



**NOTTINGHAMSHIRE**  
**Fire & Rescue Service**  
*Creating Safer Communities*

Nottinghamshire and City of Nottingham  
Fire and Rescue Authority  
Human Resources Committee

# **OCCUPATIONAL HEALTH AND FITNESS WELLBEING STRATEGY**

Report of the Chief Fire Officer

**Date:** 12 June 2015

**Purpose of Report:**

To outline the strategy for Occupational Health and Fitness for delivery from 2015.

## **CONTACT OFFICER**

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## **1. BACKGROUND**

- 1.1 Occupational Health (OH) is concerned with the assessment of, and active response to, any part of an individual's employment that has the potential to impact on the health or welfare of that individual.
- 1.2 The Service offers a comprehensive occupational health service to its employees, incorporating medical assessment, advice and referral to other specialist practitioners (physiotherapy, counselling, specialist consultancy) via its membership of the Westfield Health Scheme, absence management and rehabilitation for those recovering from injury or long-term absence. Additionally the team undertakes health promotion activities as part of its well-being strategy.
- 1.3 This report seeks to highlight current work being undertaken and proposals to provide further support to employees going forward. For instance, legislative change has led to the introduction of asbestos medicals as part of statutory medical requirements; pension changes will mean employees working longer and NFRS will need to consider the health issues that this will bring; new guidance, as a result of the joint research project from Bath University and CFOA/FireFit regarding fitness standards, will need to be assessed. Tackling the two main causes of absence will also be high on the agenda i.e. musculoskeletal problems and mental ill-health.

## **2. REPORT**

### **Statutory Medicals (including asbestos screening)**

- 2.1 Asbestos medicals were introduced in April 2014. This was in response to changes in the Management of Asbestos Regulations 2012. In accordance with the regulations, firefighters were classified as asbestos workers, thus requiring a medical with an appointed doctor every 2 years. HSE have since written to CFOA indicating that they will relax the regulations for FRS so that the 3 yearly statutory medicals can be conducted at the same time. Going forward this will mean that all operational employees will see a doctor every 3 years irrespective of role.

### **Fitness Standards**

- 2.2 New guidance on fitness standards and testing has been launched following a research project conducted by Bath University and funded by CFOA/FireFit. Whilst the fitness standard for NFRS will remain unchanged, the guidance recommends the introduction of strength testing and drill ground assessments for those that fail to meet the standard. A working group has met to consider the recommendations from the review with a view to amending the existing Fitness Policy. The outcomes from this report are likely to impact on our existing fitness testing, pre-employment fitness standards and how we deal

with those employees who are unable to meet the aerobic fitness and potential strength requirements.

This will entail an additional workload for the Fitness Advisor and the need to prepare guidance (via video clips on the intranet/internet) to support employees and applicants to familiarise themselves with the new tests. It is intended that the new standards are introduced as a pilot during 2015 (subject to consultation).

### **Musculo-Skeletal Injury**

- 2.3 Musculoskeletal issues continue to be the biggest factor for sickness absence in the operational workforce, primarily injuries to upper and lower limbs, shoulders and back. In order to be more pro-active we are proposing to investigate the possibility of providing on site physio assessments for at-risk employees. This would not only provide fast track treatment but provide a pro-active risk assessment and preventative management system regarding musculoskeletal issues across the service. The proposal will address manual handling techniques by reinvigorating refresher training, and working more closely with the Procurement Team in particular with regard to equipment ergonomics.

### **Critical Incident Support**

- 2.4 A procedure has been drafted regarding NFRS support following exposure to critical incidents in the workplace. As part of this procedure the Occupational Health Adviser (OHA) and Occupational Health Support Officer (OHSO) will deliver post-incident defusing/demobilising training to all managers as part of our psychological welfare package.

NFRS has also been approached by a consultant, who is an ex firefighter and has developed research into Teotonics which is a counselling technique developed to promote post traumatic growth and resilience. A current NFRS employee has already undertaken the training using this technique and it has been agreed to participate in a pilot scheme. This pilot commenced in February 2015. If this is successful, we aim to train volunteers to act as workplace mental health supporters.

### **Mental Health**

- 2.5 The OH Team are aware that during statutory medical the focus is very much on physical health and fitness, and that more pre-emptive work could be introduced to monitor and maintain employees' mental and emotional wellbeing. Therefore a General Health Questionnaire has been procured and introduced as part of the statutory medical process. It is hoped that by using the questionnaire wellbeing issues will be more readily identified and addressed early thus preventing further deterioration in the individual's overall health. See Appendix A.

More work focussing on stress will also be undertaken which will include the investigation of an e-learning stress awareness package and developing role-related wellbeing assessments.

## **Ageing Workforce**

- 2.6 Both operational and support employees are likely to be working longer as normal retirement ages extend to 60 (operational employees) and 65+ (support employees), and this is likely to have implication for the health and fitness of the workforce. Many of the strategies set out acknowledge and seek to address the health and fitness issues of an ageing workforce and to establish guidance on how to stay healthy and fit, as well as offer support when it is needed.
- 2.7 To help combat issues surrounding an ageing workforce, the OH Team is proposing to continue to provide employees over the age of 45 years with a 2 yearly statutory/asbestos medical. The medical will include an additional random cholesterol check and pre-diabetes blood sugar test. Justification for this age cut off mirrors that of the DVLA for LGV medicals. Ideally this extra screening should be offered to all employees but this would incur an additional cost. This testing will also be offered to support staff on a voluntary basis.

## **Health Promotion**

- 2.8 An important element of the OH role is to promote good practice and healthy habits. The Service aims to build on the work already being undertaken by the OH Support Officer in communicating key health and fitness messages via the intranet and on station visits. This will entail themed messages and events throughout the year.
- 2.9 Some employees have already undergone Health Champion training and more is scheduled in 2015. Various health campaigns are planned during 2015 which are listed at Appendix B and the OH Intranet site will also be developed to make it easily accessible, more user friendly and populated with relevant, current and useful health and wellbeing information.
- 2.10 In order to support the work currently being undertaken to promote health and well-being, a temporary post of OH Support Officer was introduced in 2014. This additional support has proven invaluable in taking forward an agenda of prevention and promotion, as well as freeing up the professional time of the OH Manager to undertake more clinical activity.

## **Benchmarking OH Activity**

- 2.11 In addition to the aforementioned work, the OH team is working towards accreditation via the Workplace Health Award Scheme, which provides external assessment of the standard of occupational health support offered to employees. This will provide validation of the work currently undertaken, and provide direction for future activity.

### **3. FINANCIAL IMPLICATIONS**

The costs of introducing the proposals set out in the report can be contained within the existing Occupational Health budget for 2015/16.

### **4. HUMAN RESOURCES AND LEARNING AND DEVELOPMENT IMPLICATIONS**

- 4.1 Defusing training will be carried out by the OH Team who will work with Learning and Development to ensure all managers are trained across the Service.
- 4.2 OH will work with Learning and Development to introduce an e-learning package for stress awareness.
- 4.3 OH will work with Human Resources and The Health and Safety Risk Management Team to develop role related wellbeing assessments across the Service.

### **5. EQUALITIES IMPLICATIONS**

The equality impact assessment regarding the current Fitness Policy and Procedure will need to be updated to include issues arising from the CFOA/FireFit fitness review, specifically around the introduction of strength testing. Initial work has been undertaken and will form part of the formal consultation process.

### **6. CRIME AND DISORDER IMPLICATIONS**

There are no crime and disorder implications arising directly from this report.

### **7. LEGAL IMPLICATIONS**

There are no legal implications arising directly from this report.

### **8. RISK MANAGEMENT IMPLICATIONS**

The extension of the normal retirement age for all employees will lead to potential health and fitness issues linked to an ageing workforce. Ensuring employees are fit and healthy to carry out their roles will help to reduce sickness absence, presenteeism, reduce accidents/injuries at work and improve morale.

**9. RECOMMENDATIONS**

That Members support the Occupational Health activities identified within this report.

**10. BACKGROUND PAPERS FOR INSPECTION (OTHER THAN PUBLISHED DOCUMENTS)**

None.

John Buckley  
**CHIEF FIRE OFFICER**

# GENERAL HEALTH QUESTIONNAIRE

GHQ-12

Please read this carefully:

We should like to know if you have had any medical complaints, and how your health has been in general, *over the past few weeks*. Please answer ALL the questions simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those you had in the past. It is important that you try to answer ALL the questions.

Thank you very much for your co-operation.

HAVE YOU RECENTLY:

1	-	been able to concentrate on whatever you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual
2	-	lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
3	-	felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
4	-	felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
5	-	felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
6	-	felt you couldn't overcome your difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual
7	-	been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
8	-	been able to face up to your problems?	More so than usual	Same as usual	Less able than usual	Much less able
9	-	been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual
10	-	been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
11	-	been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
12	-	been feeling reasonably happy, all things considered?	More so than usual	About same as usual	Less so than usual	Much less than usual

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## OCCUPATIONAL HEALTH AND FITNESS DEPARTMENT POTENTIAL CAMPAIGNS FOR 2015

<b>JANUARY /FEBRUARY</b>	<p><b>NEW YEAR NEW YOU!</b> Messages on Intranet to include Dry January and encouraging people to lose weight and get fit and healthier. Invite colleagues to come to Occupational Health for information, fitness plans and advice.</p>
<b>MARCH</b>	<p><b>NATIONAL SALT AWARENESS WEEK 16<sup>TH</sup> – 22<sup>ND</sup></b> Promote the effects of salt on your health – know your salt limits etc. <b>NATIONAL NO SMOKING DAY (BHF) 11<sup>TH</sup></b> Encourage colleagues to stop smoking. Offer advice and possible interaction with New Leaf.</p>
<b>MAY</b>	<p><b>MENTAL HEALTH AWARENESS WEEK 11<sup>TH</sup> – 17<sup>TH</sup></b></p>
<b>JUNE</b>	<p><b>MEN'S HEALTH AWARENESS WEEK* 15<sup>TH</sup> – 21<sup>ST</sup></b> Include prostate cancer within this.</p>
<b>JULY/AUGUST</b>	<p><b>SUMMER HOLIDAY TIME</b> Holiday season information to include general health and fitness advice when travelling abroad etc. Encourage colleagues to get out and about during the summer months: walk to work, cycle to work. <u>Possible competition</u> – not sure what as yet!</p>
<b>SEPTEMBER</b>	<p><b>KNOW YOUR NUMBERS</b> As per 2014: BP, cardiac risk assessment, body fat, health advice, cholesterol checks etc. Suggested stations: 01, 18, SDC, one south RDS/WT evening maybe? HQ - Raise funds for British Heart Foundation – wear it red for the day/cakes/coffee etc.</p>
<b>OCTOBER</b>	<p><b>BACK CARE AWARENESS WEEK 7<sup>th</sup> – 11<sup>th</sup></b> (7<sup>th</sup> – 9<sup>th</sup> only Weds – Fri) include Manual Handling etc.</p>
<b>DECEMBER</b>	<p><b>ALCOHOL/TAKING CARE OVER CHRISTMAS ETC.</b> General advice and information via Intranet.</p>