

Health and Safety Executive Board Paper		HSE/06/62	
Meeting Date:	2 August 2006	Open Gov. Status:	Fully open
Type of Paper:	Above the line	Paper File Ref:	
Exemptions:	Post meeting		

HEALTH AND SAFETY EXECUTIVE

The HSE Board

Significant risk areas - Musculo-Skeletal Disorders

A Paper by Tim Beaumont, Health & Safety Advisor

Advisor(s): HR Service Centre, HR Strategy & Policy, PEFD

Cleared by Vivienne Dews on 25 July 2006

Issue

1. Report on work related musculo-skeletal disorders in HSE, excluding display screen equipment related ill health.

Timing

2. For discussion at this meeting

Recommendation

3. That the Board:
 - a. Notes the main causes of non-DSE musculo-skeletal disorders and the impact this has on HSE as an organisation
 - b. Supports the proposed response to this report set out in Paragraph 13 to improve communication; investigate further key causes of MSD ill health; promote the use of OHAs in preventing recurrence of MSD ill health; and promote manual handling training courses

Background

4. This report is the second of the series that the Board requested focusing on different hazard areas in HSE. The aim is to try to look beneath the statistics to ascertain what the root causes were in the main categories of incidents involving HSE staff, and to give Board members a better understanding of what causes ill health and harm in HSE so that they personally consider what they can do to address the issues.

Argument

5. Back pain related sickness absence is the seventh highest cause of sickness absence in any month. In the calendar year to date musculo-skeletal disorders (which would include DSE related ill health) were responsible for approximately 9% of all sickness absence. This equates to between £50,000 - £100,000 per month in salary costs alone. This is unlikely all to be work related.

6. The following table shows the historic picture of manual handling incidents in HSE:

Manual handling incidents April 04 – June 06

	2002/03	2003/04	2004/05	2005/06	2006/07 YTD
RIDDOR reportable	3	3	9	3	1
Minor injuries	16	9	18	17	2
Total	19	12	27	20	3

Manual handling accounts for approximately 13% of all minor injuries, but 28% of RIDDOR reportable injuries. This suggests a significant proportion of manual handling injuries end up being RIDDOR reportable.

7. A review of the manual handling incident reports suggests the main causes were as follows:

Accident Category (some accidents fit in more than one)	Percentage of accidents since 2003
Loading/unloading (e.g. receiving a paper delivery)	58%
Single lift injury	25%
Awkward posture during lift	15%
Not purely work-related (e.g. pre-existing condition)	15%
Carrying portable PC	15%
Moving office equipment	13%
Repetitive lifts	9%
Doors (Injuries due to doors being stiff)	6%

8. Significantly the main cause of injuries was not one-off lifts or new manual handling situations. Staff and contractors were more likely to be injured carrying out tasks that had been assessed and looked at many times before. In particular loading and unloading of equipment and supplies came out strongly as a key cause of injury. Also moving of office equipment by staff was a major problem. Efforts to reduce the burden of manual handling incidents need to focus on these areas.
9. Another key category was injuries where staff had a pre-existing condition. This shows how important managing the return to work is after any type of back injury particularly the prevalence of back injury in society.
10. There are now fewer injuries relating to the use of portable PCs lighter PCs and better-designed bags have helped. Nevertheless the messages relating to PCs should continue to be reinforced.

11. Single lift injuries still account for a quarter of incidents. These are occasions where someone is injured through lifting something that is too heavy for him or her. These injuries are best resolved through improved training and risk assessment. Four manual handling training courses with 27 delegates took place in 2005/06. There is obviously still a role for such training in HSE.
12. HSE has in place preventative measures that can address many of the causes of injury. For example:
 - a. Porter services via FM contractor.
 - b. Manual handling training, including training in risk assessment.
 - c. Facilities to courier printed resources to events rather than taking them personally,
 - d. Manual handling aids such as trolleys widely distributed around the estate.
 - e. Advice, guidance and policies on the intranet to help staff.
 - f. Occupational health provision to assist in rehabilitation of staff with back conditions including access to physiotherapy for appropriate cases

To affect the numbers of incidents, more effort needs to be given to ensuring that these services are used ahead of injuries and ill health occurring.

13. There are several possible action points the Board may wish to consider:
 - a. Communication – HSE already has a communication strategy for health and safety. It is clear from the analysis of the incidents that the strategy needs to clarify what the most likely causes of ill health are and what can be done about them. We have an early opportunity to do this with the Better Backs 2006 campaign. We plan to run this campaign inside HSE. The information we have provided for the Board could inform that campaign.
 - b. Reducing loading/unloading injuries could be a quick win. We should identify what it is about loading/unloading that is causing the higher incidence of accidents, and then address it in a proportionate way. The first step is an in depth reappraisal of the incidents observed. It is suggested that the Board delegates this to the CHSC to commission the necessary work.
 - c. Improved OHA involvement in management of cases – At the moment the focus with manual handling is on work related incidents. There may be reluctance among managers to seek OHA support in other cases of musculo-skeletal disorders. Guidance is planned to help managers help their staff back into work. This guidance needs to consider the needs of staff returning to work after time off with a musculo-skeletal problem.
 - d. Continue to encourage staff to receive appropriate training for manual handling.

Costs and Benefits

14. The benefit analysis of health and safety and particularly sickness absence needs to be developed further in association with PEFD and the HSE's OHA provider, Atos Origin. HR has recently held a contract meeting with Atos where the issue of calculating the value of benefits to the organisation of the OH service was discussed. This work can progress as part of the OH contract management, with help from PEFD.

Financial/Resource Implications for HSE

15. There should be no resource implications for HSE as the work involved in reducing manual handling injuries is part of the on-going health and safety work stream across the country. All D/Ds make provision for this activity in their planning.

Action

16. Once the Board has agreed the actions in Paragraph 13 the work can be passed to the Health & Safety Advisor to arrange, reporting back to the CHSC. An update can be provided to the Board the next time MSD is due before the Board as a topic paper.

Future Board Papers

- | | | |
|--------------|---|--|
| September 06 | - | Health & Safety Annual Report
Reporting policy in HSE |
| October 06 | - | Slips & trips |
| December 06 | - | Lone working |
| February 07 | - | Work related road risk |

Contact

Tim Beaumont, Health & Safety Advisor x523 3688

I:\Strategy and Intelligence\Library\Board Meetings\2006\August\papers\2 - significant risk areas - musculo-skeletal disorders.doc