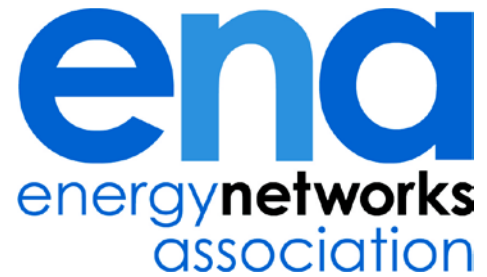


ENA Occupational Health Committee



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: National Grid

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)?

National Grid in the UK has a workforce of 10,500 which includes 4,300 field based engineers employed in a range of activities that include street works, gas maintenance, maintenance of overhead lines and electrical substations, construction projects and emergency response. We also operate a number of 24/7 activities in control rooms and contact centres. National Grid's continually revises its approach to medical surveillance of its workforce and breaks its programme down into three broad areas:

- **Health Surveillance** – mandatory for employees exposed to HAVS, Respiratory and Skin sensitisers and those at risk of Noise Induced Hearing Loss.
- **Health Assessments / Fitness for Work** – Assessments to ensure employees health capability to undertake duties
- **Wellbeing** – Support to employees for lifestyle assessment and advice.

National Grid has established a process of health risk profiling which uses a health risk matrix with job roles on one axis and a full range of health risks on the other. Each part of the organization reviews its occupational risk relevant to its activities. This is lead by the Health Standards Team but directly involves the Management Teams for each part of the business; those undertaking the activities and their employee representatives/safety reps. The Health Standards Team then defines the minimum requirements of assessments for the risks encountered, and recommends a minimum frequency. This is then reviewed and agreed with the management team and workforce. On occasions the management team can see value in more frequent attendance and may wish to enhance the wellbeing aspects of the appointment. This is to take full advantage of the "time off the job" as the field force is difficult to engage with given their geographical spread.

The programmed is delivered through our Occupational Health Service Provider's mobile units on operational sites. The sessions are face to face with a health technician utilizing a questionnaire and measurements that are designed to be flexible enough to respond to the role of the individual and their relative responses. Where issues are identified employees are referred to the Occupational Health Adviser Team for review and possible face to face consultation.

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

The programme is organized and delivered through arrangements between line managers and the Occupational Health Service Provider. In Gas Operations the work dispatch units in our support organizations rosters employees for attendance at health surveillance in the same manner as issuing general work. Non attended appointments are inevitable given the nature of our business but are monitored and minimized through management actions. The business owns the budget and costs for non attendance is charged back directly to them.

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

We run programmes for different business groups at different times of the year to match their operational down times. At the end of each programme the service provider produces a consolidated report with comment and the Health Standard Team feedback the headlines to the relevant management teams. This information is then used to formulate future health intervention/improvement programmes and informs the risk assessment and subsequent health risk reviews.

We have established a HAVS data base for use by line managers to ensure control measures are correctly identified for those employees who have contracted this industrial disease.

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

Under the contract with our OH service provider we require them to maintain the medical credibility of their work. The Health Standards Team, in conjunction with the providers' Medical Officer, agree the range of standards required and the fitness for work parameters. These are reviewed as required and at least annually. Written standards and protocols exist for use by the OH Service Provider and Health Standards Team

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

Our OH Service Provider provides most of the manpower to organize and deliver the programme.

Role	FTE
Management	0.25
Admin	2
Health Technicians	3

This delivers around 1800 face to face health surveillance appointments per year.