

## Occupational Health Provision - Annual Update

### Report of the Chief Fire Officer

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### 1 Purpose of Report

This report provides the annual update on the Occupational Health provision  
for the Service.

### 2 Recommendations

The Committee is asked to note the report.

### 3 Background

The Service's Occupational health (OH) provision is contracted out and  
divided into three contracts.

- Occupational Health Nurse/administration (OHN)
- Occupational Health Physician (OHP)
- Fitness testing

Prior to this OH was delivered by a single contract and prior to that inhouse  
except for the Physician function.

The OHN/admin function is provided by Shropshire Community Health NHS  
Trust under a contract until 31 March 2021. The value of this contract is £30k.  
This service delivers medical assessments/reviews prior to and during  
employment and manages OH records.

The OHP, is supplied under a contract with Shropshire Council until 31 March 2021, the value of this contract is £38k. This service delivers medical assessments/reviews prior to and during employment.

Fitness testing is provided under a contract with University of Worcester McClelland Centre until 31 March 2025. This contract went out to tender at the start of 2020; the tender process was run jointly with Hereford & Worcester Fire and Rescue Service. The contract runs for three years with two possible extensions of one year each. The value of the contract is £22k, however the Service, inline with fire and rescue services nationally is raising the fitness standard and thus retesting could increase the contract cost temporarily and provision has been made for this with Finance.

2020 has seen the world experience the COVID 19 pandemic and in the United Kingdom there have been two national lockdowns and various local restrictions. This has impacted on services provided by OH suppliers and continues to impact on the way these services are delivered.

As previously stated, the fitness contract went out to tender at the start of the year and was awarded prior to lockdown; it was planned to review the market and likely go out to tender at the end of 2020 for the other two contracts, but this has not been possible.

The OHN provider being part of the NHS has been required to deliver on COVID 19 issues.

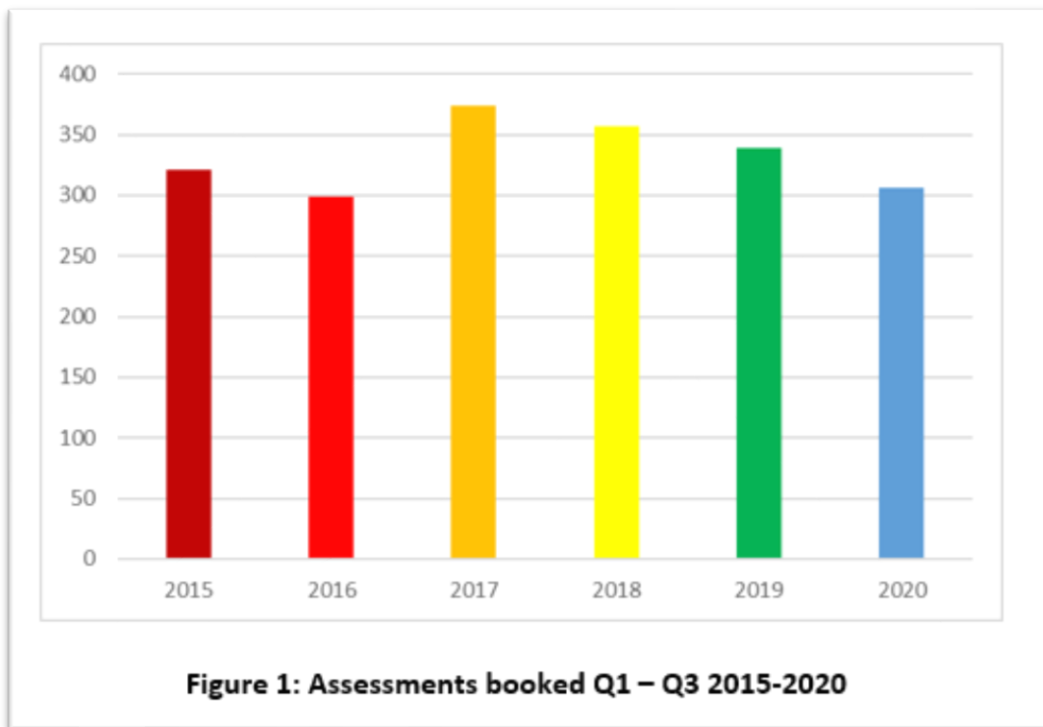
## **4 2020 Occupational Health Delivery**

### **Fitness data**

Fitness assessments have not been affected significantly overall by the pandemic, no service was available for the initial couple of months of lock down but was reinstated and as good progress had been made at the start of the year prior to COVID 19, by September tests were only down by 34 (averaged over 5 years). As at 22 November 2020, 356 tests were completed with a further 70 assessments booked, and 30 booked assessment catch up sessions planned.

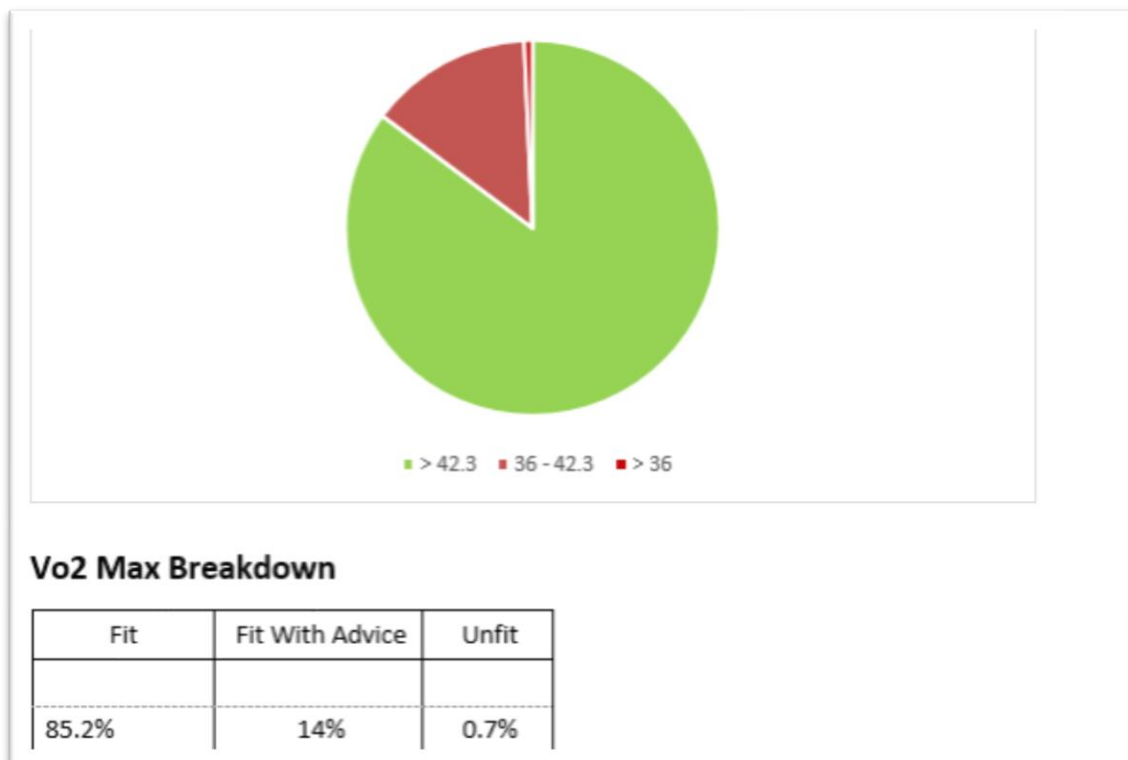
The following data represents the cumulative booked assessment figures across the last 6 years between the 1<sup>st</sup> January and 30<sup>th</sup> September for comparison.

- 2015            321    booked assessments
- 2016            299    booked assessments
- 2017            374    booked assessments
- 2018            357    booked assessments
- 2019            339    booked assessments
- 2020            306    booked assessment



The return of fitness tests has been achieved by the provider and the Service working closely to create and respond to risk assessments and subsequently delivering the service in COVID 19 secure environments.

The diagram below shows the percentage of staff fit, fit with advice (amber group as per the changing standards) and unfit.



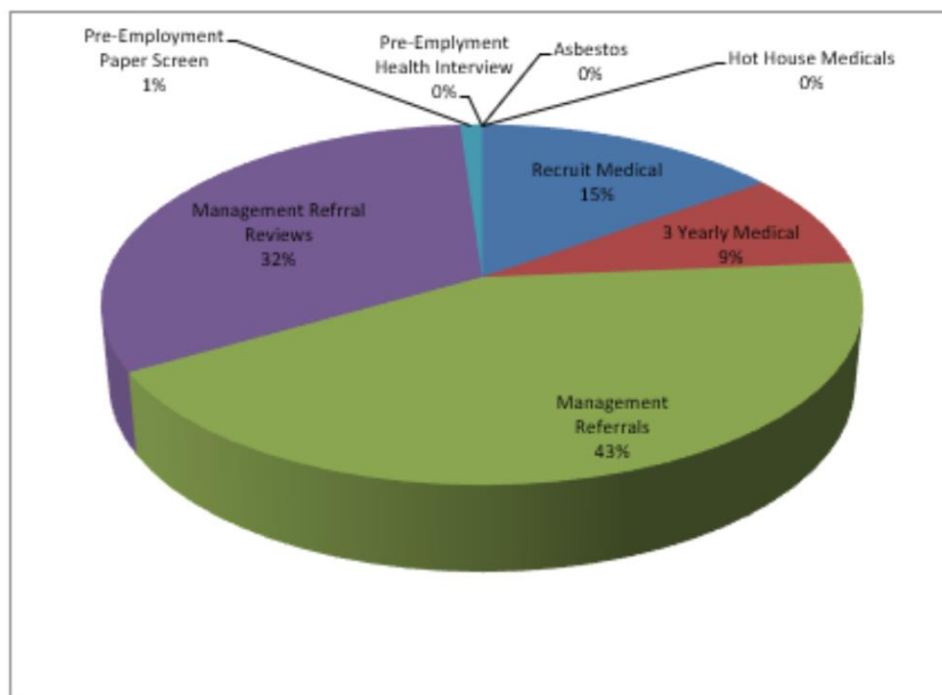
## Nurse/admin data

The data below shows the Nurse activity this year as compared with same period last year.

### Occupational Health Advisor Activity:

	Numbers Attended April to Dec 2019	Did Not Attend (DNA) April to Dec 2019	Numbers Attended January to March 2020	Did Not Attend (DNA) January to March 2020	Numbers Attended April to Sept 2020	Did Not Attend (DNA) April to Sept 2020
Recruit Medical	14	5	4	0	14	1
3 Yearly Medical	100	39	15	2	8	1
Management Referrals	68	12	26	0	40	4
Management Referral Reviews	21	0	12	2	30	5
Pre-Employment Paper Screen	12	0	2	0	1	0
Pre-Employment Health Interview	0	0	0	0	0	0
Asbestos Medical	33	36	10	8	0	0
Hot House Medical	12	0	0	0	0	0
<b>TOTAL</b>	<b>260</b>	<b>128</b>	<b>69</b>	<b>12</b>	<b>93</b>	<b>11</b>

### OH ADVISOR ACTIVITY as a % of TOTAL SEEN:



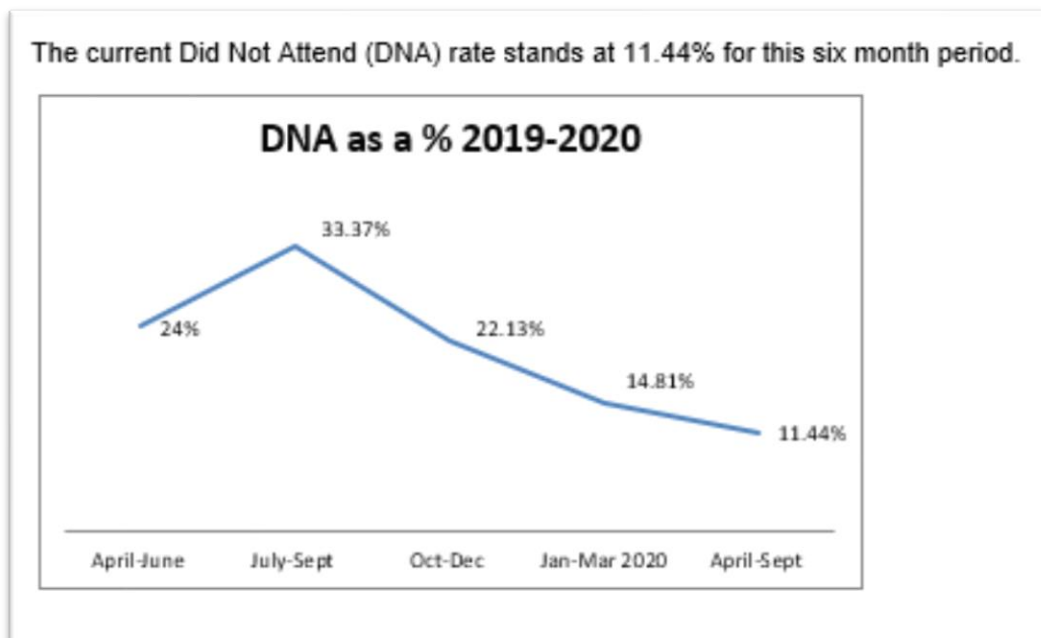
Due to the global health crisis during this time period, face-to-face contacts have been temporarily suspended. This has had an impact on the number of three 3 yearly / recruit medicals and asbestos medicals. Management referrals are being completed via telephone. A limited number of face-to-face appointments have been re-instated around medicals to allow essential recruitment to take place, these are conducted following strict COVID 19 secure procedures and are held in large well-ventilated rooms.

During the period that this report covers, Occupational Health has attended all but one of the scheduled Sickness Absence meetings.

For the second year running Occupational Health is delivering flu vaccinations on site to staff who want them.

Due to the current global health crisis and following guidelines from the Health and Safety Executive (HSE), Occupational Health have been unable to complete clinical Lung Function tests and see clients on a face to face basis. As restrictions have been updated Occupational Health has reintroduced some face to face appointments following a robust risk assessment (e.g. recruit medicals, 3 yearly medicals). Spirometry is classed as an aerosol generating procedure and therefore carries its own risks - again following a robust risk assessment it has been agreed that this can be undertaken for the Recruit Medicals using a large meeting room at Shrewsbury

The current Did Not Attend (DNA) rate stands at 11.44% for this six-month period.

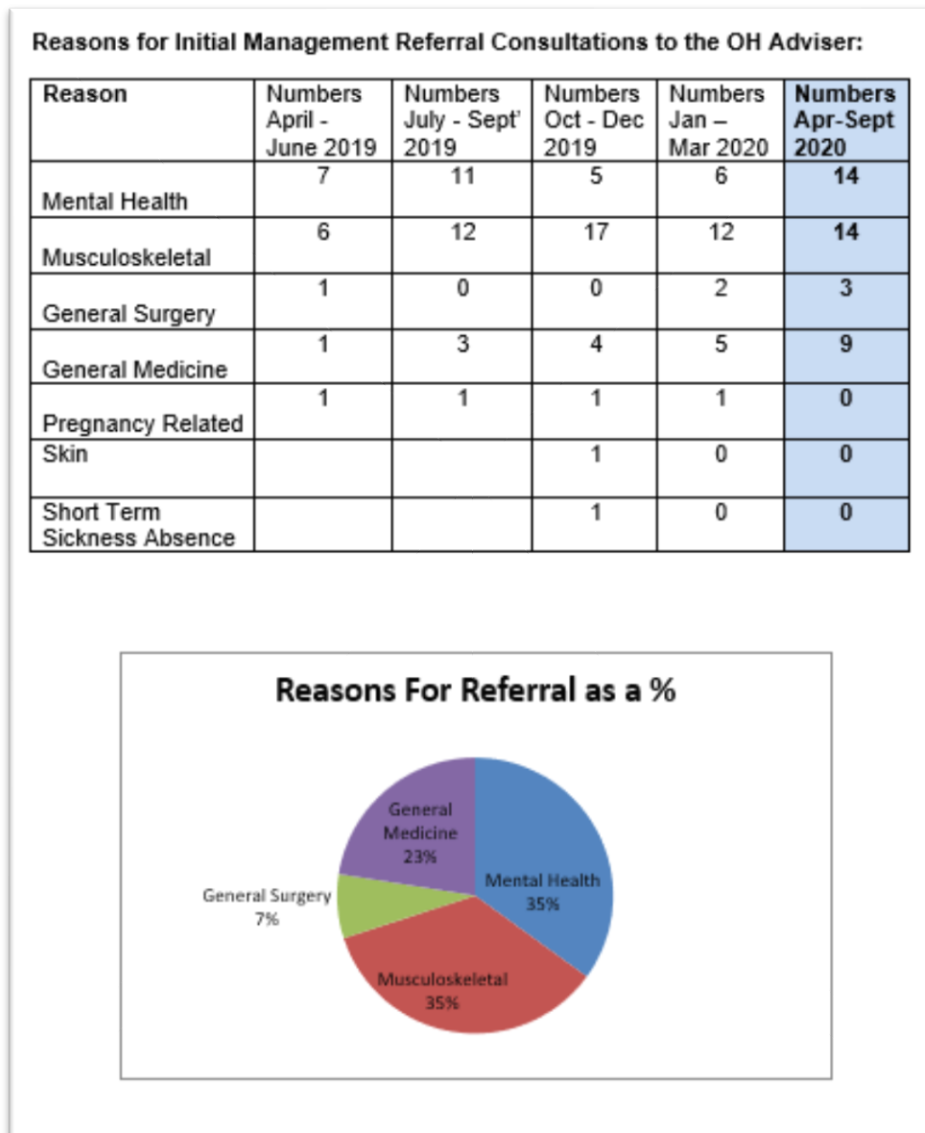


Occupational Health are also delivering COVID 19 age risk assessments as developed by the Association of Local Authority Medical Advisors (ALAMA). This provides another layer of protection for the at risk of COVID 19 complications group.

When the pandemic is controlled a plan will need to be implemented to follow up on paper review asbestos medicals, catch up on 3 yearly medicals and any other outstanding elements of medical surveillance. It is not possible to plan this in detail yet.

The following information chart demonstrates that for this six-month period musculoskeletal and mental health issues were jointly the most common reason for referral to Occupational Health.

Mental ill health is increasingly prevalent as a cause of both short- and long-term absence. Along with stress, musculoskeletal injuries and acute medical conditions, it remains most commonly responsible for long-term absence. (CIPD Health and Wellbeing at Work report 2019).



### Schedule of Service Activity

This table below displays the estimated number of activities undertaken by the Occupational Health service as outlined in the Service Level Agreement and compares the actual activity undertaken as a percentage for the first quarter period. As previously detailed there has been a decrease in several areas due to the impact of COVID 19 and HSE regulations.

### Schedule of Service Activity

This table displays the estimated number of activities undertaken by the Occupational Health Service as outlined in the Service Level Agreement and compares the actual activity undertaken as a percentage for the first quarter period.

Schedule of Service (Appendix B of contract)	Annual Estimated Numbers	Total January to March 2020	% Uptake 1 <sup>st</sup> quarter 2020	Total April to Sept 2020	% Uptake 3rd quarter 2020
Pre-employment (Recruit) medical examination (OH Adviser, OH Physician and Fitness Adviser)	60	4	6.66%	14	30%
Three yearly medical examination (OH Adviser)	166	15	9.03%	8	13.85%
Long Term and other sickness/injury medical examinations and reviews (OH Adviser)	160	38	23.75%	70	67.5%
Hot Fire Training medical examinations	9	0	0%	0	0%
Audiometry testing – Hearing screening for Control Staff and other relevant occupational groups (OH Adviser)	*	3	0	1	
Workplace Assessments – provision of advice on risks inherent/likely in working methods, work location and environment	5	0	0	0	
Health Promotion	4 half days	1	25%	0	25%
Asbestos medicals	166	10	6.02%	0	6.02%

*Please note the above figures do not include Did Not Attend (where an appointment has been booked and an individual does not give prior notice that they will not be attending)*

The following chart details the activities undertaken by the Service Doctor.  
(Asbestos paper reviews not full procedure due to HSE regs)

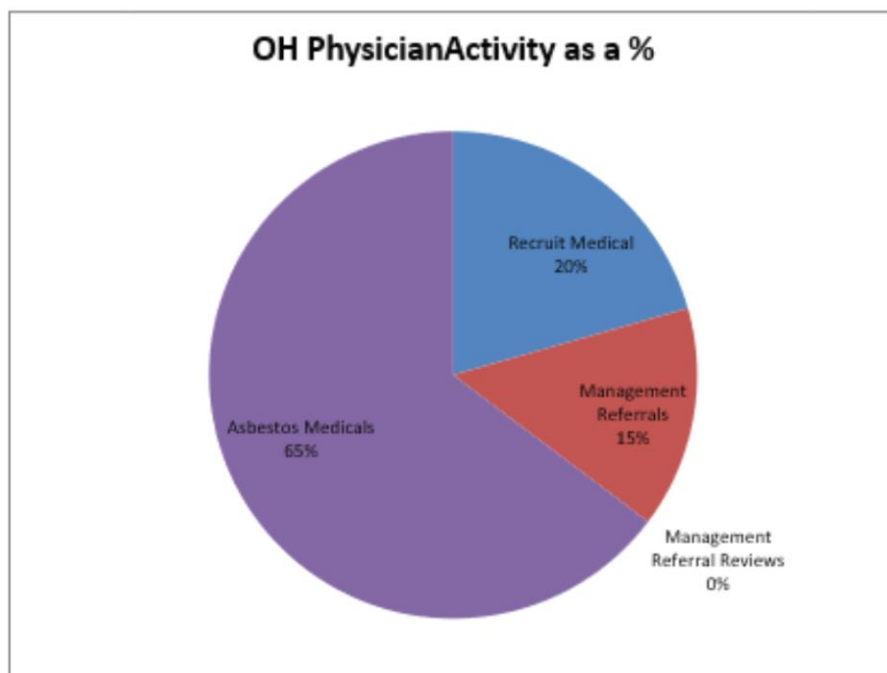


**Occupational Health Physician Activity**

**1<sup>st</sup> April- 30th September 2020**

OH Physician Appointments	Number Attended April to June 2019	Did Not Attend April to June 2019	Number Attended July to Sept 2019	Did Not Attend July to Sept 2019	Number Attended Oct to Dec 2019	Did Not attend Oct to Dec 2019	Number Attended Jan to March 2020	Did Not Attend Jan to March 2020	Number attended April to Sept 2020	Did Not Attend April to Sept 2020
Recruit Medical	6	3	13	2	5	0	4	0	14	1
Management Referrals	6	1	1	1	4	0	2	0	10	8
Management Referral Reviews	9	6	7	3	6	0	7	3	0	0
Asbestos Medical	13	7	11	19	9	10	10	8	44	10
Bruce Protocol Assessment	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>34</b>	<b>17</b>	<b>32</b>	<b>25</b>	<b>24</b>	<b>10</b>	<b>23</b>	<b>11</b>	<b>68</b>	<b>19</b>

The DNA rate for OH Physician appointments for this six month period is 21.83%,



To conclude all the providers have been thanked for reinstating a level of service as soon as possible and working with the Service to ensure it is able to deliver a vital public service.



## **AD-hoc OH services**

In addition to the three main areas of OH delivery several specialists provide OH services as required- including but not exhaustive list.

- Psychiatrist support- limited
- Clinical chartered psychology support –approx. £8k to cover all providers
- General counselling- see above
- Physiotherapy-approx. £2k
- EMDR- approx. £1k

## **5 Capacity**

There are no capacity impacts arising from this report.

## **6 Fire Alliance / Collaboration / Partnership Working**

There are no impacts arising from this report.

## **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 Community Safety**

There are no community safety impacts arising from this report.

## **10 Environmental**

There are no environmental impacts arising from this report.

## **11 Equality Impact Assessment**

There are no equality or diversity implications arising from this report. An e-EQIA is not, therefore, required.

## **12 Health and Safety**

There are no health and safety impacts arising from this report.

## **13 Human Rights (including Data Protection)**

There are no human rights impacts arising from this report.

## **14 ICT**

There are no ICT impacts arising from this report.

## **15 Public Value / Service Delivery**

There are no public value or service delivery impacts arising from this report.

## **16 Reputation**

There are no reputational impacts arising from this report.

## **17 Security**

There are no security impacts arising from this report.

## **18 Training**

There are no training impacts arising from this report.

## **19 Appendices**

There are no appendices attached to this report.

## **20 Background Papers**

There are no background papers associated with this report.