

Report of Assistant Chief Fire Officer

Health and Safety Committee Update: April to Sept 2023 (Quarters 1 & 2)

Purpose of Report

1. To provide a Health and 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 April to Sept 2023 (Quarters 1 & 2)*
- (iii) Workforce Health & Wellbeing performance (Quarters 1 & 2)*

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 Assistant Chief Fire Officer and met on 21st June, 20th September and 13th December 2023.
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.

Health & Safety Initiatives Update

5. National Activities

- The PPE Working Group's (WG) report will be available within six months. The WG were looking at Water Rescue PPE and protection base layers.
- ISO696 has been approved and issued as the new standard on responding and dealing with Menopause.
- The Contamination WG lead has met with Carol Downes (HSE) to discuss this issue. The WG will also update the position statement shortly.
- All Chief Fire Officers (CFO) will be contacted shortly by West Midlands Fire Service (WMFS) CFO Wayne Brown about the work being carried out on contaminants.
- Previously the HSE had informed the National committee that they would visit ten Fire Services across the whole country to look only at contaminants. They would look at how these Services are managing this issue and for them to identify best practice in order to set up appropriate standards. Tyne and Wear, Scotland FRS and one other have already been identified but others will be contacted shortly. Key areas that HSE will be looking at are Risk Assessment and Training.

6. Regional Activities

7. The regional group met on the 9th May and 4th Sept 2023 at Shropshire FRS.

- Findings from the peer review audit of Shropshire FRS were submitted to their CFO and shared with all FRSs in the West Midlands Region.
- WMFS agreed to take over as lead for the Region for the next two years, and this commenced in September 2023.
- Regional statistics were updated and shared amongst the Region and handed over to an appointed analyst to continue the recording and correlation.
- Dr Julie Gandolfi delivered a presentation and provided a demonstration on Driver Metrics to Regional Committee in December 2023.
- All members of the West Midlands Regional Committee have been asked to carry out a gap analysis on contaminants for their FRS and submit results to National Fire Chiefs Council (NFCC).

- The Region are identifying best practise and have agreed to share this with regional partners.

8. HWFRS Local Activities

9. HWFRSs H&S Advisor has carried out an internal audit following the peer review of Shropshire using the same question sets to benchmark performance. The findings are scheduled to be delivered to the H&S Committee in March 2024.
10. Four Health and Safety based training courses were provided for staff in Q1 & Q2 to maintain high standards of training and legal compliance.
11. A Specialist Investigation Officer (SIO) meeting took place on the 20th June to discuss the SI (Specialist Investigation) process, continued professional development events and actions for improvement.
12. HWFRS have undertaken a gap analysis to ensure current best practice is maintained. The report is broken down into the sections listed below.
 - Personal Protective Equipment (PPE)
 - Minimising Contamination at Fire Incidents
 - Returning from a Fire Incident
 - BA Workshops Contamination Control
 - Training Centre Contamination Control
 - Vehicle Contamination
 - Health Screening
 - Training and Awareness
13. HWFRS Contamination Working Group is now into its 2nd Quarter of the Action Plan. A progress report is scheduled to be delivered to the H&S Committee in March 2024.
14. A 3-day H&S Peer Review Audit of HWFRS took place in November 2023, led by WMFS Topics audited were Breathing Apparatus (BA) and Personal Protective Equipment (PPE), which incorporated carcinogen contamination. The closing presentation indicated that there were no significant areas of concern and proactive measures had already been put in place to address a number of areas highlighted for improvement. Findings from the audit will be reported to the H&S Committee in March 2024, including an action plan to address any recommendations.

15. Dr John Kingston will be visiting Service Headquarters in the near future to look at our Safety Investigation process to offer expert advice and guidance.
16. HWFRS' new cloud based Electronic H&S system (EHS) was launched in December 2023. This is a significant step forward for the Service in helping to streamline H&S reporting and analysis.
17. There are 25 Health & Safety Policies, all of which have been reviewed in line with agreed review dates.
18. 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 Quarters 1 and 2 673 risk assessments were reviewed, and 86 new risk assessments were created.

Figure 1 – Risk Assessment Database

	Quarter 3 (22/23)		Quarter 4 (22/23)		Quarter 1 (23/24)		Quarter 2 (23/24)	
Location	Reviewed	Created	Reviewed	Created	Reviewed	Created	Reviewed	Created
North District	102	16	105	5	94	10	89	10
South District	53	13	97	14	103	12	85	15
West District	93	16	78	15	113	15	78	12
Training Centre	44	1	47	1	39	2	45	0
Others	9	4	31	4	5	3	22	7
Total	301	50	358	39	354	42	319	44

19. Quarter 1 / 2 Performance Report
20. Appendix 1 provides details relating to all safety events reported and investigated during Quarter 1 / 2 of the 2023-24 reporting year (April to Sept).
21. The total number of safety events reported in Q1 / 2 (85) has increased by seventeen compared to the previous quarters Q3 / 4 (68). The most significant increase was an additional 10 Near Hit reports (i.e. something with the potential to cause harm), which indicates a positive step forward for safety reporting. The number of vehicle collisions has decreased by five.
22. Seven events have been reported to the Health & Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Local investigations determined none of these events were significant H&S issues.

23. Nine basic specialist investigations occurred. Five in the personal injury category, three in property/equipment and one in vehicle.

Workforce Health & Wellbeing Update Quarters 1 & 2 2023-24

National Sickness Data 2023-2024

24. Information is unavailable at the time of writing as the Cleveland Report reporting timeframes do not consistently align with the Health and Safety Committee meeting schedule. This information will be considered when available.

HWFRS Sickness Data and Activity Quarters 1 and 2 2023-24

25. Appendix 2 and 3 (Performance Overview) provides data relating to all sickness absence by workforce group and main causes of sickness absence in Quarters 1 and 2.
26. In comparison to Quarter 1, there has been a slight decrease in the total days/shifts lost to sickness absence for all staff (Q1 at 2.31 versus Q2 at 2.29), with 848 day/shifts lost overall. The Service continues to monitor and review attendance levels in line with the updated Attendance Management Policy and supports managers in the timely resolution of absence cases.
27. There were 3 main causes of sickness absence; Mental Health (44%) Muscular-Skeletal (MSK) (30%), and Respiratory (11%).

Muscular-Skeletal

28. Sickness absence for MSK in Quarters 1 and 2 was 658.61 days/shifts lost which is consistent with previous reporting. Long-term sickness absence cases have been supported to return to work via workstation modifications, home working options, and phased return to work plans. Some of the absences were due to surgical interventions to remedy existing injuries or injuries that had been acquired from recreational sports activities. Of the 7 long term sickness cases in Quarter 2, 6 of the individuals have now returned to work.
29. Individuals are encouraged to seek early support via The Fire Fighter's Charity or Occupational Health (OH) Physiotherapy for any Muscular-Skeletal issues they may be experiencing. Further prevention work is being promoted to minimise short term Muscular-Skeletal absences due to muscle strain or lacerations, such as promoting warmup exercises and safe handling of equipment.

Mental Health

30. There were 960.88 days/shifts lost due to Mental Health in Quarters 1 and 2, across all categories (Stress, Anxiety, Depression and Other), featuring a combination of perceived work-related factors and personal factors. Personal factors included bereavement and family issues. The work-related factors included management/workplace issues such as managing performance, workplace disputes, and workload. In Quarter 2 there were 7 long term sickness cases within this category (4 within the Wholetime workgroup, 2 within the Support workgroup and 1 within Fire Control) and 5 of the cases cited work related factors. Four of the individuals have now returned to work.

Respiratory

31. There were 248.50 days/shifts lost for Respiratory related absences, with the majority of days/shifts lost due to Cold/Cough/Influenza. Some of the absences may be due to COVID-19 infections although testing is no longer a mandatory requirement. The Service regularly reminds employees to maintain infection control measures in the workplace to minimise Respiratory infections. The Service is also due to promote flu vaccinations in an attempt to further reduce respiratory related absences, and promote a healthy immune system.
32. There were also 238 days/shifts lost due to Cancer, which were within the Support workgroup across 2 long term sickness cases.

Health Management Data and Activity

33. Appendix 1 and 2 (Health Management) provides data relating to management referrals to OH in Quarters 1 and 2. There were 30 new management referrals in Quarter 2, compared to 32 in Quarter 1. One of the referrals was work-related, and 9 of the referrals related to employees who were able to remain at work.
34. The top reasons for referrals to OH related to MSK disorders (30 referrals) and Mental Health (16 referrals).
35. Of the 16 referrals for Mental Health, 10 employees cited work-related factors. N.B. mental health is not included in work-related reporting figures. Referrals for long term sickness absence cases may be reflected within the previous quarter, however, review appointments are carried out throughout the absence.

Mental Health at Work Commitment

36. Good progress continues on the Mental Health at Work Commitment action plan. Completed actions for Quarters 1 and 2 including appointing new Wellbeing Champions, with the first 'Meet and Greet/Induction session' for these individuals taking place on Friday 24th November 2023. The session also included light

touch Mental Health First Aid Training and listening skills. The Service continues to develop the content for the “Back Up Buddy” App and promote health and wellbeing campaigns via our SharePoint page. The Firefighter’s Charity Wellness Workshops have been promoted across the Service and a number of sessions have been booked by staff, such as the MSK Injuries-Injury Prevention workshop with Worcester Green Watch.

Routine Medical Assessment Compliance and Outcomes

- 37. Appendix 1 and 2 (Routine Medical Assessment) provides medical and fitness data from the Operational Assurance Report for Quarters 1 and 2 2023-2024.
- 38. The medical compliance rate of operational staff has increased for 3-yearly medical assessments in Quarter 2 to 98%, compared to 96% in Quarter 1. The compliance rate for annual medical assessments has slightly decreased in Quarter 2 to 80%, compared to Quarter 1 at 88%.

Routine Fitness Assessment Compliance and Outcomes

- 39. The fitness compliance rate of operational employees has remained the same in Quarter 2 compared to Quarter 1. 93% of employees who are required to have an annual fitness test were in date in Quarter 2.
- 40. 11% of currently tested staff are in the “Amber zone” – a slight decrease from Quarter 1. 83% of currently tested staff are in the “Green zone”. 7% of currently tested staff are in the “Red zone” (8 individuals) which is a marginal increase from Quarter 1 (1%). Of these, 3 individuals have been re-tested and now sit within the “Amber or Green zones”. A small number of individuals did not complete a planned fitness assessment due to a high blood pressure reading prior to the test and are included in the Red category figures. Individuals are directed to their GP and/or OH for support and monitoring, and re-tested when medically cleared. HR are closely monitoring these staff and providing support where needed.

Corporate Considerations

<p>Resource Implications (identify any financial, legal, property or human resources issues)</p>	<p>Contained within H&S budgets and departmental capacity.</p>
<p>Strategic Policy Links & Core Code of Ethics (Identify how proposals link with current priorities & policy framework and align to the Core Code of Ethics)</p>	<p>Corporate Strategy: ensuring firefighter safety. In addition, Develop and Train in the People Strategy; and Community first and Leadership of the CCoE.</p>

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 Appendices.

Supporting Information

Appendix 1: Quarter 1 & 2 (April – Sept 2023) Event Reporting and Summary

Appendix 2: Quarter 1 (April 23 – June 2023) Human resources Data Reporting

Appendix 3: Quarter 2 (July – September 2023) Human Resources Data Reporting