

BEST VALUE REVIEW OF THE OCCUPATIONAL HEALTH & SAFETY UNIT - 2000/2001

1 INTRODUCTION

The Local Government Act 1999 requires all Best Value Authorities to make arrangements to secure continuous improvement in the way in which they exercise their functions having regard to a combination of economy, efficiency and effectiveness.

This report has been produced as a result of the Best Value Review of the Occupational Health and Safety Unit and is submitted to Members for their consideration of the enclosed options and recommendations.

The Occupational Health and Safety Unit is comprised of two distinct departments: Occupational Health, and Health and Safety, coming under the control of the Brigade Safety Officer.

The Brigade Safety Officer is appointed by the Authority as a "competent person" under the Management of Health and Safety at Work Regulations 1992, and will provide, together with the Brigade Safety Adviser, a comprehensive and competent health and safety advisory service to the Authority and its employees. The Brigade Safety Officer is also responsible for the management of personnel / medico / welfare matters.

The Occupational Health and Safety Unit monitors on a regular basis the health of personnel whilst in employment with West Yorkshire Fire and Civil Defence Authority and in certain cases after retirement. The Occupational Health & Safety Unit advise staff and management on matters relating to the effect of health on work or work on health, with the aim of preventing illness and promoting health.

2 EXECUTIVE SUMMARY

This report details the processes that have been applied during the course of this review. After establishing the review team, the first task was to complete the baseline assessment. This highlighted the areas that were to direct the subsequent stages of the review. Challenge, Comparison and Consultation exercises highlighted many of the same areas, further reinforcing the issues that needed addressing. A number of the points raised were already under review and were the subject of a revision of existing policies, and the introduction of new policies. These areas have therefore not been covered within this review. The following areas remained as a focus for any future recommendations:

- Contracting out Occupational Health
- Employing a non-uniformed Health and Safety Adviser
- Introduce fitness testing and centralised purchasing of fitness equipment

- Review health and safety training for all Authority employees
- Improve the occupational health provision to include all Authority employees

The recommendations and plans for implementation are based around these issues.

3 PRE REVIEW PHASE

Team Membership

Project Leader	ACO Hughes	(Personnel)
Group Co-ordinator	SDO Pilling	(Personnel)
Review Manager	DO Jones	(OHSU)
Project Officer	Stn O. Butters	(OHSU)

A copy of the terms of reference can be seen at Appendix 1.

Baseline Assessment

A baseline assessment covering all aspects of the Occupational Health and Safety Unit was conducted in May and June 2000. The following personnel contributed to the assessment utilising the European Foundation for Quality Management (EFQM) Business Excellence Model.

- DO Jones (Brigade Safety Officer)
- Stn O. Phillips (Health and Safety Adviser)
- Stn O. Butters (Best Value Project Officer)
- Julie Webster (Senior Occupational Health Nurse)
- Dave Kavanagh (Training Adviser and EFQM Assessor)

The following areas were identified by the baseline assessment as having a high priority and would therefore be central to the review process

- Investigate the feasibility of employing a dedicated full time non-uniformed Health and Safety Manager
- Offer fitness testing to all Authority personnel
- Improve communication of the Health and Safety Policy Document to the workforce
- Improve Health and Safety training to retained and non-uniformed employees
- Authorise the Senior Occupational Health Nurse to attend Local Authority Health Group Meetings
- Introduce a stress management policy
- Introduce a critical incident de-brief policy
- Revise the existing Drugs and Alcohol Policy
- Design a Health and Safety web page for the Intranet

- Re-introduce a Health and Safety Newsletter
- Improve feedback from station based staff
- Improve and extend the Occupational Health provision to support staff
- Continuous improvement of the level of health and safety training to firefighters on station
- Conduct an audit of all fitness equipment on stations to ensure appropriateness, safety, and uniformity
- Ensure brigade wide compliance with the Health and Safety Executive publication, HSG 65, Successful Health and Safety Management

The following documents were used closely during the baseline assessment as examples of best practice where weaknesses in current provision were identified

- HMI Principal Inspection Report on West Yorkshire Fire and Civil Defence Authority 1999
- HMI 'Expectations' Manual
- HMI Thematic Review - 'Fit for Duty? seeking a healthier fire service
- British Safety Council 5 Star Audit
- Health and Safety Legislation (various)

A number of the areas highlighted by the baseline assessment are currently under review, and are therefore not included within this report. All new policies and procedures will be produced / designed to embrace the principles of Best Value.

4 CHALLENGE

These Challenge element of the report should be read in conjunction with the full 'Appraisal of Options Report'.

The above report supports the view that all current areas of service provision relating to the Occupational Health and Safety Unit should be at the very least maintained and in many cases expanded and improved upon.

The Competition section of this report contains a list of the options that have been highlighted as a result of the baseline assessment, comparison with other organisations, consultation with Fire Authority employees and following the application of a robust challenge.

5 COMPARE

The following organisations were contacted in order to complete the Best Value requirement of comparing service performance and provision with other public sector fire services, local authorities, and private sector organisations.

- Merseyside Fire Brigade
- South Yorkshire Fire and Rescue Service
- Humberside Fire Brigade

- Tyne and Wear Fire Brigade
- West Midlands Fire Service
- Greater Manchester Fire Service
- Zeneca Ltd.
- Leeds City Council
- Calderdale Council

The document attached as Appendix 2 details the information requested of other organisations in relation to their Health and Safety and Occupational Health Departments. However, of the organisations contacted, only Merseyside, South Yorkshire, Humberside and Zeneca responded with the requested data. The spreadsheet shown at Appendix 3 gives a concise overview of the information obtained during this phase of the review.

It is important to note that the quality of information and co-operation from the organisations consulted, varied greatly. As well as sending out requests for information, visits were also made to the following organisations

- Merseyside Fire Brigade
- South Yorkshire Fire and Rescue Service
- Humberside Fire Brigade
- Zeneca Ltd.

This comparison element of the review was extremely productive with regard to obtaining and analysing the different methodologies organisations applied in order to solve problems similar to those faced by this Authority. Of particular note was the means by which Merseyside Fire Brigade discharged their duties regarding the provision of Occupational Health. Both brigades have a comparable establishment level for uniformed and non-uniformed employees with West Yorkshire currently carrying out slightly more tests / examinations / health checks, although recording methodologies do differ (see 'Appraisal of Options Report'). Further investigations highlighted that a number of other Fire Authorities also contract out this service, including London. Merseyside have for some time employed the services of an external provider (Fairfield Hospital) to conduct medical examinations and other Occupational Health related work. Appendix 6 of the 'Appraisal of Options Report' details the benefits and shortfalls of contracting out the Occupational Health Service.

The outcome of this report is that the Occupational Health Service provision by Fairfield Hospital costs Merseyside Fire Authority 73,000, with additional costs of 27,000 for physiotherapy referrals and a further 18,000 for eye tests and provision of glasses, safety glasses and inserts. The overall cost of 118,000 is 18,000 less than the in-house provision in West Yorkshire (see Appendix 4 of this report for full costings).

Much of the information obtained during this phase of the review confirmed West Yorkshire as a best practice brigade. This was particularly so in the areas of managing sickness absence, and ill health retirements. One final comment should also be made regarding the resourcing of the Occupational Health

function. West Yorkshire is the largest brigade of any contacted during this review, both in terms of establishment and volume of fire calls, and yet the staffing of the function, particularly the health and safety provision, was by far the lowest. Precise details of the staffing levels of brigades contacted in the review are contained within the 'Appraisal of Options Report'.

6 CONSULTATION

More detailed information on the conduct and result of this phase of the review can be found in the Consultation Phase Report.

Having ascertained that consultation with the general public would be disproportionate to any potential benefits likely to be gained, after careful consideration it was agreed by the review team, that the consultation element of the review would be restricted to internal stakeholders only. The distribution of a comprehensive questionnaire to internal stakeholders allowed the review team to complete this element of the review. The questionnaire (see Appendix 5) was distributed to all departments and watches so they could be completed by the watch or team as a whole, thus providing a consensus of opinion. Each employee was also afforded the opportunity to complete an individual questionnaire where it was felt the watch/group response did not adequately reflect a strongly held individually opinion.

The responses to questions were generally positive. There were, however, a small number of critical responses, some of which are detailed below. It should be fully understood that this was an anonymous questionnaire sent to all uniformed members of staff. For whatever reason, there exists the possibility of some distortion of responses.

Communications

- ❑ Minutes of the quarterly Health and Safety Committee meetings are not always fully circulated
- ❑ Some people were unaware of the Health and Safety Committee's existence
- ❑ Some respondents expressed a lack of awareness of the full range of facilities provided by the Occupational Health and Safety Unit
- ❑ A small number of respondents expressed the view that accident statistics/causes were not made widely available enough

Health and Safety Awareness / Training

- ❑ More emphasis needs to be applied regarding the correct use of Personal Protective Equipment
- ❑ Health and Safety procedures need to be reinforced
- ❑ Accidents and near miss procedures need to be further reviewed

- Risk Assessment techniques need to be more fully communicated

Medical Examinations

An overwhelming outcome from the survey was that the Occupational Health provision should be available to all Authority employees.

Physiotherapy

A number of respondents did make reference to the limited availability of these services. This area of shortfall had previously been highlighted and negotiations are already taking place with a new service provider to provide a wider range of physiotherapy facilities at several locations throughout the county.

Stress

A comprehensive stress policy is currently in the draft stage, which includes reference to the need to introduce critical incident debriefing for operational personnel plus a range of support / guidance available via OHSU.

Discipline

In the spirit of openness and transparency of the review, three questions from the internal stakeholder questionnaire that attracted adverse comments from a minority of anonymous respondents are reproduced below:

- Wearing of appropriate Personal Protective Equipment at all times
- Health & Safety procedures do not always need to be followed to get the job done safely
- Management sometimes turn a blind eye to health & safety procedures

Whilst on initial face value, the adverse comments are cause for concern, they should be fully considered in the context of the overall responses which were generally positive. The adverse comments should also be weighed against the clear evidence within the organisation that undoubtedly confirms the Authority to be very proactive in the management of health and safety, i.e. 5 successive gold awards culminating in the gold medal award from the Royal Society for the Protection of Accidents in 1999 and the 3 star award following the recent British Safety Council health & safety management systems audit.

Any example of non-compliance by personnel with established brigade policy in any of the above areas would not be tolerated and would likely result in the implementation of disciplinary procedures against the individual(s) concerned.

Fitness Testing / Fitness Equipment

The majority of respondents expressed the view that fitness testing should be introduced and fitness equipment should be centrally purchased. National guidance is awaited regarding fitness testing of uniformed personnel.

Miscellaneous

A number of comments were received suggesting that a non-uniformed health and safety adviser post should be created, providing greater continuity in post, which is currently lost when officers are promoted or transferred elsewhere. This area is again, subject of review, and if acted upon would bring us in line with a number of other brigades, who have already identified the merit of such an appointment.

7 COMPETE

Following the application of challenge, comparison and consultation the following areas have been highlighted have been highlighted as areas where recommendations can be made in order to compete.

Contracting out the Occupational Health Function

Clearly the Occupational Health function must be maintained in order to improve organisational performance regarding levels of sickness absence and ill health retirement. Contracting out the Occupational Health Function would also provide benefits on the grounds of economy, and also quality, with the service provider tied to the requirements of a contract.

Creation of a non-uniformed Health and Safety Adviser post

A non-uniformed health and safety adviser would be more cost effective and provide a greater level of expertise and continuity in post. The post holder would work in conjunction with the current uniformed Health and Safety Adviser, who is a Station Officer conditioned to the flexible duty system. This would enable the previous post holder to be relieved of some of his health & safety workload and undertake a more mainstream managerial role within the department, with responsibility for legislative health & safety compliance on behalf of the Authority being vested in the new post holder.

Introduce compulsory fitness testing for uniformed personnel and offer it to all non-uniformed personnel. This should be complimented by the centralised purchasing of fitness equipment.

Both the above recommendations would be in line with HM Thematic Review 'Fit for Duty?' and Dear Chief Officer Letter 2/1996. These recommendations are also supported by the results of the internal stakeholder questionnaire.

The health and safety training currently delivered should be reviewed to ensure all employees receive adequate and appropriate training. This review should also cover the area of driver training for officers conditioned to the flexible duty system of working.

The baseline assessment and internal stakeholder questionnaire highlighted a perceived shortfall amongst some respondents in the current health and safety training given to non-uniformed employees and firefighters. The specific issue of driver training for officers conditioned to the flexible duty system was also raised in the baseline assessment as a legal requirement under Section 2 of the Health and Safety at Work Act 1974, and in particular to the fact that the Authority may be open to litigation by requiring somebody to perform a specific task without providing the appropriate training.

The Occupational Health Service should be extended to cover all Authority employees.

The current lack of Occupational Health provision to non-uniformed employees was highlighted in HM Thematic Review >Fit for Duty?=. This omission is further reinforced by the significantly higher incidence of sickness absence recorded by non-uniformed personnel.

8 RECOMMENDATIONS

- ❑ A full investigation into the feasibility of contracting out the Occupational Health Service is currently underway. Any action to be taken should take due regard of the contents of this report.
- ❑ A non-uniformed health and safety adviser should be appointed as soon as possible.
- ❑ As soon as national guidance is available from the Home Office regarding appropriate fitness testing, it should be implemented with adequate training given to persons who will carry out the fitness testing. Suitable fitness equipment to complement the tests should also be provided to all fire stations.
- ❑ Specific health and safety training should be provided for all personnel with regular refresher training.
- ❑ The Occupational health provision should be provided equally to all Authority personnel.

9 IMPLEMENTATION

- If a decision is taken to contract out the Occupational Health Service, an advertisement should be placed in the appropriate journals and outline specifications drawn up, prior to full contracts being produced. There should be close liaison with Merseyside Fire Authority to benefit from their experience.
- Normal procedures should be followed regarding the recruitment of new personnel, together with advertisements in job specific journals.
- The introduction of fitness testing and centrally purchased fitness equipment should be put on hold pending further guidance from the Home Office.
- A health and safety training programme should be devised by training centre to ensure all employees have a full understanding and awareness of health and safety issues.
- When a decision has been made regarding the future provision of occupational health, sufficient resources should be dedicated to accommodate all Authority employees equally.

10 FINANCIAL IMPLICATIONS

To follow.

11 EQUALITY ISSUES

The provision of Occupational Health Services to all Authority employees will address the current imbalance in the manner in which male and female employees are provided for. 1691 out of 1698 wholetime firefighters are male. This is to be contrasted against non-uniformed staff where 117 are female and 121 are male. Only providing occupational health services to uniformed personnel, therefore, excludes a significant proportion of the female workforce.