

HEALTH & SAFETY EXECUTIVE

Minutes: 35th meeting Occupational Health Advisory Committee DWP, New Court, London

26 November 2002

These are the minutes for the 35th meeting of OHAC. **Main topics** discussed included consideration where occupational health is in 2002, an update on the Priority Programmes for Musculoskeletal Disorders (MSDs) and Stress and HSE's inspection approach to them, and OHAC working groups, the risk framework in *Reducing Risks Protecting People* and an update on OHAC's horizon scanning.

Members Present:

- **Mrs Sandra Caldwell** HSE (Chair)
- **Mr Steve Bailey** BIOH/BOHS
- **Mr Andrew Foster** CIEH
- **Dr Keith Palmer** BMA/SoM/FoM
- **Mr Doug Russell** TUC
- **Prof David Stubbs** Ergonomics Society
- **Dr Derek White** CBI

Assessors Present:

- **Kit Harling** DH
- **Nola Ishmael** DH
- **Dr Arthur Johnston** Scottish Executive
- **Dr Peter Wright** DWP

Observers Present:

- **Ms Elizabeth Gyngell** HSE
- **Dr David Snashall** Chief Medical Advisor HSE
- **Dr Delia Skan** DETI NI
- **Dr Nerys Williams** HSE

Secretariat Present:

- **Miss Anna Bliss** HSE (Acting Secretary)
- **Miss Melissa Webb** HSE (Assistant Secretary)

APOLOGIES RECEIVED FROM:

- Mr Roger Alesbury, Ms Carol Bannister (Chair, MSD Working Group), Dr Ruth Chambers, Professor Tom Cox (Chair OHAC Stress WG), Brenda Stephens, Ms Claire Sullivan, Ms Kim Sunley (Chair, Genetic Screening WG),

1. INTRODUCTION

1.1. Sandra Caldwell was detained elsewhere for the first part of the meeting so **Elizabeth Gyngell** stood in as Chair and welcomed OHAC members to the meeting.

2. CONFLICTS OF INTEREST

2.1. Routine check on day's agenda. No conflicts of interest were declared.

3. OCCUPATIONAL HEALTH IN GB 2002 (Paper OHAC/32/02)

3.1. **Elizabeth Gyngell**, HSE Health Directorate, described a picture of where we are now and responded to questions.

3.2. The members welcomed the overview and commented that this was not a gloomy picture. Some raised concern that the emphasis has shifted too far towards rehabilitation from preventing work-related ill health. However, overall support was expressed for a wide view of occupational health. The link was made with the DWP Green Paper Pathways to Employment¹ (Chap 7 for mention of Securing Health Together and NHS Plus).

3.3. Keith Wiley, HSE Health Directorate, gave an update on HSE's work on rehabilitation, in particular the emerging joint work with DWP, Action Points 30 and 31 of Revitalising Health and Safety and HSE research on development of a framework for rehabilitation and best practice for sickness absence management.

3.4. The members also gave examples of work external to HSE on rehabilitation (Insurance Companies and Trade Unions). There was some concern that the emphasis may be reducing compensation payments rather than prevention. However, there were examples of using information from sickness absence monitoring to identify patterns that lead to prevention.

3.5. Members discussed how 'case management' is the key to effective rehabilitation and what that meant: the roles of line managers and the support they need.

3.6. There also was recognition that depending on the context the right language has to be used. In particular within healthcare context 'rehabilitation' is about recovery from drug/alcohol abuse or severe head trauma, not about getting into work. For that audience the term 'vocational rehabilitation' has meaning.

¹ Copies of the summary document are available from: Welfare Reform, Freepost (HA4441), Hayes UB3 1BR Tel: 020 8867 3201 Fax: 020 8867 3264 or from the DWP website.

- 3.7. The implication of the extension of the Disability Discrimination Act to all employers (ie including small firms) in 2004 was commented upon. This was seen as a difficult group to influence – but also an opportunity. This work also goes toward meeting the European Union goals to increase the numbers of people with disabilities in employment².
- 3.8. There was also recognition that there is a psychosocial context which influences why some people take sick leave when others would not. It was felt that there was a link to wider ‘quality of work’ issues.
- 3.9. The Scottish Executive/Health Education Boards scheme to provide occupational health support to SMEs was referred to, as it will give us crucial evidence about how best to provide support.

4. PRIORITY PROGRAMME UPDATE: MUSCULOSKELETAL DISORDERS (Paper OHAC/33/02)

- 4.1. **Malcolm Darvill** reported on the Priority Programme and the MSD Working Group as in the paper and WG minutes.
- 4.2. **Keith Palmer** a member of the working group commented that it was particularly striking to get the range of activity taking place by Industry Advisory Committees and to be able to feed back to them and nudge activity on where there are gaps.
- 4.3. **David Stubbs** commented that the new MSD web pages <http://www.hse.gov.uk/msd/index.htm> were useful. But he had some difficulties that he would feed back to Malcolm Darvill.
- 4.4. The members commented that there is a great deal going on to take action on MSD and it is very difficult to keep an overview of it all. Examples included benchmarking work being done by the Chemical Industries Association. They were concerned that the local authority enforced sectors appear to be relatively excluded from this activity.

ACTION : David Stubbs and Malcolm Darvill to look at possible amendments of the web page.

Sandra Caldwell joined the meeting and took the Chair.

5. PRIORITY PROGRAMME UPDATE: STRESS (Paper OHAC/34/02)

- 5.1. **Laura Whitford** reported on the Priority Programme as in the paper. She requested that members should let HSE know about examples of activities on tackling stress that took place in Euroweek.

² Declaration of the social partners on the employment of people with disabilities:

5.2. Members complimented HSE on the amount of work being done on stress.

They drew HSE's attention to the European Agency for Safety & Health at Work's (EASHW) website³ that has case studies for which EASHW may have developed criteria for inclusion of case studies that HSE could use in developing the case study section for its website⁴. Some examples of possible case studies were mentioned including work done by a safety rep at Tesco. The members called for some guidance on evaluation. This was seen as being important to ensure the robustness of the case studies.

5.3. **Sandra Caldwell** commented that she had been delayed as she had just been at the EASHW conference and that this had included an awards ceremony for national nominations for best practice on psychosocial issues. BP Grangemouth was one of the winners.

ACTION : Laura Whitford to explore with EASHW whether they can share the criteria they use to include best practice on their database and to speak to **Doug Russell** about the possible Tesco best practice case.

6. MANAGING INSPECTION OF MSD AND STRESS

6.1. **Anne Wilson** HSE FOD Health Unit, reported on how HSE has been managing the approach to inspection of MSD and stress. She explained how the approach differed to match the respective maturity of the policy, standards and guidance that we have on the two topics. Inspectors have topic packs that contain guidance on:

- when to inspect,
- what they must consider (risk control indicators),
- how performance is judged (4 point score with descriptors), and
- an enforcement expectation.

6.2. She gave more detail on these for each topic and explained that they would not change for the foreseeable future so that we can do some valid comparisons over time. However, HSE may add some more.

6.3. Inspection on these topics in staff years is currently 40 for MSD and 2.5 for stress, (including proactive and investigations). Compares with 5 years each on HAVs, noise, asthmagens and asbestosis. From September 2001 to September 2002 there was a 78% increase in enforcement on MSDs

http://europa.eu.int/comm/employment_social/soc-dial/social/news/declaration_en.htm

³ European Agency for Safety and Health at Work best practice on stress website:
http://uk.osha.eu.int/good_practice/stress.stm

⁴ HSE's case studies on stress website: <http://www.hse.gov.uk/stress/blankres.htm>

(notices and prosecutions citing Manual Handling Operations Regulations or Health and Safety (Display Screen Equipment) Regulations) that HSE believes results from inspectors' increased confidence on these topics.

There will be a cross-sector initiative on use of lifting aids in the 2003/4-work year.

6.4. The next stage is to develop the stress topic pack further and develop stress training for inspectors. The stress management standards will be key to this.

6.5. HSE would like to be able to recruit more relevant specialists in particular ergonomists. There is also a need to look at how investigations of MSD and stress should be triggered as RIDDOR reports are not relevant – the criteria for choosing investigations uses RIDDOR reports as the main trigger.

6.6. Members asked for the conclusion of evaluation of the new approach to go to the MSD Working Group and this was agreed.

6.7. They commented that 40 years of inspection on MSD for the whole of GB did not appear to be a great deal. **Sandra Caldwell** commented that this figure represented a revolutionary change to a few years ago. But that because that figure will always be limited and there will always be other demands on inspectors time HSE has to find other routes and other means to achieving improvements on occupational health.

6.8. **Andrew Foster** observed that these were also HELA priorities and that EHOs time was also going into these topics. Also that HELA is working with the University of Salford on a database that would give figures in a similar format for Local Authority inspectors.

6.9. The members asked for information on any prosecutions arising from stress cases.

ACTION : Secretariat to seek information on any prosecutions or notices relating to stress for the next meeting.

6.10. The members commented that they believed it would be helpful if the topic packs used by inspectors were available to the public so that employers and TU reps could know what standards they are being inspected against.

7. GENETIC SCREENING

7.1. **Keith Palmer** reported on genetic screening as the Chair of the Working Group Kim Sunley was absent. The Working Group has commissioned a literature search on the evidence base for the need for genetic screening work. This has been given a medium priority by the HSE research panel and will not be done until 2003/4-work year. This obviously holds up the advice that the WG can give. However, the

members did comment that they did not know of any companies/organisations using or intending to use genetic screening at work.

8. THE RISK FRAMEWORK OF REDUCING RISK, PROTECTING PEOPLE

(Paper OHAC/35/02)

8.1. **Stuart Bristow**, HSE Risk Policy Unit, reported on the risk framework as in the paper.

8.2. The members asked how the framework relates to the way individuals or sections of society (eg train passengers, Chief Executives) perceived risk. Stuart Bristow clarified that it is a statement of how HSE makes its decision making in relation to risk transparent to others, not to choose between risks but to give a guide on what to do in relation to a particular risk. Not all government departments have the same approach, but the most relevant to our work do. ILGRA who have co-ordinated this work across government will be replaced by the Central Risk Support Team.

ACTION : OHAC to bear the risk framework in mind when hearing proposals from officials and proposing action to the Commission.

9. HORIZON SCANNING (Paper OHAC/36/02)

9.1. **Anna Bliss**, HSE Health Directorate, reported on the amalgamated Horizon Scanning results as in the paper.

9.2. The members agreed the current paper needs to be summarised to be suitable for the HSC needs and gave an indication of issues they thought should be priorities.

ACTION : Secretariat to produce a summary for OHAC's consideration at next meeting.

10. OHAC WORK PLAN

10.1. **Sandra Caldwell** invited members to look again at the work plan and see if there any changes required. The members agreed the work plan is on course and fundamentally still valid. A minor change is required because the issue of health inequalities does not need to be a subject of debate in itself – rather a theme to be born in mind.

10.2. **Doug Russell** volunteered to pull together trade union work on occupational health and case management.

11. MATTERS ARISING

11.1. There were no matters arising.

12. PAPERS PROVIDED FOR INFORMATION

- OHAC/37/02 'Current Issues November 2002'
- OHAC/38/02 'First Aid'
- OHAC/39/02 'Physical Agents (Noise) Directive'

13. ANY OTHER BUSINESS

13.1. There was no other business raised

14. MEETING CLOSED

NB: THE 36TH OHAC MEETING IS SET FOR TUESDAY THE 1ST OF APRIL 2003.