

ENA Occupational Health Committee



Health Surveillance

These case studies are designed to outline the overall management of health surveillance programmes within ENA member companies, and so identify different approaches to the management of surveillance programmes and examples of good practice.

Company Name: Scottish Power

1 How do you identify health risks and how does this influence the development and planning of your surveillance programme - including frequency, content and delivery (e.g. questionnaire, face to face)?

Scottish Power health and safety management processes ensure that work-related health risks are assessed and prioritised to implement controls relevant to business and individual needs. All business operations have regular health and safety risk assessments and comprehensive audits. Risk assessments are led by line managers with support from health and safety advisors, occupational health practitioners, occupational hygienists, ergonomists and engineers. Potential physical and chemical hazards to health, such as noise or chemical agents, are assessed by environmental surveys. Individual risk assessments are undertaken for specific work-related health risks such as pregnancy. Audits and surveys are reported to line management with prioritisation of any identified issues and expert recommendations for necessary remedial actions.

An Occupational Health Risk Register has been prepared and is embedded in a dedicated medical computer information system – OPAS. This contains a profile of health hazards for each job within the business operations and the register informs the scheduling of health surveillance requirements for worker groups. Health trends may be analysed to assess the effectiveness of control measures.

The health risks have been identified as part of a health risk assessment conducted by occupational hygienists. This work assessed the activities of each job role and any associated health risks. This work categorised employees into high, medium and low risk roles; surveillance/fitness for work is carried out for high/medium roles. As a result of this work an annual health surveillance programme is agreed. The frequency of surveillance is determined by the fitness standards contained in the Occupational Health management system document.

Surveillance and fitness for work assessment is carried out face to face in clinics by occupational health nurses.

2 How do you instigate and manage your surveillance programme, including scheduling of the surveillance appointments, ensuring full and appropriate attendance?

The surveillance programme is managed through OPAS and business schedulers (those responsible for planning work) allocate appointments for employees to reduce cancellations and develop ownership. Safeguards are in place to manage the confidential nature of the system.

On completion employees are issued with a card that details the risks in their role, the surveillance/fitness for work assessment required, and any restrictions. This further embeds ownership as it's seen as part of the "authorisation" to do the job.

Regular review meetings within businesses and allocation of surveillance targets on business scorecards helps to keep health on the agenda. The requirement for effective health surveillance is led from the top and senior directors take an active interest in progress being made throughout the year.

3 What management information do you use and how do you manage the issues that are identified through the surveillance programme?

We track OH surveillance completed against target for each business and manage issues through business review meetings. Engagement of staff and clearly articulating the benefits of surveillance has also been key in ensuring programmes are delivered.

RIDDOR reporting, where required, is managed through OH to the line manager and Occupational Hygienists are alerted to assess roles and activity if required.

A register for employees diagnosed with HAVs is also maintained to ensure annual reviews are carried out. Health trends may be analysed to assess the effectiveness of control measures.

4 What frameworks, standards, medical protocols (e.g. fitness for work parameters) are in place to ensure the credibility of the process?

We have fitness for work standards agreed and embedded in our OH management system documentation. These have been developed by our senior OH practitioners against best practice. Some of these are identified below:

- Lung function
- Hearing
- Vibration
- Skin
- MSD (Musculo skeletal disorders)
- Vision

The management system has detailed policy and procedural standards for each assessment and practitioners are audited regularly to ensure compliance.

5 What level of resources do you have in place to manage the programme?

Approx 3 FTE including nursing staff, support admin and senior OH resources.