

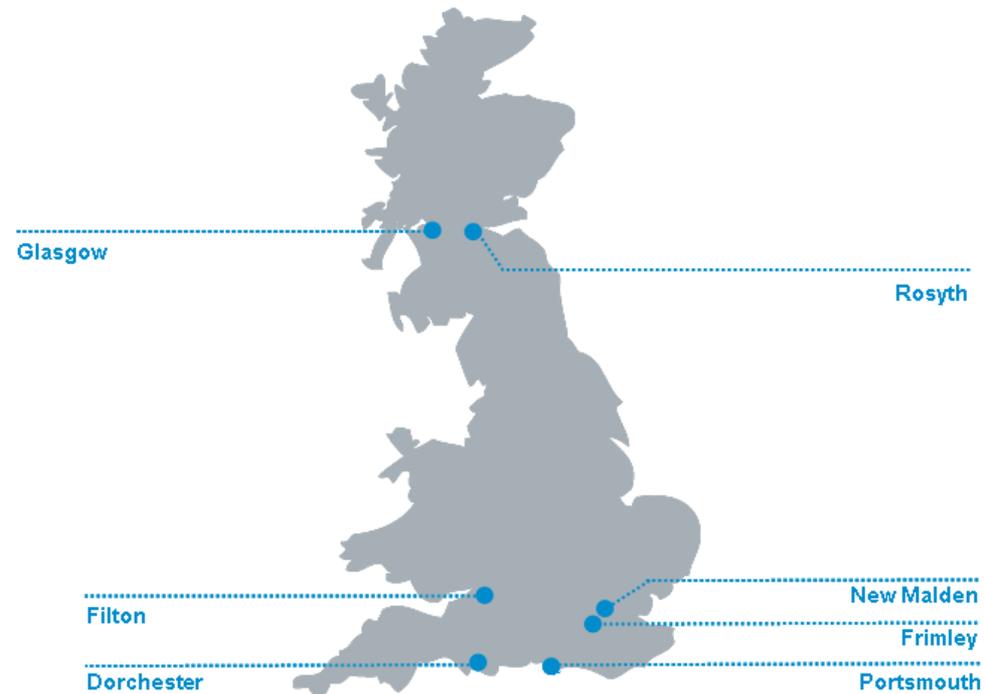
Partnership Working in Occupational Health

Claire Walsh
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BAE Systems Maritime – Naval Ships



Maritime – Naval Ships

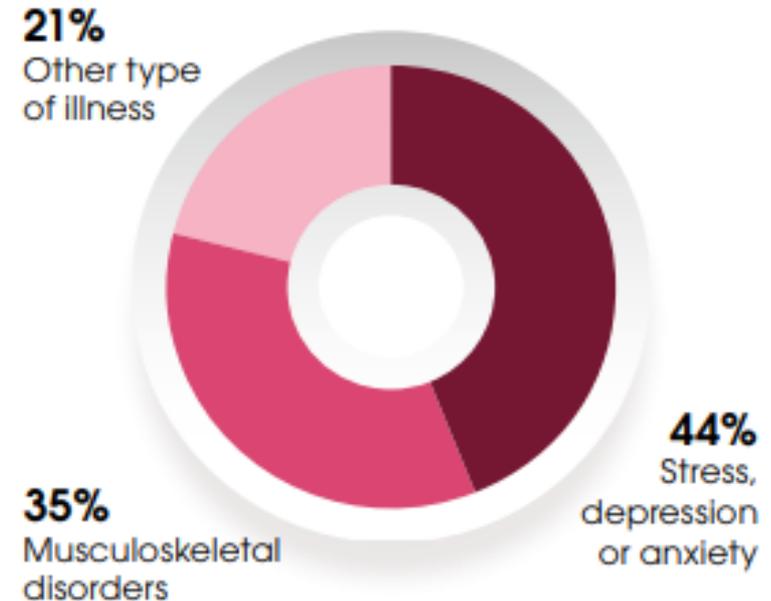
- Design, build and combat capability for the surface fleet
- 4500 employees
 - Permanent
 - Apprentice and Graduate schemes
 - Agency
- Production activity
 - Govan
 - Scotstoun
 - Rosyth (Aircraft Carrier Alliance)
- Southern sites
 - Design
 - Combat Systems
- Current projects
 - HMS Prince of Wales
 - Offshore Patrol Vessels (OPV)
 - Type 26 Global Combat Ship



Health – UK Statistics

- Around 13,000 people die each year from occupational lung disease and cancer estimated to have been caused by past exposures at work
 - **An estimated 1.4 million people who worked in 2017/2018 were suffering from an illness they believed was caused or made worse by work.**
 - **Around 82% of self-reported work-related conditions were musculoskeletal disorders or stress, depression and anxiety**
- **Health** is as important (if not more!) as Safety

New and long-standing cases of work-related ill health by type, 2017/18



In 2017/2018 26.8 million working days were lost in the UK due to work-related illness.

The “Glasgow Effect”

There are four mortality phenomena which afflict Scotland (Walsh D, 2010):

1. Overall (average) life expectancy in Scotland has improved more slowly than other west and central European countries since 1950 such that it is now lower than all others.
2. Mortality inequalities between more and less educated groups within Scotland are greater than those within other west and central European countries.
3. Mortality in Scotland is higher than in England & Wales after accounting for area deprivation – this excess is termed the ‘Scottish Effect’.
4. Mortality in Glasgow is higher than in equally deprived Liverpool and Manchester – this excess is termed the ‘Glasgow Effect’.

Naval Ships Clyde sites are located in areas of multiple social deprivation and inequality.



Life expectancy data refers to 2001-05 and was extracted from the Glasgow Centre for Population Health community health and wellbeing profiles. Adapted from the Strathclyde Partnership for Transport travel map by Gerry McCartney.

- The stark health inequalities in Glasgow are demonstrated by the drop in life expectancy of **2.0** years for males and **1.2** years for females for each station on the railway line between Jordanhill and Bridgeton.
- The difference in life expectancy between Jordanhill in Glasgow's west end and Bridgeton in the east, across a distance of only four miles, is 13.9 years for men and 8.5 years for women – the life expectancy for a male in Bridgeton is **61.9** (McCartney, 2011).
- Socio-economic conditions can not only **prevent** people from changing their behaviours, but can also **reinforce** damaging ones.

World Health Organisation – Objectives of Occupational Health (1995)

The maintenance and promotion of workers' health and working capacity

The development of work organisation and working cultures in a direction which supports health and safety at work and in doing so, promotes a positive social climate and smooth operation and may enhance the productivity of the undertaking

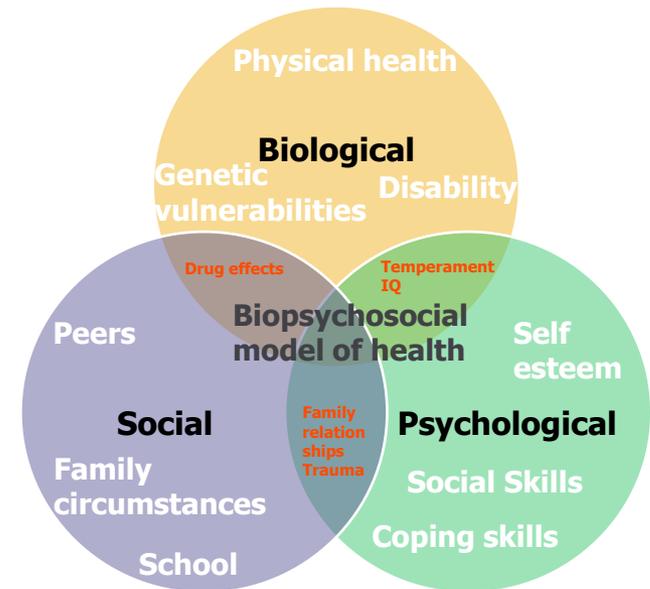
The improvement of working environment and work to become conducive to health and safety



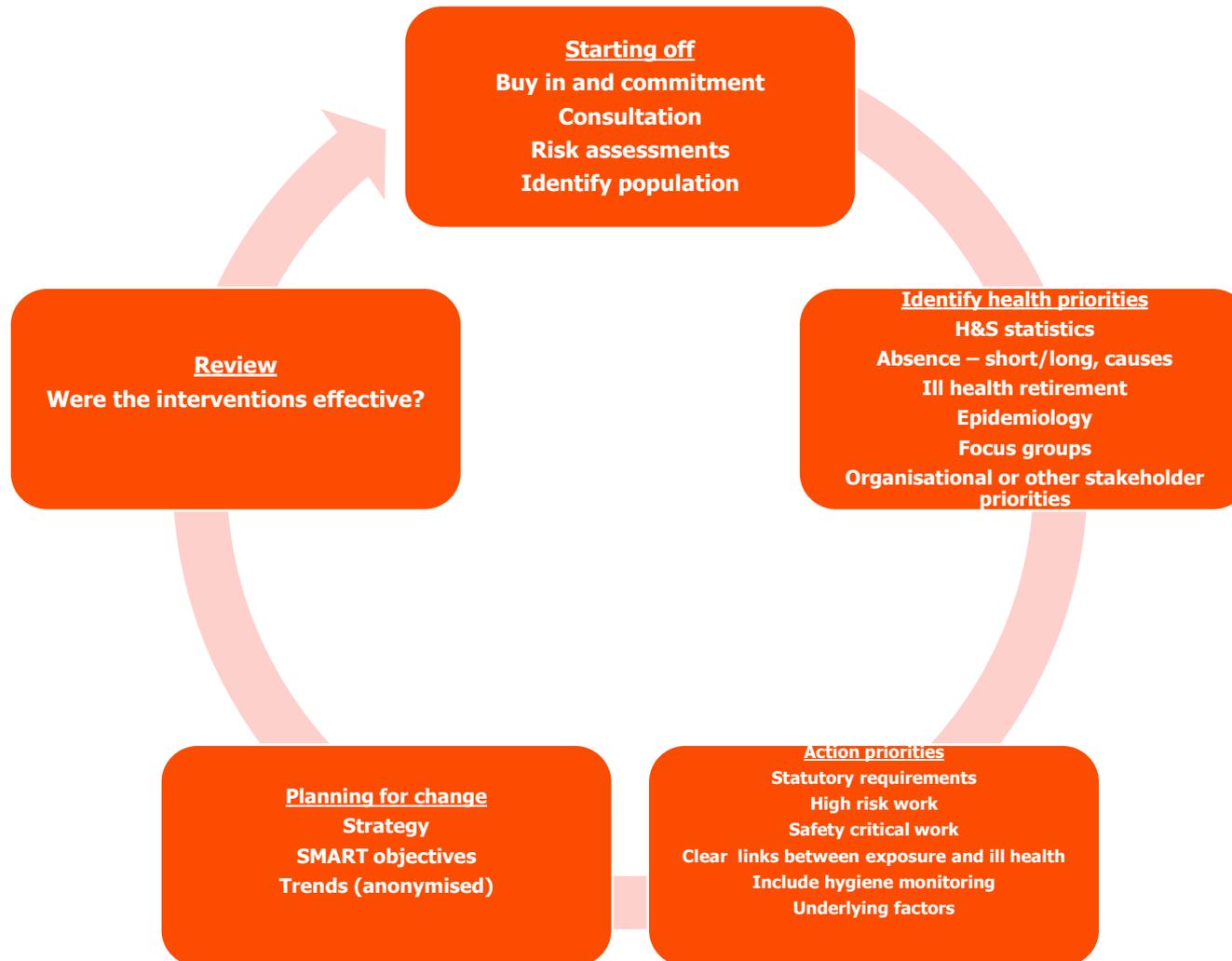
“The effect of health on work, and work on health”

Biopsychosocial Model and the Healthy Balance

- Work is the single activity that dominates the waking hours
- Work is good for you!
- Occupational Health, Occupational Hygiene and Wellbeing/Health promotion are distinct, but overlapping disciplines that should complement each other and work together in a multidisciplinary approach
- Supported by a risk based approach (a health needs assessment) with effective HR input



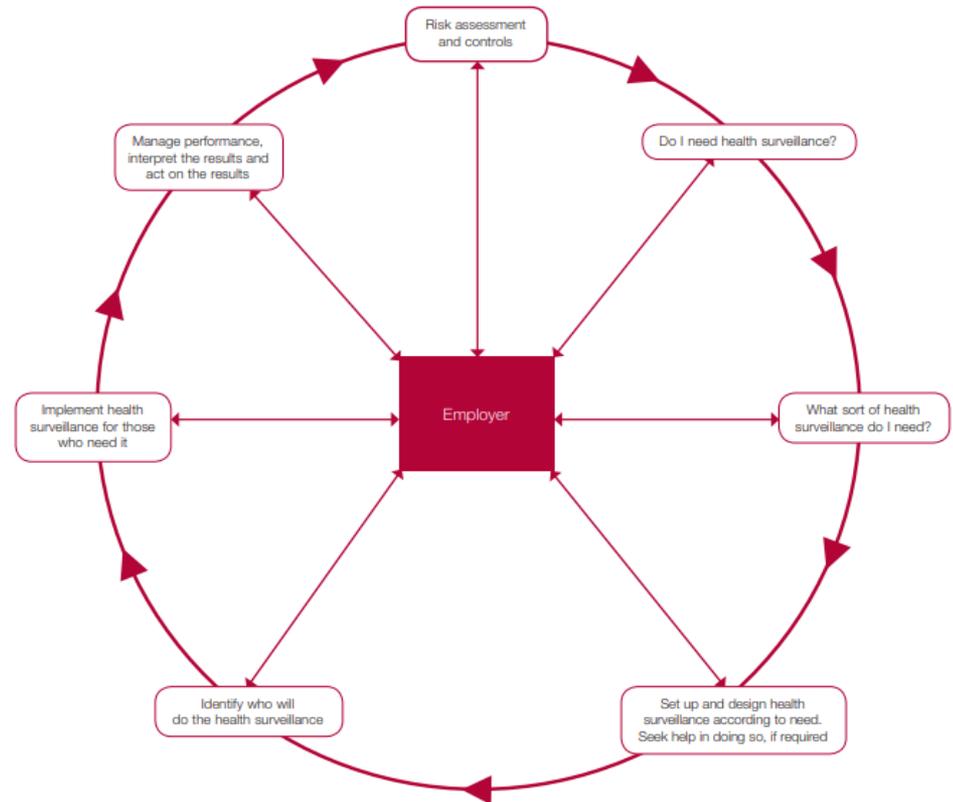
Health Needs Assessment – Where to start?



Health Surveillance

De Morbis Artificum Diatriba (*Diseases of Tradesmen & Craftsmen*) – Bernardino Ramazzini – 17th century

- “Chemicals
- Dust
- Metals
- Repetitive or violent motions
- Odd postures”
- Established cause and effect
- EH40 and COSHH assessments
- Occupational hygienist advice
- Industry standards e.g. [Breathe Freely](#), [Constructing Better Health](#), [Health Risks at Work – Do You Know Yours?](#), [IOSH OH Toolkit](#)
- Don’t “sheep dip”
- Do not confuse with:
 - activities to monitor health where the effects from work are strongly suspected but cannot be established
 - workplace wellbeing checks, such as promoting healthy living
 - fitness to work examinations e.g. forklift trucks or night shift health assessments



[HSE "Health Surveillance Cycle"](#)

Case Management

“A collaborative process which: assesses, plans, implements, co-ordinates, monitors and evaluates the options and services required to meet an individual’s healthcare, education and employment needs, using communication and available resources to promote quality cost effective outcomes.”

[Case Management Society](#)



- Management referrals – must be a formal procedure
- Return to work
 - GP Fit Note – SSP
 - Phased return/altered duties
- Reasonable adjustments
 - Equality Act
 - Only cancer, HIV and MS are automatically covered
 - Only ET can rule whether employee is disabled or not – otherwise only “likely or unlikely to apply”
- Vocational rehabilitation
- Ill health retirement
- Neutral party
 - But don’t medicalise line management issues
- OH will provide information to enable line manager to make a decision about the individual, not to make the decision for the manager

Early Intervention



Don't forget....

Additional Services

- Physiotherapy
- Night shift worker health assessments
- Pre-placement health assessments
- Fitness to work/safety critical medicals
- DSE/workstation assessment/advice
- Health Promotion/Wellbeing checks
- Overseas travel
- Drug & alcohol testing
- Training
- Day 1 absence service
- Vaccinations
- Emergency response/treatment service
- Biological monitoring
- Ionising radiation
- Lead
- Asbestos

- GDPR!!!!
- Confidentiality
 - "Need to know"
 - You do not need to know about:
 - Medication
 - Medical background
 - Pre-placement (not pre-employment) results except Fit/Not fit/Fit with adjustments



SEQOHS – Standards of Accreditation for OH Services

6 Domains for OH Providers

1. Business probity
 - Business integrity and financial propriety
 2. Information governance
 - Adequacy and confidentiality of records
 3. People
 - Competency and supervision of OH staff
 4. Facilities and equipment
 - Safe, accessible and appropriate
 5. Relationships with purchasers
 - Fair dealing and customer focus
 6. Relationships with workers
 - Fair treatment, respect and involvement
- Service specifications
 - Be clear and concise
 - Address stakeholder expectations
 - Consider training needs for stakeholders e.g. making a good referral
 - [Service Level Agreements](#)
 - Key Performance Indicators e.g.
 - Time between referral and provision of report
 - No. employees attending appointments
 - Customer satisfaction
 - Service quality
 - Management information

■ Questions?



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Further reading:

[Occupational Health Management in the Workplace](#)

[Faculty of Occupational Medicine](#)

[Society of Occupational Medicine](#)

[TUC Worksmart](#)

[Occupational Health & Wellbeing Magazine](#)

[Contemporary Occupational Health Nursing – A Guide for Practitioners](#)