

## Occupational Health Provision Annual Update 2026

### Report of the Chief Fire Officer

For further information about this report please contact Simon Hardiman, Chief Fire Officer, on 01743 260200, or Zoe Gittins, Human Resources Officer, on 01743 260207.

#### 1 Executive Summary

This report provides an overview of the Service's Occupational Health provision, covering both fitness testing, health surveillance, and wider health-related activities.

#### 2 Recommendations

The Strategy and Resources Committee is asked to note the report.

#### 3 Background

The Service's Occupational Health provision is contracted out and divided into two contracts.

- Fitness Testing
- Occupational Health (Technician, Clinician, and Doctor)

Fitness testing is provided under a contract with the University of Worcester McClelland Centre until 31 March 2026. A 1-year extension has been applied to 31 March 2027. The value of the contract is £51,630 per year.

The contract covers annual fitness assessments for all staff plus an extended service to cover the change in national fitness standards and support staff who fall into the Amber category. This service includes an additional 120 tests, intensive 1-2-1 support from the Fitness Advisor, and liaison and support from the Fitness Advisor to the Service's Fitness Associate Trainers, to enable them to better support staff.

The Occupational Health function is provided by Health Partners under a contract until 31 March 2027. The value of this contract is £80,263.74 per year. This service delivers medical assessments, referrals, reviews, pre-employment assessments and manages Occupational Health records.

The Committee are asked to note that it has not been possible to provide data for Quarter 1 as the previous Occupational Health Provider supplied no management information for that timeframe. The report therefore focuses on activity and data from Quarter 2 to Quarter 4, provided by our current provider.

## 4 Summary of Activity to Date

### 4.1 Fitness

Currently, the Service operates a three-tier fitness assessment programme. The categories are Green, Amber and Red. A definition of each is shown below.

Green Category: Employees are fully fit for operational duties having reached, or exceeded, the minimum acceptable level for their role. They are then re-tested in 12 months.

Amber Category: Employees are considered fit for operational duties, but with advice from the Fitness Advisor. They are then contacted by the Fitness Advisor and provided with a Fitness Improvement Plan which is supported by Fitness Associate Trainer. They are then re-tested within 12 weeks with a view to reaching the Green Category.

Red Category: Employees are considered unfit and are removed from operational duties. They are provided with a Fitness Improvement Plan which is supported by Fitness Associate Trainer. They are then re-tested within 12 weeks with a view to reaching the either the Amber or Green Category.

During 2025, all staff who underwent fitness testing achieved a Green score, with the exception of one individual who recorded an Amber result. The employee in the Amber category was placed on a Fitness Trainer Journey, which is scheduled for completion in Quarter 1 of 2026.

The table below shows the breakdown by Quarter:

	Tests conducted	Tests passed (Green score)
Q1	115	115 (100%)
Q2	124	124 (100%)
Q3	100	100 (100%)
Q4	123	122 (99%)
<b>Total</b>	<b>462</b>	<b>461</b>

95% of operational staff were tested, resulting in a 99.8% pass rate for 2025. For the remaining 5% who were not tested, it is likely that factors such as long-term sickness absence or extended periods of leave contributed to non-attendance. The Fitness Advisor will conduct mop-up sessions in Quarter 1 of 2026 to ensure that outstanding assessments are completed.

## 4.2 Occupational Health Activity

### Health Surveillance

Health surveillance refers to routine three yearly medical and 'Hot House' medicals undertaken by Occupational Health Technicians.

A firefighter routine medical is a multi-component clinical assessment including cardiovascular screening, respiratory evaluation, hearing and vision testing, musculoskeletal checks, and an Occupational Health physician review

Hot House medicals are undertaken by all training staff, and any staff who support the training team. They mirror the routine medical assessment but are undertaken every 6 months.

Between Quarter 2 and Quarter 4 of 2025, a total of 314 staff were scheduled to attend a medical assessment. All 314 appointments were booked; however, only 125 were completed, with 189 recorded as Did Not Attend (DNA). While the DNA figure appears high, it does not account for individuals who were absent from the workplace during the assessment period, including those on long-term sickness absence or extended annual leave.

Feedback has been gathered from staff through station visits and from the Occupational Health provider during monthly contract meetings. A number of contributing factors to the Did Not Attend (DNA) rate were identified. The following section outlines these factors, the actions taken to address them, and the ongoing work with staff, managers, and the Occupational Health Department to improve engagement with the medical assessment process.

- **Employees were not receiving notification that their appointment had been booked.**

Investigations identified that the issue primarily resulted from outdated contact information and instances where employees were not routinely monitoring their email accounts. Communications were subsequently issued to all staff, reminding them of the need to ensure their personal details are accurate and to emphasise the importance of regularly checking email correspondence.

Staff are also reminded during their annual IPDR to review and update their personal information on MyView. Updated details are then provided to the Occupational Health provider to ensure accurate and timely communication.

- **Employees reported receiving insufficient notice of appointments.**  
The appointment booking function has been transferred back to the HR Department, allowing for longer notification periods to be issued to staff. However, the extent of notice that can be provided continues to be constrained by the capabilities of the Occupational Health system. This limitation has been communicated to all staff, and we continue to work collaboratively with our Occupational Health Provider to explore opportunities to extend notification periods wherever possible.
- **Appointment notifications lacked clear information regarding the cancellation process.**  
Updated communications have been issued to all staff outlining the correct cancellation process. With the booking function now managed by the HR Department, staff can be reallocated a new appointment promptly once a cancellation is received.

We are also working with the Occupational Health Provider to determine whether the automated email generated by their system can be amended to include clear information on the cancellation process.

- **Appointment Availability**  
Health Surveillance appointments are currently offered Monday to Friday between 09:00 and 15:00. Feedback from staff indicates that these times are not suitable for all employees, particularly On Call staff who have primary employment and therefore limited availability during standard working hours.

We are working with the Occupational Health Provider to explore the feasibility of delivering Health Surveillance appointments at On Call Stations. This approach aims to provide greater flexibility for staff and reduce costs associated with travel and attendance when appointments are scheduled at Headquarters.

- **Appointment Allocation**  
Staff reported that, despite providing information on their availability to attend a medical appointment, this was not always taken into account. Although the HR Department endeavours to schedule appointments in line with staff availability, flexibility is limited, as Health Surveillance clinics are only offered on specific days in accordance with the Occupational Health contract.

We are working with the Occupational Health Provider to explore options for increasing flexibility in clinic allocation. This includes considering the feasibility of splitting clinics, which would provide additional dates and create further opportunities for staff to attend appointments at times more suitable for them.

It is anticipated that the measures detailed above will help reduce DNA levels, and we continue to work with managers, staff, and the Occupational Health Provider to support improved engagement with the medical assessment process.

**Occupational Health Nurse and Doctor**

The following data covers activities undertaken by Health Partners (Occupational Health) Service for the period 1 April to 31 December 2025. This relates solely to activities undertaken by the Occupational Health Nurse and/or the Occupational Health Physician.

The table below shows the total appointments offered (initial referral and review appointments) attended during 2025.

	<b>Offered</b>	<b>Attended</b>	<b>Cancelled</b>	<b>DNA</b>
<b>Q2</b>	70	45	22	3
<b>Q3</b>	81	42	35	4
<b>Q4</b>	85	45	30	10
<b>Total</b>	<b>236</b>	<b>132</b>	<b>87</b>	<b>17</b>

The DNA rate for Occupational Health Nurses and Occupational Health Physician activities remains low. Information gathered found the following reasons for the appointment DNA rate:

- **Employees were not receiving notification that their appointment had been booked.**

Investigations identified that the issue primarily resulted from outdated contact information and instances where employees were not routinely monitoring their email accounts. Communications were subsequently issued to all staff, reminding them of the need to ensure their personal details are accurate and to emphasise the importance of regularly checking email correspondence.

Staff are also reminded during their annual IPDR to review and update their personal information on MyView. Updated details are then provided to the Occupational Health provider to ensure accurate and timely communication.

- **Staff were not receiving calls for telephone appointments.**

It was identified that staff were unaware that the call would come from an unidentified/withheld number, and some staff reported that calls such as these were automatically blocked on their mobile phones. This cannot be changed as the Occupational Health system does not allow it; however, communications have been sent to staff informing them of this and asking them to ensure that the call is answered.

DNA levels will continue to be monitored through quarterly contract meetings.

### Primary Diagnosis

Of the 132 Occupational Health appointments attended, 104 were appointments where a diagnosis of employee absence was given. The remaining 28 appointments related to return-to-work recommendations or reviews of employees on a phased return to work.

The data on diagnosis is split into three key sections:

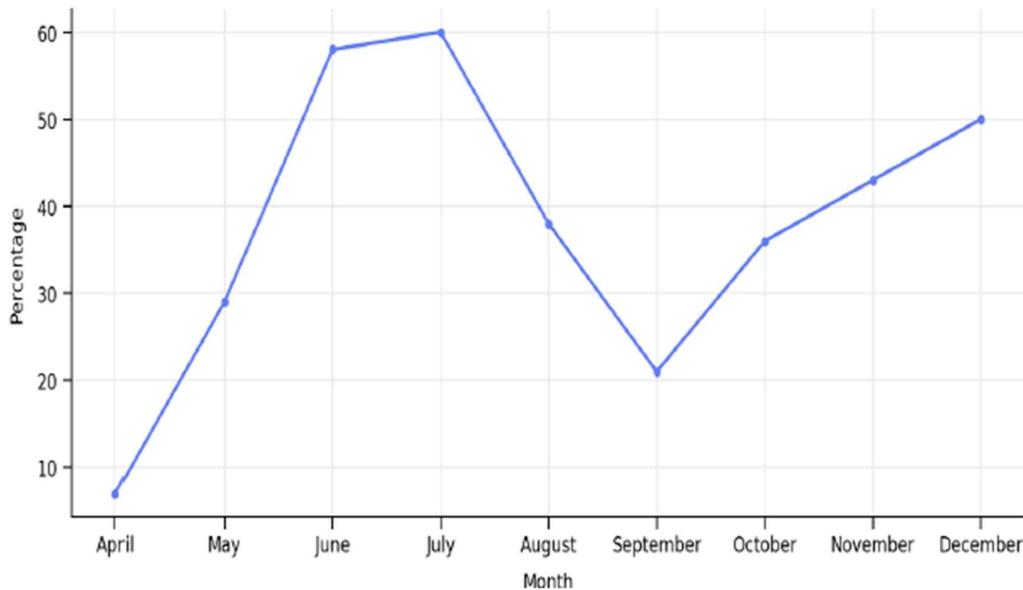
- Mental Health
- Musculoskeletal
- Other (all other issues not related to the above categories)

The table below provides data on the primary diagnosis of initial referral appointments in 2025.

Section	Case Number
Musculoskeletal	37
Other	35
Mental Health	32

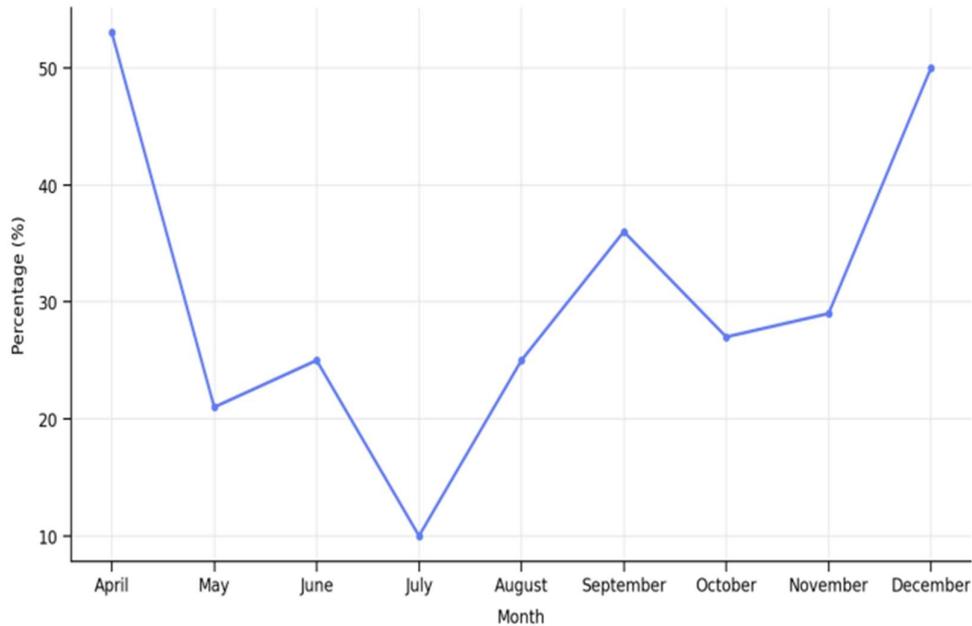
National evidence somewhat aligns with these findings. The Health & Safety Executive (HSE) identifies stress, depression, anxiety, and musculoskeletal disorders as the leading causes of employee absence. Given this context, the remainder of this section will focus specifically on Mental Health and Musculoskeletal related diagnoses to provide a more detailed analysis of these key areas.

**Summary of Musculoskeletal Data (Apr–Dec)**



According to data from the HSE and peer review data, the pattern shown is consistent with other emergency services. A sharp summer increase can be due to factors such as higher operational activity, physical strain, and increased non-work activity which refers to physical activity undertaken outside of the working environment (i.e. personal fitness and training). Fluctuations through the year can be driven by training cycles and weather-related incident patterns.

### Summary of Mental Health Data (Apr–Dec)



The fluctuations shown above are consistent with HSE identified causes of psychological ill-health, including seasonal workload variations, high operational and emotional demands, long or unsocial hours, and organisational pressures. All of these are recognised by HSE and the World Health Organisation (WHO) as significant contributions to variations in mental health outcomes throughout the year.

The fluctuation in data is consistent with data published across emergency services. The factors that HSE data cites, including workload intensity, long or unsocial hours, and organisational culture, map directly onto the fluctuating operational pressures experienced by emergency services. These pressures are likely to produce the peaks in the data above.

Risks to mental health are often related to high workloads, low job control, stressful environments, and staffing pressures which aligns with emergency services which regularly experience seasonally fluctuating workloads.

## 4.3 Preventative Services

A range of services is available to support employees through early intervention and preventative measures, helping them to remain in work and reduce levels of absence. These services also provide treatment to assist staff in returning to work, thereby helping to minimise costs associated with long-term absence. These services include:

- **The Robert Jones and Agnes Hunt Orthopaedic Hospital**  
Employees who require general physiotherapy, whether for an on-duty or off-duty injury, are able to access treatment through the Robert Jones and Agnes Hunt Orthopaedic Hospital. Access to this service is generally faster than standard NHS timeframes, enabling staff to receive timely intervention and support. Early access to physiotherapy helps employees manage injuries more effectively, promotes quicker recovery, reduces the risk of long-term health issues, and supports a timely and sustained return to work.
- **Zurich Rehabilitation Service**  
For employees who have sustained on-duty injuries within a six-month period, and where the case is more complex and requires a structured treatment plan, referrals can be made to the Zurich Rehabilitation Centre. Where NHS timeframes for medical scans are likely to result in significant delays to treatment, employees can access private scans, with the associated costs covered by the Service's insurers. This provision enables staff to receive timely diagnostics and treatment, supports quicker recovery, reduces the risk of prolonged absence, and helps employees return to full duties as safely and efficiently as possible.
- **Optima Health**  
Optima Health provides counselling services that employees can access either via Occupational Health referral or through self-referral. The service offers talking therapies and employee assistance programmes for both work-related and non-work-related issues and is available to all employees 24/7. This provision enables staff to access timely emotional and psychological support, encourages early intervention, helps prevent issues from escalating, and promotes overall wellbeing in the workplace.
- **Cognitive Behavioural Therapy (CBT)**  
The Service offers Cognitive Behavioural Therapy (CBT) through Dr Loumidis, a clinical psychologist. This support is generally provided for work-related issues; however, depending on the complexity of the case, referrals for non-work-related matters may also be considered appropriate. Access to CBT provides employees with structured, evidence-based therapeutic support, helping them to develop coping strategies, improve resilience, and address factors that may be affecting their wellbeing or ability to remain in work.

- **Trauma Risk Management (TRiM)**

The aim of TRiM is to support the welfare needs of staff who are, or have been, exposed to potentially traumatic incidents. The process also raises awareness of the cumulative impact of multiple incidents occurring within a short period of time and provides assistance with other stress-related issues that may be affecting an individual's work-life balance.

The Service has a number of trained TRiM practitioners available for staff to contact directly. All information shared with a TRiM practitioner is treated confidentially, unless the practitioner identifies a requirement for further intervention.

This provision enables employees to access timely, informed, and confidential support following traumatic events, helping to reduce the long-term psychological impact, promote early intervention, and contribute to improved wellbeing and resilience across the workforce.

- **Stress Risk Assessments (SRAs)**

A Stress Risk Assessment (SRA) is used as an initial step to identify and manage work-related stress and to support the implementation of measures to address associated risks. This process enables early identification of stressors, helping employees access appropriate support at an early stage and reducing the likelihood of issues escalating or resulting in sickness absence.

Where it is identified that an employee may be experiencing work-related stress, the SRA questionnaire should be completed. The questionnaire is based on the HSE toolkit and is generally undertaken by the Line Manager.

In more complex cases, it may be completed by the Grandparent Line Manager, with support from a member of the HR team. This structured approach ensures that employees receive consistent, fair and supportive consideration of the issues affecting them, enabling targeted interventions that can improve wellbeing, resilience and overall workplace experience.

- **Flu Vaccination Programme**

The Service offers all employees a free flu vaccination via our Occupational Health provider. All staff are eligible to receive a flu voucher upon registration, which can be redeemed at participating pharmacies.

This initiative supports employee wellbeing by reducing the likelihood and severity of seasonal flu, helping to minimise sickness absence and maintain workforce resilience during peak periods of respiratory illness.

- **Drug and Alcohol Testing**

The Service has a contract with Abbots Toxicology for the provision of drug and alcohol testing. Where a staff member is believed to be under the influence of alcohol or drugs, Abbots Toxicology can be contacted to attend and undertake the appropriate test. This service operates 24/7 and is available across all Service sites.

The Service may also implement random testing where a potential issue has been identified, and this is carried out with the consent of the individual concerned.

Where an employee returns a positive test result, they are immediately removed from duty while further investigations take place.

The Service is committed to ensuring that advice and specialist support are accessible to any employee who feels they may be experiencing difficulties with alcohol or drug misuse. Employees seeking help are encouraged to speak with a member of their management team or contact the HR Department, who will arrange for an Occupational Health referral to be made. This approach promotes early intervention, reduces stigma, and ensures staff can access confidential, professional support at the earliest opportunity.

- **Mental Health First Aid (MFHA)**

Mental Health First Aiders (MHFAs) act as an initial point of contact for employees who may be experiencing a mental health issue or emotional distress. They provide immediate, non-clinical support, offer a listening ear, and signpost individuals to appropriate professional help where required. This early intervention can help employees access support sooner, reduce the escalation of mental health concerns, and promote overall wellbeing in the workplace.

MHFAs are existing members of staff who have undergone accredited training, and their contact details are available to employees via the Service's Portal site.

- **Suicide Prevention Training**

The Service provides Suicide Prevention Training to staff to improve awareness and understanding of suicide, including recognising signs of vulnerability and understanding referral pathways to enable appropriate signposting. This training helps equip employees with the confidence to respond appropriately to colleagues in distress, promotes early intervention, and supports a safer and more compassionate working environment.

Where a potential issue is raised, staff are encouraged to contact the HR Department as soon as possible so that appropriate referrals can be made and short-term immediate support can be provided.

- **Menopause Awareness Training**  
Menopause Awareness Training is available to all staff and aims to improve understanding of menopause and its potential impact on health, wellbeing, and workplace performance. The training promotes awareness, reduces stigma, and supports individuals who may be experiencing menopausal symptoms.

The Service also has a number of Menopause Champions who provide initial guidance, signposting, and informal support to employees. This provision helps ensure that staff have access to timely advice, fosters a more supportive and informed working environment, and enables employees to seek assistance confidently and without judgement.

- **Cycle to Work Scheme**  
The Cycle to Work Scheme enables employees to save up to 42% on the cost of a bicycle and related equipment. This initiative supports staff in adopting a healthier and more active lifestyle, helping to maintain fitness levels and overall wellbeing. In addition, the scheme encourages sustainable travel, reducing the organisation's carbon footprint and lowering commuting costs for employees.

- **Recruitment of Health & Wellbeing Officer**  
The Service is currently in the process of recruiting a Health & Wellbeing Officer. This role will work collaboratively across the organisation to develop, implement, promote, and raise awareness of the wellbeing programme.

The postholder will act as a health and wellbeing advocate, championing the provision of a high-quality, professional wellbeing support service for all staff. They will work proactively with employees to promote positive wellbeing, encourage early engagement with support services, and help colleagues gain a better understanding of their own health.

This dedicated role will strengthen the Service's capacity to provide timely advice, targeted interventions, and a more coordinated approach to wellbeing, ultimately supporting staff to remain healthy, resilient, and engaged in the workplace.

The Service's Occupational Health provision continues to deliver strong levels of support across fitness testing, medical assessments, and wider wellbeing services. While attendance at Health Surveillance appointments has presented challenges, the actions already implemented aim to improve engagement and ensure staff receive timely assessments and appropriate support. The range of preventative and early-intervention services remains comprehensive and contributes positively to staff wellbeing.

## 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 Equality Impact Assessment**

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

## **8 Appendices**

There are no appendices attached to this report.

## **9 Background Papers**

There is no background papers associated with this report.