

Report of Assistant Chief Fire Officer

Health and Safety Committee Update: January to March 2022 (Quarter 4)

Purpose of report

1. The purpose of this report is to provide a Health & Safety update on activities and items of significance.
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Recommendation

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 January to March 2022 (Quarter 4)*
- (iii) Workforce Health & Wellbeing performance (Quarter 4)*

Introduction and Background

2. Hereford & Worcester Fire and Rescue Service (HWFRS) aims to ensure the safety and well-being of its employees and to 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 Assistant Chief Fire Officer, attended by the FRA H&S Champion and met in Quarter 4 on 16 March 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.
5. The Group meet regularly, ensuring actions are monitored and implemented at the earliest opportunity. They have been 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.

Health & Safety Initiatives Update

National Activities

6. The NFCC have not issued any guidance or H&S updates during Quarter 4.

Regional Activities

7. As part of the regional audit programme, HWFRS's Health and Safety Advisor was due to support Shropshire FRS's audit during Quarter 4. However, due to a Covid outbreak, this audit has been postponed for 12 months.
8. The next audit scheduled as part of the regional audit programme is Staffordshire FRS and is anticipated to be delivered during Quarter 2 of 2022-23.

HWFRS Local Activities

9. Following on from the last update provided in the Quarter 3 report, HWFRS have continued to monitor and implement safe systems of work via the COVID Recovery Group. Managers have been supplied with best practice guidance issued by Government, NFCC and the HSE to ensure that workplaces and work activities are assessed to prevent the transmission of COVID whilst at work.
10. Of the current 27 Health & Safety Policies there are 5 under scheduled review, which include:
 - Health & Safety Policy
(To be reviewed following organisational restructure)
 - Management of Contractors
(To be reviewed with facilities management)
 - The Production of H&S information
(Consultation phase)
 - Major Event Response Protocol
(Linked to Working Group recommendations)
 - The Misuse of Alcohol and Substances
(Under review with HR)
11. These policies will be reviewed in line with legislative and sector best practice and will undergo formal consultation across the organisation, prior to publication.
12. The risk assessment database (Figure 1) is a central depository of assessments of all work activities. It is owned and maintained by local managers and reviewed by the H&S Advisor.

13. 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 4, 314 risk assessments were reviewed, and 31 new risk assessments were created.

Figure 1 – Risk Assessment Database

Location	Quarter 1 (21/22)		Quarter 2 (21/22)		Quarter 3 (21/22)		Quarter 4 (21/22)	
	Reviewed	Created	Reviewed	Created	Reviewed	Created	Reviewed	Created
North District	140	6	85	5	97	12	91	7
South District	105	12	109	18	78	4	79	8
West District	89	19	89	20	66	10	88	15
Training Centre	21	0	44	2	20	0	52	1
Others	41	1	24	2	18	1	4	0
Total	396	38	351	47	279	27	314	31

H&S Working Group activity updates

14. The group is continuing to address the identified action points against the Death in the Workplace analysis. Training of a cohort of local Family Support Officers, was identified as the priority action with a course scheduled for Quarter 1 2022. The H&S Advisor is also working with Shropshire FRS to align policies and procedures, which will provide additional resilience should an event occur.
15. The group has identified several areas of work required in order to implement the new Fitness Policy. During Quarter 4 the draft policy was circulated for informal consultation along with formal analysis of fitness equipment at each location. All feedback received will be reviewed during Quarter 1 and a plan to progress improvements and the implementation findings will be reported to management.

Quarter 4 Performance Report

16. Appendix 1 provides details relating to all safety events reported and investigated during Quarter 4 of the 2021-22 reporting year (January to March).

17. The total number of safety events reported in Quarter 4 increased by 10 compared to the previous quarter. The most significant increase was in the vehicle collision category which increased by 5 and exposure incidents which increased by 3.
18. During the period, there has also been a slight increase in Property and Equipment Damage reported events (+1) and personal injuries (+2). The only category to decrease this quarter is violence and aggression (-1).
19. One injury has been reported to the Health & Safety Executive (HSE) under the RIDDOR regulations, due to it being an over 7-day injury.
20. Three basic specialist investigations occurred relating to a vehicle collision, property/equipment failure and a near hit/cause for concern.
21. The data and trend analysis will be continued to be reviewed by the H&S department. The majority of the events reported this quarter are of a minor nature with localised control measures being implemented.

Workforce Health & Wellbeing Update – Quarter 4 2021-22

National Sickness Data

22. The Cleveland Report (1 April 2021 – 31 March 2022) was issued on 24 May 2022. The report allows comparison between contributing Fire & Rescue Services across the UK on sickness absence. Appendix 2 (Section 1) provides details of HWFRS performance compared to other Fire and Rescue Services.
23. Nationally, there were three main causes of sickness absence for all Fire Services: Musculo-Skeletal (MSK) (31%), Mental Health (22%) and Virus/Infectious Diseases (16%).¹
24. With regards to the whole workforce, HWFRS lost 6.59 days lost per employee. The lowest average was 5.44 days and the highest 14.22 days. The national average is 9.41.
25. HWFRS are above the national average for sickness absence due to an accident at work in the Wholetime workforce group. This was due to long term absence case relating to MSK injuries. Shropshire FRS did not report any sickness absence related to accidents at work and therefore no local comparison can be made.

¹ Please note some Fire Services use the category 'Virus/Infectious Diseases' to capture their COVID-19 data, however, the Service does not report on COVID-19 in this way.

HWFRS Sickness Data and Activity

26. Performance overview provides data relating to all sickness absence by workforce groups and main causes of sickness absence in Quarter 4.
27. The total days/shifts lost to sickness absence was 537.78 arising from 100 occurrences. The data indicates a higher percentage of sickness absences are short term.
28. In comparison to Quarter 3, there has been a decrease in total days/shifts lost to sickness absence in long term sickness for all staff (Q3 at 481 versus Q4 at 210) and an increase in short term sickness for all staff (Q3 at 294.91 versus Q4 at 327.78). This may be attributed to an increased number of reported cold/cough and influenza sickness absences.
29. There were 3 main causes of sickness absence: Respiratory – Cold/Cough/Chest Infections, Gastro-Intestinal, and MSK – lower limb. Respiratory conditions and Gastro-intestinal both accounted for 20% of total sickness absence reported during Quarter 4 and mainly within the Wholetime workforce group.
30. Respiratory conditions are known to be more common during the autumn/winter months and were also the main cause of sickness absence in Quarter 3. The Service continues to offer staff a mechanism to obtain flu vaccinations and access to the Occupational Health Healthy Portal for advice on seasonal illnesses.
31. HR and Health and Safety continue to monitor absence rates and are working proactively with Line Managers to promote safe working/manual handling practices and work in accordance with the Service's Attendance Management policy as appropriate.
32. Whilst the Service does not report on On-Call sickness absence for the purposes of the Cleveland Report, during Quarter 4 there were 5 occurrences due to an accident at work, 1 relating to a long-term sickness case, and 1 case which was referred to Occupational Health (OH). The other 3 work related absences were MSK injuries that were self-certified, and the employees did not require any further support.

Health Management Data and Activity

33. Health Management provides data relating to OH referrals in Quarter 4. There were 35 new management referrals made to OH in Quarter 4, compared to 28 management referrals made in Quarter 3.
34. The top reasons for referrals to OH were MSK disorders and mental health (specifically stress, anxiety and depression) which is consistent with previous reporting Quarters. Of these referrals, 1 was work related. A further 3 referrals were related to mental health, specifically citing work related stress. N.B. mental health is not counted towards work related figures.

35. Where appropriate, treatment for MSK has included referrals for physiotherapy via OH. Support has been offered for mental health referrals, including stress risk assessments as part of return to work plans and counselling support both through OH and the Service's Welfare Support team.
36. ACFO Guy Palmer signed The Mental Health at Work Commitment on behalf of the Service in February 2022. To fulfil our commitment, HR and the Welfare Support Team are currently producing an action plan to support the implementation of the six Standards from the Commitment.
37. To meet one of the Standards, the Service is required to produce a Case Study covering the mental health support provided to staff. The case study is currently being drafted and focuses on the tremendous work carried out by the Welfare Support and Critical Incident Support Teams, who provide mental health support and advice to those who are exposed to traumatic incidents and facing difficult situations.
38. The Service also continues to promote Blue Light Support resources such as the Blue Light newsletter, survey, website and webinars via the Service Bulletin and our Wellbeing SharePoint site.

Routine Medical Assessment Compliance and Outcomes

39. Routine medical assessments provide medical and fitness data from the Operational Assurance Report at the end of Quarter 4 2021-2022.
40. The medical compliance rate of operational staff has decreased in Quarter 4 compared to Quarter 3. 57% of employees who are required to have an annual medical assessment were in date in Quarter 4, compared to 80% in Quarter 3. OH have been prioritising out of date medicals from the previous Quarter (3) and will now focus on this Quarter (4). Employees due a medical in Quarter 4 will be picked up within the next quarter. We have requested that annual medicals are booked in with OH as they expire, as they have a higher reoccurrence, and this will improve the compliance rate.

Routine Fitness Assessment Compliance and Outcomes

41. The fitness compliance rate of operational employees has increased in Quarter 4 compared to Quarter 3. 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 tests. This will continue to be monitored and instances of non-attendance escalated to Station Commanders for remedial action.
42. The data confirms that there is a total of 20% of currently tested staff sitting in the "amber zone", equating to around 1 in 5 staff. As well as the introduction of the new Fitness policy, the Service is exploring further holistic support for staff in the amber and red VO2 max categories including dietary/nutrition and lifestyle advice.

43. From 1 July 2022, the Service will be assigned a new Fitness Advisor due to a change in the University of Worcester's delivery model. The new member of the team will be fully assigned to the Service after a period of induction and shadowing with both the current Fitness Advisor and the Fitness Contract Clinical Lead.

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 4 (January to March 2022) Event Reporting and Summary