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Letter from the Advisor

Preparing for change and rising to the challenge

JAN MAW, RCN PND Advisor, Occupational Health Nursing, looks to the year ahead

The buzz from last year’s SOHN Conference is still around us as we prepare to meet the challenges set out in what seems to be a never-ending stream of policy and advisory documents. The future is firmly focused on the health, retention and rehabilitation of the working population, with yet more requests to work in partnerships and in new ways.

The ground-breaking collaboration between the DH, DWP and HSE and their vision

for *Health, work and well-being – caring for our future* has been followed by what the Government calls a radical reform of the welfare state, with the publication of the welfare reform green paper: *A new deal for welfare: empowering people to work* (see article, page two).

Occupational health nurses will have a pivotal role to play in the success of the proposed changes, and we have a great opportunity to influence the debates and the direction of occupational health provision

for the future. Let us use this opportunity by strengthening our actions and responding to consultation documents, by voting in elections such as the NMC Council election, where occupational health nurses are standing, and by communicating with SOHN and making our views, aspirations and concerns for occupational health (OH) practice known.

Change is always challenging, but it can also be liberating and exciting. The choice is ours.



RCN leadership in primary care and public health Five-day leadership development programme set to begin

- do you work in a setting outside a hospital?
- are you keen to develop your sphere of influence?
- is health improvement a main element of your role?
- how will you tackle health inequality in your local population and community?

If any of these apply to you, then attending a five-day, innovative leadership development programme will enable you to develop your role and achieve changes!

This is an action-oriented and influential five-day development programme. It has been designed to develop the strategic leadership skills of health professionals whose work is concerned with the development of needs-led person- and community-based services. The focus is on identifying and addressing the health needs and inequalities of the population and promoting health as well as working across

boundaries to commission, develop and deliver effective services.

Participants can develop the teamwork, partnership and cross-boundary working skills necessary to ensuring a common vision. As one participant said: “It has inspired me to become more involved in change and not to assume others would take the lead.”

For more information, please contact: Lindsey Hayes or Shevaune Fox on telephone: 020 7647 3835, or email: lindsey.hayes@rcn.org.uk or shevaune.fox@rcn.org.uk

Aiming for 80 per cent employment

PND Advisor JAN MAW reports the welfare reform green paper

On Tuesday, 24 January 2006, Secretary of State for Work and Pensions John Hutton presented the green paper, *A new deal for Welfare: empowering people to work* (www.dwp.gov.uk/aboutus/welfarereform) to the House of Commons, proposing the Government's much-heralded welfare reforms. In his speech, announcing the three-month consultation period on the proposals, he outlined that there had already been record investment in the New Deal and Jobcentre Plus, but that with the changing economy and the rapidly ageing society and falling birth rates, more needed to be done.

Pointing out that there are 150,000 claimants in every region and that a third of all new claimants now cite mental ill health as their health problem, the reforms aim to achieve an 80 per cent employment rate. This includes a plan that aims to get one million more older people into work, and reduce by one million those on incapacity benefit.

In order to achieve its target, a reform of incapacity benefit is proposed that will reduce the number of new claimants and help current claimants return to work, whilst giving more support for the severely sick and disabled. Amongst its proposals are improvements for workplace health, and support for GPs from employment advisers based in their surgeries.

Statutory Sick Pay will be simplified and reformed to help people stay in work, and medical tests will focus on capability rather than incapacity. In future, all claimants will be assessed not only for benefit but also their ability to work, and the mental health component of medical tests will be reviewed.

The aim is that, by 2008, the current Incapacity Benefit Allowance will be replaced for all new claimants with an Employment & Support Allowance, and that medical assessment will be required as part

of eligibility to claim. Claimants will also be required to attend regular interviews, complete action plans, and engage in work-related activities. An additional £360 million is being made available to extend Pathways to Work.

The proposals also target getting lone parents back to work and aim to get older people remaining in work longer, with an extension of flexible working opportunities.

These proposals pose both challenges and opportunities for occupational health nursing, and e-SOHN would like to hear your views. You can access more information on the green paper at www.dwp.gov.uk and the full document is available online from The Stationery Office webpage at www.tso.co.uk/bookshop. Please send your comments to: Welfarereform@rcn.org.uk or to jan.maw@rcn.org.uk

Prescribing – what's your stance?

NMC Circular 30/2005 clarifies the amendment to the definitions of both Independent and Extended Nurse Prescribers (V100 Nurse Prescribers). NMC registrants need now only be a first level nurse in order to access training to become a nurse prescriber. The circular goes on to say, that "those nurses undertaking a Specialist Practice Qualification (community pathway) from this academic year 2005–6 will be able to access training to prescribe from the Community Practitioners Formulary ... in essence this largely means school nurses, childrens community nurses and occupational health nurses". Do you have a view on prescribing in occupational health nursing? If you are strongly in favour of or against prescribing, then please let us know, writing to e-SOHN with reasons for your particular stance. You may also wish to respond to the NMC's consultation on 'Standards of proficiency for a licence as a prescriber', which is at www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=1312. Please send all submissions to the editor on bashyr@wlv.ac.uk

SOHN committee notes – a busy year



SOHN committee members, L to R: Graham Johnson, Cynthia Atwell, Kevin O'Connor, Sandra Winters, Sharon Horan, Katie Oakley and Bashyr Aziz

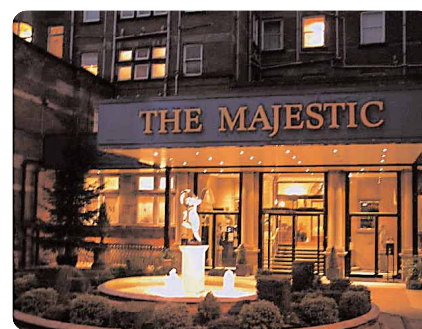
The members of the RCN Society of Occupational Health Nursing Committee are most visible once a year at the annual conference, but they play an important part as representatives of occupational health nursing generally. They can be asked to speak for the profession at many different forums; and in many ways, they have a role in forming a link between occupational health practitioners and their employers, and with bodies such as the NMC, HSE, and various government departments. They also work with regional occupational health groups affiliated to the RCN, ensuring that the voice of practitioners in all areas of occupational health throughout the United Kingdom is heard.

In the last twelve months, SOHN committee members have attended meetings of POOSH (Professional Organisations in Occupational Safety and Health), judged and presented awards for *Personnel Today* and the British Occupational Hygiene Society, worked with NICE on strategies for smoking cessation and with HSE on the Backs! 2005 and Watch Your Step campaigns, and attended meetings at the TUC on managing health at work.

For contact details and more information about the committee members and their special interests, go to the SOHN page on the RCN web site.

SOHN Annual Conference 2005 report

Held at The Majestic Hotel, Harrogate, 30 November–1 December 2005, this was the 53rd SOHN annual conference, and the first to be held in Harrogate in many years.



The main theme of the conference was: 'New roles, responsibilities and registration... the future occupational health nurse'. There were a number of opportunities for participants to explore the impact that both the third part of the NMC Register and the *Agenda for Change* have had upon occupational health nursing and education, as well as the new roles and responsibilities enshrined in the public health white paper *Choosing health: making healthy choices easier*.

A highlight of the first of two packed days was a brief, but lively 'Question time', chaired by Michael Whincup, retired senior lecturer in law and director of continuing legal education at Keele University. The panel included Dr Sayeed Khan, HSC Commissioner; Diana Kloss, barrister and author of *Occupational Health Law*; Judy Cook, Head of Occupational Health at British Airways; Carol Bannister, RCN Occupational Health Adviser; and Kevin O'Connor, Occupational Health Manager at Antrim Hospital in Northern Ireland. PND Advisor Jan Maw took on the responsibility for keeping everything in order and ensuring that the session stayed within its allocated remit and time.

It was a rich and varied programme, with presentations and workshops on



Dr Jonathan Van Tam

the requirements of the new noise regulations, a number of sessions on different ways of managing sickness absence and work-related stress, and some new thinking on the use of case management to control sickness absence. There were updates on collaborative work within the European

Kneale, who reported on her work as project manager for a DH-funded study looking at alternatives to sick notes; and a presentation by Dr Jonathan Van Tam, Consultant Epidemiologist at the Health Protection Agency, who discussed the probability of an influenza pandemic in the next few years and looked into the



L to R: Sayeed Khan, Diana Kloss, Judy Cook, Michael Whincup, Carol Bannister, Kevin O'Connor answer queries as part of the conference

Union, involving both practice and education, as well as discussions about new European directives and proposed regulations, including the regulation, evaluation and approval of chemicals (REACH).

John Ballard, Editor of *Occupational Health [at work]* gave an update on his work carried out for SOHN on performance indicators and benchmarking in occupational health nursing, which is now available on the SOHN web site (**see also article, page nine**).

Amongst the most thought-provoking presentations were ones by Dr Barbara

implications for health care and industry if it does occur. Dr Van Tam also provided useful information about the H5N1 avian flu virus, and gave his views on whether this is likely to mutate into a form that could be transmitted from human to human, and the impact this could have.

After the great success of this conference, SOHN is planning on returning to Harrogate in 2006, on Tuesday and Wednesday, 28–29 November 2006. Please pencil the dates into your diary now, and look out for further information in future issues of *e-SOHN*.

Occupational asthma

ALICE HOLE, Clinical Nurse Specialist, Department of Occupational and Environmental Medicine, Royal Brompton and Harefield NHS Trust, reports on this common respiratory disease

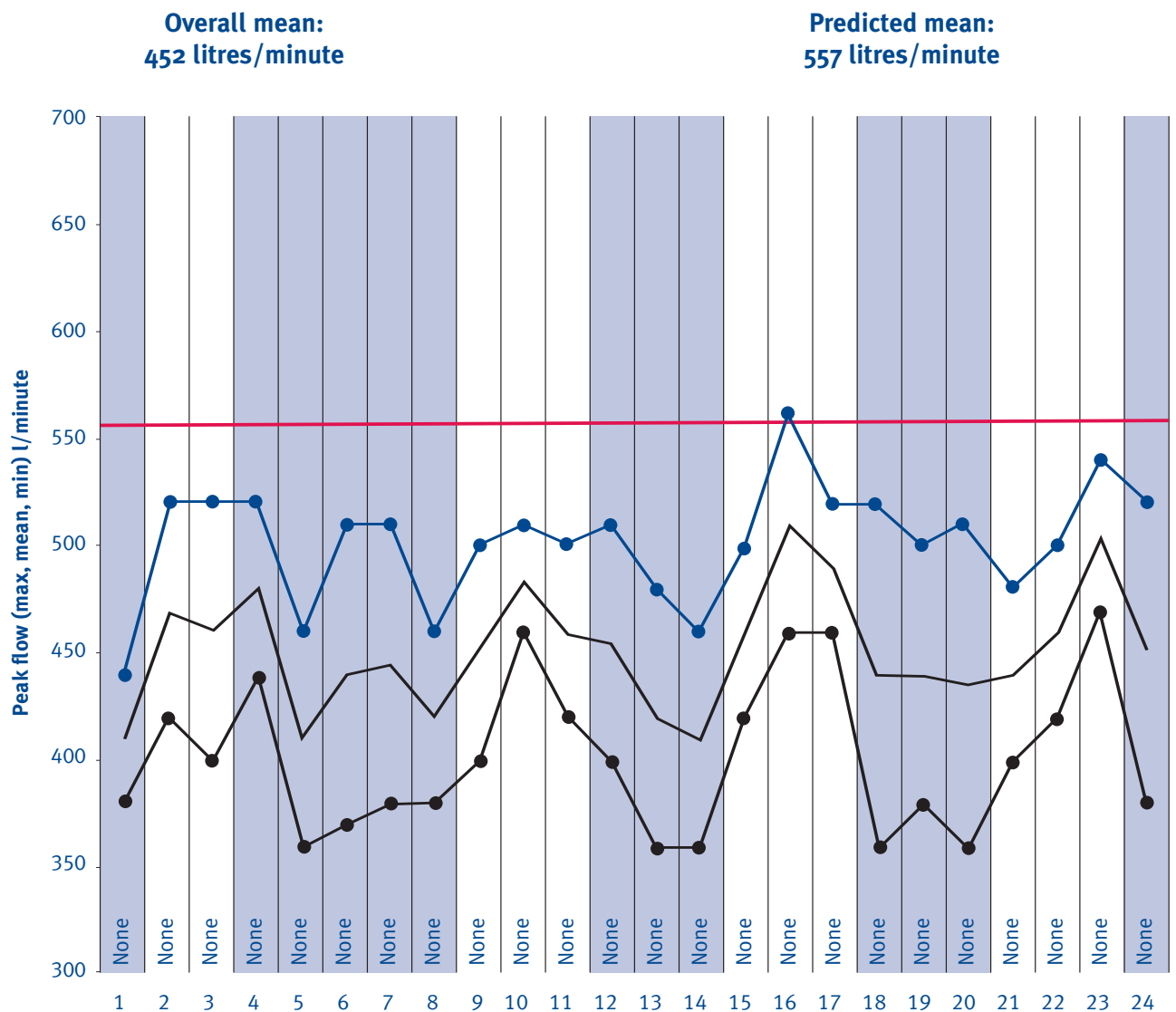
What is occupational asthma?

Occupational asthma is “... a respiratory disease characterised by variable bronchial obstruction and variable bronchial hyper reactivity caused by specific agents inhaled at work” (Subcommittee on Occupational Allergy of EAACI, 1992). It is caused by a wide and growing number of substances, both biological and chemical, encountered in many industries and occupations.

Why is it important?

It is one of the most common occupational lung diseases worldwide. A review paper by Blanc et. al. estimates that 9 per cent of all adult asthma may be occupational. In Britain, occupational asthma has consistently been the single disease reported most often to the National Reporting Scheme for Occupational Respiratory Diseases (SWORD) and accounts for over 25 per cent of the total number of new cases recorded

Table 1



each year. The adverse socio-economic impact on the individual is also well-recognised (Cannon et. al, 1995).

It is widely agreed that prompt and accurate diagnosis of occupational asthma, with appropriate control of exposure to the cause, can lead to full recovery and no recurrence of the asthma. Conversely, continued exposure to the cause of occupational asthma leads to the development of asthma that is chronic and difficult to treat.

Diagnosis

A careful history is important when trying to establish a possible cause. Sensitisation to an occupational substance can occur within a short time of commencing employment –

typically 3-18 months – or it can take several years to develop. If the asthma has an occupational cause, then symptoms will typically get more severe over several days at work with an improvement at weekends or holidays.

Immunology

Specific skin prick testing and serum IgE measurement are very useful in the diagnosis of high molecular weight (biological) occupational allergies.

Serial peak flow measurement

Patients are asked to record their peak flow twice-hourly for four weeks, both at home and at work, recording any exposure

Table 2

High Molecular Weight Allergens

High-Risk Occupations	Agents
Laboratory Animal Researchers and Technicians	Rat, Mouse, Guinea Pig, Hamster and Other Animal Proteins
Baking, Milling, Pastry and Pizza Making	Flour(S), Alpha-Amylase, Other Enzymes
Laboratory Animal Researchers (Embryology), Bakers, Food Processors	Egg Proteins
Sea Food Processors	Prawn, Crab, other (Shell)Fish Proteins
Health Care Workers	Latex
Detergent Manufacturers	Detergent Protease, Amylase, Lipase, Cellulase
Tea Packers, Coffee Processors	Herbal Teas, Green Coffee Beans
Other Food Processors	Garlic, Enzymes
Electronic Factory Workers	Latex
Flower and Vegetable Farmers	Pollens

Low Molecular Weight Allergens

High-Risk Occupations	Agents
Spray Painters, French Polishers	Diisocyanates
Plastics and Foam Manufacturers and Assemblers	Diisocyanates, Acid Anhydrides, Epoxy Resins
Electronic Solderers	Colophony Fume
Health Care Workers	Glutaraldehyde, Methyl/Butyl Methacrylate
Pharmaceutical Manufacturers	Penicillins, Morphine, Cimetidine
Woodworkers, Lumberjacks	Red Cedar, Iroko, Other Tropical Sawdusts
Textile Workers	Reactive Dyes
Hairdressers	Persulphates
Manufacturers of Circuit Boards	Persulphates
Metal Refiners and Electroplaters	Complex Platinum Salts, Chrome

they have during this period. A graph is then plotted, which compares peak flow when at work (shaded columns) and at home (white columns). Table 1 is a typical pattern produced by someone with occupational asthma, in this case a washing powder manufacturer with an allergy to the enzymes used in biological washing powder.

If still undiagnosed by other means, a small number of patients may require bronchial provocation testing with the suspected agent. The patient is exposed to the substance in a format similar to that encountered at work, in the laboratory, while being closely observed. Serial FEV1s are recorded throughout the day.

Conclusion

It is important for practitioners in primary care and occupational health settings to develop an awareness of the main features of the disease, to improve referral and diagnosis rates and thus reduce the significant health and socio-economic impact of this preventable condition. Table 2 shows high-risk occupations for occupational asthma with causal agents. Disease caused by agents of high molecular weight are associated with the production of specific IgE antibodies.

Workshops

The National Heart and Lung Institute runs a one-day workshop twice a year specifically targeted at occupational health nurses/advisers. The workshop, at a cost of £100 per person, includes information about occupational asthma, and also gives occupational health nurses and advisers from different industries an opportunity to exchange information about monitoring and screening for occupational asthma.

For further details, please contact Magda Wheatley, National Heart and Lung Institute, Occupational and Environmental Medicine, Dovehouse Street, London SW3 6LY, telephone: 020 7351 8934, email: m.wheatley@imperial.ac.uk

References

- Blanc PD, Toren K (1999) How much adult asthma can be attributed to occupational factors, *American Journal of Medicine*, 107, p.580–587.
- Cannon J, Cullinan P, Newman Taylor AJ (1995) Consequences of occupational asthma, *British Medical Journal*, 311, p.602–3.
- McDonald JC, Keynes HL, Meredith SK (2000) Reported incidence of occupational asthma in the United Kingdom, 1989–1997, *Occupational and Environmental Medicine*, 57, p.823–829.
- Subcommittee on Occupational Allergy of EAACI (1992) Guidelines for the diagnosis of occupational asthma, *Clinical and Experimental Allergy*, 22, p.103–108.

The Watch Your Step campaign, launched last October, reached its climax on 12 January 2006 with a meeting at the HSE offices in Rose Court to report on the campaign's effectiveness to date.

Watch Your Step campaign – HSE stakeholders' meeting

According to statistics produced by the HSE, slips and trips are the most common cause of major reported injuries at work, with 90 per cent resulting in broken bones, and with an estimated cost to industry of over £500 million annually. On top of the financial cost, there is also, of course, the potential loss of reputation, and the trauma and distress caused to the injured person.



It was therefore encouraging that many of the stakeholders, including representatives of local authorities and major companies, reported large reductions in the incidence of slips and falls. Some stakeholders had carried out surveys before and after the campaign, in order to ascertain the levels of message awareness amongst their employees. Here again, there was a high level of success.

The campaign's success may have a lot to do with the fact that it has been given a very high profile, with advertisements in the media and an excellent resource pack that is still available. In amongst the resource materials is a very useful CD, packed with PowerPoint presentations and posters, which the HSE is happy for occupational health professionals to adapt for their own use. The CD also contains a number of short video clips and case studies that could be used as a part of the campaign.

Further advice and information is available in the HSE 'Preventing slips and trips at work' INDG225 leaflet and in the two slips and trips guidance books that are also published by the HSE.

For more information about the campaign, including details of how to obtain the resource pack, visit the campaign website at www.hse.gov.uk/slips, which can also be accessed on the RCN website through the SOHN *newsletter plus* page.

Have a health and safety story?

If you have been involved in the development or delivery of an occupational health and safety campaign that is imaginative and innovative, then why not share your success stories, case studies, and examples of best practice with other occupational health nurses through *e-SOHN*? To submit an article, contact the editor on email: bashyr@wlv.ac.uk

NICE to produce guidelines on smoking cessation

BASHYR AZIZ reports on the upcoming impact to occupational health nurses

NICE became a new organisation in April 2005 following the merger of the National Institute for Clinical Excellence and the Health Development Agency to form the National Institute for Health and Clinical Excellence. In this new role, which was outlined in the *Choosing health* white paper, NICE will produce not only national service frameworks (NSFs) and intervention guidelines for the NHS and local health authorities, but also more general public health guidance.

The Department of Health has asked NICE to produce guidelines on 'The optimal provision of smoking cessation services with particular reference to manual groups, pregnant smokers and hard-to-reach communities'. Although it is unlikely that the guidelines will be published until April 2007, it is important that occupational health practitioners become immediately aware that these guidelines are likely to have a major impact upon occupational health practice. The greatest burden of disease caused by smoking is amongst manual working groups in the population. This is a fact highlighted in national statistics on health, in numerous reports on inequalities in health, in the *Smoking kills* white paper, in *Securing good health for the whole population* by Derek Wanless, and in NSFs on coronary heart disease and cancer.

The prevalence of smoking is highest among 20 to 34 year olds, a group that includes some women who continue to smoke through pregnancy. Occupational health nurses are probably best placed to access these groups. The most important reason for occupational health practitioners to become involved in

smoking cessation with these groups is that while GPs, health visitors and midwives are likely to see individuals in these groups reactively as referrals or self-referrals or while providing advice on other matters, the occupational health practitioner will have them in the workplace as a captive market to access proactively. It therefore would be a surprise and a shame if the NICE guidance did not make provision for support and funding for occupational health services to provide smoking cessation services.

The RCN, as one of the stakeholders involved in the consultation process, will ensure that the views of occupational health nurses are taken into consideration.

Please email comments to bashyr@wlv.ac.uk

Smoking facts

- smoking is the leading cause of preventable morbidity and mortality in England
- between 1998 and 2002, an average of 86,500 people died annually from smoking-related disease
- smoking causes cancers, respiratory disease, stomach ulcers, impotence and infertility
- smoking also causes complications of pregnancy and low birth weight, as well as osteoporosis, cataracts, age-related macular degeneration and periodontitis
- following surgery, smoking is thought to be a factor in lower survival rates, delayed wound healing, and respiratory complications
- passive smoking can cause all the above and trigger asthma attacks.

Dear Forum Members

The RCN have sponsored me to complete the political leadership course and I would be very grateful for your knowledge and expertise to enable me to take forward the following issue: "To influence government departments to agree to use the same criteria and definitions for children and adults who have disability, which may be physical, cognitive or learning disability or a combination. Uniform definitions and criteria will improve prevalence data."

Presently clients/patients find:

- no common disability assessment form
- all areas assessing separately, no partnership working
- repeated assessments for clients
- repeated reinforcement of disability
- prevalence of disability limited
- public information varied
- no one stop scheme for assessment that could be used by all areas

My objectives include:

- reviewing existing assessment tools used by health, benefits, housing, social services, transport, employment
- research definitions/prevalence
- identify key stakeholders with local and national knowledge
- raise awareness of lack of consensus re disability assessment and prevalence

If you have experience of difficult patient journeys through the system or contacts who may be able to increase my awareness of any assessments I have missed, please contact me by email liz.bonner@sbchc-tr.anglox.nhs.uk or telephone 01525 751132

Thank you

Liz Bonner
Nurse Consultant Bladder Bowel Dysfunction, Bedfordshire Contenance Service, Mander Close, Toddington, Beds LU5 6AX

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If you wish to receive an email when the next issue of e-SOHN goes online, please send an email to: bashyr@wlv.ac.uk with 'e-SOHN' in the subject header.

Contributions wanted

e-SOHN is published online four times a year. We would welcome your comments or suggestions, as well as any articles you may wish to submit. The deadline for contributions for the next issue, due out at the beginning of June, is Friday, 19 May 2006.

Graham Johnson reports on a more simplified procedure for audiometric testing

New Control of Noise at Work Regulations

The forthcoming Control of Noise at Work Regulations will come into force in April 2006. And as you may expect, the introduction of the new regulations will have an impact on us

as occupational health practitioners, particularly in respect to the need for health surveillance, where there will be a requirement for audiometric testing to be available at 80 dB(A) where there is a risk to health, and a right to hearing checks above 85 dB(A).



HSE

Within the regulations there is reference to a new categorisation scheme of gender-specific hearing threshold levels for different frequency combinations, with a change from the current HSE 1-5 categorisation to a simpler, easier-to-use and interpret scheme that covers four categories. These are:

1. Acceptable hearing ability – hearing within normal limits – no action
2. Mild hearing impairment – may indicate NIHL hearing loss – warning
3. Poor hearing – suggests significant hearing loss – referral
4. Rapid hearing loss – reduction in hearing loss of 30dB or more, within three years or less – referral.

The proposal is to use a summation of hearing levels at 1,2,3,4 and 6 kHz. HSE has recognised that this scheme is for health surveillance purposes only and recommends that audiometry should continue to be conducted at all other relevant frequencies (as deemed by an audiometrist) and in accordance with guidance on best practice, with the intention that the audiogram should therefore provide a complete picture of the response to audiometric testing.

The introduction of this new categorisation will require all users of audiometric equipment to have their software updated to reflect these changes. The major manufacturers of audiometric equipment are offering support to users to enable them to update their equipment in readiness for this change and practitioners are advised to bring this to the attention of their employers to ensure that their equipment is updated accordingly.

There are some useful presentations on the Control of Noise at Work Regulations at www.hse.gov.uk/vibration/roadshow.htm

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A report by the At Work Partnership for RCN SOHN, co-authored by Dr John Ballard, editor of the journal *Occupational Health [at Work]*.

Performance indicators and benchmarking in occupational health (OH) nursing

OH nurses practise in a wide range of situations, from single practitioners working in isolation for medium-sized private-sector businesses, to members of large multidisciplinary teams in the NHS, or with major companies and commercial OH providers. Others are self-employed and contract their services to several client organisations. The experiences of OH nurses are diverse and new research from the At Work Partnership, commissioned by RCN SOHN, sheds light on the different situations and challenges faced by nurses. It also provides a comprehensive insight, for the first time, of the levels of OH services provided by organisations across all employment sectors, the value placed on those services by the OH nurses themselves, the different roles OH nurses have in delivering those services and nurses' own perception of their competence in performing the functions required of them.

The data is based on the views of practising OH nurses from all sectors and provide a strong body of evidence on possible gaps in service provision, variable referral-response times, and areas where the general level of OH nurse competences might be improved. The research identifies other wider issues, such as the inconsistent level of OH provision for OH nurses themselves and the perceived lack of training opportunities for nurses new to the field. Overall, it provides an exclusive and detailed picture of the work of OH nurses in the UK, how their practice differs between sectors, and evidence that OH providers, educators and policymakers can consider when deciding how to address gaps in OH nursing provision. Some of the key findings are highlighted in the box, below.

The full report is now available from the RCN web pages (members area) on

www.rcn.org.uk/members, free of charge to SOHN members (SOHN members can also receive an email alert to let them know when it is available by sending an email to the SOHN e-newsletter editor at bashyr@wlv.ac.uk with 'e-SOHN' in the subject line), with key findings published in the professional journal *Occupational Health [at Work]* (part 1 in the February/March issue). It is also available to non-SOHN members from the At Work Partnership (pdf only), price £50. For further information, telephone: 020 8888 1431 or email: info@atworkpartnership.co.uk

Further reading

Ballard J, Silcox S, Suff P (2005) *Performance indicators and benchmarking in occupational health nursing*, London: The At Work Partnership Ltd.

Key findings

- the majority (85 per cent) of nurses working in OH have a formal OH qualification; two-thirds work full-time hours; 26 per cent are the sole member of the OH team; and 69 per cent have responsibility for more than one workplace
- across all sectors, there are roughly 0.88 nurses working in OH for every 1,000 employees, or 0.70 full-time equivalents (FTEs) per 1,000 employees
- there are around 0.49 fully qualified OH nurses (or 0.41 FTEs) for every 1,000 employees
- the NHS employs the highest ratio of OH nurses to employees
- a fifth of organisations offer out-of-hours OH cover – provision is least available in the NHS (11 per cent)
- more than three-quarters of OH nurses rate their OH facilities as at least satisfactory; however, 31 per cent of NHS respondents describe them as unsatisfactory
- of 26 generic OH functions analysed, confidential handling of health and personal data, assessing fitness for work, analysis of pre-employment/pre-placement questionnaires and delivering health surveillance are the four functions where provision is most likely to be comprehensive
- provision of personal protective equipment, home/off-site visits to workers on sick leave, travel health advice/provision and cost-benefit analysis of OH interventions are the least comprehensively provided
- the average (mean) time taken between a management referral and a worker being seen by an OH professional is 6.05 days – this is slowest in the NHS (8.2 days) and quickest in the private sector (4.51 days)
- nearly all respondents (94 per cent) report that their OH service has a policy on medical confidentiality and health data security; 43 per cent of OH nurses have a lead
- role in developing and/or delivering the policy, with 36 per cent having a support role
- more than a quarter of OH nurses say that their skills in budget management are unsatisfactory; one-fifth say they have unsatisfactory competence in strategic-level leadership
- the 10 qualities considered most important by OH nurses themselves are, in descending order: communication and listening; interpersonal skills; knowledge and education; confidentiality; awareness of legislation; leadership; self-motivation and proactive working; knowing one's own limitations; teamwork; and evidence-based practice.



This newsletter is published by the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN.

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