

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 Shropshire Council (Occupational Health Physician).

2 Recommendations

The Committee is requested to note the report.

3 Background

Since November 2014 the OH contract has been divided into separate areas and awarded to three contractors:

- Occupational Health nursing and administration.(OHN)
- Fitness.
- Occupational Health physician (OHP)

The contracts were initially awarded on a one year (+ 1) basis and are currently due to expire in February 2018. It is likely, given potential future structural changes that these contracts will be extended for a further period.

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 been necessary to introduce an asbestos medical linked to the three yearly medical, and part of this has to be carried out by a suitably qualified/registered physician.

This has increased the OHP time to two days per month. All operational staff undergo a fitness test annually.

Commentary for SFRS Q1 2017 Fitness Assessments

The following data represents the cumulative booked fitness assessment figures across the last four years between the 1 January and 30 June for comparison.

2014	187	booked assessments
2015	249	booked assessments
2016	208	booked assessments
2017	235	booked assessments

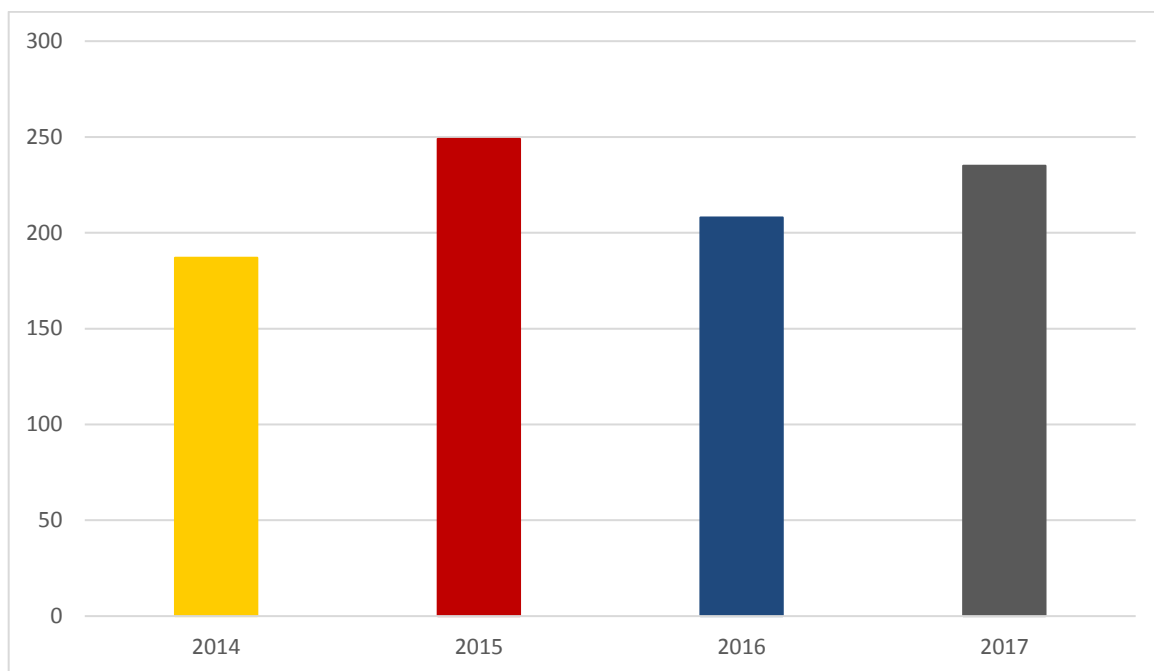


Figure 1 above: Fitness Assessments Booked Q1 & Q2 2014 - 2017

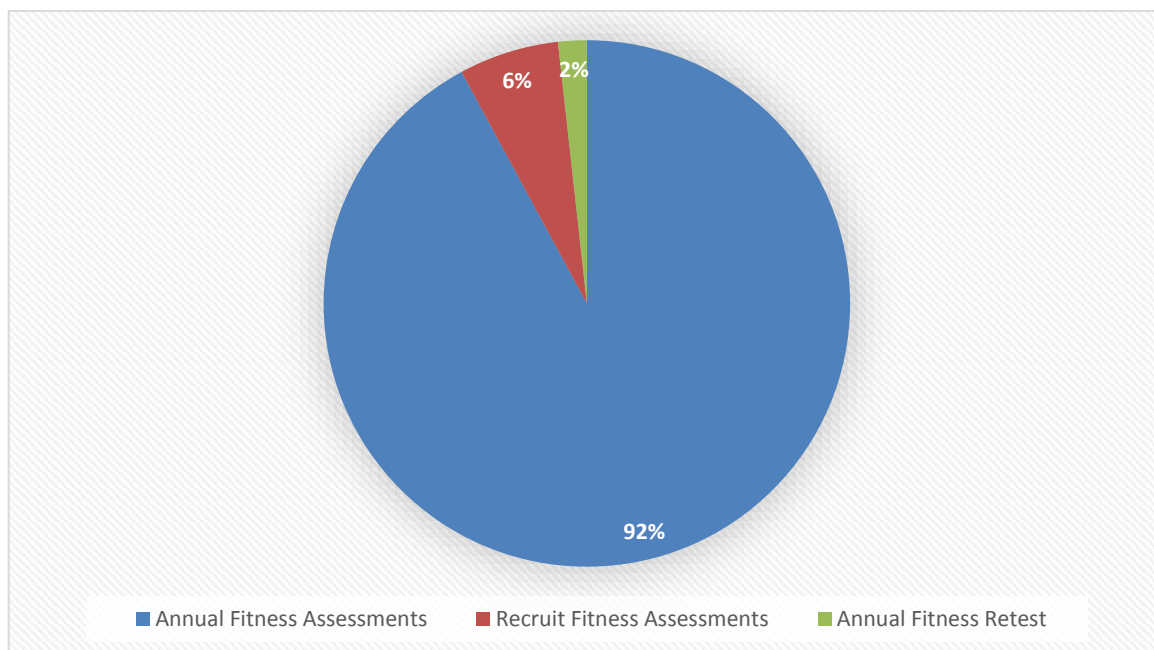


Figure 2 above: Completed Fitness Assessments Breakdown

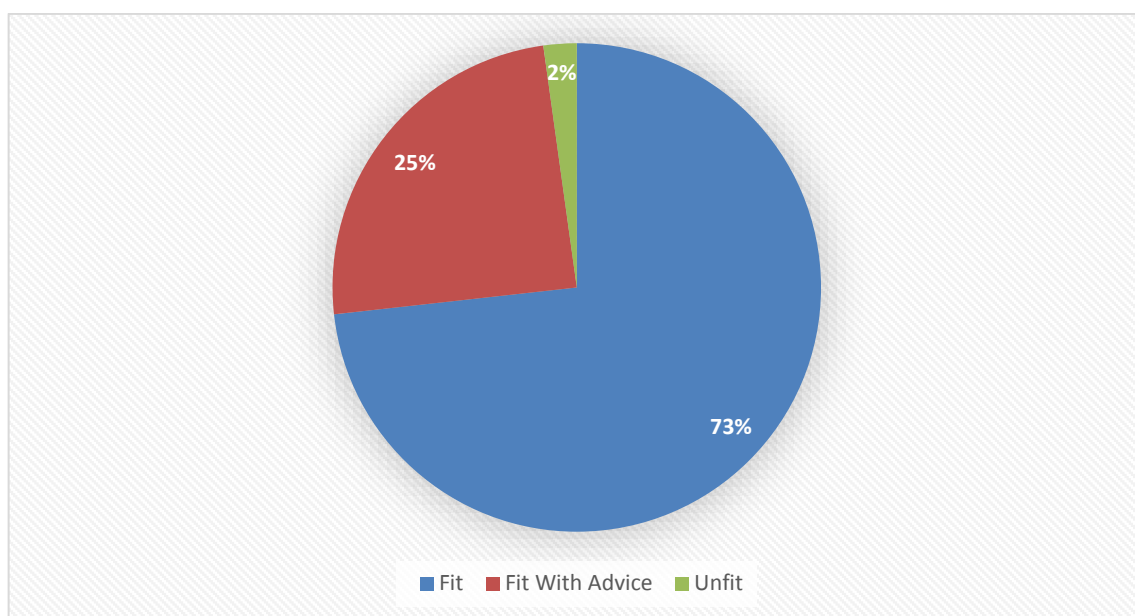
Annual Fitness Assessments	Recruit Fitness Assessments	Annual Fitness Retest	Recruit Retests
210	14	4	0

Total: 228 Completed

7 - Did Not Attend (DNA)

The provider attended a retained station in April to undertake scheduled fitness assessments. On arrival at the station, it was found that no firefighters were present. Therefore 6 of the 7 DNAs were generated from that one station.

VO2 Max Scores

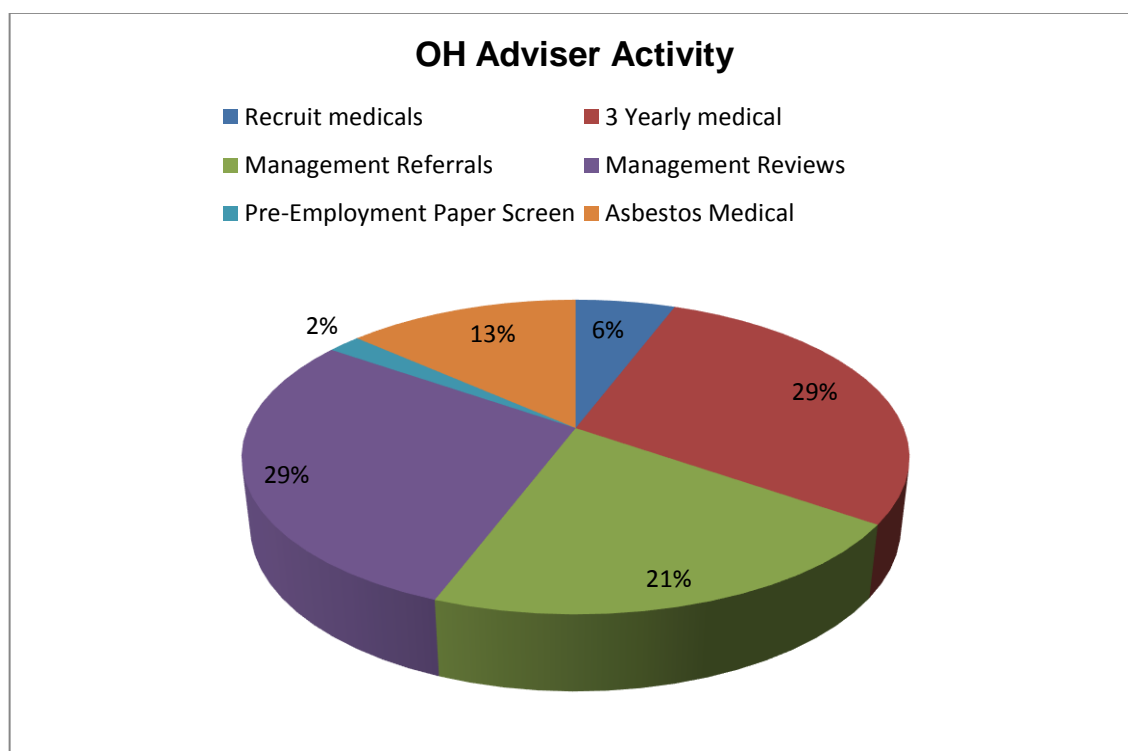


VO2 Max Breakdown

Fit	Fit With Advice	Unfit
167	56	5

Occupational Health Adviser Activity 1 January to 30 June 2017

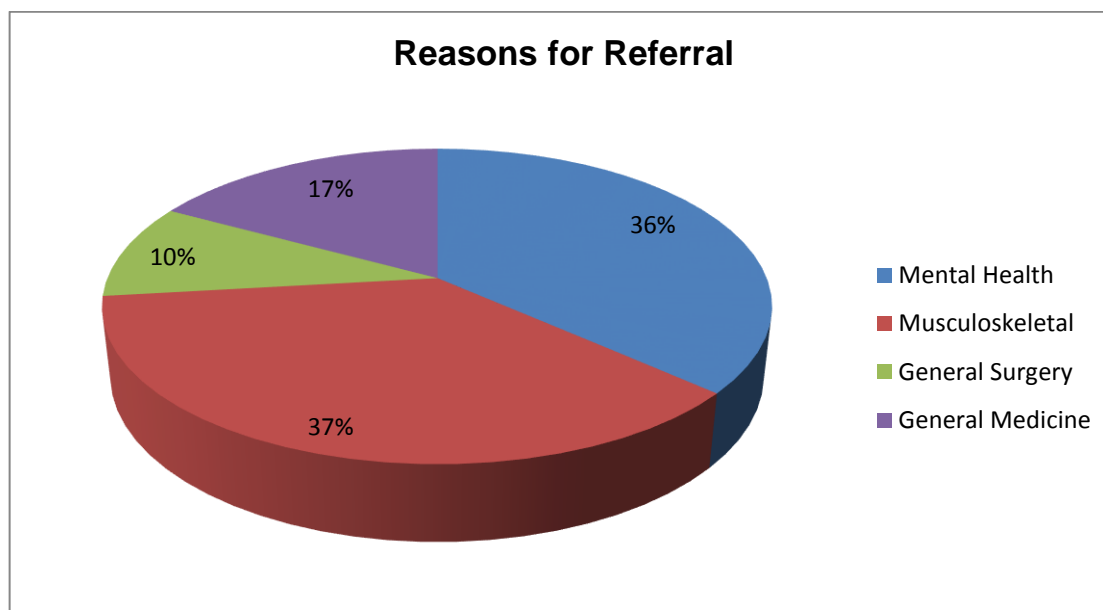
OH Adviser Appointments	Numbers Attended up to 31 Dec 2015	Numbers Attended Jan – Dec 2016	Number Attended (Jan – Jun)	Did Not Attend (DNA)
Recruit Medical	31	47	11	1
3 Yearly Medical	148	167	40	2
Management Referrals	103	76	41	14
Management Referral Reviews	85	106	30	0
Pre-Employment Paper Screen	15	5	3	0
Pre-Employment Health Interview	1	3	1	0
Asbestos Medical	30	70	33	0
TOTAL	413	474	159	14



The current Did Not Attend (DNA) rate stands at 8.8% just over the 5% target. It would appear that the DNA has risen again in the last six months. It has been noted that the majority of these are around attending management referral review consultations.

Reasons for Initial Management Referral Consultations to the OH Adviser

Reason	Number Seen up to 31 Dec 2015	Number Seen Jan – Dec 2016	Number seen Jan – Jun 2017
Mental Health	26	18	15
Musculoskeletal	51	27	15
General Surgery	10	14	4
General Medicine	29	14	7



Musculoskeletal issues remain the highest reason for referral followed closely by mental health issues. General surgery and general medical issues come out at the same level for this period with a slight increase in the number of general medicine cases seen.

Musculoskeletal injuries and stress 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 January 2017 and 30 June 2017

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.

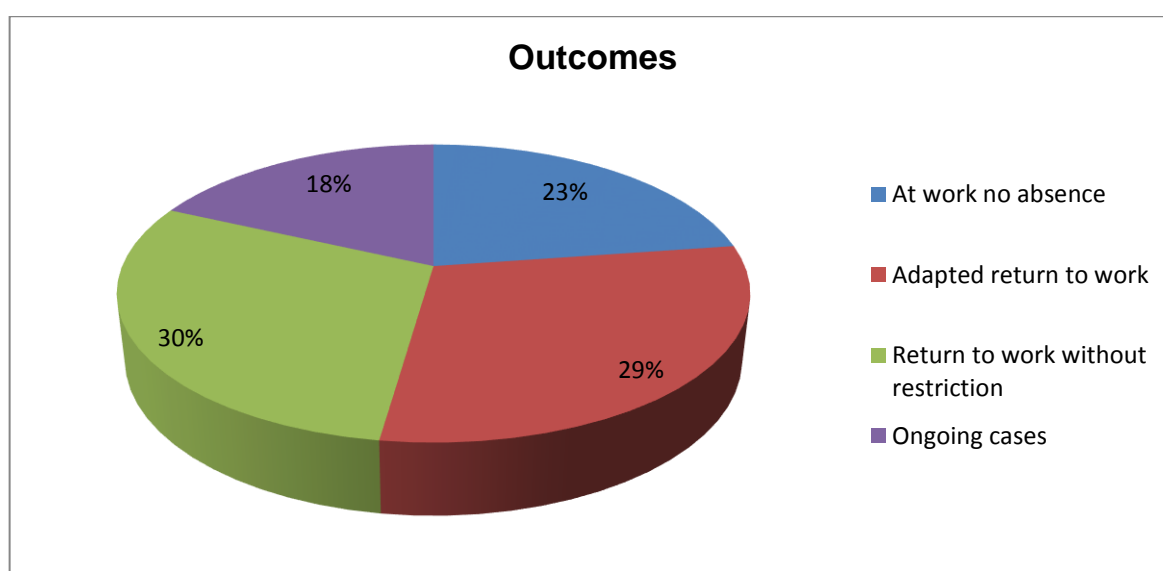
Return to Work Without Restriction

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.

	Up to 31 Dec 2015	Jan – Dec 2016	Jan to Jun 2017
At work no absence	33	21	10
Adapted return to work	25	17	13
Referral to physiotherapy	20	6	6
Referral to counselling	14	3	6
Return to work without restriction	39	27	13
Ongoing cases	17	14	8



The data highlights that out of all cases referred to Occupational Health in this period, 8 (19%) are ongoing to be either reviewed by the OH Adviser or referred onto the OH Physician, with others having a supported, timely return to work and some staff remaining in work and continuing to do so with additional support. 10 members of staff were able to return to work without restrictions or modifications advised.

Schedule of Service Activity

The table below displays the estimated number of activities undertaken by the Occupational Health provider as outlined in the Service Level Agreement and compares the actual activity undertaken as a percentage for a 12 month period.

Schedule of Service (Appendix B of contract)	Annual Estimated Numbers	Total January - Dec 2016	Actual Jan to Jun 2017	% Uptake
Pre-employment (Recruit) medical examination (OH Adviser, OH Physician and Fitness Advisor)	60	47	11	18.3%
Three yearly medical examination (OH Adviser)	166	167	40	24%
Long Term and other sickness/injury medical examinations and reviews (OH Adviser)	160	174	41	25.6%
Hot Fire Training medical examinations (OH Adviser and OH Physician)	6	4	4	66%
Audiometry testing – Hearing screening for Control Staff and other relevant occupational groups (OH Adviser)	*	0	0	0
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	0	0	0
Asbestos medicals	166	70	33	19.8%

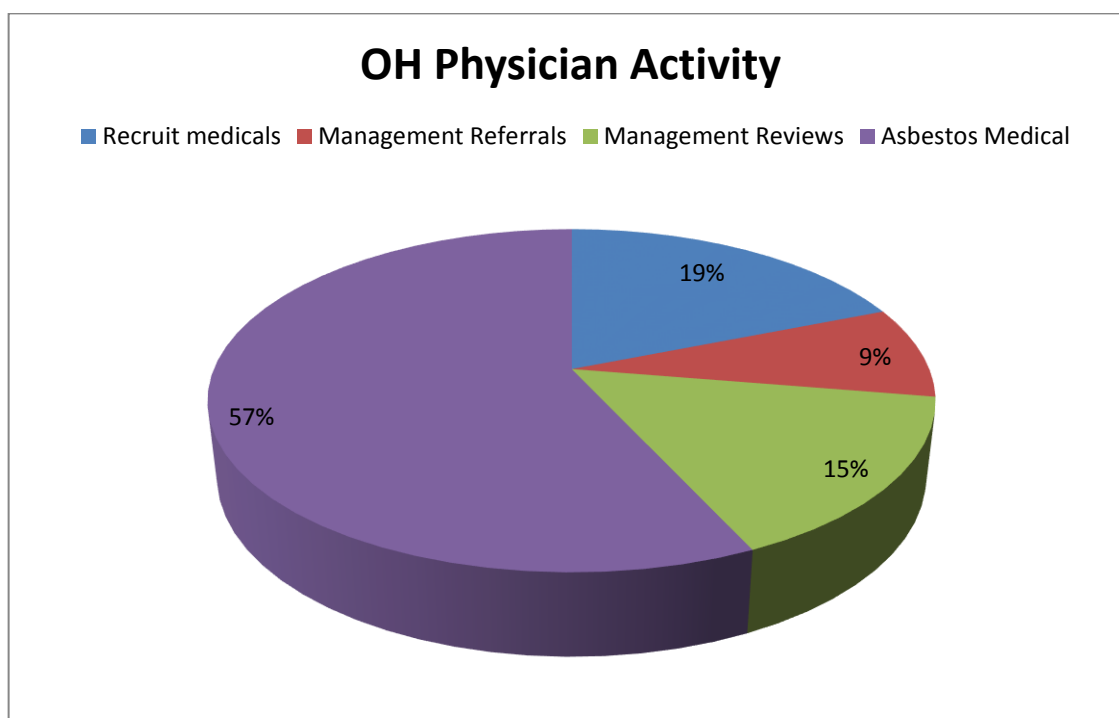
Please note the above figures do not include Did Not Attends (where an appointment has been booked and an individual does not give any prior notice that they will not be attending)

*Fire Service to provide information on requirement following risk assessment of mechanics

Occupational Health Physician Activity 1 January 2017 to 30 June 2017

OH Adviser Appointments	Numbers Attended up to 31 Dec 2015	Numbers Attended Jan – Dec 2016	Number Attended Jan-Jun 2017	Did Not Attend (DNA)
Recruit Medical	31	7	11	1
Management Referrals	9	9	5	3
Management Referral Reviews	14	37	9	1
Asbestos Medical	30	70	33	0
Bruce Protocol Assessment	0	3	1	0
TOTAL	84	166	59	5

NB: the **Bruce Protocol** is a maximal exercise test where the athlete works to complete exhaustion as the treadmill speed and incline is increased every three minutes (See chart). The length of time on the treadmill is the test score and can be used to estimate the VO2 max value



Reasons for Initial Management Referral Consultations to the OH Physician

Reason	Number seen
Mental Health	8
Musculoskeletal	3
General Surgery	0
General Medicine	3

Of the five initial referrals to the Occupational Health Physician for this period, four individuals have now returned to work and the other will be reviewed as advised.

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.