

Update on Occupational Health Provision

Report of the Chief Fire Officer

For further information about this report please contact John Redmond, Chief Fire Officer, on 01743 260201 or Lisa Vickers, Human Resources Manager Contracts, on 01743 260287.

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.

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

As detailed in the last update to Committee 6 November 2014, 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 (OHN)
- Administration
- Fitness
- Occupational health physician (OHP)

The contract has been divided into three and awarded to separate providers

1. OH 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 awarded on a 1 year + 1 year basis and are due to enter the +1 year in December 2015. Working with 3 separate providers has required a high level of communication and cooperation between partners but has worked well in the first year.

4 Summary of Activity to Date

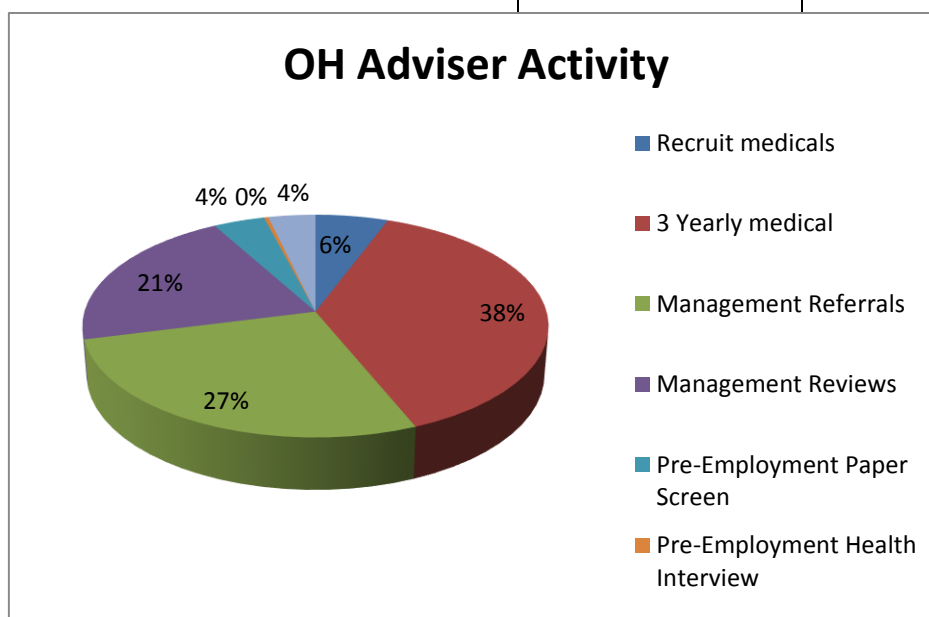
This is a nurse-led service with nurse provision for six days each month and access to an appropriately qualified doctor for a day each month. Due to HSE legislation it has been necessary to introduce an asbestos medical linked to the 3 yearly medical and part of this has to be carried out by a suitably qualified / registered OHP and this has increased the OHP time to 2 days per month. The process is causing some logistical issues, resulting in higher than average 'Did not Attend' (DNA) rates and thus this process is being reviewed within the constraints laid down by the HSE.

All operational staff undergo a fitness test annually.

Occupational Health Adviser Activity

1 December 2014 – 30 September 2015

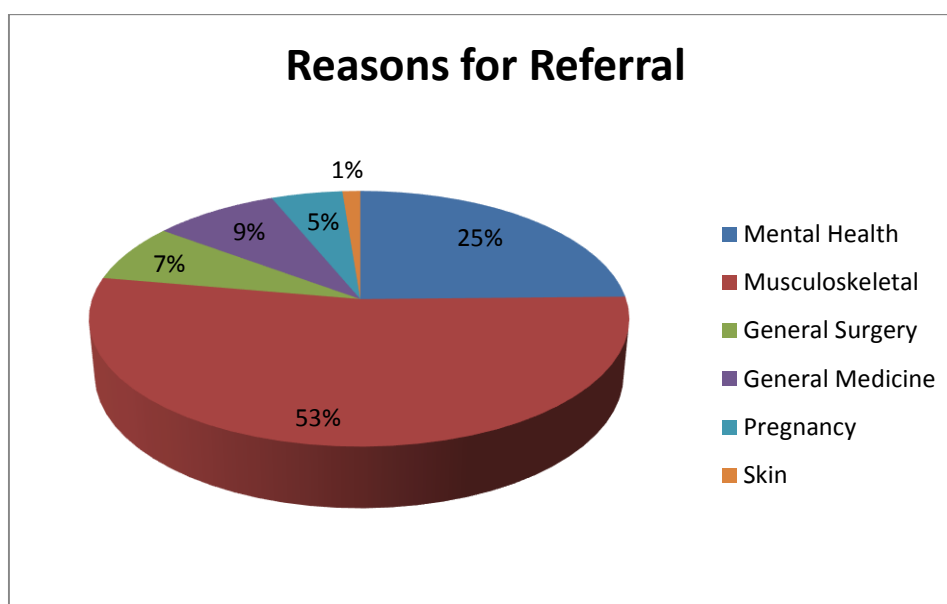
| OH Adviser Appointments | Number Attended | Did Not Attend (DNA) |
|---------------------------------|-----------------|----------------------|
| Recruit Medical | 17 | 0 |
| 3 Yearly Medical | 113 | 4 |
| Management Referrals | 81 | 11 |
| Management Referral Reviews | 62 | 0 |
| Pre-Employment Paper Screen | 12 | 0 |
| Pre-Employment Health Interview | 1 | 0 |
| Asbestos Medical | 11 | 14 |
| TOTAL | 297 | 29 |



The Did Not Attend (DNA) rate currently stands at 9.7% for this 10 month period. Ideally the maximum DNA rate should be around 5% and this would have been achieved, however there have been a large number of DNA's for the asbestos medicals, which has accounted for almost half of the DNA rate.

Reasons for Initial Management Referral Consultations to the OH Adviser

| Reason | Number seen |
|------------------|-------------|
| Mental Health | 20 |
| Musculoskeletal | 43 |
| General Surgery | 6 |
| General Medicine | 7 |
| Pregnancy | 4 |
| Skin | 1 |



Musculoskeletal issues remain the highest cause for new referrals received in Occupational Health, followed by mental health.

Stress and musculoskeletal injuries continue to top the list of causes of absence within the public and private sector (Department of Work & Pensions – Health at Work – An Independent Review of Sickness Absence).

For the contract to work efficiently timely assessment and effective two-way communication regarding long term sickness cases is necessary and the Occupational Health Service has built up a good working relationship with the Human Resources team to ensure that this is the case.

Management Referral Outcomes

The following data shows the outcomes from manager referral cases received between 1 December 2014 and 30 September 2015.

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.

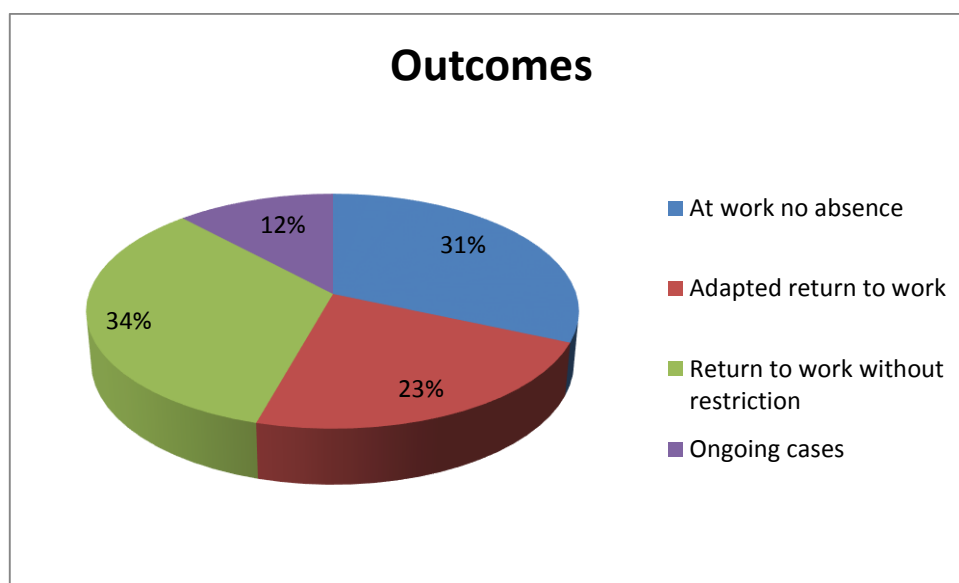
Return to Work Without Restriction

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.

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|------------------------------------|----|
| At work no absence | 29 |
| Adapted return to work | 21 |
| Return to work without restriction | 31 |
| Ongoing cases | 11 |



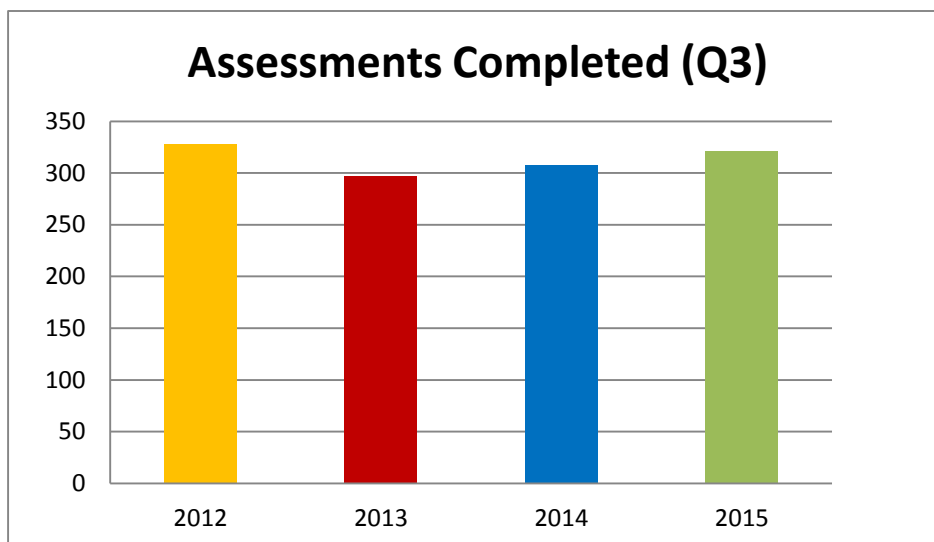
The above data highlights that, out of the 81 cases referred to Occupational Health in this 10 month period, only 11 are ongoing, with others having a supported, timely return to work and some staff remaining in work and continuing to do so with additional support. Some staff were able to return to work without restrictions or modifications advised.

14 employees have been referred for physiotherapy and 9 for counselling and have received treatment / support earlier than they would have through referral by their own General Practitioner.

Early intervention is key in the prevention of sickness absence and a reduction in the length of time an individual is off work.

Fitness Assessments up to Q3

| | |
|------|---------------------------|
| 2012 | 328 completed assessments |
| 2013 | 297 completed assessments |
| 2014 | 308 completed assessments |
| 2015 | 321 completed assessments |



321 assessments have been completed to date, which is typically the amount expected for the end of Q3, leaving the Service in a good position for covering all of the Brigade by the end of 2015. 96% of the individuals have been classed as fit / fit with advice with 4% classed as unfit.

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.