



LONDON FIRE BRIGADE

Report title

## Routine Periodic Medicals – Asbestos Medicals

Report to	Date
People Board	24 June 2021
Commissioner's Board	14 July 2021
Deputy Mayor's Fire and Resilience Board	17 August 2021
London Fire Commissioner	

Report by	Report number
Assistant Director, People Services	LFC-0555y

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I agree the recommended decision below.

**Andy Roe**  
London Fire Commissioner

Date This was remotely signed  
on 12 November 2021

### Executive Summary

Throughout the Coronavirus pandemic, face to face services at Occupational Health have been limited. Medical assessments such as the Routine Periodic Medical, a directive of the National Fire Chiefs Council, have taken place on a paper-based screening questionnaire only, with telephone follow up where clinically necessary to determine fitness for work. The Routine Periodic Medical also comprises Asbestos Surveillance, as required for all Operational Staff as a result of potential exposure to asbestos, by Control of Asbestos Regulations 2012, on a three (3) yearly basis.

This report proposes an approach to the catch up on Routine Periodic Medicals completed via questionnaire since April 2020. The report looks to provide recommendations as to how this is facilitated, in addition to seeking approval for spends attributed to additional clinical resource, to be provided by the Occupational Health Service's pool of clinical resource, to manage the increased volume of medicals.

The decision made by the London Fire Commissioner determined the financial amount to be approved by the Deputy Mayor to enable the Brigade to commit revenue of up to [REDACTED] for the completion of approximately 1500 Asbestos Surveillance Appointments by Health Management Limited (HML), LFB's external provider.

## **Recommended decisions**

### For the London Fire Commissioner

The London Fire Commissioner approves that staff completing the Routine Periodic Medical Questionnaire between April 2020 to August 2021, will be invited to the Occupational Health Service to complete an Asbestos Surveillance only.

Commencing with effect from September 2021, additional Asbestos Surveillance specific clinics will be arranged to assess the approximately 1500 staff who require an updated Asbestos Certificate. This solution will require approval to commit revenue of up to [REDACTED]

## **Introduction and Background**

1. During the Covid-19 pandemic, the transition to a remote service model has been positive and feedback received from staff, as presented by the Occupational Health Services has been reassuring that the quality of the advice received from the Occupational Health service has not been negatively impacted by many appointments being held over the telephone. There has, been the suspension of key physical examinations following recommendations from the Health and Safety Executive (HSE), National Covid-19 guidelines and local risk assessments of the Occupational Health facility. Assessments impacted as a result of the temporary change to the delivery model include Routine Periodic Medicals (RPM) and New Starter Health Assessments.
2. Interim processes have been agreed with the Brigade's Wellbeing Team and the Occupational Health Service for RPM's and New Starter Health Assessments. The interim processes were agreed due to the pandemic and the resulting suspension of face to face medical assessment processes creating an increased risk to the organisation, staff and members of the public, whilst these individuals are not subjected to the usual levels of medical assessment. The interim processes involve relying on completion of a paper-based questionnaire and a clinical review of the responses. Where the staff member notes a new condition or has previously discussed a fluctuating condition with Occupational Health, a full telephone assessment has been scheduled prior to advising fitness for work.
3. The RPM is a directive of the National Fire Chiefs Council (NFCC). Having consulted the NFCC regarding a recommended approach to resuming RPM's, including RPM's for those who have completed the paper-based questionnaire between April 2020 and today, the NFCC has

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<sup>1</sup> Redact

<sup>2</sup> Redact

confirmed that they do not intend to propose a methodology and the decision regarding resumption of medicals is to be made by individual fire and rescue services.

4. Asbestos Surveillance is a statutory medical governed by Control of Asbestos Regulations 2012. Regulation 22, paragraph 3 states:

*(3) For work with asbestos, which is not licensable work with asbestos, and is not exempted by regulation 3(2), the requirements in paragraphs (1)(a) to (c) apply and—*

*(a) a medical examination in accordance with paragraph (1)(c) and (2)(a) must take place on or before 30 April 2015;*

*(b) on or after 1 May 2015, a medical examination in accordance with paragraph (1)(c) and (2)(a) must take place not more than 3 years before the beginning of such exposure; and*

*(c) a periodic medical examination in accordance with paragraph (1)(c) and (2)(b) must take place at intervals of at least once every 3 years, or such shorter time as the relevant doctor may require while such exposure continues.*

*(4) Where an employee has been examined in accordance with paragraph (1)(c), the relevant doctor must issue a certificate to the employer and employee stating—*

*(a) that the employee has been so examined; and*

*(b) the date of the examination,*

*and the employer must keep that certificate, or a copy of that certificate for at least 4 years from the date on which it was issued.*

5. Covid-19 specific guidance as published by the HSE and in place up to the 1 July states:

*"Respiratory health surveillance*

*Providing a current respiratory health questionnaire does not raise any concerns and previous lung function tests were normal (where available), occupational health providers can defer spirometry for up to 18 months (including any previous deferral periods).*

*Spirometry can be performed where considered necessary. For example, as part of a safety critical medical, where there is a clinical concern or known lung function abnormality, or after a maximum 18-month deferral period. Where spirometry is considered necessary in these types of circumstances, the potential for aerosols containing coronavirus should be considered. It should be subject to a suitable and sufficient risk assessment and appropriate controls put in place, including the provision of suitable personal protective equipment (PPE)."*

6. For Brigade purposes, the spirometry test is for surveillance only, and there is no clinical requirement resulting from a health concern to complete these tests. Early on in the pandemic

the Brigades Occupational Health Service, Health Management Ltd (HML), were advised, during telephone contact with HSE, that these assessments should be suspended.

7. The face to face RPM appointment is 90 minutes, split into two parts, 75 minutes with an Occupational Health Nurse (OHA) and 15 minutes with an Occupational Health Physician (OHP).
8. The RPM comprises the following assessments:
  - a. Height and weight checks to ensure weight comes within the recommended limits
  - b. Body fat measurement to review the amount of body fat and advise on exercise, diet and weight control
  - c. Urine testing to detect infection or disease in kidneys or diabetes
  - d. Audiometry tests to assess ability to hear clearly
  - e. A lung function test to assess the efficiency of lungs (Spirometry)
  - f. Blood pressure checks for abnormalities e.g. hypertension
  - g. A vision test to assess unaided far, mid and near vision and tests for colour blindness
  - h. A cholesterol test looks for major health risk factors such as coronary heart disease
  - i. For station commander and above, a fitness test (Chester step test) to assess overall fitness.
9. Assessments, a to i, above are completed by an OHA and a status regarding fitness to work is recommended. Following these assessments, during the final 15 minutes of the assessment, the OHP reviews the results. During this review, focus is paid to the results of the lung function test, the results of this test, in addition to further examination, provide sufficient information for the OHP to complete the Asbestos Surveillance Health check.
10. Asbestos Surveillance does not provide future predictions of Asbestosis however will detect any symptoms on the day of the assessment.
11. From August 2021, following confirmation from HSE that Spirometry testing may resume from 1 July 2021, face to face RPM's and New Starter Health Assessments will resume as they become due.
12. Between April 2020 and August 2021, approximately 1500 staff due their RPM, will have been required to complete a medical questionnaire (see appendix 1). Medical questionnaires have been reviewed by an OHA, who has provided confirmation of fitness to work where possible. Where, the staff member may have cited on the form a change to their health, or has previously declared a health condition which may fluctuate and impact their ability to work, a telephone assessment has been carried out via either an OHA or an OHP depending on the case background.
13. The HSE, granted a one-year extension to all Asbestos Health Surveillance certificates. Therefore, those who were due their RPM in 2020, were not due further Asbestos Surveillance until the relevant month in 2021.
14. The HSE have confirmed that practices can resume Spirometry (lung function tests) for health surveillance, including Asbestos Surveillance, effective 1 July 2021. However, as a result of the agreed given notice of 28 days, the Brigade will seek to resume Spirometry tests, and as a result Asbestos Surveillance effective 1 August 2021. Therefore, those who have had the one year extension to their previous Asbestos Certificate, who are due review prior to August 2021, are now required to complete a [Respiratory Questionnaire](#).

Successful completion of the Respiratory questionnaire, with no concerns, enables the OHP to provide an Asbestos Certificate for a further 6 months. The Brigade has begun use of the Respiratory Questionnaire to ensure all staff have the necessary certification.

15. During the relaxing of the lockdown protocols in 2020, the HSE temporarily enabled resumption of spirometry lung function testing in September 2020. However, due to the increasing spread of Covid-19, HSE retracted this advice in October 2020. During the month of September, face to face RPM's, including Asbestos Surveillance Appointments resumed.
16. HSE have now confirmed to HML that spirometry lung function testing may resume effective 1 July 2021. As a result, we can resume Asbestos Surveillance Appointments as soon as possible. This position has not changed following the recent delay of lifting of lockdown measures to 19<sup>th</sup> July 2021.
17. The Brigade recognises it duty to support the Wellbeing of all of its staff and recognises that staff who have left the organisation throughout the pandemic may not have had access to the usual levels of Wellbeing Screening. As at the end of June 2021, 48 staff have left the Brigade during either the original Asbestos Certificate extension period or following completion of the Respiratory Questionnaire only.
18. Contact will be made with the 48 staff who have left the Brigade to invite them to an Asbestos Surveillance Appointment should they wish to take part in the screening. Whilst it is expected that take-up will be low, predictions indicate additional costs of up to £2,500 for travel costs should all 48 elect to participate. The Assistant Director for People Services is aware and has agreed to these costs.
19. This predicted cost of £2,500 for travel costs is included in the totals captured within the recommendations. A standard contingency of 10% has also been applied to the total cost.
20. In order to reduce travel costs and potential accommodation costs for staff who have left the Brigade, those who wish to participate will be liaised with directly regarding a suitable appointment.
21. Any staff member who has left LFC and joined another UK Fire Service is likely to complete an Asbestos medical as part of the new starter medical assessment.
22. Internal practices, and agreement with the Fire Brigades Union, is that staff will be provided 28 days' notice, prior to the attending of an RPM.
23. The Occupational Health Service has the necessary equipment and risk assessments in place to facilitate a return to face to face services.
24. Data provided by the Occupational Health Service, both pre and during pandemic, indicates a 'Did not Attend' (DNA) rate of approximately 7%. Staff are supported to attend their medicals during working hours. This can result in missed appointments, if the staff member is attending an incident during the appointment time.
25. The recommended costs included in this report includes a contingency of 10% This is anticipated to be sufficient to cover DNA's whilst retaining flexibility in case required.

26. Staff due their RPM in 2020 who are completing their Asbestos Surveillance only in 2021/22 will next be invited for their full RPM including asbestos medical in 2023. Whilst it is accepted that in 2023, the Asbestos Certificate may still have 12 + months validity, coordination of appointments in addition to impact on fire cover is benefitted by realigning these appointments.

### **Alternative Options Considered and Risk Mitigation**

27. Asbestos Surveillance is a legislative requirement and there is no alternative to conducting these appointments once HSE lifts the suspension of spirometry's for health surveillance on 1 July 2021.
28. The Brigade has an agreed 28 days' notice period ahead of an RPM appointment, therefore, the earliest the Brigade could recommence RPM's is end of July 2021. However, this coinciding with the summer holiday period would have a significant impact on fire cover. Therefore, it is proposed to commence the additional 1500 face to face RPM's from September 2021.
29. On average the Brigade has 150 staff per month due their RPM and these numbers are factored into resource scheduling to ensure sufficient fire cover. In order to complete the Asbestos Surveillance for those due an RPM between April 2020 and August 2021, a further 150 staff per month will require release for approximately 3 hours and 45 minutes each (including 1.5 hours each way for travel). This time will be shorter for staff based closer to Occupational Health offices in Southwark.
30. Occupational Health have confirmed that 15 Asbestos Surveillance Appointments can be conducted daily. Therefore 10 days of 15 appointments will be scheduled per month varying on days subject to attendees and the watch calendar.
31. Verbal consultation with the Brigades Establishment and Performance Team have confirmed that this will not have a negative detriment on fire cover. This is as a result of RPM's being reduced from 20 per day to 8 per day, in addition to Fitness Assessments being reduced from 20 per day to 10 per day owing the necessary Covid-19 risk assessments.
32. Due to the equipment required, number of consulting rooms, cleaning procedures and clinic personnel, it is not possible for OHA/ OHP resource to visit stations. The Brigade does not own a mobile health unit that would support a risk assessment in accordance with Covid-19 guidelines.
33. The Occupational Health Contract is volume based, rather than resource based. As a result, the activities completed by contract staff is predetermined and we are unable to reallocate staff from one service to another. Additionally, with services resuming, contract resource is required as allocated in the contract. Therefore, there is limited scope to reallocate OHA's/ OHP's from other products to the RPM. Due to the volume of appointments, in addition to those due an appointment this year, the Brigade is unable to complete all required medicals within the current contract volumes.
34. A verbal agreement is currently in place that HML may not reach expected service level agreements whilst managing the current process; RPM's due in 2021, plus Respiratory Questionnaire review for those due an RPM in 2020 who have now reached their maximum

Asbestos Certificate extension. This agreement is under regular review and will remain in place until face to face spirometry's and therefore RPM's can resume.

35. Contract volumes were not adjusted last year as although the face to face RPM was not completed, paper-based assessments continued.
36. The staff member and their manager will be given the opportunity to raise any concerns regarding their health. These will be triaged in the most appropriate manner, subject to the concern. For example, if a new health condition is raised, this will be triaged for a physician lead independent medical assessment. If, however, there are concerns regarding hearing loss, an audiometry assessment may be arranged. The full RPM may be arranged upon request.
37. Long standing procedures will support to mitigate the risk of not conducting the wider RPM assessments. These include but are not limited to;
  - a. Staff known to have a long-term high-risk condition such as heart condition for example are referred for a specialist assessment annually and these have continued to happen throughout the pandemic.
  - b. The Brigade has a 'For Cause' drug and alcohol screening process should any member of staff be suspected as being under the influence whilst at work.
  - c. Fitness Assessments have resumed from 14<sup>th</sup> June 2021, during which a pre-screening health questionnaire is completed, their blood pressure is taken, and any concerns escalated for an Occupational Health referral.
  - d. City University and Focus Technologies, the Brigade sight testing and aids to vision supplier, have largely remained open throughout the pandemic, excluding lockdown's, and continue to regularly review those who are known to have reduced eyesight.
  - e. Access to Occupational Health via independent medical assessments or physical testing, where concern is raised either by the individual or their manager.
  - f. Provision of Counselling and Trauma Services
38. Health and Safety and the Senior Occupational Health Physician have been consulted regarding this proposal and agree with the approach recommended.

## **Objectives and Expected Outcomes**

39. To recommence with face to face RPM's from August 2021.
40. From August 2021, those staff due an RPM will complete the full RPM as set out in points 8-9 above.
41. From September 2021, those who have been due an RPM from April 2020 – August 2021, and have completed the questionnaire exercise, will be invited for an Asbestos Surveillance only with a reminder of the services and support available should there be any concern with regards to their health.
42. By July 2022, the Brigade will be back to a regular RPM cycle with all those impacted by the pandemic due to receive further invitation for a full RPM in that year.

43. The cost of completing Asbestos Surveillance only for the 1500 staff members will be [REDACTED] in financial year 2021/2022 and [REDACTED] in 2022/2023. This activity will be completed by HML and charged in addition to the LFB's existing contract for occupational health services. The procurement team within LFB are aware of this requirement and a contract addendum for the additional service provision will be progressed.

## Equality Impact

44. Decision takers have due regard to the public sector equality duty when considering reports for decision.
45. Under s149 of the Equality Act 2010 (the Equality Act), as a public authority we must have due regard to the need to eliminate discrimination, harassment and victimisation, and any conduct that is prohibited by or under the Equality Act; and to advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.
46. Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to
- a. remove or minimise disadvantages suffered by persons who share a relevant protected characteristic where those disadvantages are connected to that characteristic;
  - b. take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
  - c. encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low
47. The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
48. Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
- a. tackle prejudice, and
  - b. promote understanding
49. An Equality Impact Assessment has been completed and has highlighted a medium impact on older staff as a result of this proposal. During the RPM, the additional tests completed, as noted in point 8 a -i, can in a few cases alert staff to changes in their health that they were unaware of. As a result, enabling the staff member to access further support from the appropriate treating specialist.
50. In the year prior to the pandemic (March 2019 – February 2020) 1.6% of staff seen were referred to City University, the Brigades eyecare specialist, for further sight testing. It is important to note that these were a recommendation based on changes only, and there

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<sup>3</sup> Redact

<sup>4</sup> Redact



were not any staff taken off the run as a result of significant sight changes. It is not uncommon for eyesight to weaken with age; therefore, it is anticipated that the proposal to conduct only the asbestos surveillance may have a low adverse impact on older staff.

51. All staff required to attend an asbestos surveillance will be given the option to request a full RPM or specific screening should they have any concerns with regards to their health.
52. Enough time has been allocated to ensure that during the Asbestos surveillance the staff member can raise any general health concerns. If necessary, following the RPM, the OHP will triage directly for further assessments.
53. All staff with known health conditions continue to be cared for via the relevant Occupational Health services / processes.

### **Procurement and Sustainability**

54. The existing contract with HML includes the provision of Routine Periodic Medicals and Asbestos Surveillance. However, the increased demand exceeds the pre-paid contract volumes, therefore a contract variation for the provision of up to 1,500 additional asbestos surveillance appointments is required. The existing contract can be varied in accordance its terms and in compliance with the Public Contracts Regulations 2015. The temporary increase of Occupational Health services, with an agreed contract addendum, is in keeping with LFB's procurement guidelines and no further sustainability considerations arise.
55. The LFB is also required under the Control of Asbestos Regulations 2012, to ensure firefighters are placed under 'statutory medical surveillance' by an 'appointed doctor' (an appointed doctor is a registered medical practitioner appointed by the Health and Safety Executive (HSE) to undertake statutory medical surveillance.

### **Strategic Drivers**

56. The strategic driver is compliance with Control of Asbestos Regulations 2012.

### **Workforce Impact**

57. On average the Brigade has 150 staff per month due their RPM and these numbers are factored into resource scheduling to ensure sufficient fire cover is provided. In order to complete the Asbestos Surveillance for those due an RPM between April 2020 and August 2021, a further 150 staff per month will require release for approximately 3 hours and 45 minutes each (including 1.5 hours each way for travel). This time will be shorter for staff based closer to HML offices in Southwark.
58. Occupational Health have confirmed that 15 Asbestos Medical appointments can be conducted daily. Therefore, 10 days of 15 appointments will be scheduled per month varying on days subject to attendees and the watch calendar.
59. Verbal consultation with the Brigades Establishment and Performance Team have confirmed that this will not have a negative detriment on fire cover. This is as a result of RPM's being reduced from 20 per day to 8 per day, in addition to Fitness Assessments

being reduced from 20 per day to 10 per day owing the necessary Covid-19 risk assessments.

60. Clear communications will be sent to all Operational Staff, advising of the altered processes and return to face to face RPM's. The 1500 who will attend an Asbestos Medical only, will be contacted individually.

### Finance Comments

61. This report recommends that 1500 asbestos medicals are completed at a revenue cost of [REDACTED]. This spend will be over the 2021/22 and 2022/23 financial years. There is no funding for this work included as part of the approved budget for 2021/22. As this work is required as a result of the impact of the Covid-19 pandemic it is proposed that this is funded from the Covid-19 earmarked reserve. That reserve contains funding of [REDACTED] and was established to cover any arising costs as a result of the pandemic in the 2021/22 and future financial years.

### Legal comments

62. Under section 9 of the Policing and Crime Act 2017, the London Fire Commissioner (the "Commissioner") is established as a corporation sole with the Mayor appointing the occupant of that office. Under section 327D of the GLA Act 1999, as amended by the Policing and Crime Act 2017, the Mayor may issue to the Commissioner specific or general directions as to the manner in which the holder of that office is to exercise his or her functions.
63. By direction dated 1 April 2018, the Mayor set out those matters, for which the Commissioner would require the prior approval of either the Mayor or the Deputy Mayor for Fire and Resilience (the "Deputy Mayor").
64. Paragraph (b) of Part 2 of the said direction requires the Commissioner to seek the prior approval of the Deputy Mayor before "[a] commitment to expenditure (capital or revenue) of £150,000 or above as identified in accordance with normal accounting practices...".
65. The Commissioner must also comply with the requirements of the Health and Safety at Work etc. Act 1974 (the "1974 Act"). Section 2 of the 1974 Act imposes a general duty on the employer to 'ensure, so as is reasonably practicable, the health, safety and welfare at work of all of his employees.'
66. This general duty extends (amongst other things) to the plan and systems of work, the provision of information, instruction, training and supervision and to the provision and maintenance of a working environment that is, so far as reasonably practicable, without risks to health and adequate as regards facilities and arrangements for welfare at work.
67. In accordance with the Public Contracts Regulations 2015 and the existing contract terms, the LFC is able to vary the existing contract with HML to include additional services volumes as set out in this report.

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<sup>5</sup> Redact

<sup>6</sup> Redact

**List of Appendices**

<b>Appendix</b>	<b>Title</b>	<b>Protective Marking</b>
1.	RPM Questionnaire	Not protectively marked

**Appendix 1 – RPM Questionnaire**



**QUESTIONNAIRE FOR HEALTH MANAGEMENT LTD**

NAME:.....

PAY No.: .....

STATION & WATCH: .....

PERSONAL MOBILE TELEPHONE No: .....

Q1) Since your last medical has there been any significant changes to your health?

Q2) Have you got any concerns about your health that you may think can affect your ability to do your normal job?

DATE: .....