

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: UK Power Networks

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)?

UK Power Networks employs approximately 5,500 staff to operate three electricity distribution networks, which includes maintenance of overhead lines, substations, emergency fault repair as well as to build, operate and maintain electricity networks for private clients.

The health risks arising from all work activities are identified by job role and are controlled using occupational health procedures and safety procedures, which form part of the company integrated safety management system.

The health risks are recorded on a series of matrices which were developed by multidisciplinary consensus groups, and these are being validated by site based assessments conducted by safety and occupational health professionals. The matrices define both the fitness for work and health surveillance requirements identified from specialist evaluations completed under specific legislation, such as COSHH, noise and vibration regulations, as well as setting the frequency of assessments.

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

Overall the programme is managed directly by the OH service provider who recalls individuals for fitness for work and/or surveillance on a fixed based unless more frequent monitoring of an individual has been deemed necessary. Individuals are now texted reminders 3 days before the appointment which has improved attendance. Line Managers are informed about individuals who fail to keep their appointments. The OH provider provides a monthly scorecard identifying appointment compliance rates and all Did Not Attends are illustrated both as a number but also as a cost at a departmental level.

Having a large operating area requires a flexible approach to appointment provision and the OH service provider offers a service to some of our outlying sites where appropriate facilities are available, and previously we have used a mobile screening bus, both of which are well received.

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

A monthly report is generated by the OH service provider which identifies total service activity including the number of pre-employment, fit for work and health surveillance assessments, physiotherapy sessions, track side medicals, as well as management and self referrals.

Cases are also classified by disease codes and whether they are a work accident, work affecting, work aggravated or work related. In addition the number of appointments cancelled, Did Not Attends and self referrals are reported.

Line management are required by procedures to formally follow up any individuals who have defaulted on attendance.

The OH Adviser will follow up any health conditions that required further medical involvement, and send recommendations to Line Managers in writing of any actions including restrictions to practice or additional controls required to ensure a safe system of work. Where a condition is linked to a work activity/tool or item of PPE the OH Adviser will involve the relevant safety advisors.

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

The OH provision is an outsourced service including the role of the Chief Medical Officer. The OH service provider adheres to their Standards and Medical Protocols. Fitness to work parameters and health surveillance requirements have been developed with the OH service provider and adhere to best practice protocols from external agencies such as DVLA, HSE, National Industry Scheme for Workplace Health Management – Constructing Better Health, as well as the Electricity Networks Association OH Advisory Guidance Notes.

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

The resource for the OH service includes a contract project manager, Chief Medical Officer (0.4 FTE), Clinical Manager, 5 OH Advisers and access to 4 Occupational Health Physicians and a range of physiotherapists.