

Update on Occupational Health Provision

Report of the Chief Fire Officer

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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 provider, Working Well Occupational Health and Wellbeing Services, part of the Worcestershire Acute Hospitals NHS Trust. In addition the report details how the Service will be provided from 2015.

2	Recommendations The Committee is requested to note the report.
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3 Background

Following a formal tender exercise, Shropshire and Wrekin and Hereford and Worcester Fire and Rescue Authorities jointly appointed Working Well Occupational Health and Wellbeing Services to deliver occupational health services for three years with effect from January 2012. This contract came up for review in June 2014, with the option of renewing for two one-year periods or cancelling.

In October 2013 Members were provided with an update on the service provided, which detailed some areas as causes for concern around service delivery. As some of these arose again, officers were considering the options available. At the same time the provider advised that they no longer wished to deliver the service in the same way at the same price. Their proposal involved sub-contracting the service out to a third party and increasing the cost. After discussion it was agreed by both parties to cease the contract at the end of the three-year period on 31 December 2014.

4 Planned Occupational Health Service Delivery 2015

Following discussion with officers it was agreed to trial a new way of delivering the OH service. The contract consists of four main elements, usually delivered by one provider:

- Occupational health nurse
- Administration
- Fitness
- Occupational health physician

The contract has been divided into three and discussions are at an advanced stage to award contracts to three separate providers / contractors. This method of delivery will be trialled for one year, with the option of extending for a further year.

Until contracts have been signed it would not be appropriate to detail the providers but the major contract, delivering the occupational health nurse and the administration element will remain with an NHS provider.

5 Summary of Activity to Date

This is a nurse-led service with nurse provision for six days each month, a reduction of two days per month from last year, and access to an appropriately qualified doctor for half a day each month. All operational staff undergo a fitness test annually.

Fitness Assessments

In the nine-month period from 1 January to 30 September 2014, 321 appointments were made, 309 individuals were seen and 15 did not attend (referred to as DNAs). Of the 309 attendees, 303 were passed fit and 6 were referred for medical advice.

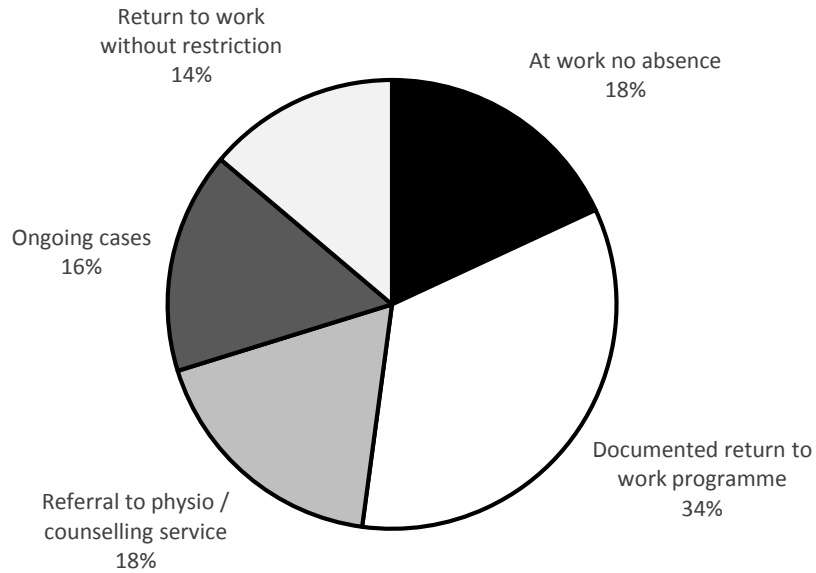
6 Case Management

The outcomes of the management of cases are shown below.

1 January 2014 – 30 September 2014

Outcome from case management	Number of outcomes per quarter				Running total
	Q1	Q2	Q3	Q4	
At work, no absence. Advice required	7	6	4		17
Documented return to work programme	10	12	10		32
Referral to counselling or physiotherapy	4	11	2		17
Return to work without restriction	7	6	2		15
Remaining unfit for work / ongoing cases	4	4	5		13

Shropshire Fire and Rescue Service
Outcomes from Case Management
1 January to 30 September 2014



32 employees returned to work on modified duties, prior to being fully fit for their full job role.

The 17 employees, who were referred for counselling or physiotherapy, received that support sooner than if they had been referred via their general practitioner. Evidence shows that early access to such services increases the likelihood of recovery and return to work sooner.

The nurse participates in the Service’s monthly attendance management meetings and the quarterly Health and Safety Committee meeting, which helps to ensure effective communication is maintained.

7 Financial Implications

There are no financial implications arising from this report.

8 Legal Comment

There are no legal implications arising from this report.

9 Initial Impact Assessment

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

10 Equality Impact Assessment

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

11 Appendices

There are no appendices attached to this report.

12 Background Papers

There are no background papers associated with this report.