

Update on Occupational Health Provision

Report of the Chief Fire Officer

For further information about this report please contact Rod Hammerton, Chief Fire Officer, on 01743 260201 or Lisa Vickers, Human Resources Manager (Contracts), on 01743 260211.

1 Purpose of Report

This report gives an update on the Occupational Health (OH) service supplied to Shropshire Fire and Rescue Service by the current providers, Shropshire Community Health NHS Trust, McClelland Centre (University of Worcester) and Templar Medical.

2 Recommendations

The Committee is requested to note the report.

3 Background

As detailed to the Committee on 6 November 2014 following discussion with officers it was agreed to trial a new way of delivering the OH service. The original contract approach consisted of four main elements, delivered by one provider:

- Occupational health nurse (OHN)
- Administration
- Fitness
- Occupational health physician (OHP)

The contract was subsequently divided into three and awarded to separate providers in November 2014;

1. OH nursing and administration to Shropshire Community Health NHS Trust.
2. Fitness to the McClelland Centre University of Worcester.
3. OHP to Templar medical.

The contracts were initially awarded on a 1 year (+ 1) basis and are due to end November 2016. Work is underway to determine service providers after November 2016.

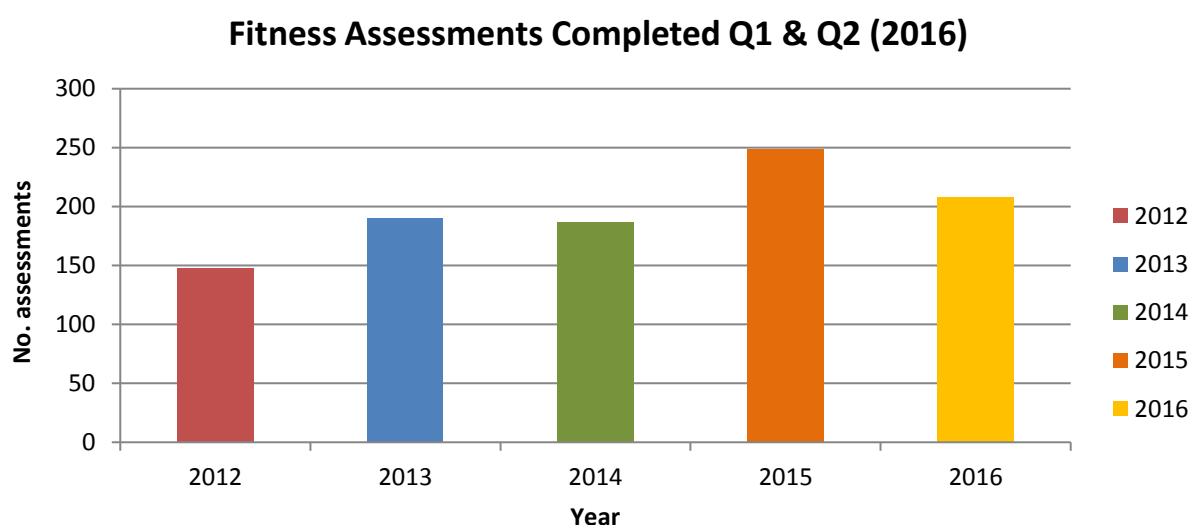
4 Summary of Activity to Date

There is a nurse-led service with nurse provision for six days each month and access to an appropriately qualified doctor for one day each month. Due to Health & Safety legislation it has recently been necessary to introduce an asbestos medical linked to the 3 yearly medical and part of this has to be carried out by a suitably qualified/registered physician. This has increased the OHP time to 2 days per month. All operational staff undergo a fitness test annually.

Table A: 2016 Fitness Assessments

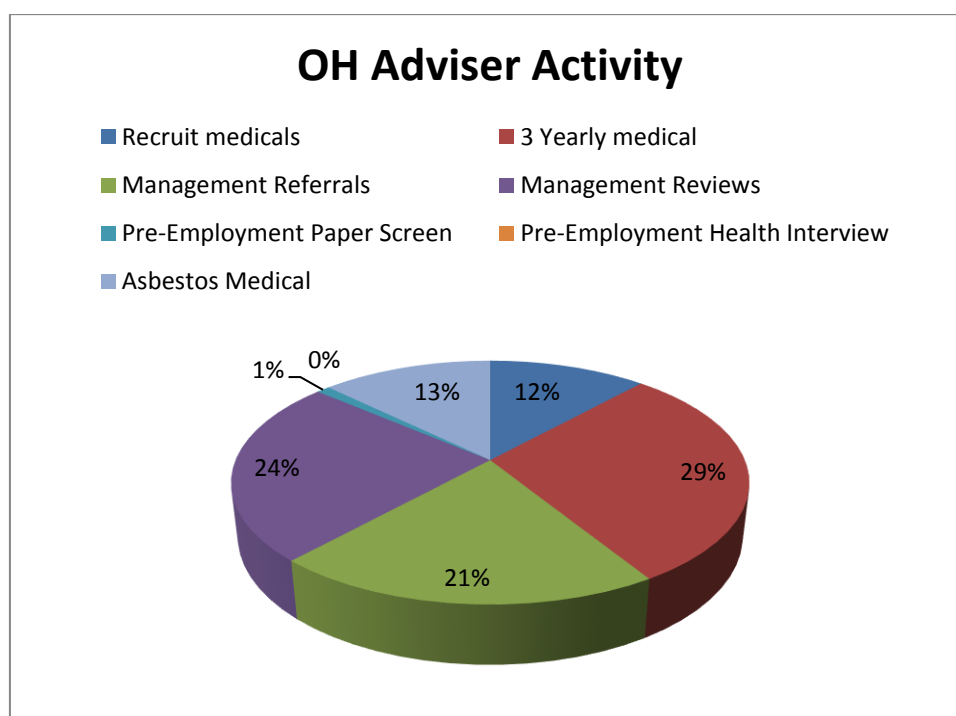
Figures for the last 4 years (second quarters) are provided for comparison.

2012	148 completed assessments
2013	190 completed assessments
2014	187 completed assessments
2015	249 completed assessments
2016	208 completed assessments



**Table B: Occupational Health Adviser Activity
1 April 2016 to 30 June 2016**

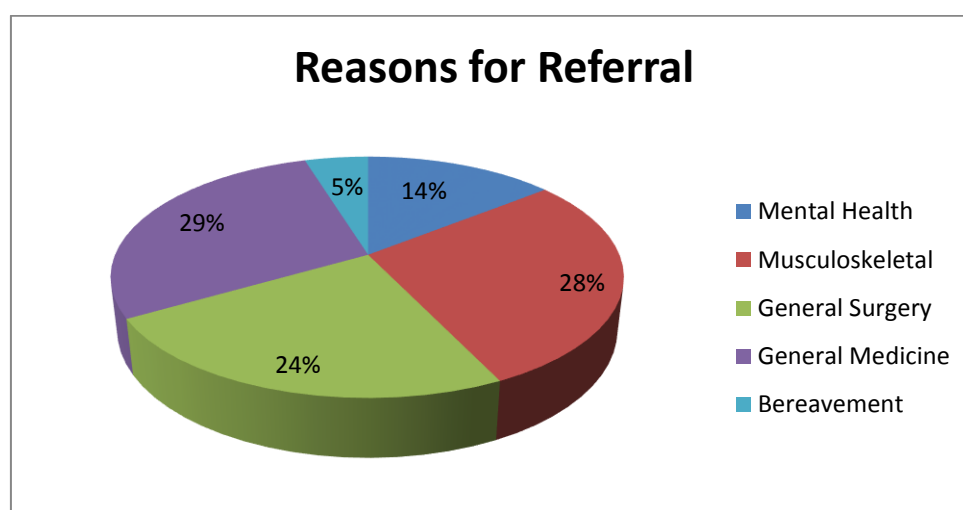
OH Adviser Appointments	Numbers Attended up to 31 Dec 2015	Numbers Attended Jan – March 2016	Numbers Attended April – June 2016	Did Not Attend (DNA)
Recruit Medical	31	14	12	0
3 Yearly Medical	148	51	30	1
Management Referrals	103	17	21	5
Management Referral Reviews	85	23	25	0
Pre-Employment Paper Screen	15	0	1	0
Pre-Employment Health Interview	1	0	0	0
Asbestos Medical	30	19	13	1
TOTAL	413	124	94	7



The current Did Not Attend (DNA) rate stands at 6.9%. The DNA rate has decreased over the last two quarters and continues to do so.

Table C: Reasons for Initial Management Referral Consultations to the OH Adviser

Reason	Number Seen up to 31 Dec 2015	Number Seen Jan – March 2016	Number seen April – June 2016	Year to date
Mental Health	26	6	3	9
Musculoskeletal	51	7	6	13
General Surgery	10	2	5	7
General Medicine	29	1	6	7
Pregnancy	5	1	0	1
Bereavement	1	0	1	1
Skin	1	0	0	0



The highest number of referrals received this quarter were in relation to musculoskeletal and general medical issues. There has been a drop in the number of referrals due to mental health reasons this quarter, and a greater number of referrals attributed to the general surgery category.

Stress and musculoskeletal injuries continue to top the list of causes of absence within the public and private sector.

Table D: Management Referral Outcomes

The following data shows the outcomes from manager referral cases received between 1 April 2016 and 30 June 2016

	Up to 31 Dec 2015	Jan – March 2016	April – June 2016	Year to date
At work no absence	33	6	6	12
Adapted return to work	25	4	4	8
Referral to physiotherapy	20	3	0	3
Referral to counselling	14	2	0	2
Return to work without restriction	39	9	9	18
Ongoing cases	17	1	2	3

At Work No Absence

For employees who are at work and have been referred for advice regarding issues/health problems at work, that has not resulted in sickness absence.

Adapted Return to Work

For employees returning to work on adaptations/restrictions or modifications following injury or illness resulting in sickness absence.

Referral to Physiotherapy or Counselling Service

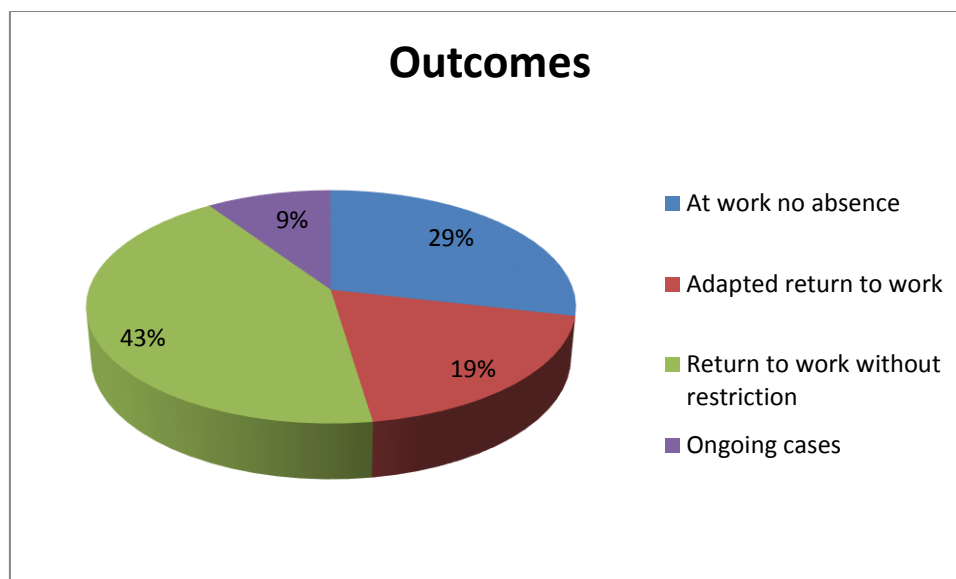
For employees requiring support during their absence from work with musculoskeletal problems or mental health issues.

Return to Work Without Restriction

These will be for employees referred for uncomplicated issues not requiring restrictions or adaptations to work activity, and for employees who have been seen by Occupational Health for review following a period at work on modifications and are now returned to full operational duties.

Ongoing Cases

This category is for cases ongoing, and for employees who have not been able to return to work yet, or are requiring support while at work.



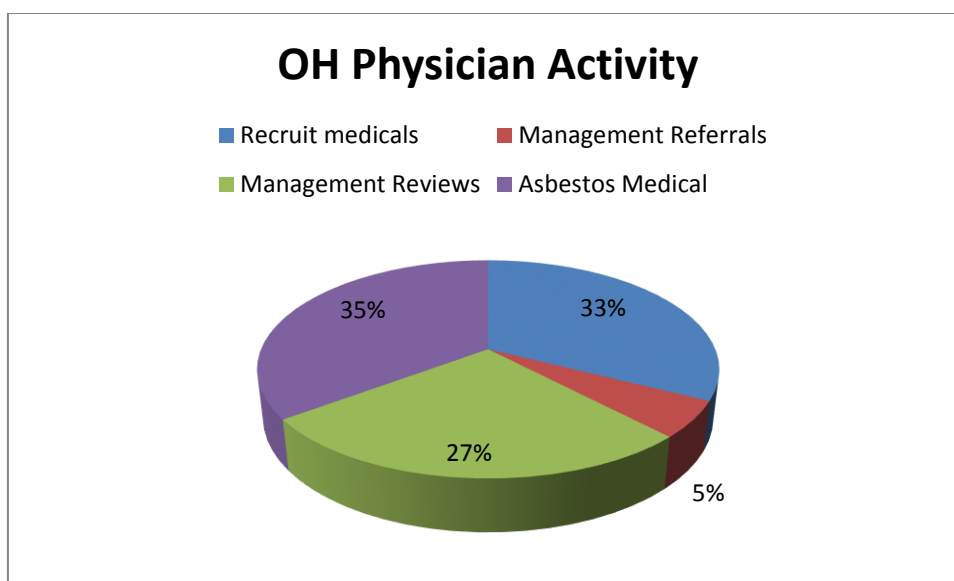
The above data highlights that out of the 21 cases referred to Occupational Health in this period, only 2 (9%) are ongoing, with others having a supported, timely return to work and some staff remaining in work and continuing to do so with additional support. Some staff were able to return to work without restrictions or modifications advised.

No employees have been referred for physiotherapy or counselling for this quarter.

Table E: Occupational Health Physician Activity 2016

OH Adviser Appointments	Numbers Attended up to 31 Dec 2015	Numbers Attended Jan – March 2016	Number Attended April – June 2016	Did Not Attend (DNA)
Recruit Medical	31	14	12	0
Management Referrals	9	3	2	0
Management Referral Reviews	14	7	10	0
Asbestos Medical	30	19	13	1
Bruce Protocol Assessment	0	3	0	0
TOTAL	84	46	37	1

The DNA rate for OH Physician appointments for this quarter is 1 appointment and that was in relation to an Asbestos medical.



Reasons for Initial Management Referral Consultations to the OH Physician

Reason	Number seen
Mental Health	1
Musculoskeletal	1
General Surgery	0
General Medicine	0

Of the two initial referrals to the Occupational Health Physician for this quarter, one remains in work with no adjustment and one case remains ongoing with continued support for the individual whilst at work and a review appointment arranged.

5 Financial Implications

There are no financial implications arising from this report.

6 Legal Comment

There are no legal implications arising from this report.

7 Initial Impact Assessment

This report contains merely statements of historical data. An Initial Impact Assessment is not, therefore, required.

8 Equality Impact Assessment

There are no equality or diversity implications arising from this report. An Equality Impact Assessment is not, therefore, required.

9 Appendices

There are no appendices attached to this report.

10 Background Papers

There are no background papers associated with this report.