SALUS OCCUPATIONAL HEALTH SERVICE (OHS)
STATE HOSPITAL
CARSTAIRS

OHS ANNUAL REPORT

April 2020 to March 2021

Executive Summary

The current Service Level Agreement is in place until 31st July 2021 and has been extended until March 2022.

Key Performance Indicators were implemented in April 2019 and this report reflects the 2nd full year of this data recording.

Management referrals have stabilised and reduced slightly (15%) from last year and the Physician and Nurse resource still match the demand.

Cancellations and DNAs account for 21% of management referral appointments which is a 2% reduction from last year and will be further explored to see if an improvement can be implemented.

The EASY service remains within the core OH service at no additional cost to the State Hospital. Utilisation of the Case Management (Mental Health) service remains low at 6 cases**.**

Across the year, sickness absence in the State Hospital averaged 5.33% which is again a reduction since 2019/20 and a significant improvement from the start of 2018 when it was 8.87%.

Mental health and musculoskeletal conditions remain the commonest disorders seen in TSH staff and mental health disorders now significantly exceed musculoskeletal as the highest cause of absence and referrals.

TSH staff Flu vaccination has seen an encouraging increase again this year to 55.1% (373) of all TSH staff received influenza vaccination in 2020/21, an increase of 12.1**%** from the previous year. This is a further improvement on last year which was 43% although it remains slightly below than the Scottish Government target of 60% for frontline staff. The NHS Scotland average for the same year was 39.6%.

The use of Peer Immunisers has been helpful in increasing the numbers and will be explored further for the 21/22 Flu season. Staff volunteered as Peer Immunisers and 7 were briefed by Salus staff. There was a good spread across TSH sites allowing maximum accessibility.

Following last year's recommendation, PMVA screening was reviewed and moved to a self-assessment model, which was approved by the Health, Safety and Wellbeing Committee in February 2021. PMVA screening reduced to 240 from 526 last year and is likely to reduce further this year.

Most staff accessing Physiotherapy are at work. The largest proportion of cases had spinal conditions. Waiting times were 2.19 days for appointments and average appointments per person was 2. 29 staff (30%) stated that there was a work element in their condition although only 3 said it was a direct contributor. 76% of the 96 treated, declared a positive outcome from treatment.

The Covid-19 pandemic necessitated many changes to service delivery including a significant move to telephone and video consultations and an increase in specific advice on Covid related issues including: testing; vaccinations; risk assessment; long Covid; shielding and pregnancy. There was an 88% average uptake of Covid Vaccine in TSH.
An additional piece of work caused by the pandemic was the increased need for Face Fit Testing for mask usage, and 350 staff were tested during this reporting period

OCCUPATIONAL HEALTH SERVICE ROLE

The purpose of an occupational health service (OHS) is to promote and maintain the physical, mental and social well-being of all staff. It should provide a function which aims to be pro-active in approach and which supplies a professional and confidential advisory service to the organisation. In 1973, the World Health Organisation listed three major tasks for OH:

- Identifying suspected **work factors** that contribute to **ill health.**
- Educating management and workers to fulfil their **responsibilities for health and safety.**
- Promoting **health programmes** not primarily concerned with work related injury and disease.

In addition to this, OH provides a **confidential advisory service** to staff and management on issues concerning **health and work issues** and provides a **range of services** including health surveillance, immunisation, follow up of injuries / traumatic incidents, training, workplace assessment, health promotion activities, counselling and policy formation.

OCCUPATIONAL HEALTH 2020/21

The current Service Level agreement between the State Hospital and Salus was due to expire in July 2021 and has been extended until March 2022. In recognition of the challenges faced by all due to Covid 19, prices were not uplifted this year. The Service Level Agreement specifies the responsibilities of each party and the service to be delivered.

Key Performance Indicators (KPI) were agreed for the services delivered and this report represents the second full year of data availability and continues creation of a detailed baseline for future reports facilitating comparison and decision making.

The EASY Service continues to be absorbed into the cost of the OH provision and is delivered at zero cost to the State Hospital.

The current OH provision covers OH Advisor, OH Nurse, Consultant OH Physician, Health and Safety, Physiotherapy, the EASY service and access to Mental Health Case Management. Additionally, this arrangement allows access to the Clinical Governance structure and processes in place within Salus together with the Standard Operating Procedures and processes developed in line with our BSI Quality Standard and Safe and Effective Quality Occupational Health Service Accreditation (SEQOHS).

Direction, support, training and supervision is available from the Clinical Director and Principal Occupational Health Advisor.

KEY AREAS OF WORK IN 2020/2021

Management referrals

Occupational health plays a key role in working with the organisation to contribute to supporting staff who are absent from work or who are at work but struggling to remain. This role includes the provision of specialist occupational health advice in relation to functional capability for work and adjustments that may be required. Evidence demonstrates that good work is good for us and therefore supporting employees to remain in employment is critical in promoting public health and well-being.

KPIs

This year there have been 184 management referrals which demonstrates a 15% decrease compared to 216 last year and 259 the previous year. Management referral numbers peaked in 2018/2019 at 259 but have now settled to a more consistent volume.

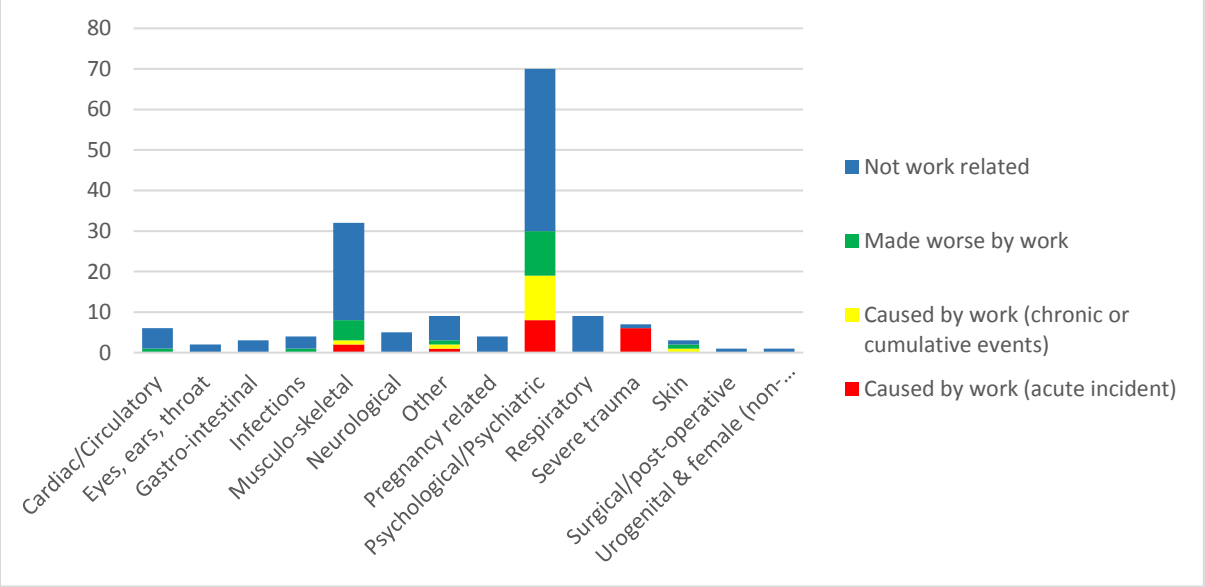
In relation to KPIs for this activity, it was agreed that the total time from receipt of referral to report being returned should not exceed 15 working days. For 2020/21 data the average time from receipt to first appointment is 8.9 days which was slightly up from 8 on the previous year. Return of report is on average 2.6 working days increased from 1.2 in 2019/20. An increase in KPI's has been anticipated resulting from the competing pressures due to the COVID19 pandemic and this has been mirrored across other services. However, the current data around this KPI indicates good compliance, with referrals being completed on average in 11.5 days, which remains 3.5 days within the KPI. This turnaround time allows managers to arrange follow up with staff and proactive provision of support and management of absence.

The 'did not attend' rate for these appointments increased slightly to 16% from 12% and the cancellation rate was reduced by 11% to 5%. Cancellation of appointments has reduced over the past year and this may relate to the increased use of telephone and video consultation. This decrease is mirrored in other Occupational Health services.

Table 1 below gives a breakdown of the reasons for referral and whether there are any potential work-related factors. This shows that within the State Hospital the most common reasons for referral are psychological and psychiatric followed by musculoskeletal issues. Musculoskeletal cases have reduced to 37 (-16%) against 50 last year; where psychological and psychiatric have reduced to 73 (-10%) from 82.

Within the State Hospital there is a menu of services available which staff can access to support them with both musculoskeletal and mental health issues and these are detailed later in this report.

Table 1 – Reasons for Referral



'Work relatedness' of reason for referral is also monitored and out of 184 cases, 105 (57%) were not work related, 17 (9%) related to an incident caused by work (acute), 14 (8%) were caused by work (chronic or cumulative issues), 20 (11%) were made worse by work. 76% of conditions with a work related component

related to musculoskeletal and mental health. This is generally comparable to the breakdown last year and shows no significant change.

In previous annual reports from 2015 onwards, musculoskeletal causation was the highest over mental health, however for the past 3 years, mental health causation has exceeded musculoskeletal and this is a continuing trend.

Table 2 below gives a breakdown of the referrals of nursing staff by site and also by the potential work relatedness of the referral issue. The majority being identified as not work related 67 out of 116. 14 related to an acute incident at work, 5 related their referral to chronic or cumulative events at work and 16 felt their condition was made worse by work. 16 out of 116 were unknown.

Salus will continue to monitor and analyse work relatedness of referrals and refine data inputting.

Table 2 Nursing Staff only

Site	Not work related	Caused by work (acute incident)	Caused by work (chronic or cumulative events)	Made worse by work	Unknown	Grand Total
Arran	17		1	4	5	27
Iona	17	1	3	5	2	28
Lewis	14	3		3	5	25
Mull	12	8	1	3	3	27
Skye Centre	7			1	1	9
Grand Total	**67**	**14**	**5**	**16**	**16**	**116**

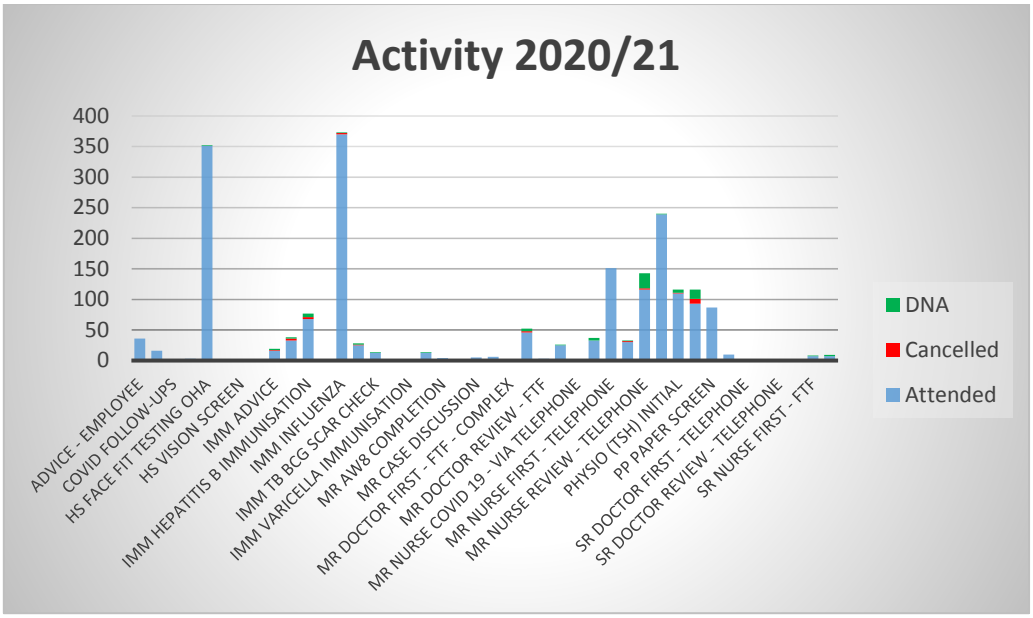
Self-referrals to occupational health

Over the course of the year, there were 20 self-referrals to occupational health. This is a significant decrease from around 37 the previous year and it may have been influenced by the pandemic. Self-referral is not a substitute for a formal referral from the manager where specific advice is needed in relation to fitness for work or potential adjustments. Where staff do self-refer for this reason, they are asked to discuss a formal referral with their line manager so that the process involves the line manager and an objective assessment can be made on anything impacting functional fitness for work, and an OH report provided.

From the data collated, self-referrals related to a similar range of causations as the management referrals with the key issues being mental health and musculoskeletal which made up in the region of 80% of cases.

Table 3

This table shows the general spread of work undertaken within the occupational health department over the last year including cancellations and did not attends as appropriate.



Appt Reason2	Attended	DNA	Cancelled	Grand Total
PPHA	97			97
MR Doctor First	44	4	2	50
MR Nurse First	141	25	6	172
MR Doctor Review	22	1		23
MR Nurse Review	101	19	6	126
MR PMVA	240			240
MR Case Conference	1			1
MR Case Discussion	3			3
MR AW8 Completion	2			2
SR First	17	3		20
SR Review	2			2
HS Vision Screen	1			1
HS New & Expectant Mother Assessment	1			1
HS Other	4			4
HS Face Fit Testing OHA	350	1		351
Imm Hepatitis B	101	8	4	115
Imm Influenza	370	2	1	373
Imm MMR	23	2	1	26
TB Screen	13	1		14
Imm Varicella Immunisation	17	1		18
Imm Other	16	2	1	19
Imm Immunisation Update	1			1
Physio (TSH) Initial	See Report			
Physio (TSH) Review	See Report			
Advice – Employee	36			36
Advice – Manager	16			16
Grand Total	**1822**	**91**	**30**	**1945**

The majority of services are used by nursing which is to be expected as they are the largest group of staff. This is followed by housekeeping, security and administration.

There is an 18 – 25% DNA/Cancellation rate in Nurse Referrals, which will be explored in more detail.

An additional piece of work caused by the pandemic was the increased need for Face Fit Testing for mask usage, and 350 staff were tested during this reporting period.

EASY and Mental Health Case Management

In 2017 the State Hospital introduced the EASY (Early Access to Support for You) service. The service was developed in NHS Lanarkshire and was evaluated by Glasgow University who identified an evidence base for the benefit of early intervention in sickness absence via EASY.

The service provides early intervention and support to employees who have reported absent for work. Staff members are phoned on the first day of their sickness absence to offer a range of supports and information as required. The service does not manage sickness absence and it requires to run in parallel with proactive management of sickness absence. The aim is to provide early intervention and support, as evidence shows that the longer the duration of sickness absence the higher the likelihood of long-term absence, and an associated risk of ultimately falling out of employment.

This service importantly also includes access to a mental health case manager who will provide mental health support. Staff members identifying themselves as being absent due to a mental health issue are offered mental health case management. Where this is accepted, they are nominated a clinical case manager who undertakes a telephone assessment and provide advice and support to guide them through a process of identifying and acting upon their issues, for up to 20 weeks, thereby promoting improved health and well-being.

Service Engagement

The total referrals to EASY for the year 2020/21 was 432. The top 3 reported absence reasons and were Mental Health, Musculoskeletal (back), Gastrointestinal, followed by Injury/Fracture, Coughs, Colds and Flu, Headache/Migraine and other.

Mental Health Support Model

A telephone health assessment appointment is arranged within 5 working days of receipt of referral and includes the wider determinants of health such as debt, relationship issues etc. Assessment is conducted by an NHS health professional and aims to identify all issues impacting on health and wellbeing and preventing a return to work. Assessment is supported by completion of health assessment often using the *Hospital Anxiety and Depression Scale (HADS) assessment tool which assist in identifying the severity of the employee's health condition. From the information obtained at assessment, an action plan is developed and agreed. The action plan is tailored to individual need and contains issues/barriers which are negatively impacting on the individuals' wellbeing and the actions required to improve their overall health status. This may include signposting to wider external support agencies and/or the introduction of self-management strategies.

Employees receive support from a designated Case Manager for up to 20 weeks in the form of regular progress reviews. The Hospital Anxiety and Depression Scale (HADS) Health assessment tool is repeated at closure stage which provides evidence of health improvement achieved and a closure report is compiled and shared with the Occupational Health Department. CM MH. A total of 65 staff were offered MHCM support with 6 ultimately making contact and accessing the service to completion. The dominant feature of referral reason was anxiety /stress/work related stress disorders achieving 100% of the total referrals, with 100%

experiencing depressive/low mood symptoms and 40% with work related stress. The small number of referrals must be taken into account when interpreting the data

All employees undertook an assessment and received an action plan providing self-help information, advice and/or recommendations of signposting and support. 100% of the group were referred to counselling and ultimately, 100% reported they had returned to work

***HADS: Health Assessment Tool**
The Hospital Anxiety and Depression Scale (HADS) provides a measure in relation to levels of Anxiety and Depression experienced. Scores of 0-7 are considered normal (Non Case), with 8-10 borderline and 11 or over indicating clinical 'caseness'

Anxiety Outcome Scores (Where both Pre and Post HADS scores were available (3)

Category Status	**Entry Category**	**Exit Category**
Non Case	0(0%)	3 (100%)
Borderline Case	1(33%)	0 (0%)
Clinical Caseness	2 (67%)	0 (0%)

The above chart demonstrates movement in relation to the severity of employee condition in relation to Anxiety, most notable is the number of cases where employees entered the service within clinical caseness category (100%) against those who exited the service within the same category (0%). The table demonstrates that all of the individuals who attended the service with clinical anxiety improved significantly and their anxiety levels were reduced to within normal limits upon exit. (100%).

Depression Outcome Scores (Where both Pre and Post HADS scores were available = 3)

Category Status	Entry Category	Exit Category
Non Case	0(0%)	3 (100%)
Borderline Case	1 (33%)	0 (0%)
Clinical Caseness	2 (67%)	0 (0%)

The above chart demonstrates movement in relation to the severity of employee condition in relation to Depression, most notable is the number of cases where employees entered the service within clinical caseness category (67%) against those who exited the service within the same category (0%). Again the number of employees within the non-case category at exit (100%) demonstrates those individuals whose condition has improved and levels of Depression are within normal limits.

Staff Responses
Where responses were available (3), feedback at closure was largely very positive with 100% of employee's recording their 'impression of the service' as being excellent. 75% recorded the service as being excellent in terms of support provided. Importantly 100% of employees stated that the service had a positive impact on their work situation. 100% of responses captured stated that they would recommend the service to colleagues.

<u>Health Surveillance and monitoring</u>

Following the move to the new hospital, the need for health surveillance decreased due to a number of physical, environmental and process changes, Previously, a small group of staff was included in programmes including health surveillance in accordance with Control of Substances Hazardous to Health Regulations 2002, Control of Noise Regulations 2005 and Control of Vibration at Work Regulations 2005. Legal

compliance in this area is essential and should be continually reviewed as processes change. The need for surveillance programmes is dependent on the organisation's exposure to hazards and risk assessments. Salus will continue to provide this surveillance as required and will be notified of any requirements by the State Hospital.

Pre-placement health assessment

OH aims to assist the State Hospital to assess functional fitness for work and placement of people in jobs for which they are suited. Pre-placement assessments are undertaken by means of paper screening with a face to face follow up only if required, to assess the health of prospective employees in relation to their proposed employment and this also highlights immunisation requirements on starting. Advice on work adjustments / restrictions are given to ensure that individuals are not assigned to work that may have a detrimental effect on their own health and safety or the health and safety of others. The physical and psychological demands of work in the State Hospital are taken into account during this process as well as other relevant legislation or guidance, for example the Equality Act 2010.

In 2020/21, 97 Pre-placement health assessments were carried out by the Occupational Health Advisor / Nurse, which was similar from the previous year (99). Adjustments in line with the Equality Act were recommended and none were excluded from work.

Night workers assessments

A night worker is any worker who as a normal course works at least three hours of their daily working time during night time and works such hours on the majority of days which they work. Night time is defined as a duration of *not less than seven hours* which includes the period between *midnight and 5.00 am* (by default taken to be 11.00pm and 6.00am)

Managers identify those staff defined as night workers under the Working Time Regulations 1998. Those identified are sent a night worker assessment report form to complete and returned to OHS. The purpose of undertaking night workers assessments is to determine if there are any concerns raised over health and fitness for night work. 4 staff members returned their night worker assessment this year.

Vision testing

Under the Health and Safety Display Screen Equipment Regulations (1992), all staff designated as display screen equipment (DSE) users, following appropriate risk assessments, are entitled to and offered regular vision checks, with the eye care voucher system being used when appropriate. This includes staff who at the time of recruitment are defined as DSE users. In addition to regular users, other staff can request an eye test at any time, and this test will be carried out by the Occupational Health Nurse / Advisor within the department. During the period 2020/21, 1 vision screening test was carried out.

Healthy Working Lives

There has been no OH participation this year during the pandemic response.

Health Promotion

There has been no OH participation this year during the pandemic response.

Traumatic incident follow up

The OH team continue to follow up staff involved in a traumatic incident at work when notified, although most cases are seen as management referrals and followed up or referred appropriately during this process. There was 1 incident this year involving follow up for 8 staff.

Awareness is raised during health and safety training days, with staff being reminded of the importance of self-referral / management referral should a serious event / injury have occurred. This will ensure early intervention.

Screening for fitness for participation in PMVA training

Following last year's recommendation, PMVA screening was reviewed and moved to a self-assessment model which was approved by the Health, Safety and Wellbeing Committee in February 2021. During the period April 2020 to March 2021, a total of 240 staff were screened which is a 45.6% decrease and this will continue to decrease in future reports.

First Aider

OH maintains a system for ensuring that training / retraining under the Health and Safety (First Aid) Regulations 1981 is arranged timeously in order that certificates do not lapse. During the pandemic, HSE adjusted the criteria for refresher training to take account of training that had lapsed and allowed an extension period. A process of renewal is now ongoing. A current list of first aiders is kept within the department and this is updated with any changes and posted on the intranet. The State Hospital currently has 26 trained first aiders working throughout the hospital.

Hepatitis B Immunisation Programme

This programme is one which is recommended for staff working within the State Hospital in accordance with Department of Health Green Book (Hepatitis B Immunisation for Public Health Professionals) Chapter 18, 17th July 2017.

During 2020/21, a total of 101 Hepatitis B vaccines were administered or bloods taken. This programme remains ongoing and aims to contribute to the protection of employees from occupationally related infection but does not negate the need for risk assessment and safe working practice.

Influenza Immunisation (seasonal) Programme

The influenza immunisation programme, which is in its 22nd year, was carried out during the months of October, November and December 2020. The programme is championed by the Infection Prevention and Control Manager and supported by Occupational Health. The vaccine was again offered to all staff using a combination of Staff Peer Immunisers and open clinics were held at varying times of the day to facilitate availability for vaccination for clinical staff on site either in the Hubs or the Skye Centre. The vaccine is also provided in the Occupational Health department. These options ensure accessibility to the vaccine which is known to improve uptake levels. The programme is promoted via posters and the internal staff bulletin.

Staff Flu vaccination has seen an encouraging increase again this year to 55.1% (373) of all TSH staff received influenza vaccination in 2020/21, an increase of 12.1% from the previous year. This is another

significant improvement on last year which was 43% although it remains slightly below the Scottish Government target of 60% for frontline staff. The NHS Scotland average for the year was 39.6%.

Uptake of flu immunisation levels should continue to be reported during the flu season to inform managers of uptake levels and to encourage increased uptake across the organisation.

Other Immunisations

Other immunisations appointments include MMR and Varicella which are offered to staff in accordance with relevant vaccination guidelines and to protect them from potential occupational exposure.

A total of 70 immunisation appointments were attended compared to 90 the previous year.

Physiotherapy Report 2020 - 2021

Referrals

Referrals were reduced by 18% this year from 133 referrals to 96. Of these 96 referrals, the largest proportion, as in previous years, was from nursing staff.

Nursing staff referred		
Year	**Number**	**%**
16/17	54	44%
17/18	57	45%
18/19	64	47%
19/20	52	39%
20/21	55	57%

Referrals from Admin & Clerical have returned to their previous levels i.e. about 15% (14 cases) following the unusual peak last year when they accounted for 23% (30 cases) of referrals. Referrals from Estates are static at 4% of referrals in 2020/21, 4 individuals and numbers have not risen. Referrals from Domestic staff were similar to previous years at 8. Security referrals totalled 4 this year.

The percentage of cases who were **off work** at the time of assessment shows an increase compared with the previous year's figure. However, the number of individuals involved is not too dissimilar to the year prior to that.

Off Work at Assessment		
year	**number**	**%**
16/17	16	12%
17/18	31	25%
18/19	39	27%
19/20	21	16%
20/21	27	28%

Work Relatedness of referrals

Cases are categorised at Assessment as being reported as due to work, or non-work causes, they are further refined as 'off work' or 'at work'. The proportion of total referrals described as attributable to work, again showed a decrease as it did last year.

Work Related cases (both off & at work)		
Year	**number**	**%age**
14/15	3	2%
15/16	8	5%

16/17	12	9%
17/18	10	8%
18/19	20	14%
19/20	6	5%
20/21	3	3%

AT Work at Assessment						
year	**Number at work at assessment**	**%age of total referrals**	**work related**	**%age of total referrals**	**non-work related**	**%age of total referrals**
16/17	115	88%	5	4%	110	84%
17/18	92	75%	0	0%	92	75%
18/19	105	73%	6	4%	124	69%
19/20	112	84%	1	<1%	127	95%
20/21	65	68%	1	1%	64	67%

OFF Work at Assessment						
year	**Number off work at assessment**	**%age of total referrals**	**work related**	**%age of total referrals**	**non-work related**	**%age of total referrals**
16/17	16	12%	7	5%	9	7%
17/18	31	25%	10	8%	21	17%
18/19	39	27%	14	10%	25	17%
19/20	21	16%	5	4%	16	12%
20/21	31	32%	2	2%	29	30%

Types of conditions presenting

Spinal conditions remain the largest proportion of cases, accounting for 48% of referrals (43 cases). While the percentage has increased from the previous year's 32% of referrals, the case numbers remain the same (43 cases). Lower limb injuries have decreased in the last 12 months from 35% (47 cases) to 31% (30 cases). Upper limb referrals have also decreased from the previous year's figure of 21% (29 cases) to 18% (17 cases).

Referral sources

The vast majority of cases remain self-referrals 86 cases (90%) with the rest made up of referrals from Managers and OH although OH referrals may be undercounted and this will be reviewed for next year.

Referral sources						
year	**Self**	**%age**	**Manager**	**%age**	**OH**	**%age**
16/17	128	98%	0	0%	3	3%
17/18	116	94%	5	4%	2	2%
18/19	138	96%	2	1%	4	3%
19/20	129	97%	1	1%	3	2%
20/21	86	90%	9	9%	1	1%

Discharge Outcomes

Of the 96 people referred to Physiotherapy in 2020/21, all have been discharged. Discharges with a positive outcome (resolved, much better, some improvement and assessment/advice) continue to show that a consistently high percentage of cases benefit from Physiotherapy treatment. The level of discharges due to failure to complete treatment has fallen to 14% from 20% last year which is lower than in comparable service where it runs around 20% and DNAs have also fallen from 11% last year to 6% this year. In general, people are found to non-attend as their symptoms subside and they do not feel they need to attend for their next appointment.

Waiting times

The Waiting time is calculated from when an individual contacts the department enquiring for an appointment until the date of the first available appointment. If an individual is unable to take the first available appointment they are offered another, but the waiting time is calculated to the first available appointment.

Average Waiting Time (days)	
16/17	3.8
17/18	3.5
18/19	4.08
19/20	3.26
20/21	2.19

Assessment & Advice only

During the pandemic, cases where only one appointment was required i.e. quick analysis and advice, increased to 28% from 19% in the previous year.

Perceived Cause of Referrals

The majority of referrals are due to 'unknown' causes. Many conditions have an insidious onset with no immediately apparent cause. Many of these are due to postural adaptations in an individual's everyday life. Causes recorded with a work element (work assault, manual handling, restraint, PA response etc.) have been consistently 13% or under, however the percentage has increased this year although numbers are small.

Perceived cause of Referral		
	Insidious	Work is an element
16/17	66% (86)	11% (14)
17/18	60% (74)	12% (15)
18/19	57% (82)	13% (19)
19/20	67% (89)	13% (17)
20/21	70% (67)	30% (29)

Time for Talking/Therapeutic Counselling Service

Time for Talking is the Employee Assistance Programme Service which commenced in April 2017 and provides support for all State Hospital staff through provision of telephone / face to face counselling and life management services. The service is promoted through staff induction days, intranet, health fairs and health and safety training days.

During the 12 month period from April 2020 to March 2021, 9 employees accessed this service for mental health conditions relating to personal reasons. The majority of these appointments were telephone based.

The Keil Centre

The Keil Centre provides psychological and counselling services for more acute and complex mental health issues through chartered psychologists and counselling psychologists. Staff can only access this via an occupational health referral and referrals to The Keil are discussed and agreed between the occupational health advisor and the consultant occupational physician to ensure that referrals are appropriate.

The demand for referrals to the Keil Centre has again decreased this year with 6 referrals reported, down from 10 last year. There were 35 sessions and the range of appointments for each person was from 1 - 12, however the average sessions were 6 per person.