



Wednesday 7 November 2001
Sheffield United Football Ground, Bramall Lane, Sheffield S2 4SU

A 1995 Government survey states that in the UK:

- over 2 million people suffer ill health caused by work activities, and
- the cost to society of work related ill-health is £10 billion, with musculoskeletal conditions being responsible for £5.5 billion of this

In order to tackle ill health caused by work, the Government has recently launched a national strategy, 'Securing Health Together'. The strategy is being supported by many Government Departments and aims to reduce the incidence of work related ill health by 20% over the next 10 years.

The Sheffield Occupational Health Development Group, has recognised the need to increase awareness of occupational health issues to employees and employers, and over the last four years has developed a strategy for the City.

The aim of this one day conference is to discuss the Business Case for Occupational Health including analysis of the cost benefits of good occupational health in industry.

1 'Securing Health Together' HSE Books, PO Box 1999, Sudbury, Suffolk CO10 2WA.

Registration Form:

Name:

Position:

Company:

Address:

Tel:

Fax:

email:

Please indicate which workshop you would like to attend in priority:

The cost including delegate pack, tea/coffee, buffet lunch and VAT is £60. Payment must accompany booking. Numbers attending this conference will be limited so an early booking is advised.

Please make cheques payable to Health and Safety Laboratory. Please send to Sue Haywood, Health and Safety Laboratory, Broad Lane, Sheffield S3 7HQ. Confirmation of bookings will follow receipt of payment. For information on company stalls, please contact Jo Elms on 0114 289 2308



the newsletter of the Sheffield Occupational Health Development Group

Occupational Health Mobile Unit

EEF Sheffield Association is one of the regional associations comprising the Engineering Employers Federation (EEF). Its 450 members, (mostly SME's) employ more than 40,000 people in South Yorkshire and North Midlands. The Association provides a range of services including information, training, advice and consultancy in the field of Employment Law, Employee Relations, Health, Safety and Environment, Management Development and Education. As part of ongoing improvements to services provided, the association reviewed Occupational Health provision within the member companies with the aim of appraising whether the Association should assist companies further in this area.

A small survey of business' was undertaken in July 1999, which highlighted a significant potential demand for occupational health provision and led to the collaboration between EEF and Avesta Polarit Stainless Ltd to provide a full occupational health service to meet the needs of the Association's members.

A large number of companies have already taken up the service in various forms, ranging from retained services (e.g. 2 days a week) and routine screening through to 'one off' individual assessments. However, the only problem with this type of service was that many companies, particularly small/medium sized companies, did not have suitable facilities in-plant to carry out medical examinations and routine tests. In addition, it was proving difficult for some companies to send groups of employees to the Occupational Health Unit at the Avesta site due to loss of time and production.

In response to this problem, the partnership acquired a mobile unit based on a mobile home frame. The unit is purpose built to facilitate a full range of routine occupational health services such as vision and hearing tests, hand arm vibration questionnaires and lung function tests, and its availability is not only restricted to members of EEF.

For further information regarding the mobile occupational health unit, please contact:
Alison Codling at Avesta Polarit Stainless Ltd (0114 2613014).

Annual Conference
Sheffield Occupational Health Development Group (SOHDG)
Wednesday 7 November 2001
Sheffield United Football Ground, Bramall Lane, Sheffield S2 4SU

The profile of occupational health has been raised recently through the launch of an Occupational Health Strategy for Great Britain, 'Securing Health Together'. In Sheffield, one such group implementing this strategy is the SOHDG, which is a multi-agency group representing a partnership between organisations with an interest in improving the effects of work activities on peoples health.

one-day conference exploring the business benefits of Occupational Health. The conference will provide access to practical advice and support from occupational health specialists and provide an evidence base of the value of good occupational health. The conference programme includes information about the cost benefit and legal framework of occupational health, and includes guest speakers from both the Steel and Rail Industry.

This year the group is holding a

For further details please contact:
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Conference - The Business Case Occupational Health

Editorial

Welcome to the fifth issue of Healthy Work Matters. In this issue we take a look at case studies* highlighting the Business Case for Occupational Health, which is the focus of the Annual Conference 7 November 2001. We also have information regarding the role of medical and nursing field inspectors in HSE, and the collaboration between Avesta Polaris Stainless and the Engineering Employers Federation.

Full details of the Annual Conference can be found on the back page.

Finally, I would like to encourage you to send in your thoughts, comments and views on the Newsletter and any occupational health issues you would like us to cover. Also, don't forget to visit our Website which is full of useful information, and back issues of the newsletter.

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*Names have been changed in order to not identify real individuals or companies

One year on.....

The Sheffield Occupational Health Development Group has now been in place for some four years raising awareness of the effects of work on health and the effects of health on work in employees, employers Trade Unions and health professionals.

In the last year, this has included activities in three main areas of work: education and training, information provision and research and development.

Education and training

The Group held its second annual conference in October. This successful event aimed to put the National Occupational Health Strategy into a local context. Other activities have included a training day on Hand Arm Vibration syndrome, and another in respiratory disease is planned for later this year. Members of the Group are also involved in discussions with Sheffield Universities to raise the profile of occupational health in the curriculum.

Information Provision

The Group produces a quarterly, free

Stress

Stress in the workplace is once again in the headlines. A huge compensation payment has been agreed for a social worker, made ill when she was required to work beyond her ability. Such cases always make the headlines but in all areas of employment in all sizes of organisation failure to manage the causes of stress can lead to similar penalties for employers and similar health challenges for employees.

Case Study

Betty, (43), had been employed in an administrative post, in an otherwise all male work environment, within the same organisation, for fifteen years. She had always been a good worker and had an exemplary attendance and time keeping record, was popular with all levels of staff, and a good communicator who was liked by both contractors and customers.

Over the previous six months or so Betty had been functioning less efficiently, she had also had three periods of absence the most recent being for three weeks supported by a doctors certificate giving 'Occupational Stress' as the reason for her absence.

On her return to work, and with her agreement, an appointment was made for Betty to meet with the visiting occupational health nurse to discuss her diagnosis and what the organisation could do to avoid any further challenges to her health. Betty was assured that the outcome of this discussion would be used in a supportive manner and that the content of the conversation would be completely confidential.

The result of this meeting was that underlying medical, social and family problems were identified as the initial causes for Betty's stress. At the time of her meeting with her GP Betty had felt there was insufficient time for her to go into details about the fact that she was in the menopause and was finding the effects extremely challenging. She was losing sleep and very irritable at home, she didn't want to go out after work or at weekends and this was causing arguments.

The occupational health nurse was able to arrange a appropriate appointment for Betty at the Menopause Clinic, and to advise and direct Betty to support services where she received help in managing the problems at home. She offered continuing support until Betty felt able to manage the social and family issues.

Whilst problems at work had exacerbated the stress they were easily resolvable. A stress audit was instituted in the workplace. Results were discussed with managers and worker representatives and the occupational health nurse provided guidance and training on the identification of workplace stressors and their management. Betty is back at work, coping well, and an advocate of occupational health.

The organisation, which employs 256 people now conducts regular stress audits and provides self-referral access to the occupational health nurse for those who perceive themselves to have any health challenge. The nurse has been able to build many links with suitable onward referral sources. Short-term absences have been reduced and savings more than cover the cost of the provision of the sessional occupational health service.

Jean Raper, Lecturer in Occupational Health, University of Sheffield

newsletter and holds regular network meetings. These meetings discuss a single occupational health topic (e.g. workplace stress) and provide an opportunity for anyone to discuss occupational health issues informally over lunch. We have also developed a website (<http://www.healthyworksheffield.org.uk>), where we will be placing case studies, examples of best practice and copies of the newsletter.

Research and Development

Research by the Group has shown that in Sheffield there is still work to be done to

convince some employers of the benefits provided by good occupational health provision. In a survey of local industries, only 8% of managers contacted agreed to take part, and of those that did only 21% employed the services of an occupational health professional in their workplace. In addition, we are currently planning work to estimate the nature and extent of occupational ill health in Sheffield, and assess the impact of targeted intervention (using bespoke workplace training and risk assessment) in improving workers' understanding of occupational ill health concerns specific for their workplace.

The role of medical and nursing field professionals in HSE

The Health and Safety Executive's medical and nursing inspectors are also "health and safety inspectors" by law and they have the same legal powers as other general health and safety inspectors. Historically, medical and nursing inspectors originate from the Employment Medical Advisory Service ("EMAS"); a name which is still appropriate, although less often used. At this moment in time there are approximately 30 medical inspectors (including 7 senior medical inspectors) and 30 occupational health inspectors (the correct title for nurses in EMAS) distributed in HSE field offices throughout the United Kingdom. HSE medical and nursing inspectors influence the provision of company occupational health services in several ways. Firstly, they advise employers

on how to manage occupational health risks, including whether the employer can manage the situation alone, or if others, such as company doctors and nurses are needed e.g. by monitoring workers for specific health risks. For example with spray-painting of isocyanates an occupational health nurse (with access to a doctor) or a doctor working alone would perform respiratory health surveillance aimed at detecting anyone with early signs of occupational asthma in order to remove them from exposure and thereby prevent the condition from progressing. Non-medical staff may also be allowed to perform some functions of this kind, provided they can demonstrate adequate competence to do so, including referral mechanisms for more

expert advice where necessary. Where employers do not heed the advice given, or where a serious breach has occurred enforcement action may be considered.

It is usual for good local communications to arise between HSE medical and nursing inspectors and doctors and nurses in industry, so that they feel supported by HSE. However, enforcement action (usually as an improvement notice) has occasionally been taken against medical/ nursing staff in industry who have failed to perform their duties properly. Dr Frank Gallagher, Medical Inspector, Health and Safety Executive.

Disabled for Work

How can we keep the disabled employee in purposeful work whilst maintaining production and profitability? Obviously, if we can, we will create a better climate of industrial relations and improve the general well being of our workforce. Recruitment, induction and ongoing training are expensive pastimes and where possible the retention of skilled employees who know 'the way we do things round here' is the best option. Unfortunately there are times when circumstances beyond the employer's control may make it seem impossible to follow the best option.

Case Study

Hutches Ltd. is a family owned transport firm. It was started over 50 years ago and is now managed by the granddaughter of the founder. It remains a small business employing 22 drivers of various designations, plus eight ancillary employees. Fred had worked for the firm since finishing his service in the Royal Air Force 15 years ago. He had been unable to face driving on the motorway for some time.

Mrs. Brown, the manager contacted an employment consultancy seeking their advice. It was becoming more and more difficult to find enough work to maintain him in employment, most of the jobs required motorway driving if the company was to deliver the required level of service. The company had never terminated any ones employment in the whole of its existence.

The consultancy reminded the company of its duties under the Disability Discrimination Act 1998 and arranged a visit from their occupational health adviser. He worked together with the manager and Fred to develop a case history to aid understanding of how the situation had arisen and to explore the options open to both parties. Fred had been in a fatal vehicle accident on an autobahn when stationed in Germany and a 'near miss' in a motorway 'pile up' had caused him to have 'flashbacks'. He suffered panic attacks every time he approached a motorway junction and did not feel safe to drive on the motorway. Indeed, driving on bypasses and dual carriageway's was bad enough. He didn't think he'd be able to renew his licence next time it was due.

It was agreed that Fred should not drive until medical advice had been sought. The occupational health adviser wrote to Fred's GP giving a full history of events and,

following referral to a consultant, a diagnosis of Post Traumatic Stress Disorder was made. During this period Fred was retained in employment on odd jobs around the yard rather than have him off sick. Once a diagnosis was made decisions on Fred's future had to be made. The GP felt Fred was unlikely to make a full recovery in the foreseeable future and was obviously not able to drive goods vehicles. A referral to the Department of Employment's Disability Advisory Service (DAS) for assessment demonstrated that Fred's employability was reduced by some 25% because of his recurrent loss of concentration. However he did have some computer skills and warehousing skills, and funding was made available to pay the 25% of Fred's wage that he was unable to earn.

It is now three years on and Fred is once again driving goods vehicles up and down Britain's motorways. He's been fully recovered for two years, the firm has kept it's record without undue loss of money, and has retained a good driver who 'knows the way we do things round here'.

Jean Raper
Lecturer in Occupational Health,
University of Sheffield