



TYNE AND WEAR FIRE AND RESCUE AUTHORITY

Item No. 7

HUMAN RESOURCES COMMITTEE: 8 JULY 2013

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 (OHU) and its staff over the period 1 April 2012 to 31 March 2013, the twentieth year of operation of the Unit.

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 OHU is now fully Nurse led with the nurses 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 Service Medical Advisor (SMA) opinion.

2.3 The unit achieved the Silver Better Health at Work award in January 2012. 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. It is not intended to undertake the assessment for the Gold award until 2014/15 in order to pursue the Faculty of Occupational Medicines Occupational Health Accreditation scheme.

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- 2.4 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 2013 early 2014.
- 2.5 The revised arrangement with the City of Sunderland for the provision of the medical advisor service has just completed its first year of operation. This is certainly proving to be very successful with both Doctors bringing a high standard of professionalism, occupation health qualifications and expertise to the unit. The provision of this in house expertise also enables savings to be generated in areas where previously external expertise had to be purchased at additional cost.

3 SERVICES AND ACTIVITIES PROVIDED BY THE UNIT

3.1 Health Surveillance

Health Surveillance remains a major priority for the Unit. Risk assessment identifies those employees that have a hazardous role requiring pro-active surveillance which achieves two outcomes:

- to detect early signs of occupational ill health.
- to determine fitness for role. This is of particular importance where the physical demands of operational fire fighters are concerned.

Health Surveillance programmes are undertaken for specific at risk categories as follows: -

- 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 continue 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 surveillance 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

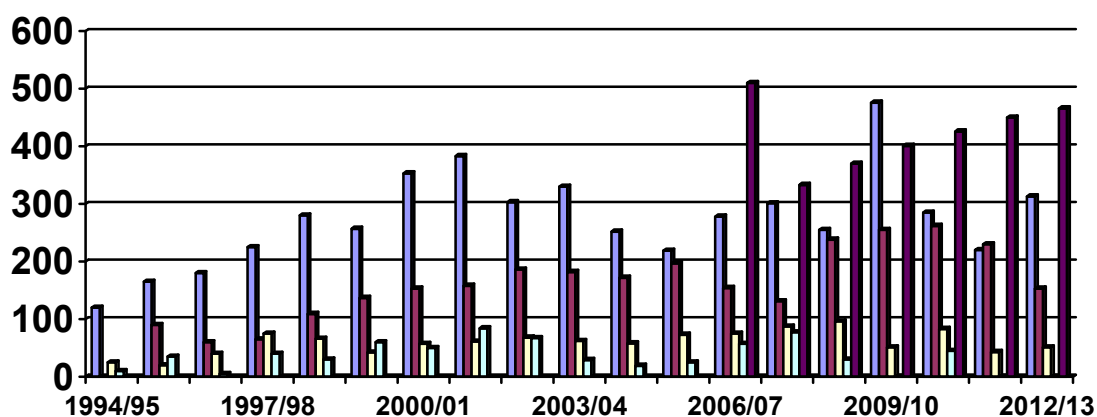
The Service Medical Advisor (SMA) conducts clinics on three half-day sessions per week. The medical consists of nurse based health screening prior to personnel seeing the SMA. Appointments fall in to the following categories:

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

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 which includes a substance abuse test. 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. There were no operational pre-employment medical assessments during this period as we have not been recruiting for firefighters; however 8 corporate pre-employment medicals were undertaken. 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



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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 2012/2013

Outcome	Number
Raised Blood Pressure ref. to GP	10
Raised Cholesterol ref. to GP	16
Review Cholesterol result	1
Reduced audiology review one year	8
Reduced audiology - advised	1
Reduced audiology review six months	6
Reduced audiology review on month	3
Reduced Audiometry referred to GP	5
Raised Blood pressure and Cholesterol referred to GP	1
Physical fitness and Blood Pressure review	1
Lung Function review	3
Lung Function referred to SMA	1
Deferred LGV	1
Advised re weight	1
Lung function referred to GP	4
Lung function reviewed by OHA	3
Weight and Cholesterol advised	1
Review Blood Pressure	1
Reduced overall fitness - advised	3
Reduced overall fitness - deferred	2
Blood / Glucose in urine – refer to GP	5
Transient chest pain – ref. to GP	1
Irregular pulse – ref. to GP	1
Vision issue – ref. to SMA	1
Audiometry / Spirometry issues – ref to SMA	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

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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 this year continues to be low at a total of 8. 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.

§ Intranet 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.

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.

Due to the difficulties of the immunisation delivery and following consultation the responsibility for the booking of appointments for vaccination lies with the Watch Managers themselves. In reality this involved updating all operational staff with their current status and the schedule of vaccines.

At the time of this report significant progress has been made with 54% of vaccinations complete, 40% part complete with no response from 6% of operational crews which is being followed up.

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 2012/13, 9 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.

The Equality Act 2010 now encompasses Disability Discrimination and associated Reasonable Adjustment. It is widely accepted that the definition of disability is more inclusive perhaps resulting in an increase in reasonable adjustments within the service. The unit hold a budget to affect those changes that are deemed appropriate following necessary advice.

It has again been a largely unremarkable year for reasonable adjustments. Adjustments made included:

- Dyslexia assessment and associated software adjustment.
- Two specialist chairs for chronic spine conditions.
- Two specialist chair repairs. The service is responsible for the equipment.
- Document holder and inflatable lumbar support.
- A tracker ball mouse.
- Digital in ear hearing aids
- Repairs to two sets of hearing aids.
- A writing slope and a set of desk risers.

The unit carry a stock of workstation equipment provided under Display Screen Equipment regulations in order to make adjustments.

The unit work with Access to Work part of Job Centre Plus, for advice and recommendation in certain cases. The scheme seeks to provide the expertise to an individual's health issue in order to support the individual in the workplace. The scheme also provides some funding towards the more expensive reasonable adjustments. In keeping with best practice the unit undertake an annual review of individuals' reasonable adjustments.

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



	2007	2008	2009	2010	2011	2012
New Clients	110 +	116 + 2*	125 +	125 + 4*	123 + 2*	122 + 4*
Total	4* = 114	= 131	5* = 130	= 129	= 125	= 126

* 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 5 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		Non-work related	
	2011	2012	2011	2012
Stress/Anxiety/Depression	20	44	16	15
Relationship Difficulties	29	28	23 + 1*	13 + 1*
Financial	0	0	5	4
Physical health/injury	2	0	8	5 + 1*
Bereavement	0	0	6	7 + 1*
Other	12	4	2 + 1* = 3	3

What are the most common difficulties people are presenting with?

Approximately 60% are **work related** difficulties, that's 76 out of the 126 referrals. The most common work related difficulties are; Stress/Anxiety/Depression symptoms and relationship difficulties. This largely reflects the anxiety and stress that employees reported and displayed in relation to the recently implemented back office review process.

Approximately 40% are **non-work related** difficulty, that's 50 out of the 126 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 previous years' figures it is significant that 60% of the referrals are now presenting with work-related difficulties compared to 2007 when 83% of the 131



total referrals were presenting with non-work related difficulties.

Trauma Support - The Welfare Officer was invited to speak at the Health and Wellbeing three day Conference at the NEC, Birmingham about the Trauma Support Team and the model of training. The Trauma Support Team continues to provide an excellent voluntary service that is both valued and appreciated by their colleagues.

2012 was a difficult year in terms of larger scale events that impacted on many individuals together with the tragic deaths of 3 serving members of operational staff due to terminal illnesses were unprecedented and whole Stations are still grieving for those young men. The figures included in this report cannot reflect the impact that such events have upon an organisation and neither do they represent the many informal contacts, conversations and expressions of grief that have been shared with the Welfare Officer and the Occupational Health Advisers.

The Back Office Review process was another larger scale event that has impacted upon a large group of employees and whilst the initial anxiety was about job security this was quickly replaced with anxiety about job status, financial loss and adapting to change. For some individuals, particularly those with pre-existing mental health conditions, this has been a difficult process that has become personalised for them.

All in all, 2012 has been a challenging year but it is these events which help us all to remember what is really important to each of us and to encourage us to appreciate the *'here and now'*.

'Anger is the first emotion human beings experience and the last we learn to manage'

-Colleen Kelley-

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

The unit advises on the use of eye protection with optical prescription for personnel whose vision falls below acceptable standards and who also require



the use of eye protection for certain roles and tasks.

The Aids to Vision scheme was created following the 1996 City University research into fire fighter vision. It allows for the provision of optically correct safety eye wear for those personnel whose vision falls below the required standard.

Initial reports indicated an uptake of approximately 12% could be expected in view of our age profile at the time and that has been more or less static over the intervening years.

It is interesting to note however that the figure has risen in recent years and now sits at 18%. A recent review of the services age profile shows that approx. 42% of the workforce are over forty years of age with 25% over 50 years. It is perhaps no surprise that the numbers of optically correct safety spectacle wearers has increased when you consider that the requirement for optical correction due to age begins to be a reality as we progress in to our forties.

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. This six monthly testing 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
- ILM Level 3 Award in Workplace Coaching
- Working with NLP
- ILM Level 3 & 5 Leadership & Management courses
- SAP – Purchase to Pay
- Phase 5 Stress Management session
- Health & Safety Themed Training
- E learning Environmental package.
- Word Level 2 Mail Merge
- Power Point Level One
- Outlook Level 2



- Fire Warden Training.
- Manual Handling Key Instructor Course.
- Anaphylaxis, CPR, Immunisation update
- Phlebotomy Training
- Occupational Asthma update training
- Alcohol and Substance Misuse.
- Hepatitis B update.
- Smoking Cessation

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:

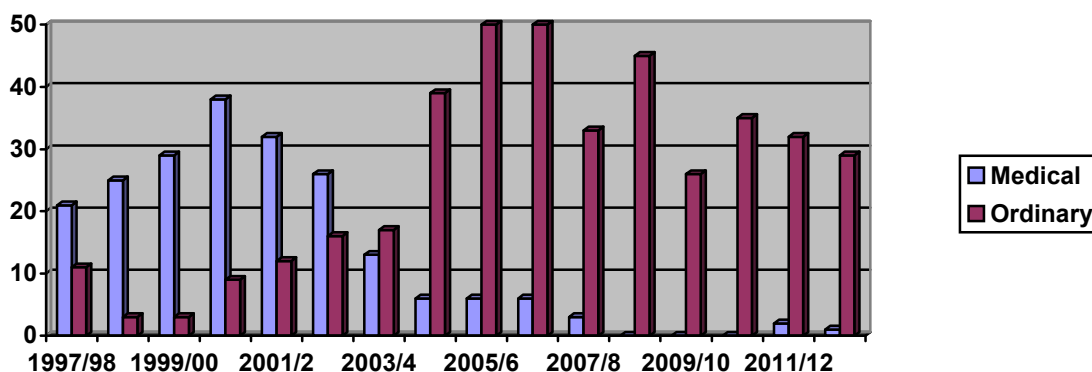
- **Provision of Occupational Health Services to Northumberland Fire & Rescue Service** – The Unit continues to provide a full remit of Occupational Health activities to NFRS including attendance management, immunisation, a monthly health promotion bulletin, Health and Safety presentations, Retained induction presentations and health surveillance. One hundred and thirty three health surveillances were completed this year.
- **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 an evening meeting and presentation this year at SHQ.
- **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, for the second time, the Diversity and Inclusion in the Workplace Award in the North East Chartered Institute of Personnel and Development Awards 2013.

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 wholtime 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.



4 CONCLUSIONS

- 4.1 Although now in its twentieth 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 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

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§ Occupational Health Unit Service Level Agreement