

## **Report of Assistant Chief Fire Officer**

### **Health and Safety Committee Update: January to March 2023 (Quarter 4)**

#### **Purpose of report**

1. 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 (Quarter 4) Health and Safety performance information recorded during January to March 2023 (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 reduce and prevent accidents and injuries at work, as outlined in the People Strategy 2020-2022.
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 last met on 21<sup>st</sup> June 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.

The Working Group was formally tasked with the following:

5.
  - To promote and improve fitness standards across the Service.
6. The Group are meeting regularly, ensuring actions are monitored and implemented at the earliest opportunity.

## Health & Safety Initiatives Update

### National Activities

7. The NFCC National Health and Safety committee have issued minutes of a meeting held 29<sup>th</sup> March 2023 which promoted a number of subjects listed below.
  - Training Packages Scottish FRS have saved their slow manoeuvring package onto Firelearn. There are still issues with trying to pass on this package from FireLearn. However, Scottish FRS have been asked to forward the package to the Chair who will make it available via Workplace.
  - Contamination Position Statement – The creation of this document is still in progress following the second literature review. The Chair and Group are willing to work with the Unions on this matter of real importance, but it will need to be a complete report stating NFCCs stance on contaminants.
  - The Contaminants Working Group has developed the following key work packages and will meet bi-monthly, 2 weeks prior to the Health and Safety Committee.:
    - Evidenced Based Literature Review
    - Personal Protective Equipment (PPE)
    - Risk Assessments and Safe Systems of Work
    - Appliances and Equipment
    - Health Surveillance
    - Training and competence
    - Premises
    - Operational Incidents – National Operational Learning/Joint Organisation Learning (NOL/JOL)
    - Legislation, Fire Standards, National Operational Guidance
    - Health Surveillance
  - HSE reported that they are looking at conducting a fact-finding exercise (possibly after June) where they will visit ten Services to see what they are doing in relation to contamination etc.

### Regional Activities

8. The regional group met on 18<sup>th</sup> April 2023.
  - Regional Driving Instructors have been asked to attend the Regional Drivers group on 11 May and then feed their discussion into this committee in connection to slow speed manoeuvring.
  - The audit of Staffordshire FRS took place in May 2023 with topics of Working at height/rope rescue and PPE and equipment. The H&S advisor will disseminate any findings that may be relevant to HWFRS once the report is available.

## HWFRS Local Activities

9. The Service's new Health & Safety advisor started in April.
10. HWFRS have undertaken a GAP analysis and developed an action plan to ensure current best practices already in place remains up to date. The report is broken down into the sections listed below.
  - Personal Protective Equipment
  - 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
11. Of the current 26 Health & Safety Policies there are 5 scheduled for review in July. All other polices have been reviewed.
12. 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.
13. 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 4, 358 risk assessments were reviewed, and 39 new risk assessments were created.

**Figure 1 – Risk Assessment Database**

	Quarter 1 (22/23)		Quarter 2 (22/23)		Quarter 3 (22/23)		Quarter 4 (22/23)	
<b>Location</b>	Reviewed	Created	Reviewed	Created	Reviewed	Created	Reviewed	Created
North District	87	7	105	5	102	16	105	5
South District	75	6	80	7	53	13	97	14
West District	112	21	101	21	93	16	78	15
Training Centre	32	1	40	1	44	1	47	1
Others	15	2	22	1	9	4	31	4
<b>Total</b>	<b>321</b>	<b>37</b>	<b>348</b>	<b>35</b>	<b>301</b>	<b>50</b>	<b>358</b>	<b>39</b>

### H&S Working Group activity updates

14. The new Fitness Policy has undergone formal consultation and amendments. The policy is currently undergoing a legal review prior to the new Policy being issued with a bedding in period of up to 12 months to allow for support to be provided to those personnel currently not meeting the standard.
15. The Service personal trainers are undergoing further nutrition training.

### Quarter 4 Performance Report

16. Appendix 1 provides details relating to all safety events reported and investigated during Quarter 4 of the 2022-23 reporting year (January to March).
17. The total number of safety events reported in Quarter. 4 (26) decreased by sixteen compared to the previous quarter (42). The most significant decrease was in the personal injuries and vehicle collisions categories which decreased by fourteen between them.
18. Two events have been reported to the Health & Safety Executive (HSE) under the RIDDOR regulations, due to a loss of working days.
19. Six basic specialist investigations occurred.

## **Workforce Health & Wellbeing Update**

### **Performance Overview – Quarter 4 2022-23**

#### **National Sickness data 2022-2023**

20. The Cleveland Report (1 April 22 – 31 March 23) allows comparison between contributing Fire & Rescue Services across the UK on sickness absence.
21. Nationally, there were 3 main causes of sickness absence for all Fire Services; Musculo-Skeletal (MSK) (31%), Mental Health (22%) and Respiratory (12%).
22. HWFRS is ranked 4<sup>th</sup> out of the 27 Services who submitted data, at 12.95 days lost per employee. The lowest average was 6.33 days and the highest 21.06 days. The national average is 9.30 days.
23. During Quarter 4 2022/23, there has been a general increase in total days/shifts lost due to sickness across all workforce groups in HWFRS. Fire Control in particular have seen an overall increase of working days/shifts lost, coupled with a number of long-term sickness absences. There has also been an increase in the duration of these long-term sickness periods (11.79 long term days/shifts lost per person), which is higher than other workgroups, see Appendix 2, Table 1.
24. The average number of days/shifts lost due to long term sickness for Fire Control was 36.5 days in 2021/22, compared to 109.4 days in 2022/23. Main causes for absence were Mental Health and Respiratory conditions, however many of these cases have now been resolved, which will be reflected in Q1 2023/24 statistics. The Service will continue to monitor and review attendance levels in line with the Attendance Management SPI and support the Fire Control management lead in the resolution of these cases.
25. Across all workforce groups, there has been an increase in the number of Respiratory sickness absence occurrences (221) compared to the previous year (74) (see Appendix 2, Table 2). In 2021/22, COVID-19 absences were reported separately, and were not included within the Cleveland Report data. From 2022/23, COVID-19 was classed within a range of respiratory illnesses and is now recorded as such for sickness absence reporting purposes which may explain the increase.
26. There has also been a 36% increase in the number of Mental Health sickness absence occurrences in 2022/23, compared to the previous year (see Appendix 1, Table 2).

#### **HWFRS Sickness data and activity Quarter 4 2022-23**

27. Appendix 2 (Performance Overview) provides data relating to all sickness absence by workforce group and main causes of sickness absence in Quarter 4.
28. In comparison to Quarter 3, there has been an increase in the total days/shifts

lost to sickness absence for all staff (Q3 at 2.52 versus Q4 at 6.38). The main cause of sickness absence was Mental Health – Stress. There were 794 days/shifts lost overall in Quarter 4 for Mental Health sickness absences across all categories (Stress, Anxiety, Depression and Other), featuring a combination of work related and personal factors in some cases.

29. Some of the reasons reported for stress in individuals' personal lives included: exhaustion, sleep deprivation, bereavement and family issues or emergencies. Overall, there were 4 long term sickness cases within this category (2 within the Wholetime workgroup, 1 within Fire Control, and 1 within the Support workgroup) and 3 of the cases were cited as work related.
30. In addition to the comprehensive support already on offer, the Service is enhancing prevention strategies to ensure individuals receive person centred support which enables them to remain at work where possible, such as setting up a comprehensive line management support plan; working towards individual solutions and tools to improve their overall wellbeing. This includes signposting managers to Mental and Emotional Wellbeing resources, encouraging the line management team to remain in contact with the individual and continuing to monitor the wellbeing of their staff.
31. HR have arranged for Occupational Health to visit The Fire Fighter's Charity facility - Harcombe House to gain a better understanding about the mental health support which is available to inform management referrals and provide additional advice to employees.
32. The HR department has further developed the Wellbeing SharePoint site with a wealth of information. The CIST & Welfare Team and HR continue to work together and the Service has recently purchased "Back Up Buddy" – an app based mental health support tool for staff. A soft launch of the app is planned for July 2023 via the Station Buddy team in order to gain feedback to inform a wider roll-out Service-wide in September. The Service is continually working towards workplace resolutions which may be required to alleviate ill mental health, including reasonable adjustments and mediation.
33. There were 649 days/shifts lost in Quarter 4 for Respiratory related absences, the main cause being Respiratory – Other with 317 days/shifts lost. It is worthy of note that COVID related absences are no longer reported separately and will appear in this category.
34. There were 401 days/shifts lost in Quarter 4 due to Musculoskeletal (MSK) sickness absence. Individuals experiencing MSK issues are signposted to Occupational Health for physiotherapy support, and there has been an increase in the number of referrals for treatment in Quarter 4. The Service will continue to promote health and lifestyle advice to decrease the risk of injury for staff, and to promote optimal DSE arrangements.

### **Health Management data and activity**

35. Appendix 2 (Health Management) provides data relating to Occupational Health referrals in Quarter 4. There were 28 new management referrals in Quarter 4, compared to 20 management referrals made in Quarter 3.
36. The top reasons for referrals to Occupational Health related to MSK disorders (13 referrals) and Mental Health (8 referrals).
37. Of the 8 referrals for Mental Health, 5 employees cited work related reasons.  
**N.B. mental health is not included in work related reporting figures.**
38. Where workplace factors have been identified within Mental Health referrals, the areas of concern are addressed on a case by case basis, using stress risk assessments as part of return to work plans, or through other resolutions such as offering mediation. Counselling support is offered through Occupational Health and the Service's Welfare Support team. External psychotherapy support is available via the NHS and the Fire Fighters Charity. The HR team has been working with the Fire Fighters Charity to promote their health and wellbeing workshops within the Service including mindfulness and improving sleep, to promote strategies for improving Mental Health.

### **Mental Health at Work Commitment**

39. The Service signed The Mental Health at Work Commitment on behalf of the Service 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.
40. Work is underway on the Mental Health at Work Commitment action plan. Recent activity includes hosting a Mental Health Webinar with the Fire Fighters Charity which took place on the 18th May to mark Mental Health Awareness Week. The Service will be launching the previously mentioned "Back Up Buddy" through the Station Buddies to champion mental health and raise awareness.

### **Routine Medical Assessment Compliance and Outcomes**

41. Appendix 2 (Routine Medical Assessment) provides medical and fitness data from the Operational Assurance Report for Quarter 4 2022-2023.

42. The medical compliance rate of operational staff has increased overall in Quarter 4 compared to Quarter 3, with an 89% compliance rate for 3 yearly medical assessments in Quarter 4, compared to 84% in Quarter 3. There was a slight decrease in the compliance rate for annual medical assessments, with 88% of employees who were in date in Quarter 4, compared to 94% in Quarter 3. The remaining out of date medical assessments are prioritised for Quarter 1.

### **Routine Fitness Assessment Compliance and Outcomes**

43. The fitness compliance rate of operational employees has remained the same in Quarter 4 compared to Quarter 3. 93% of employees who are required to have an annual fitness test were in date in Quarter 4.
44. HR is closely monitoring these staff and providing support where needed. 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**

<b>Resource Implications</b> (identify any financial, legal, property or human resources issues)	Contained within H&S budgets and departmental capacity.
<b>Strategic Policy Links &amp; Core Code of Ethics</b> (identify how proposals link with current priorities & policy framework and align to the Core Code of Ethics)	The work of the H&S Committee directly links to the three core Strategies and People Strategy, which in turn help the Service to deliver the CRMP.
<b>Risk Management / Health &amp; Safety</b> (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.
<b>Consultation</b> (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.
<b>Equalities</b> (has an Equalities Impact Assessment been completed? If not, why not?)	Equality Impact Assessments are undertaken on relevant policy and procedures related to H&S matters.
<b>Data Protection Impact Assessment</b> (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 2023) Event Reporting and Summary

Appendix 2: Quarter 4 (January to March 2023) Health & Wellbeing Data Reporting