

**SALUS OCCUPATIONAL HEALTH SERVICE (OHS)
STATE HOSPITAL
CARSTAIRS**

OHS ANNUAL REPORT

April 2021 to March 2022

Executive Summary

The current Service Level Agreement is in place until 31st December 2022 with an option to extend for 3 months

Key Performance Indicators were implemented in April 2019; this report reflects the 3rd full year of this data

Management referrals have increased slightly (10%) from last year and the Physician and Nurse resource still match the demand.

Cancellations rate is 9.7% and DNAs is 5% which together accounts for 14.7 % of management referral appointments. This is a 6.3% reduction from last year

The EASY service is provided within the Occupational Health Service Level Agreement at no additional cost to the State Hospital. Utilisation of the Case Management (Mental Health) service remains low at 8 cases a slight increase from 6 last years.

Across the year, sickness absence in the State Hospital averaged 6.63% which is a 1.3% increase since 2020/21 and just under 1% higher than NHS Scotland.

Mental health and musculoskeletal conditions remain the commonest disorders seen and mental health disorders now significantly exceed musculoskeletal as the highest cause of absence and referrals. Volumes are unchanged from last year's report.

There was a 50% increase in Pre-Placement Health Assessments

The amount of PMVA screening has reduced significantly as planned, and only 34 screenings took place against 240 last year.

Most staff accessing Physiotherapy are at work. The largest proportion of cases had spinal conditions (34%) down from 48% last year. Waiting times were 2.75 days, a slight increase on last year. Most staff self-refer to the service. Appointments per person is just under 2. 9 staff (6%) stated that there was a work related element in their musculo-skeletal condition with 3 saying it was a direct contributor which is the same as the previous year. 78% of those treated, declared a positive outcome from treatment.

Actions for 2022/2023

A new version of the Occupational Health IT system was introduced in March 2021, further training will be given to allow data extraction and reporting from the system

Record keeping aims to move to a paperless system and old files will be scanned or archived.

The OH input to Induction training will be revised with a view to developing online access.

Scheduled vaccination clinics will be reintroduced.

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 2021/22

The current Service Level agreement between the State Hospital and Salus was extended until March 2022 and further extended until December 2022 with an option to extend to March 2023. 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 third 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 2021/2022

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 independent, 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.

This year there have been 202 management referrals to Occupational Health which is a slight increase from the previous year of 184. Referrals are triaged and allocated to the OH Physician or OH Nurse as appropriate. First and review appointments amounted to 316 across Nurse and Dr excluding DNAs and Cancellations which is in line with the current resource allocation.

KPIs

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 2021/22 data the average time from receipt to first appointment is 8.5 days which is a reduction of 4.9 days from the previous year. Return of report is on average 1 day which is again a decrease from last year when it was 10.4 working days. A recording categorisation issue has been identified and will be corrected. These KPIs were checked manually.

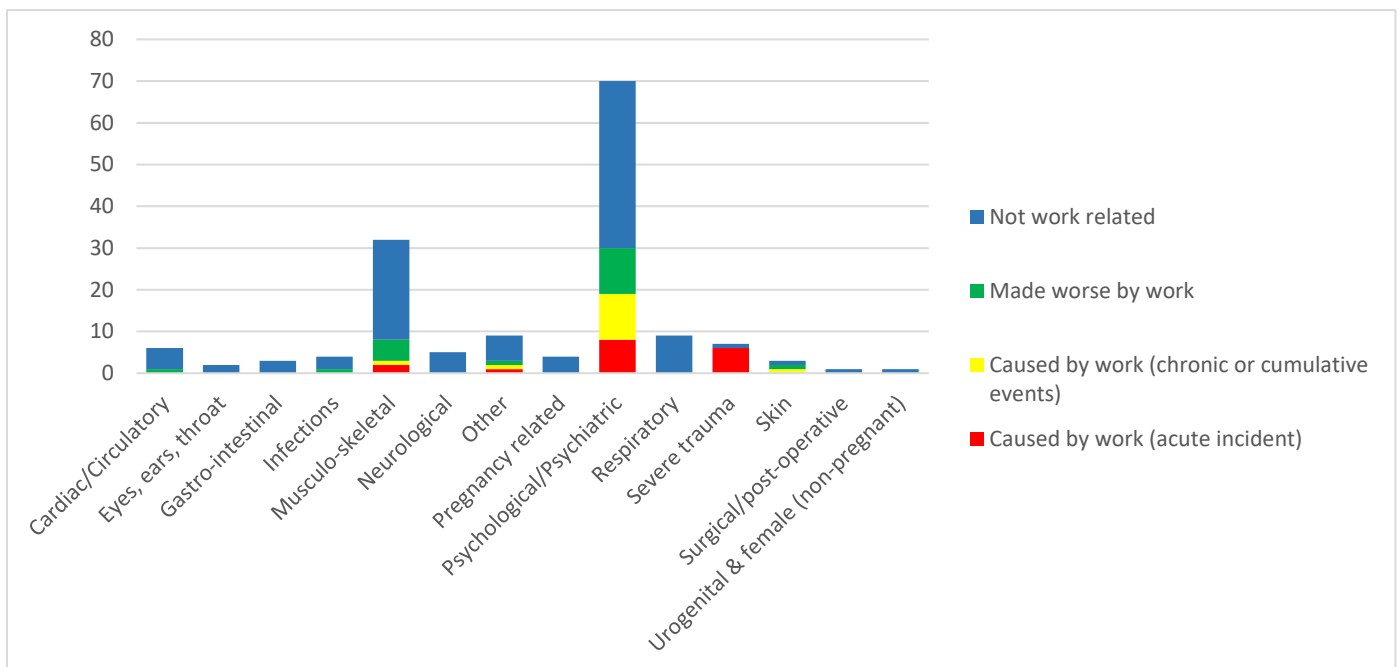
The current data around this KPI indicates good compliance, with referrals being completed on average in 9 days, which remains 6 days within the KPI. This turnaround time allows managers to arrange follow up with staff and proactive provision of support and management of absence.

Over the past 12 months this has involved 410 appointments. The 'did not attend' rate for these appointments decreased to 9.7% from 16% and the cancellation rate was the same as last year at 5%.

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 33 from 37 last year; where psychological and psychiatric have reduced to 56 from 73 the previous year.

Within the State Hospital there is a wide range of supportive 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. 110 (77%) were not work related, 8 (6%) related to an incident caused by work (acute), 10 (7%) were caused by work (chronic or cumulative issues), 14 (10%) were made worse by work. 94% of conditions with a work related component related to musculoskeletal and mental health. This is a slight reduction in work relatedness from last year.

In previous annual reports from 2015 onwards, musculoskeletal causation was the highest over mental health, however for the past 4 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 138. 5 related to an acute incident at work, 4 related their referral to chronic or cumulative events at work and 6 felt their condition was made worse by work. 56 out of 138 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	19		1	2	12	34
Iona	8	2	2	1	23	36
Lewis	25	1	1	3	16	46
Mull	8	2			5	15
Skye Centre	7					7
Grand Total	67	5	4	6	56	138

Self-referrals to occupational health

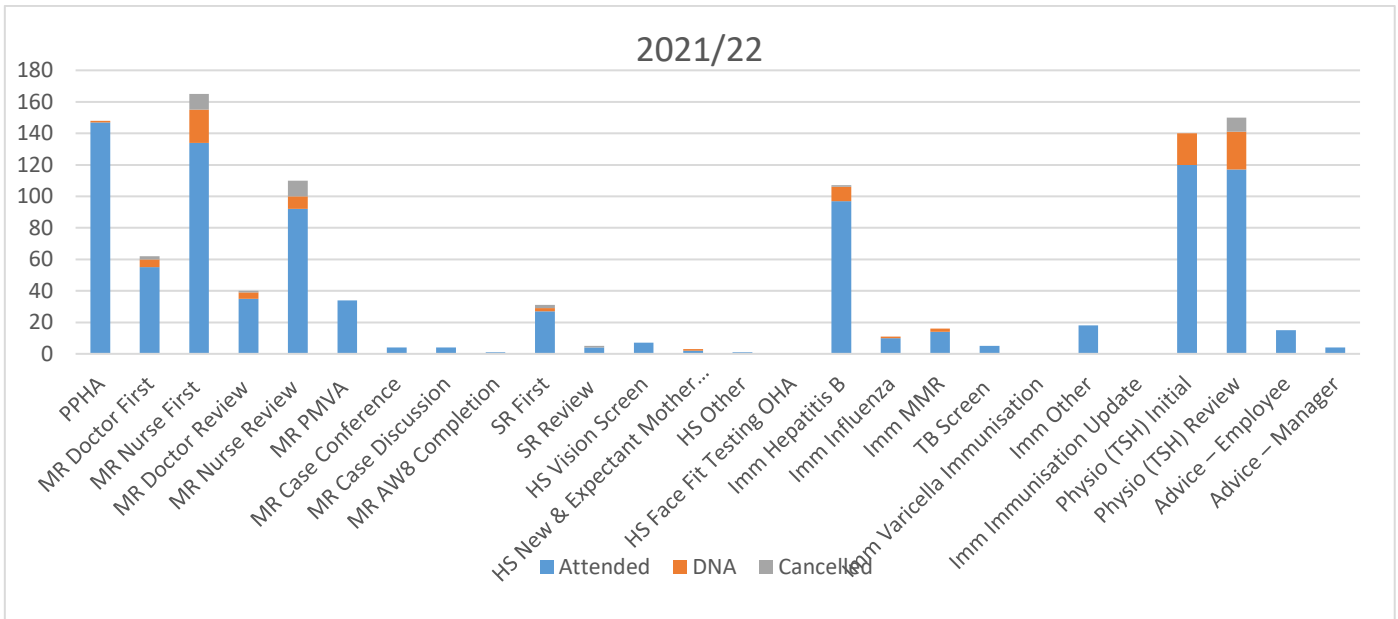
Over the course of the year, there were 31 self-referrals to occupational health which is more in line with previous rates with the exception of last year which was 20. It is likely that this is resuming to a normal level now following a change in some work practices during the pandemic.

It is important to note that 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

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.



	Attended	DNA	Cancelled	Grand Total
PPHA	147	1		148
MR Doctor First	55	5	2	60
MR Nurse First	134	21	10	165
MR Doctor Review	35	4	1	40
MR Nurse Review	92	8	10	110
MR PMVA	34			34
MR Case Conference	4			4
MR Case Discussion	4			4
MR AW8 Completion	1			1
SR First	27	2	2	31
SR Review	4		1	5
HS Vision Screen	7			7
HS New & Expectant Mother Assessment	2	1		3
HS Other	1			1
HS Face Fit Testing OHA				
Imm Hepatitis B	97	9	1	105
Imm Influenza	10	1		11
Imm MMR	14	2		16
TB Screen	5			5
Imm Varicella Immunisation				
Imm Other	18			18
Imm Immunisation Update				
Physio (TSH) Initial	120	20		140
Physio (TSH) Review	117	24	9	150
Advice – Employee	15			15
Advice – Manager	4			4
Grand Total	2300	98	36	2434
				1945 in 2020/21

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.

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 2021/22 was 518. The top 7 reported absence causes were Mental Health, Musculoskeletal (back), Gastrointestinal, followed by Injury/Fracture, Coughs, Colds and Flu, Headache/Migraine and other.

Table 1

Year	No of Referrals	TSH Annual % SA	NHSS Annual % SA
2021/22	518	6.63%	5.69%

Table 2

Absence Cause	N	N %
Backache / Other MSK	81	15.6%
Blood disorders	2	0.4%
Cardiac and Circulatory	4	0.8%
Colds/Coughs/Flu / Chest & Respiratory / ENT	90	17.4%
Dental/Oral problems	1	0.2%
Endocrine/Diabetes/Thyroid	1	0.2%
Eye problems	3	0.6%
Gastrointestinal/Vomiting/Diarrhoea	112	21.6%
Genitourinary and Gynaecological	12	2.3%
Headache and Migraine	29	5.6%
Infectious diseases	1	0.2%
Injury/Fracture	38	7.3%
Mental health	85	16.4%
Nervous system disorders	1	0.2%
Pregnancy related disorders	11	2%
Skin disorder	2	0.4%
Other known cause	37	7.1%
Unknown/Not specified	8	1.5%
Grand Total	518	100%

The top absence reasons for this year are as follows:

- Gastro intestinal / Diarrhoea 21.6%
- Colds/Coughs/Flu/Chest & Respiratory/ENT 17.4%
- Mental Health 16.4%
- Backache / Other MSK 15.6%
- Injury / Fracture 7.3%
- Other Known 7.1%
- Headache / Migraine 5.6%

No RTW date was noted for 47 staff – 9.1%

We have broken this information down into specific departments within The State hospital to allow further information to be given – see **Table 3** below.

Table 3	Arran		Harris		Iona		Lewis		Mull		Security		Skye Centre		Support Services		Other	
	N	N%	N	N%	N	N%	N	N%	N	N%	N	N%	N	N%	N	N%	N	
Absence Cause																		
Backache / Other MSK	16	3%	1	0.2%	20	3.9%	8	1.5%	7	1.4%	6	1.2%	10	1.9%	11	2.1%	1	
Colds/Coughs/Flu / Chest & Respiratory / ENT	10	1.9%	9	1.7%	15	2.9%	13	2.5%	12	2.3%	3	0.6%	10	1.9%	17	3.3%	1	
Gastrointestinal/Vomiting / Diarrhoea	21	4.1%	6	1.2%	13	2.5%	21	4.1%	17	3.3%	8	1.5%	14	2.7%	8	1.5%	4	
Headache and Migraine	9	1.7%	1	0.2%	3	0.6%	4	0.8%	4	0.8%	0	0%	3	0.6%	4	0.8%	1	
Injury/Fracture	11	2.1%	0	0%	3	0.6%	10	1.9%	7	1.4%	2	0.4%	3	0.6%	1	0.2%	1	
Mental health	9	1.9%	5	1%	13	2.5%	14	2.7%	14	2.7%	6	1.2%	10	1.9%	11	2.1%	3	
Other known cause	6	1.2%	1	0.2%	7	1.4%	6	1.2%	4	0.8%	2	0.4%	4	0.8%	5	1%	2	
Grand Total	82	15.90%	23	5%	74	14.40%	76	15%	65	12.70%	27	5.30%	54	10.40%	57	11.00%	13	

Mental Health Support Model

Service Engagement

1st April 2021 – 31st March 2022

Referrals Received	Engagements
11	8

During this period, 11 employees' referred to the service. 8 of those referred, engaged with service and 3 declined to participate

The dominant feature of referral reason was anxiety /stress/work related stress disorders achieving 100% of the total referrals

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. Frequency of review appointments are determined by employee need and provide opportunity to monitor progress in applying the recommendations identified in their personal plan. Review also provides an opportunity to motivate individuals towards positively influencing their life circumstances, highlighting improvement in health condition whilst challenging any negative perceptions/concerns employee may describe in relation to returning to work. An essential aspect of review appointments is to assist employees to recognise the various influences on their health and identify with the benefits of applying positive management strategies. The service also offers in-work support which seeks to maximise support available to those staff members on initial return to work and to facilitate an effective transition back into the workplace.

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 11 staff were offered MHCM support with 8 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. Again, the small number of referrals must be taken into account when interpreting the data

*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'

Influencing Factors/condition Impact:

- 25% experiencing recent bereavement
- 100% report poor sleep pattern
- 100% report low confidence levels in relation to returning to work

Of these 11 referrals 8 (73%) of employees undertook an assessment and received an action plan providing self-help information, advice and/or recommendations of signposting and support. At assessment, 13% of employees reported that they were unable to conduct any of their regular work tasks and 87% reported capability of conducting some work tasks. 37% reported a health and Safety work risk associated with their condition and performance.

During this period 5 cases were closed following a period of engagement with the programme.

- 60% reported they had returned to work
- 40% reported a return within next 2 weeks

Of the 5 closed cases, employees received a combination of case management support and self-help material focusing on the management of anxiety/depression/low mood, self-esteem, assertiveness, bereavement, healthy living, sleep, relaxation material, exercise/fitness advice.

Signposting information provided for the group included GP visit, Money Advice, local support group, bereavement support, Citizens Advice, Stress control classes and access to fitness.

Anxiety Outcome Scores (Where both Pre and Post HADS scores were available (4))

Category Status	Entry Category	Exit Category
Non Case	1 (25%)	3 (75%)
Borderline Case	2 (50%)	0(%)
Clinical Caseness	1 (25%)	1 (%)

The above chart demonstrates movement in relation to the severity of employee condition in relation to Anxiety. The table shows that 25% were identified at entry as being non case category, indicating they were experiencing no levels of Anxiety. This score increased at exit to 75% reporting no levels of Anxiety

Depression Outcome Scores (Where both Pre and Post HADS scores were available (4))

Category Status	Entry Category	Exit Category
Non Case	2(50%)	3 (75%)
Borderline Case	1 (25%)	1 (25%)
Clinical Caseness	1 (25%)	0 (0%)

The above chart demonstrates movement in relation to the severity of employee condition in relation to Depression, 50% reported no symptoms of depression at entry to service, which increased to 75% at exit. 25% moved from the caseness category to Borderline category

Staff Responses

Where responses were available (4), 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.

Health Surveillance and monitoring

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. 2 New and Expectant Mothers Risk Assessments were carried out.

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 2021/22, 148 Pre-placement health assessments were carried out by the Occupational Health Advisor / Nurse, which is a significant increase on the 97 last year but appears to be in line with the recruitment programme for the year. Adjustments in line with the Equality Act were recommended and none were excluded from work.

Night worker's 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 worker's assessments is to determine if there are any concerns raised over health and fitness for night work. 2 Permanent staff and 2 Supplementary staff members have been identified as night workers and will be included in the offer of annual assessments.

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 2021/2022, 7 vision screening tests were carried out in relation to DSE work.

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 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 the previous 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 2021/2022, a total of 34 staff were screened which had decreased from 240 the previous year as expected.

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 20 trained first aiders working throughout the hospital. This activity will be moving to the Learning and Development team from this year.

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 2021/22, a total of 97 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. This programme was impacted by a National Shortage of vaccine and the Covid Pandemic, however plans are in place to re-establish recall systems and routine clinics.

Influenza Immunisation (seasonal) Programme

The influenza immunisation programme, which is in its 23rd year, was carried out during the months of October, November and December 2021. The programme is championed by the Infection Prevention and Control Manager and supported by Occupational Health. There were 269 flu vaccinations done between 2021/22 down on the year before, as 373 were given at that time. The programme is promoted via posters and the internal staff bulletin.

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 47 immunisation appointments were attended compared to 70 the previous year.

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 2021 to March 2022, 26 employees accessed this service with 38 sessions facilitated.

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 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 increased from 6 last year to 16 this year, however this is in line with the previous year. There were 78 sessions and the range of appointments for each person was from 1 - 12, however the average sessions were 5 per person.

Physiotherapy review 2021 - 2022

Referrals from different departments

Referrals in 2020/21 were affected by COVID lockdowns, 2021/22 saw a return to figures similar to pre COVID levels. In 2019/20 there were 133 referrals, in 2021/22 there were 139 referrals. 145% of last year's 96 referrals. 105% of 2019/20.

Of these 139 referrals, the largest proportion, as in previous years, was from the hospital's nursing staff.

Nursing staff referred		
year	Number	%age
17/18	57	45%
18/19	64	47%
19/20	52	39%
20/21	55	57%
21/22	56	58%

Referrals from Admin & Clerical are similar to pre-COVID levels, in 19/20 they accounted for 23% of referrals (30 cases), this year they accounted for 20% of referrals (19 cases).

Referrals from Estates have returned to the 'high' they had in 2016/17, accounting for 7% of referrals.

Estate Staff Referred	
16/17	7%
17/18	6%
18/19	4%
19/20	2%
20/21	4%
21/22	7%

Referrals from Domestic staff showed a significant rise in 2018/19 and it was thought that the drop to 8% last year was a return to 'normal' levels, but the numbers for this year are higher again, accounting for 15% of referrals.

Domestic staff referred		
17/18	11	9%
18/19	19	13%
19/20	16	12%
20/21	8	8%
21/22	14	15%

The slow but steady decrease of referrals from Security has come to an end and referrals from this department have returned to 2018/19 levels, accounting for 7% of referrals.

Security staff referred		
year	number	%age
17/18	10	8%
18/19	9	7%
19/20	8	6%
20/21	4	4%
21/22	7	7%

An unexpected rise in referrals was seen from Rehab Instructors. Referral levels from this department have hovered around the 1%-4% level, this year they accounted for 10% of referrals (10 cases)

The percentage of cases who were **off work** at the time of assessment remains similar but the number of cases is higher than the last couple of years.

Off Work at Assessment		
year	number	%age
16/17	16	12%
17/18	31	25%
18/19	39	27%
19/20	21	16%
20/21	27	28%
21/22	36	27%

Work Relatedness of referrals

Cases are categorised at Assessment as being due to work or non-work causes. They are further refined as 'off work' or 'at work'.

The proportion of total referrals (both those off or at work at assessment) attributable to work related showed a third year of decrease.

Work Related cases (both off & at work)		
year	number	%age
17/18	10	8%
18/19	20	14%
19/20	6	5%
20/21	3	3%
21/22	9	6%

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
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%
21/22	103	77%	0	0%	103	77%

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
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%
21/22	36	27%	3	2%	33	25%

Of those who were off work at Assessment, the work related injuries comprise only 2% of referrals, similar to last year's figure of 2 cases representing 2% of the total figures who were off work at assessment with a work related condition.

Types of conditions presenting

Spinal conditions remain the largest proportion of cases, accounting for 34% of referrals, 47 cases. This is a decrease from last year when spinal conditions accounted for 48% of referrals (46 cases). While the percentage has decreased from the previous year, the case numbers remain similar.

Lower limb injuries decreased last year as a percentage of the total referrals (from 35% to 22%), in the last 12 months they account for the 2nd most referred condition with 45 cases accounting for 32% of referrals.

Upper Limb referrals have increased this year, from 17 to 21, as percentages of total referrals there is a small decrease: 2020/21 18%, 2021/22 15%.

Referral sources

The vast majority of cases remain self-referrals and there was an upward trend through 2017/18, 2018/19, and 2019/20. The figure for 2020/21 showed a decrease to 90% and this latest 12-month period shows a further decrease to 76% (106 cases). Manager referrals increased last year and this year, and account for almost 20% of referrals for the period of this report. Referrals from the OH clinicians remain a small proportion of total referrals. The small number of OH referrals is due in part to an increased use of the Physio service for MSK related referrals.

Referral sources						
year	Self	%age	Manager	%age	OH	%age
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%
21/22	106	76%	27	19%	6	4%

Discharge Outcomes

Of the 139 people referred to Physiotherapy in 2020/21, all 139 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.

Failed to Complete (FTC) is defined as: *missed a return appointment or gave less than 24hrs notice that they couldn't keep an apt (e.g. "can't get off the ward for apt today") and then made no contact with the department to rebook* and so were discharged.

The level of discharges due to Failure to Complete had dropped from last year's 14% to 10%. This is very positive. This figure is around 20% in comparable services,

While we are unable to determine the reasons for these non-attendances, in other comparable services a number of people are found to non-attend as their symptoms subside and they do not feel they need to attend for their next appointment. Thus, although annoying, a proportion of the FTC discharges could be interpreted as a positive outcome.

Discharge Outcomes			
	+ve outcome	Failed to Complete	Did Not Attend Assessment
17/18	67%	20%	13%
18/19	76%	13%	8%
19/20	68%	20%	11%
20/21	76%	14%	6%
21/22	78%	10%	12%

Did Not Attend (DNA) is defined as: *Did Not Attend an initial assessment*. Typically, for this service and other comparable services, the figure for this classification is around 10-12%. This year's figure of 12% falls within this bracket, but it is disappointing to see that last year's, much lower figure, has not been reproduced.

Appointments wasted

A number of appointments are wasted each year due to staff either not attending, or staff giving insufficient notice of cancellation (i.e. less than 24 hours' notice) to allow the appointment to be offered to someone else. If the figures for Did Not Attends are included, the percentage of appointments wasted in this way are similar for the last 3 years. Again, these figures are similar to those of comparable services.

year	DNA	FTA	% total appts
17/18	16	38	16%
18/19	12	30	11%
19/20	14	27	13%
20/21	6	22	13%
21/22	17	14	14%

Cancellations

Cancellations (defined as *giving at least 24 hours' notice that an appointment can't be kept*) is a very small proportion of total appointments each year. It is disappointing that people do not think to contact the department when they cannot attend, it would be good to see the cancellations rise if the *fail to attend* figure were to fall. However, as with similar onsite Physiotherapy services, these figures are hard to alter and remain stubbornly persistent.

year	Appointments where the patient contacted the department to Cancel
17/18	1
18/19	6
19/20	8
20/21	1
21/22	1

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.

The figure for this year (2.75 days) remains below the pre COVID level of 2019/20 (3.26 days). It will be interesting to see if this number returns to pre COVID levels.

Average Waiting Time (days)	
17/18	3.5
18/19	4.08
19/20	3.26
20/21	2.19
21/22	2.75

Average number of Treatments	
17/18	2.49
18/19	2.28
19/20	1.93
20/21	2.05
21/22	1.79

Average Treatment Length (days)	
17/18	27
18/19	26
19/20	29
20/21	26
21/22	15

The average number of treatments required before discharge has been more or less static at just over two. Surprising, due to a continued increase in Assessment & Advice, one off sessions, this number has decreased to below 2 treatments.

There is a considerable decrease in the average treatment length this year. This is attributable to the increased number of Assessment & Advice, one off sessions.

Assessment & Advice only

As mentioned above, the percentage of cases where only one appointment was required i.e. quick analysis and advice, increased markedly in 2020/21 and has risen again in 2021/22.

In 2019/20 there were 37 cases (28% of referrals) and in 2020/21 there were also 37 cases, but this was a larger proportion of the total and accounted for an increase to 35% of referrals. In 2021/22 both the number and percentage have seen a very positive increase, with 56 cases accounting for 40% of referrals.

It is always preferable to see a problem as early as possible as it is sometimes possible to prevent the condition escalating or the body developing other complications as it compensates for a mechanical problem. If seen quickly, many conditions can be resolved more quickly and avoid an absence.

It is well known that the Physiotherapy service runs only once a week and people often call in on that day looking for some quick advice. This allows the 1x Assessment & Advice number to remain high, and keeps the waiting times and treatment length times low.

Outcome Measures

Outcome Measures were not reported on in last year's report as there were only 4 cases with complete figures and these few were unlikely to be representative of the other 92 people who were referred.

There are only 6 cases with full figures for 2021/22, again an unrepresentative proportion of the total. This is partly due to the large proportion of 1x Assessment & Advice cases (40%) and the DNA and Fail to Complete percentages (22%).

Modes of Treatment

Despite the restrictions imposed by COVID-19, the Onsite Physiotherapy service has been relatively well used and been of benefit to the people who have used it. Most appointments were done face-to-face. There was an increased use of the Telephone for some consultations. The telephone is a very unsatisfactory medium as it is difficult to describe movements and positions when the patient cannot see the Physio demonstrating them and the Physiotherapist cannot see the patient carrying them out. The Attend Anywhere system finally became available in March 2022. There were issues with wi-fi and IT that were finally overcome, just as face-to-face meetings were becoming more normal in other services!

The strengths of an onsite Physiotherapy service, whether face-to-face or remotely, remain:

- easy and fast access to the service,
- allows time for appropriate assessment,
- allows time for analysis, relevant to both the individual and the company,
- allows time to personalise treatment to ensure the individual is given preventative advice for future use as well as treatment for the presenting condition.

As always, the main modes of physiotherapy treatment remain education and advice about individual conditions. This advice, alongside specific exercises and stretches, is the backbone of effective treatment.

Perceived Cause of Referrals

The majority of referrals are due to 'unknown' causes. Many conditions have an insidious onset with no immediately apparent cause. A great many of these are due to postural adaptations in an individual's everyday life. Discomfort only comes to light after months of poor posture, occasionally exacerbated by a change in use or circumstances. This is common to every workplace.

With an increase in working from home, poor posture due to inappropriate furniture and infrequency of posture changes are bound to be partially to blame for the increase in 'insidious' causes of symptoms in 2021/22.

Causes recorded with a work element (work assault, manual handling, restraint, PA response etc.) have been consistently in the teens but the percentage doubled last year and shows a dramatic decrease this year.

It is not possible to say why there has been such a dramatic decrease in the work related figure for this year. This year's figures were due to 4 assaults, one slip/trip/fall in the workplace and 3 cases where the people attributed their symptoms to a gradual onset due to working practices.

Perceived cause of Referral		
	Insidious	Work is an element
17/18	60% (74)	12% (15)
18/19	57% (82)	13% (19)
19/20	67% (89)	13% (17)
20/21	70% (67)	30% (29)
21/22	79% (76)	8% (8)

Analysis

The vast majority of referrals are for people who are **at work at Assessment**.

The percentage of cases with a positive outcome remains high, 77% is very positive. Much of this is due to the increase in 1x Assessment/Advice cases.

Waiting times remain consistently around the 3-day mark. This number is unlikely to reduce much further due to the manner of the provision of the service.

Treatment length has decreased this year, from last year's good 26 days, to only 1 days. Again, this is in a large part due to the increase in 1x Assessment/Advice cases.

It is well known within TSH that the Physiotherapy service runs only once a week and people often call in on that day looking for some quick advice. This allows the Assessment & Advice number to remain high, and keeps the waiting times and treatment length times low.

Referrals from OH clinicians remain few but there has been a considerable increase in the number of referrals from Managers to the Physio service. These accounted for only 9% of cases seen by the Physio in 2020/21 and for 19% in 2021/22. This is due to the OH Nurses passing on MSK related referrals directly to the Physio.

The DNA rate shows a disappointing increase from last year's 6% (6 cases) to this year's 12% (17 cases) of referrals. Without the time or manpower to chase up each DNA, it is impossible to give a reason for this change.

The number of people accessing the service for work related issues appears to have returned to pre COVID levels. Last year's dip was put down to the effects of COVID-19 on staff and staffing levels and the changes in routines for the patient cohort, with alterations to visiting etc.