations, interests, and identify potential improvement areas in the Committee is to be launched in 2018.

## **ANNEX I**

# Level of Responsible Care Participation in Europe (Fecc Membership: National Associations) per Country

Tables: Level of Responsible Care Participation in Europe per Country (Data Fecc Surveys 2010- 2017) – Commitment to Responsible Care

	# distributors	# committed	%	# distributors	#committed	%
	2009	2009	2009	2010	2010	2010
Belgium	27	16	59	29	29	100
Czech Republic	18	8	44	15	9	60
Germany	108	67	62	109	67	61
Denmark	31	6	19	29	5	17
Spain	58	24	42	59	20	34
France	76	45	59	69	42	61
Finland	17	16	94	16	16	100
Italy	231	43	19	79	44	56
Ireland	12	12	100	12	12	100
The Netherlands	53	53	100	53	53	100
Portugal	33	11	33	31	11	36
Sweden	25	18	72	47	21	45
UK	95	95	100	92	92	100
Average %			62			67

	# distributors	# committed	%	# distributors	# committed	%
	2011	2011	2011	2012	2012	2012
Belgium	29	29	100	30	30	100
Czech Republic	15	9	60	15	9	60
Germany	107	67	63	106	68	65
Denmark	31	5	16	31	5	16
Spain	54	20	37	52	14	27
France	70	42	60	64	42	66
Finland	17	15	88	16	15	94
Italy	79	45	57	74	42	57
Ireland	9	9	100	9	9	100
The Netherlands	38	38	100	31	31	100
Portugal	44	11	25	43	10	23
Sweden	45	18	40	28	18	64
UK	93	93	100	92	92	100
Average %			65			67

	# distributors	# committed	%	# distributors	# committed	%
	2013	2013	2013	2014	2014	2014
Belgium	28	28	100	28	28	100
Czech Republic	14	9	64	13	11	85
Germany	106	65	61	102	65	70
Denmark	38	9	24	38	9	24
Spain	50	22	44	51	20	40
France	63	40	63	66	41	62
Finland	15	15	100	18	18	100
Italy	72	41	57	72	41	57
Ireland	9	9	100	10	8	80
The Netherlands	39	39	100	34	34	100
Portugal	42	11	26	41	12	29
Sweden	40	17	43	40	17	43
UK	89	89	100	93	93	100
Average %			68			68

	# distributors	# committed	%	# distributors	# committed	%
	2015	2015	2015	2016	2016	2016
Belgium	24	24	100	24	24	100
Czech Republic	12	12	100	13	13	100
Germany	101	72	71	101	71	70
Denmark	31	9	29	29	9	31
Spain	52	25	48	58	26	45
France	68	41	60	67	44	66
Finland	16	16	100	20	20	100
Italy	72	42	58	72	42	58
Ireland	10	10	100	10	10	100
The Netherlands	27	27	100	31	31	100
Portugal	41	12	29	38	12	32
Sweden	35	15	43	43	13	30
UK	90	90	100	91	91	100
Average %			72			72

#### ANNEX II

#### **Data Eight Guiding Principles 2013-2016**

#### **Explanatory note:**

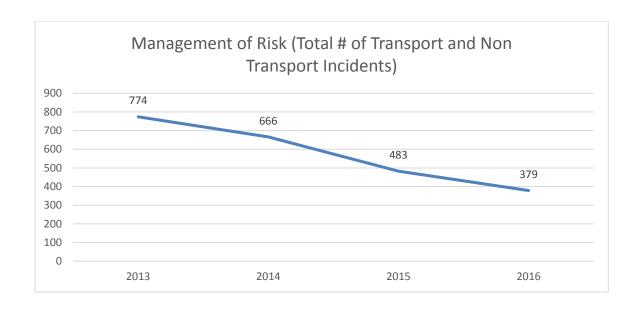
The data below refer to questions in the *Fecc* Annual survey for NAs.

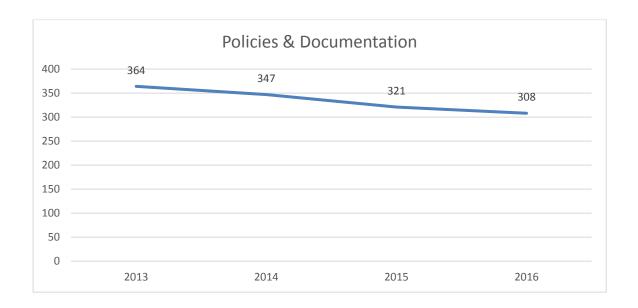
No data are available for Spain and Sweden in 2016 (Survey 2017).

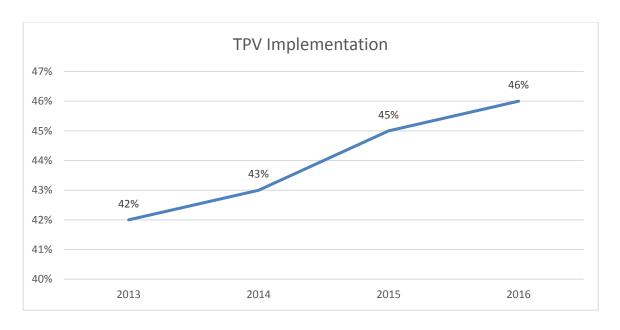
#### Definitions:

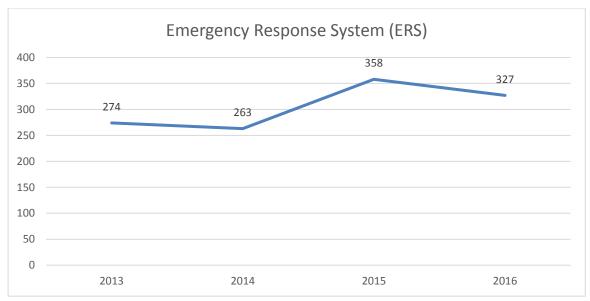
- Policies & Documentation: Number of Distributor Members having at least one ISO certificate.
- ➤ Emergency Response System (ERS): Number of Members having an ERS 24/24 hours and 365 days per year in place.
- ➤ Ongoing Improvements: Number of Members having an Improvement Plan (IP) in place.
- > Training: Number of Members having Responsible Care as part of the Training Programme for new employees.
- ➤ Community Interaction: Number of Members having at least one community interaction last year.

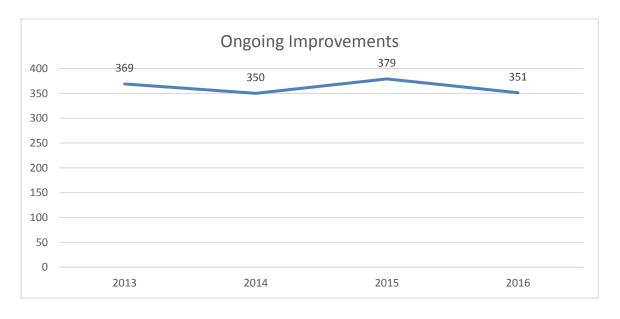


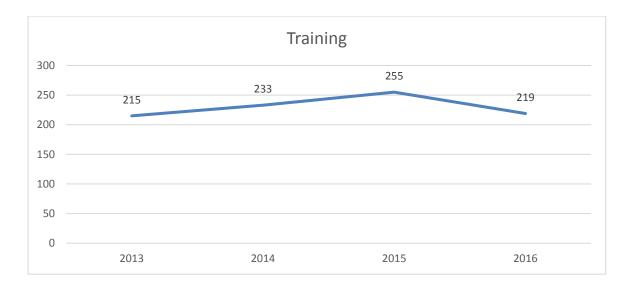


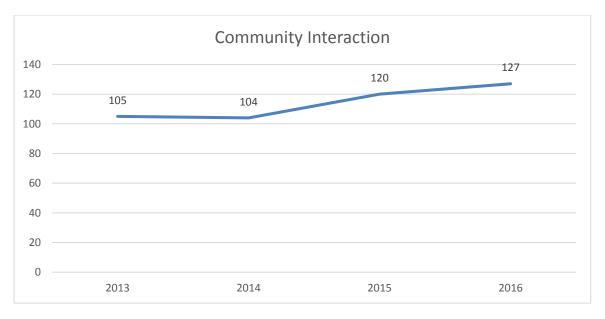












#### **ANNEX III**

## Data Lost Time Injury Rate (LTIR) by Country 2010-2016

## **Explanatory note:**

LTIR (Loss Time Injury Rate): LTI (defined as incident with more than three days off due to a work accident) multiplied by 1.000.000 and divided by the number of worked hours (Total number for all respective NA member companies).

A blank box for certain years means no data ("not indicated") submitted by the NA in the survey.

