

Report of Deputy Chief Fire Officer

Health and Safety Committee Update: July to September 2022 (Quarter 2)

Purpose of report

1. To provide a Health & Safety update on activities and items of significance.
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Recommendations

It is recommended that the following issues, in particular, be noted:

- (i) *The involvement of the Service in Health and Safety initiatives;*
- (ii) *Health and Safety performance information recorded during July to September 2022 (Quarter 2); and*
- (iii) *Workforce Health & Wellbeing performance.*

Introduction and Background

2. Hereford & Worcester Fire and Rescue Service (HWFRS) aims to ensure the safety and well-being of its employees and reduce and prevent accidents and injuries at work, as outlined in the People Strategy 2022-2025.
3. The Health and Safety Committee is established to provide effective arrangements for the liaison and review of matters of common interest concerning Health and Safety (H&S). The Committee provides the opportunity for the Service to discuss general H&S issues and consult with the workforce via employee representatives. The Committee is chaired by the Deputy Chief Fire Officer and last met on 14 December 2022.
4. The Committee has the facility to task work to the H&S Working Group, which sits beneath it and is chaired by the Group Commander responsible for Health and Safety. The group meets as and when required.

The Working Group was formally tasked with the following:

- To implement the findings from the NFCC's Death in the Workplace report.
- To promote and improve fitness standards across the Service.

The Group meets regularly, ensuring actions are monitored and implemented at the earliest opportunity.

Health & Safety Initiatives Update

National Activities

5. The NFCC have issued a letter to all Chief Officers laying out the current regulations in relation to working at height. The Operational Policy team will carry out a review and GAP analysis and report back to SLB.

Regional Activities

6. The last regional meeting was postponed and is due to meet in January 2023.

HWFRS Local Activities

7. The Service H&S Advisor has left the Service. A process is ongoing to source and recruit a replacement Advisor; in the interim period, support is available to the Service via Shropshire FRS.
8. Of the current 27 Health & Safety Policies there are 5 under scheduled review, which include:
 - Health & Safety Policy (minor amendment consultation phase)
 - Management of Contractors (minor amendment consultation phase)
 - The Production of H&S information (minor amendment consultation phase)
 - Major Event Response Protocol (Death in Workplace) (Working Group review) draft policy has been created to align HWFRS with Shropshire FRS which will be consulted on during Quarter 3.
 - The Misuse of Alcohol and Substances (under review with HR)

These policies will be reviewed in line with legislative and sector best practices and will undergo formal consultation across the organisation, where required, prior to publication. This area of work is the first priority for the new H&S Advisor.

9. The risk assessment database (Figure 1) is owned and maintained by local managers and reviewed by the H&S Advisor. Each risk assessment has a review period, and managers are prompted to carry out reviews. Where risk assessments are no longer applicable, they are archived from the database. During Quarter 2, 348 risk assessments were reviewed, and 35 new risk assessments were created.

Figure 1 – Risk Assessment Database

	Quarter 3 (21/22)		Quarter 4 (21/22)		Quarter 1 (22/23)		Quarter 2 (22/23)	
Location	Reviewed	Created	Reviewed	Created	Reviewed	Created	Reviewed	Created
North District	97	12	91	7	87	7	105	5
South District	78	4	79	8	75	6	80	7
West District	66	10	88	15	112	21	101	21
Training Centre	20	0	52	1	32	1	40	1
Others	18	1	4	0	15	2	22	1
Total	279	27	314	31	321	37	348	35

H&S Working Group Activity Updates

10. The group is progressing the identified action points against the Death in the Workplace analysis. The final step is the completion of the death of an employee guidance so that it can be incorporated into the revised MERP.
11. The group has identified several areas of work required in order to implement the new Fitness Policy, which is under development/consultation in order to promote fitness across the Service. 25 new personal trainers have been trained and will complete their qualifications in early Quarter 4. The Service has worked with other Services including West Sussex to review best practice and develop a robust supportive new policy which is in the final stages of completion to be circulated for consultation in January 2023. New equipment, including treadmills, has been purchased for stations and has been delivered in Quarter 3. Further equipment to support fitness is also being purchased for delivery in Quarter 4.

Quarter 2 Performance Report

12. Appendix 1 provides details relating to all safety events reported and investigated during Quarter 2 of the 2022-23 reporting year (July to September).

The total number of safety events reported in Quarter 2 increased by eight compared to the previous quarter (37). The most significant increase was in the personal injuries category which increased by thirteen.

13. The category with the largest decrease this quarter is Near Hits/Cause for Concern (-4).
14. Two injuries have been reported to the Health & Safety Executive (HSE) under the RIDDOR regulations, due to a dangerous occurrence and a loss of working days.
15. One basic specialist investigation occurred relating to a near hit.

16. The data and trend analysis will be continued to be reviewed by the H&S Department. A schedule training for the 2022-23 year with a focus on additional Manual Handling Train the Trainer courses.

Workforce Health & Wellbeing Update & Performance Overview: Quarter 2, 2022-23

National Sickness data

17. The Cleveland Report (1 April – 30 September 2022) was issued in a draft format on 24 November 2022. The report allows comparison between contributing Fire & Rescue Services across the UK on sickness absence.
18. Nationally, there were 3 main causes of sickness absence for all Fire Services; Musculo-Skeletal (MSK) (30%), Mental Health (18%) and Respiratory (11%).
19. HWFRS is ranked favourably as 21st of the 26 Services who submitted data, at 3.23 days lost per employee. The lowest average was 2.44 days and the highest 10.53 days. The national average is 4.47.

HWFRS Sickness Data and Activity

20. Appendix 1 (Performance Overview) provides data relating to all sickness absence by workforce group and main causes of sickness absence in Quarter 2.
21. In comparison to Quarter 1, there has been a slight increase in the total days/shifts lost to sickness absence for all staff (Q1 at 2.02 versus Q2 at 2.04). This may be attributed to the number of absences related to Respiratory Infections. As previously reported, COVID-19 is now classed as part of a range of respiratory illnesses and is recorded as such for sickness absence reporting purposes. In previous quarters, the Service reported COVID-19 absences separately.
22. There were 3 main causes of sickness absence (see Appendix 1, Table 2):
 - Respiratory – Infection (31%)
 - Gastro-Intestinal (17%)
 - Respiratory – Cold/Cough/Chest Infections (15%)
23. Respiratory conditions accounted for 46% of total sickness absence reported during Quarter 2 out of 106 sickness occurrences, and mainly within the Wholetime workforce group.
24. HR and Health and Safety continue to monitor absence rates and are working proactively with Line Managers to promote health and wellbeing. The Service has promoted the staff flu jab scheme and continues to encourage good hygiene practices and infection control procedures across the Service, to eliminate cross contamination of respiratory viruses. The Service will continue to promote our Occupational Health (OH) service, Health and Wellbeing Portal resources and information to promote healthy living.

Health Management data and activity

25. Appendix 1 (Health Management) provides data relating to OH referrals in Quarter 2. There were 19 new management referrals in Quarter 2, compared to 33 management referrals made in Quarter 1.
26. The top reasons for referrals to OH related to MSK disorders (8 referrals) and headache/migraine/neurological (3 referrals). Referrals for Mental Health decreased in Quarter 2 (2 referrals) compared to previous reporting quarters (12 referrals in Quarter 1). Mental Health concerns were highlighted within other referral categories, but Mental Health was not the primary reason for the referral.
27. In respect to referrals for MSK disorders, 1 was work related and external treatment was provided. Where appropriate, treatment for MSK disorders includes referrals for physiotherapy via OH, and 6 referrals were made in Quarter 2. Due to the range of services promoted, there has been an increase in employees taking proactive action and self-referring to the Fire Fighters Charity.
28. Of the 2 referrals for mental health, 2 employees cited work related reasons. N.B. mental health is not included in work related reporting figures.
29. Support is offered for all mental health referrals, including stress risk assessments as part of return to work plans and/or counselling support both through OH and the Service's Welfare Support team. External psychotherapy support has also been explored via the NHS and the Fire Fighters Charity. We are currently exploring the accessibility of face to face counselling in Herefordshire to provide options closer to where people reside and/or work.
30. The Service signed The Mental Health at Work Commitment in February 2022 and submitted a high-level action plan in October 2022. The action plan outlines how the Service will embed the six Standards of the Commitment and has been developed for delivery over a two-year period, formally commencing in 2023-24.
31. It is likely the National Fire Chiefs Council (NFCC) will take ownership of the Commitment for the Fire Sector moving forward. Communications on future monitoring mechanisms are expected in due course and HR will provide updates on the action plan to the Committee.

Routine Medical Assessment Compliance and Outcomes

32. Appendix 1 (Routine Medical Assessment) provides medical and fitness data from the Operational Assurance Report for Quarter 2 of 2022-23.
33. The medical compliance rate of operational staff has increased in Quarter 2 compared to Quarter 1. 73% of employees who are required to have an annual medical assessment were in date in Quarter 2, compared to 60% in Quarter 1. 85% of employees who are required to have a 3 yearly medical assessment were in date in Quarter 2, compared to 75% in Quarter 1. The remaining out of date medical assessments will be prioritised for Quarter 3.

Routine Fitness Assessment Compliance and Outcomes

34. The fitness compliance rate of operational employees has increased in Quarter 2 compared to Quarter 1. 92% of employees who are required to have an annual fitness test were in date in Quarter 2, compared to 88% in Quarter 1. This is the highest compliance rate for annual fitness assessments achieved since early 2019.
35. The Service’s Fitness Advisor, HR team, and Station local management have worked together to ensure staff with out of date tests attend scheduled fitness assessments. Compliance rates will continue to be monitored and instances of non-attendance escalated to Station Commanders for remedial action.
36. The data confirms 18% of currently tested staff are in the “Amber zone” – a 1% increase from Quarter 2. 82% of currently tested staff are in the “Green zone”. As part of the Fitness Standards policy work, the Service is exploring options for holistic support for those staff that may be in the amber and red VO2 max categories, via our Occupational Health provider and the University of Worcester.

Corporate Considerations

Resource Implications (identify any financial, legal, property or human resources issues)	Contained within H&S budgets and departmental capacity.
Strategic Policy Links (identify how proposals link in with current priorities and policy framework and if they do not, identify any potential implications).	Corporate Strategy: ensuring firefighter safety.
Risk Management / Health & Safety (identify any risks, the proposed control measures and risk evaluation scores).	Reduces the overall impact for H&S management in the areas identified and safeguards the Services legal requirements.
Consultation (identify any public or other consultation that has been carried out on this matter)	Representative Bodies attend H&S Committee and are fully consulted on H&S matters.
Equalities (has an Equalities Impact Assessment been completed? If not, why not?)	N/A
Data Protection Impact Assessment (where personal data is processed a DPIA must be completed to ensure compliant handling)	All personal data has been removed from the reports contained within Appendix 1.

Supporting Information

Appendix 1: Quarter 2 Event Reporting and Summary

Appendix 2: Quarter 2 Workforce Health & Wellbeing Update