OCCUPATIONAL HEALTH PERFORMANCE REPORT

2011

WILTSHIRE COUNCIL
OCCUPATIONAL HEALTH SERVICE
END OF YEAR REPORT Jan – Dec 2011

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1.0 SUMMARY

Each member of the occupational health team experienced personal challenges during 2011. From the vast spectrum of life events this has included birth of a child, death of close relatives, personal and family health worries, partner job uncertainty, and moving house. While such everyday occurrences are common in all teams, in such a small team they do take their toll. Despite this the team has worked hard and continued to deliver a quality service.

The workplace has also posed its fair share of challenges. The year started with the relocation of the service within County Hall, appointments, however continued to near normal levels throughout. At various points during the year there were staff shortages due to absence, the departure of one team member and subsequent orientation of a new administrator along with many workplace changes to adjust to.

The team pulled together resulting in many achievements which are summarised here;

- Continued reorganisation of medical files to improve service efficiency
- Destruction of a high percentage of the medical record archives in line with ideals of transformation.
- Amendments to the management referral form to ensure greater consistency in case management.
- A collaborative approach (with individuals from the Human Resource Team and management) to redesign the subsequent occupational health management report format, to ensure that reports generated by health advisors provide consistent, meaningful information for managers.
- Commencement of the sending of electronic reports directly to managers (using password protection) usually within 24 hours of the appointment having taken place, in response to an identified need to speed report return (previously these were posted).
- Creation and launch of feedback sheets to assess perceptions of users, regarding the service. Further service changes have been made, as a result of the feedback.
- Team of the month runner up award in April 2011.
- Reorganisation of the contracted counselling provision, which included re-interviewing all current counsellors as well as additional ones to ensure an appropriate geographical spread of highly qualified professional counsellors, serves organisational needs, county wide.
- A collaborative approach with the physical activity team to launch HOT Health on the wire and provide interactive hub events to try to promote positive health practices in a fun way (over 300 employees attended). The previous year's work was rewarded as runners up in the Wiltshire Workplace Health and Wellbeing Awards).

- Continued collaborative working with safety colleagues to establish health surveillance services, to safeguard employees and ensure the organisation is compliant with legislation.
- Active involvement in the Workplace Health Sub Group and the Behaviours Framework Working Group in order to ensure that workplace health is well represented.
- Involvement in the delivery of stress management training for managers through the Management Matters initiative.
- Commencement of project work on supporting employees exposed to biological hazards in the workplace, which will lead to an organisational vaccination policy.
- Establishment of Service Level Agreements in order to promote more income generation especially with schools turning to Academy status.
- Collaborative work with the Human Resource Policy team on a number of organisational policies including design of the new short form of pre-employment health questionnaire, in line with Equality Act Legislation, input into the Ill Health Retirement policy and various other polices that have been amended during the year .
- Initial discussions with various interested stakeholders in relation to absence management, which it is hoped will develop further during 2012.
- Finally and probably most importantly for future planning, the design of a Health and Wellbeing Framework to assist in directional service planning, as continued efforts are made to provide an effective quality OH service. This will lead to the development of an organisational Health Policy in 2012.

The Occupational Health Service continues to work towards the broad aim of provision of a safe, efficient, quality, cost effective service to support the needs of the organisation.

The main day to day activities, appointments, supervision, auditing, team meetings and development of internal systems and documentation has continued throughout 2011. The following breakdown of statistical information highlights the other activities that have been on-going during the year.

Summary table 1a

DIRECT OH THROUGHPUT	TOTAL 2010	TOTAL 2011	INDIRECT THROUGHPUT	TOTAL 2010	TOTAL 2011
Number of OH referrals	976	997	Employees received counselling	145	123
Total appointments	1775	1528	Total counselling sessions	474	390
Number of PEQs	1875	1438	Employees received physiotherapy	37	35
Surveillance activities	84	14	Total physiotherapy sessions	138	132
Health promotion figures	383+	300+			
Number of training sessions conducted	5	12			

Comparison summary table 1b

DIRECT THROUGHPUT	TOTAL 2009	TOTAL 2010	TOTAL 2011
Number of OH referrals	840	976	997
Total appointments	1560	1775	1528
Number of PEQs	2192	1875	1438

Income generation figures for OH

2009 = £9564.25
2010 = £8423.40
2011 = £8275.00

This report outlines the extent of Occupational Health activities during the year 2011.

2.0 OCCUPATIONAL HEALTH REFERRALS

Occupational health referrals from management continue to form the bulk of the workload. During 2011 a total of 997 referrals were received. This represents a slight increase on 2010, which is interesting when the overall size of the organisation has probably decreased within the year. Figures are as follows;

Summary table 2

PERIOD	2009	2010	2011
January – June	415	494	506
July – December	425	482	491
TOTAL	**840**	**976**	**997**

Summary table 3

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2010	69	88	98	77	87	75	85	59	74	102	91	53
2011	89	85	103	65	56	98	70	56	81	94	108	57

Referral rates vary on a monthly basis with the highest numbers in 2011 being referred in March and November, the lowest in August and December. The average referral rate was 75 a month during 2011 (compared with an average of 73 a month in 2009 and 81 a month during 2010). This continues to reflect a similar trend to other years due in part to a downturn in referral rates from schools during holiday periods.

2.1 DEPARTMENTAL BREAKDOWN

Departments have changed, although statistics are still recorded along previous breakdowns at this time. It is anticipated changes can be better addressed through the planned implementation of the new OH software, when it becomes available in 2012. The highest number of referrals is received from schools, which is consistent with previous years, followed by community services and what was formerly DNP.

Summary table 4

Enquiries into Health - New Referrals	2011
Schools	315
DCE General	126
DOR	87
DCS	235
DNP	183
PHWB	11
External	26

2.2 REASONS FOR REFERRALS

Statistics demonstrate that the main reason for referral in 2011 were mental health issues (both work and non work related) as well as musculoskeletal issues. This appears to be consistent with previous years.

Summary table 5

Enquiries into Health by Health Reason	2010	2011
01 Abdominal Complaints	69	79
02 Neurological	50	57
03 Mental Health not Work Related	188	169
04 Mental Health Work Related (including stress)	142	156
05 Cardio-vascular	18	27
06 Respiratory	16	22
07 Back/Neck	33	44
08 Musculo-skeletal	241	215
09 Skin Problems	3	4
10 Sensory (ENT)	28	39
11 Endocrine	8	15
12 Immunological and Cancer Related	73	81
13 Frequent Sickness	88	57
14 Capability Issues	7	9
15 Ill Health Retirement	11	16
TOTAL	**976**	**997**

2.3 GEOGRAPHICAL LOCATION

Geographical assessments reveal similar patterns of referrals to 2010. The highest numbers of referrals come from Trowbridge and the West area, with roughly equal numbers of referrals from North and South parts of the county. Occupational Health clinics are predominantly based in Trowbridge, with a weekly one day clinic in Chippenham and a weekly one day clinic in Salisbury. Telephone appointments are conducted where possible to ease travel difficulties.

Summary table 6

Enquiries into Health – Location for 2010	% 2010	% 2011
Chippenham and North	25	22
Devizes and East	12	14
Salisbury and South	21	21
Trowbridge and West	42	41

2.4 TIMESCALES FOR COMPLETION OF REFERRALS

During 2010 alterations to working patterns aimed at reducing the number of review appointments needed, meant a significant reduction in cases open at any one time. This pattern of work has continued during 2011 as it is more time efficient. Some cases, however, still require additional medical reports and reviews. Waiting times for medical reports continue to create delays and are largely outside of OH control. Around 72% of cases were closed within a 4 week time scale, (compared with 60% in 2010) a further 12% were closed within an 8 week time scale. Continued attempts are being made to improve output through strategic improvements in ways of working within the department.

2.5 ACTIVE CASES

The numbers of active cases are tracked in the system and this varies at any one time depending on the number of referrals received in the month, the amount of clinic time available (taking into account staff holiday periods, sickness absence and other reasons for down time) and the number awaiting medical reports or review. Further attempts were made in 2011 to reduce the numbers of active cases, as this creates more availability in the service for incoming referrals, and helps the service to cope with varying demands. Active cases stood at 123 in December 2010, and despite an increased overall referral rate, efficiencies within the service and quicker turnaround time for case completion (as above) meant the highest number of open cases in 2011 was 104 in February. Figures reached a record low of 46 open cases in August 2011 and at year end there were only 90 open cases, despite the difficulties of the year.

Summary table 7

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2009				213	234	205	173	180	156	140	118	120
2010	134	140	163	150	151	128	125	118	126	135	136	123
2011	103	104	86	89	64	82	69	46	66	79	99	90

2.6 APPOINTMENT BREAKDOWN

Appointments are conducted by Occupational Health Nurse Advisors (OHAs) as well as the contracted Occupational Health Physician (OHP). A total of 1528 appointments were conducted during 2011.

Summary table 8

Appointments	
OHAs	1174
OHP	354
TOTAL	**1528**

2.7 ATTENDANCE ISSUES

Failed attendances and late cancellations continue to cause a significant cost to the service in terms of time and resources.

It is noted we had a 5.6% non attendance rate and a 20% appointment cancellation or change rate. Management as well as HR are now notified about appointments as well as the employee receiving written notification. It is noted that the rate did decrease towards the end of 2011 and that this trend has improved at the start of 2012 as OH administrators now make contact with individuals prior to booking an appointment, to agree dates and times that suit. It is hoped this will amend this rate.

Summary table 9

	Total 2010	%	Total 2011	%
Appointments that failed to attend	103	5.8%	86	5.6%
Appointments cancelled/ rearranged	304	17%	312	20%

2.8 PRE-EMPLOYMENT HEALTH QUESTIONNAIRES

While pre-employment health questionnaires (PEQs) continue to be a daily requirement for the service, the changes made to policy in 2011 have started to demonstrate a gradual reduction in numbers.

A total of 1438 PEQs were dealt with during 2011, compared with 1875 in 2010. 85% of the PEQs were cleared and completed within 48 hours of receipt, a further 10% were dealt with within 10 working days. Administrative load regarding PEQs is now reducing and it is hoped to be significantly less during 2012.

Summary table 10

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
2009	159	100	166	143	150	197	332	94	164	208	139	180	**2032**
2010	129	116	142	150	172	205	322	94	145	167	136	97	**1875**
2011	87	90	106	73	100	185	259	99	140	155	104	40	**1438**

3.0 OCCUPATIONAL HEALTH SURVIELLANCE

Legislative health surveillance continues to be a work in development in terms of establishment of processes, and conduct of necessary medical assessments. Surveillance activities include development of policy, paperwork and processes, discussions with management about the need for appropriate risk assessment to identify surveillance needs, purchase of equipment, training of staff and undertaking of medical assessment as appropriate. There is still a lot of work to do in this arena, but work has continued to develop this area in relation to Night medical surveillance, Hand Arm Vibration Assessment as well as Confined Space assessment. A total of 14 health surveillance medicals have been conducted in 2011. This is one of the focus areas for 2012.

A major development in 2011 has been the initiation of a project regarding the establishment of a policy for Blood Borne Viruses and Vaccination within the organisation. This is making steady progress and is due to complete in 2012.

The following table give an outline of surveillance developments during 2011

Summary table 11

SURVEILLANCE TYPE	COMMENTS	ASSESSMENTS UNDERTAKEN
Night medical assessment	Paperwork procedure completed, initial questionnaires created and initial assessments completed, continued work in progress	**6**
HAVs	Training of a competent staff member completed. Full policy and protocol created, questionnaires created, information leaflets for managers and employees created, contact made with relevant managers and commencement of screening.	**2**
Confined Space Assessment	Discussions with some managers, development of full policy and protocol, as well as relevant questionnaires, continued work in progress	**6**
Spirometry / Respiratory surveillance	Equipment, purchased, continued work in progress	**0**
Audiology (hearing surveillance)	Equipment purchased, procedure completed along with questionnaires and information leaflets, commencement of screening planned for early 2012 (and has sine commenced)	**Preparation to commence 2012**
Skin surveillance	Need identified. Not yet under development	**0**
Blood Born Virus Issues	Need identified. Development commenced 2011, draft policy has been to stakeholder panel	**0**
Drivers medical	Need identified. Not yet under development	**0**
TOTALS		**14**

4.0 OCCUPATIONAL HEALTH PROMOTION ACTIVITIES

Health promotion to some extent takes place as part of most assessments. During 2011, health promotion activities included;

- Launch of the HOT HEALTH pages on the front of the WIRE,
- Road show / Health MOT events in main hub locations.
- Development of one to one health assessment sessions for high risk individuals and others. Feedback was positive.

The Hot Health initiative received runner up in the Health and Well Being Awards organised by the Wiltshire Assembly in the Workplace Health category and has since been nominated for the same event for 2011/2012.

Input into the Management Matters Stress Training sessions was also provided by members of the OH team which included a 90 minute presentation within the session about the Occupational Health Service and attendance management issues.

Summary table 12

Session	Location	Number of employees attending
Health MOT	Trowbridge: County Hall	43
Health MOT	Chippenham: Monkton Park	75
Health MOT	Salisbury: Bourne Hill	130
Health MOT	Melksham: Shurnhold	25
Health MOT	Devizes: Browfort	25
Other misc + one to ones		20 + 25
TOTALS		**343**

5.0 OTHER ACTIVITIES

Record reduction and destruction continued, with some of the documents that do not require legally to be kept longer. This has resulted in a significant reduction of archive records held (in line with transformation).

Input was provided by OH on request from HR regarding organisational policy and procedural documentation that was undergoing review.

Service Level Agreements were created in 2011 including review of pricing structures in order to promote more income generation, especially with schools that have become academy status. There are currently seven Academy schools signed up with others still considering service provision.

6.0 COUNSELLING & FAST TRACK PHYSIOTHERAPY

Counselling support during 2011, continued to be provided via OH, through referral to local counsellors within the region. Counsellors were all re-interviewed during 2011 in order to ensure county wide cover and a further two were appointed. A total of 390 counselling sessions were provided to 123 employees, assessed as requiring the service. The number of sessions per client varied from 1 – 6, with an average number of sessions being 3.

Referral for fast track physiotherapy meant that some employees that were struggling as a result of physical health issues were assisted. A local county wide service is provided and a total of 35 employees were referred receiving between them a total of 132 sessions. The average number of sessions was 4 each.

7.0 CONCLUSIONS

Overall it was another very busy year for the Occupational Health Service with a number of challenges to contend with. There continues to be slight increase in OH referrals despite reduction in overall employee numbers.

There has been increased awareness about health promotion and health surveillance activity that has not really been in evidence within the organisation until now, although there is still a long way to go to fully establish this.

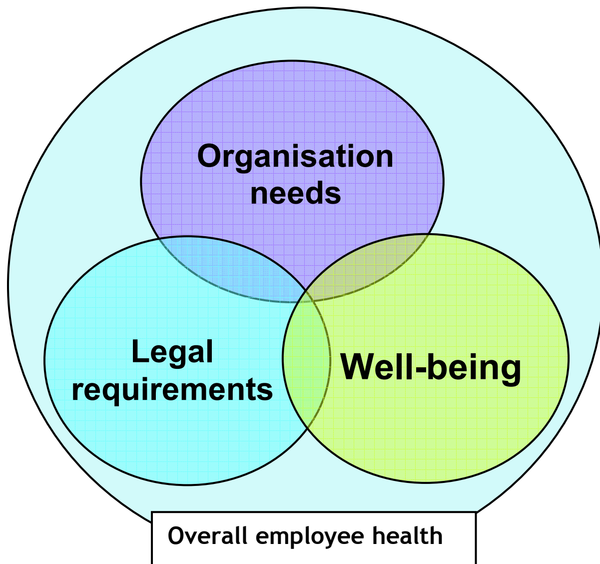
In recognition of the administrative burdens faced by the service, together with outdated resources used to compile reports and store and retrieve data, work has commenced to establish dedicated occupational health software with IT support. This should eventually allow the service to move to be more efficient and paperless working in line with transformation, but will be a considerable change for the occupational health staff to come to terms with.

Despite the increasing overall workload for the department, the small team has coped very well with the demands and continue to be motivated towards further improvements in service delivery.

8.0 DEVELOPMENTAL SUGGESTIONS

- There is a continued significant identified need for joined up initiatives within the organisation that make better use of the professional service OH has to offer, with the strategic aim of reducing the extremely high cost of long and short term sickness absence within the organisation.
- Plans are now well underway for appropriate OH IT software and this is key developmental area in months to come. While it is recognised this will take time to fully establish and training of all staff will be required, there will be resultant longer term benefits, in terms of cost efficiency, time efficiency and more accurate reporting systems.
- Continued development of the legislative health surveillance programme is required to assist in the reduction of risk to the organisation from associated compensation claims as well as to safeguard the wellbeing of employees exposed to occupational hazards. This includes the continued development of organisational policies such as for blood born virus, which is already under way.
- In line with governmental and societal pressure, continuation of health promotion initiatives to promote wellbeing of the aging workforce is seen by the OH team as a longer term cost benefit that requires resource and support from top level management. It is hoped that the organisation will take on board the Workplace Wellbeing Charter launched by Central Government (see www.wellbeingcharter.org.uk) and occupational health is willing to assist a working party toward the goal of accreditation within that Charter.

Proactive investments regarding the health needs of the workforce through top level commitment to this cause, will help to establish improved employee health, wellbeing and hence productivity, thus represent considerable longer term cost savings.



A well structured occupational health service should be able to deliver all these aspects in balance to enhance overall well-being within the organisation while meeting legal needs. This will have positive performance benefits on employees and as a result enhance workplace productivity.

Research based links between health and productivity are as strong as the links between productivity and the bottom line. (Deacon 2005)