

TYNE AND WEAR FIRE AND RESCUE AUTHORITY

HUMAN RESOURCES COMMITTEE: 9 JULY 2012

Item No. 07

SUBJECT: OCCUPATIONAL HEALTH UNIT - ANNUAL REPORT

REPORT OF THE CHIEF FIRE OFFICER

1. INTRODUCTION

- 1.1 The purpose of this report is to provide a summary of the services provided by the Occupational Health Unit and its staff over the period 1 April 2011 to 31 March 2012, the nineteenth year of operation of the Unit.
- 1.2 Members will be aware that the Unit was subject to the Back Office Review programme and as such there has been an alteration to the provision of Doctor service which has resulted in the Service Medical Adviser (SMA) retiring after 38 years with Tyne and Wear.

2 BACKGROUND

- 2.1 The role of Occupational Health has evolved dramatically over the past three decades, and has developed to add another dimension to health, safety and welfare by taking a holistic view of the work place. It is becoming increasingly evident that the face of Occupational Health is changing. For many years the sole focus has quite rightly been the prevention of work related ill health, e.g. the effects of noise, chemicals etc. with units typically being Doctor led. Many organisations did not fully practice this with only a minor injury and illness service being offered. However there has been a steady change in the workplace in recent years and along with that the role of Occupational Health and the associated staff have had to move forward in terms of direction, practice and attitude.
- 2.2 The aim of the Unit continues to support the broad aims of the Government health initiatives whilst primarily addressing specific areas of concern within the working environment of all employees of the Authority. The ever-increasing scope of the Unit would indicate a greater acceptance and utilisation of the services provided. It is of particular note this year that the sickness absence figures for the Authority are the best ever reported which maintained the downward trend from previous years although we must not be complacent and continue to support the absence management initiatives of the Authority in order to secure continuous improvement.
- 2.3 The unit has continually moved towards being Nurse led. This is demonstrated through the nurse being the first point of contact for all clients. The vast majority of client issues are resolved at this point with only certain cases being referred for SMA opinion. A further move towards a nurse led service has been achieved by bringing the service in line with national practice with the over 40 years of age medical examinations becoming nurse led. Through this action it has been possible to reduce the number of

Service Medical Advisor (SMA) clinic days thereby providing some efficiencies.

- 2.4 In order to improve the efficiency of the operational health surveillance a second screening room has now been established which will effectively half the time a crew is at the unit. The unit had, over previous years, purchased backup equipment which enabled both rooms to be equipped to the same standard. We were also fortunate in acquiring a second attenuated audiometry booth which was the only piece of equipment that was not replicated in the unit. The booth, which was relatively new and the same model as our existing one, was being sold due to the closure of the Twinning's site. The booth was acquired at a third of the original cost.
- 2.5 The unit achieved the Bronze Better Health at Work award in January 2011 and has now commenced preparations towards the Silver Award. The award is a regional Public Health initiative headed by Gateshead College with support from employers, PCTs, Trade Unions etc. aimed at improving the health of the North East workforce. The award is in three stages, Bronze, Silver and Gold, with each stage taking a year to achieve. The award requires a portfolio of evidence and health promotion activities that demonstrate the Authority as a "healthy" employer.
- 2.6 The Unit is also looking for the Faculty of Occupational Medicine, Occupational Health Accreditation. The aim of the standard is to support the achievement of safe, appropriate and effective quality occupational health services in the UK. Accreditation is based on six domains consisting of forty nine standards to be met. Accreditation is an annual programme of on-going quality improvement and maintenance. It is hoped to gain initial accreditation by late 2012 early 2013.

3 SERVICES AND ACTIVITIES PROVIDED BY THE UNIT

3.1 Health Surveillance

Health surveillance remains the core activity of the unit. It seeks to detect early changes in health due mainly to workplace processes and therefore protect health. It can also serve to act as health promotion in respect of providing health and safety knowledge of the process in which they are engaged. A fit healthy workforce continues to be the objective of the unit.

Being proactive in health and safety terms is of prime importance and health surveillance can be the measure of our success in this practice. Early signs of occupational ill health might include symptoms of hand arm vibration or hearing loss.

Health Screening - Recent national statistics from the Health and Safety Executive informs that although death rates due to accidents in the workplace are falling, ill health due to occupation continues to give cause for concern. Health screening therefore continues to be a fundamental aspect of Occupational Health practice. It establishes a base line of health on which to monitor the effects of the working environment and process on individual employees. It also allows for the early detection of detrimental changes allowing for positive intervention and provides an opportunity for health promotion. A fit healthy workforce continues to be the objective of the unit.

Creating the Safest Community

The unit continues with health-screening programmes for specific at risk categories: -

- Operational personnel. Three yearly to the age of 50, then annually thereafter, with the emphasis on fitness for fire fighting. Includes aerobic fitness assessment, blood pressure, lung function, and visual acuity.
- Health screening is offered to corporate personnel with an emphasis on health promotion. The level of fitness required by corporate staff is not as high as that for operational firefighters. However the benefits of improved health and fitness are obvious to all and therefore Unit staff continues to encourage all employees to undertake voluntary health screening.
- Hand / arm vibration screening. Work with vibrating tools / compressed air. Annual nurse based screening with referral for objective testing for positive findings.
- Compartment fire training instructors. Six monthly health screening including the use of a monthly symptoms questionnaire.
- Merchant Navy Fire Training Centre. Annual screening.
- Pre employment health assessment ensures that the applicants are fit to meet the performance requirements of the job in the environment of the workplace.
- Aids to Vision. The screening takes place either at medical or on request, with a three yearly recall / retest. The scheme extends to operational personnel, vehicle and other technicians.

The outcomes of the health screening process are utilised to better inform individuals about their lifestyle; to advise individuals with regard to their general fitness level; and to take any necessary preventative action with the ultimate aim of ensuring individual's remain fit for duty

3.2 Clinics

The Service Medical Advisor (SMA) conducts clinics on four half-day sessions per week. The medical consists of nurse based health screening prior to personnel seeing the SMA. Appointments fall in to the following categories:

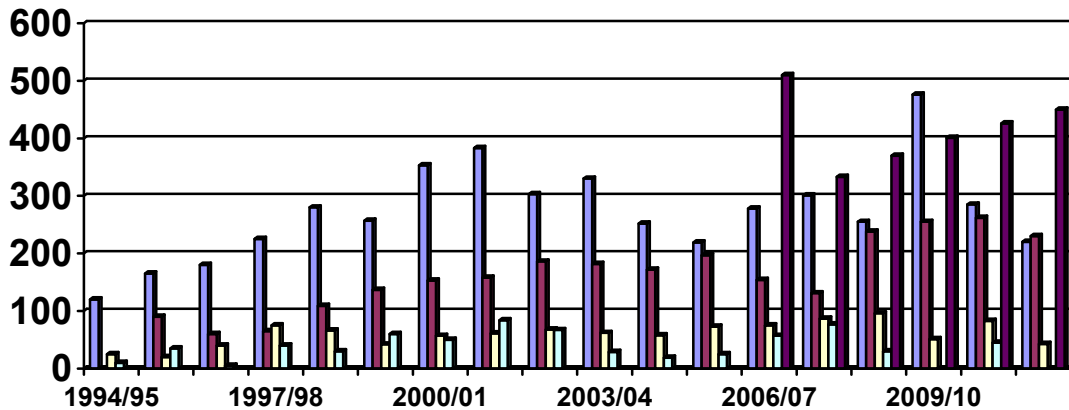
- LGV – on request and scheduled
- Sickness absence assessment
- Ill health assessment
- Referrals
- Staff pre-employment
- Assisted Medical Support Scheme

This is the fifth year that nurse-based clinics have been in place primarily due to the initiatives undertaken by Unit staff to raise the profile of the Unit in providing

'well person' clinics and targeting specific issues such as the effects of exposure to the sun at various times of the year.

The graph below represents the number of specific medicals undertaken in the unit since its opening in 1994.

Nurse Led Clinics



■ Over 40 ■ Assessment/Special ■ LGV ■ Trainee ■ Nurse Based

3.3 Pre Employment Health Screening

The Unit continues to screen all new employees, prior to appointment. As well as confirming suitability for employment and establishing a base line for health, this provides an opportunity for employees to meet the Unit staff and promote the facilities available to individuals. No operational pre-employment medical assessments have been undertaken and 2 corporate ones during this period. The figures reflect the fact that there has been a recruitment freeze for the greater proportion of the year.

3.4 Health Surveillance Data

This year the Unit collected more comprehensive data from operational Health Surveillance in order to establish the effectiveness of the process. The data represents approximately one third of the operational staff. The following table reviews the outcomes, namely Spirometry (Lung Function), Audiometry and final overall outcome. Spirometry and Audiometry are targeted as these tests measure two areas of hazard to fire fighters that are controlled with good practice and PPE.

The data categorises the outcomes into Static, Reduced and Improved. Static is recorded when there is no fluctuation in the result based on the previous result. Reduced is recorded when there is a decline in the result based on the previous result. This reduced designation can signify a degree of problem or merely indicate a reduction within normal parameters i.e. a degree of client error. Referral or review outcomes are not recorded. Improved is applied

when a review produces an improvement over the previously recorded result.

The following represents the outcomes from the data for 2011 / 2012

Total contacts	399		
Spirometry			
Static	Reduced	Improved	Comment
164	110	125	
			Three of the reduced results were as follows: 1 within normal limits 1 referred to GP 1 OH review
Audiometry			
Static	Reduced	Improved	
281	13	44	Two of the reduced audiometry category was reviewed by OH. All remained operationally fit.
<i>Note. Spirometry and Audiometry total numbers differ due to Spirometry being annual whilst Audiometry is three yearly. Actual number of contacts 399</i>			
Other outcomes	<i>It should be noted that "other outcomes" is only one source of identifying health issues. There is a notable number of health related self and management referrals to the unit over the course of a year that require intervention from the unit in support of attendance management, prevention and overall staff wellbeing.</i>		
Raised Cholesterol	2		
Grip problem	1		
Raised Blood Pressure	4		
Vision	6		
Increased Body Weight	2		
Abnormal Urine testing	3		
Poor physical fitness	2		
Musculo skeletal problem	1		

Admittedly this has been a rudimentary exercise to establish the effectiveness of Health Surveillance. The outcomes when viewed alongside the ever improving accident figures as well as the attendance it does suggest a healthy workforce as well as safe working practices.

Further work is required to provide a more accurate profile of the health of our employees and it is anticipated that a computer based medical records system will allow this work to be completed.

3.5 Health and Fitness Promotion

The establishment of the voluntary Health Champions in all areas of the service has greatly improved the delivery of health promotion activities since their introduction for the Bronze Better Health at Work Award in 2010.

Health promotion undertaken this year includes:

Know your numbers. A four day campaign focused on corporate staff to target prevention of Cardiac Disease and Stroke. Staff had the chance to have their blood pressure taken, height weight and body fat percentage measured plus the opportunity to discuss and learn more about healthy eating and the benefits of exercise.

The use of poster and leaflet displays across the service also high- lighted Breast Cancer and the use of Alcohol with an emphasis on possible excess at Christmas time.

The number of smoking cessation clients has, once again, substantially reduced this year to a total of 3. It was always envisaged that the numbers would decline as those who were serious about stopping smoking took advantage of the service on offer in its early days. The service remains available to those who may wish to quit in the future. It's interesting to reflect on the original in house smoking cessation concept where we would have been pleased if the outcome had just been in double figures, when it has now surpassed this with 54 individuals taken through the programme in total.

Health Promotion also includes:

§ Occupational Health Welcome packs -

All new employees are issued with a package, which gives details of unit staff and facilities available, as well as a broad range of relevant health promotion information leaflets.

§ Service Gazette Health Advice -

The Unit aim to include a health information article in the Service Gazette twice per month. Topics such as sun care, skin cancer, manual handling, cholesterol and skin care when working with substances.

§ Health Promotion Leaflets -

The Unit has also produced specific health promotion leaflets covering areas such as noise, Leptospirosis and Hepatitis A.

§ Health Promotion: workshops -

Health Promotion Workshops are conducted in collaboration with the Health and Safety Department. Although not a new concept, these present a means of raising the profile of good health and the importance of lifestyle information to the workforce. It further demonstrates the commitment to a fit and healthy workforce by the Authority.

The current programme includes alcohol 'Know your limits', benefits of exercise, world aids day, manual handling and healthy eating. As well as Health & Safety presentations the unit deliver several other presentations these include; Crew Manager Programme, Effects of Heat & Humidity, Pre Retirement, Stress Awareness, Substance Misuse and Manual Handling.

3.6 Vaccination

Certain vaccinations are recommended for fire fighters and these have been administered by the individuals GP over the years. However guidance for GPs from the General Practitioner Committee now makes it clear that the responsibility lies with the employer.

The unit continually monitor the best practice advice for our scope of practice which resulted in Typhoid vaccination being withdrawn from the schedule on the advice of the Health Protection Agency. New evidence reduced the risk to Fire Fighters thereby prompting the withdrawal. Typhoid vaccination was specifically targeted at Swift Water and USAR teams.

3.7 Physiotherapy

The unit continues to refer personnel with musculo skeletal problems for either assessment or assessment and treatment. Such assessments and treatment generally ensure individuals can continue to work with physiotherapy support, and prevent conditions worsening. A total Number of 98 assessments were made this year, the majority of which were musculo skeletal in nature. These interventions have resulted in an earlier return to work than would have normally been anticipated.

3.8 Accelerated Medical Scheme

The Authority has in place a scheme to provide early access for staff to medical specialists in order to gain an immediate assessment of a medical problem. The scheme also enables an early diagnosis and plan for appropriate treatment(s) with a view to reducing sickness absence and providing robust evidence regarding the application of ill health retirement. Combine this with access to the Firefighter's charity facility at Jubilee House in Penrith and the service utilises a substantial opportunity to support the health of the workforce.

During the course of 2011/12, 32 individuals progressed through the AMS scheme including operational and corporate staff. The results to date indicate that employees assessed leads directly to recommending a level of treatment and thereby a speedier return to work, and in some case, no absence from work whatsoever.

3.9 Counselling and Welfare Support

Counselling services are provided to Authority staff through an internal specialist Welfare Officer, who is specifically trained in the psychological problems associated with the workplace. Welfare support and pastoral care is also an area

PREVENTING PROTECTING RESPONDING

of continuing growth and is provided jointly by the Unit, the Welfare Officer and seven volunteer Chaplains.

	2007	2008	2009	2010	2011
New Clients	110 +	116 + 2*	125 +	125 + 4*	123 + 2*
Total	4* = 114	= 131	5* = 130	= 129	= 125

* Denotes the number of significant others seen by the Welfare Officer (Significant others are persons who are a dependent/partner of our employee whose health could significantly affect the attendance at work of our employee)

The annual total number of new referrals seems to be plateauing over the last 4 years but hopefully with the increased awareness of self-care, self-monitoring and early intervention, these figures may reduce. The significant other figures are provided with a limited support/counselling service if their mental health condition impacts significantly upon their well-being. This has ensured that the employee concerned has been able to remain at work in some capacity.

Presenting Problems	Work related 2011	Non-work related 2011
Stress/Anxiety/Depression	20	16
Relationship Difficulties	29	23 + 1* = 24
Financial	0	5
Physical health/injury	2	8
Bereavement	0	6
Other	12	2 + 1* = 3

What are the most common difficulties people are presenting with?

50.4% are **work related** difficulties, that's 63 out of the 125 referrals. The most common work related difficulties are; Relationship difficulties and Stress/Anxiety/ Depression symptoms.

49.6% are **non-work related** difficulties, that's 62 out of the 125 referrals. The most common non-work related difficulties are; Stress/Anxiety/Depression symptoms and Relationship difficulties

These can only ever be a 'snap-shot' of the issues presented by clients at their first session and often what begins as a work related problem can spill over into home life to affect relationships outside of work and vice versa. Looking at the 2007 figures almost two thirds of the client work was non-work related issues; it is significant that work and non-work related matters are now almost equal in presentation.

In addition, The Trauma Support Team recruited 6 new members to the team all of whom have completed the first part of their training – in-house course delivered by the Welfare Officer with assistance from experienced members of the team.

The 'Tyne & Wear model' of providing both excellent training for the Trauma Support Team Members as well as a structured Trauma support programme is

fast gaining a reputation for best practice. Viv Brunsden, Principal Lecturer in Psychology, Head of the Emergency Services Research Unit, Editor in Chief International Journal of Emergency Services and the Authority's Welfare Officer co-authored a chapter for a recently published book entitled 'Complex Trauma and Its Effects – Perspectives on creating an environment for recovery'.

3.10 Audiometry

The Audiometry Programme, in keeping with the aim of retaining people in the workplace, individuals are investigated to explore the possibility of providing artificial aids to make this particular disability compatible with fire fighting. Digital technology is now applied to artificial aids providing a significant improvement in hearing when compared to the analogue type.

3.11 Aids to Vision

Aids to vision on the incident ground was introduced in 1997 following research by the City University, London, and made provision for serving firefighters, whose vision had declined below the required standard, to wear optical correction in both safety spectacles and breathing apparatus lens inserts. The scheme is now well established with a constant 12% of operational personnel using the safety spectacles with optical correction. The scheme also available to other identified service staff on a risk approach basis.

3.12 Aerobic Capacity Testing

Monitoring of Aerobic fitness on station six monthly has now been in place for four years. Aerobic fitness underpins a firefighters efficiency and safety on the incident ground. Previously testing was undertaken three yearly at health screening. The move to six monthly provides an earlier warning of declining fitness whilst also serving as a prompt to maintain exercise as part of your lifestyle. Indeed this has enabled staff to take pro-active action with, albeit a small number of personnel thereby preventing potential ill health in the future.

3.13 Training

Occupational Health staff undertook a variety of training and updating during the year, this included;

- Practice Nurse Conference
- Display Screen Equipment Regulations
- Substance Misuse, Chain of Custody training
- Smoking Cessation training
- Mental Health Resilience
- Mental Health
- Fit Note briefing
- Alcohol Brief Intervention
- Hand Arm Vibration update training
- Bariatric Health

- Financial Capability
- Immunisation update
- Regional Faculty of Occupational Medicine presentation – Improving Access to Psychological Therapies Programme.

3.14 Further areas of practice

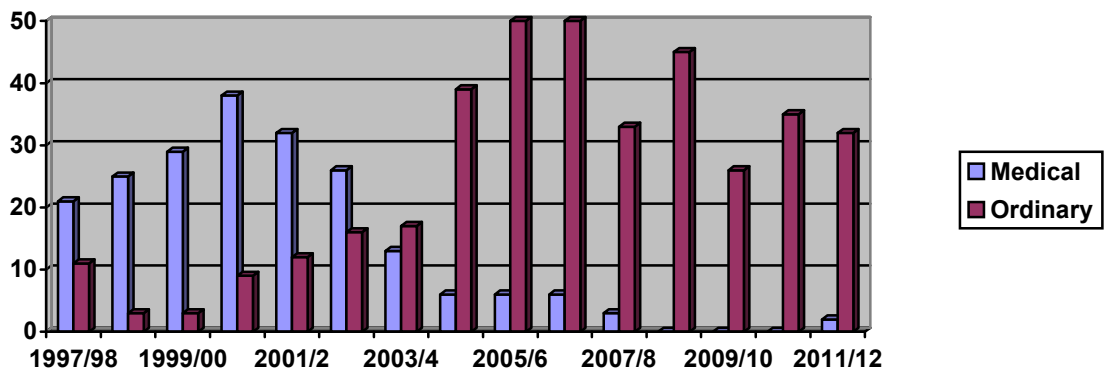
This report represents the core aspects of the Unit's scope of practice however the Unit's staff were also involved in a number of other functions throughout the year, these included:

- **Provision of Occupational Health Services to Northumberland Fire & Rescue Service** – The Unit continues to provide a full remit of Occupational Health activities to NFRS including attendance management, immunisation, a monthly health promotion bulletin, Health and Safety presentations, Retained induction presentations and health surveillance. One hundred and thirty three health surveillances were completed this year.
- **Regional Recruitment / Occupational Health group** - The group was initially formed in response to the revised operational recruitment process which was felt to stop short of standardising the pre- employment health assessment element of the process. The four fire and rescue services of the North East are represented to standardise the approach as far as possible. The group produced a document to supplement the Recruitment and Retention of Fire Fighters – Occupational Health Standards Document as well as undertaking research in to the lowering of the aerobic capacity standard from 45 to 42 mls O₂/kg. The research outcomes supported the reduction of the aerobic capacity standard in that it did not significantly produce a greater number of trainee course injuries. It also supported the need for a standard for fire fighters. The research has recently been accepted for publication.
- **North East Occupational Health Nurses Group** - The group is a local forum for Occupational Health Nurses in which to network and provide support. It is also an inexpensive source of update training. The Unit hosted two evening events this year at SHQ. The guest speakers presented on Wellbeing in the workplace and the Faculty of Occupational Medicines Accreditation scheme.
- **Employee Advisory Group on Disability** - The group was founded to provide a forum for disability issues within the service. Two members of the Occupational Health team belong to this group. At the time of report the group have delivered a highly successful conference and won the Diversity and Inclusion in the Workplace Award in the North East Chartered Institute of Personnel and Development Awards 2012.

- **Medical Records Audit** - To support the plan to gain Society of Occupational Medicines accreditation the Unit carried out an audit on our Medical Records system in order to quality assure the entries and comply with the Nursing and Midwifery Councils standards for record keeping. It is pleasing to note that the resulting action plan only required minor changes to our practice.

3.15 Retirements

The chart below shows the retirement profile of this Service from 1997. This quite clearly shows a substantial increase in medical retirements up to 2000/01, with medical retirements accounting for over 70% of all retirements from the wholetime service. Due to the pro-active approach taken by senior management assisted by the dedicated efforts of the Occupational Health Team, since 2000/1 the number of medical retirements continues to fall. Current thinking would suggest that organisations that successfully manage ill health retirements should look to having no more retirements than 3 for every 1000 employees and, as can be seen, the Authority has exceeded this figure should that target be set in future years. Last year however was the first year in four whereby ill health retirements occurred from the operational workforce, albeit small in numbers (2). This is due to the fact that the organization is shrinking and therefore there has been a reduction in potential redeployment opportunities for operational staff that are no longer able to undertake the full role of a firefighter due to health problems. It is envisaged that expect these opportunities will continue to reduce as we move into the implementation phase of the back office, management and flexible officer provision reviews.



4 CONCLUSIONS

4.1 Although now in its nineteenth year the unit is still evolving. This report represents the core aspects of the unit's scope of practice however the unit's staff were also involved in a number of other activities through out the year including the continued provision of occupational health services to Northumberland Fire & Rescue Service through a service level agreement.

4.2 The potential for future growth and development is vast and the commitment to a

Creating the Safest Community

proactive dynamic approach remains a core objective. The mission statement "Your Health Matters" reaffirms the Authority's commitment to investing in the organisation's most valuable asset, the health and well being of the individual.

5 RECOMMENDATIONS

5.1 Members are recommended to:

- a) Endorse the actions taken by the Chief Fire Officer;
- b) Receive further reports as appropriate.

BACKGROUND PAPERS

The undermentioned Background Papers refer to the subject matter of the above report:

- § Fire and Rescue Authority Health and Safety Manual
- § Occupational Health Unit Service Level Agreement