

**SALUS OCCUPATIONAL HEALTH (OH) SERVICE
STATE HOSPITAL,
CARSTAIRS**

ANNUAL REPORT

April 2022 to March 2023

Executive Summary

The Service Level Agreement for the provision of OH services to TSH ended on the 31st of March 2023. All OH records have been transferred to NHS Dumfries and Galloway OH Service, this is the final Annual Report from Salus.

Key Performance Indicators were implemented in April 2019, this report reflects the 4th full year of this data

Management referrals have decreased slightly (2%) from last year and the Physician and Nurse resource matched the demand.

Cancellation rate was 9.6% and DNAs was 17% which together accounts for 26.6 % of management referral appointments. This is an 11.9% increase from 2021/22.

Mental health and musculoskeletal conditions remained the commonest disorders seen via Management and Self Referrals 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 14.2% decrease in Pre-Placement Health Assessments

The amount of PMVA screening has reduced as planned, and only 14 screenings took place against 34 last year and 240 the previous year.

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 2022/23

The current Service Level agreement between the State Hospital and Salus ended on the 31st of March 2023.

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

The EASY Service was absorbed into the cost of the OH provision and was delivered at zero cost to the State Hospital, this service ended on 31st march 2023.

The OH provision covered OH Advisor, OH Nurse, Consultant OH Physician, Health and Safety, Physiotherapy, the EASY service and access to Mental Health Case Management. Additionally, this arrangement allowed 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 was available from the Clinical Director and Principal Occupational Health Advisor.

KEY AREAS OF WORK IN 2022/2023

1 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.

In year 2022/23, there were 198 management referrals to Occupational Health which was broadly similar to the previous year of 2022. First and review appointments amounted to 237 across Nurse and Dr excluding DNAs and Cancellations,

2 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 2022/23 data the average time from receipt to first appointment was 7.6 days, down from 8.5 for the previous year. Return of report was on average 1.2 days with an average of 10.3 days from receipt of referral to discharge which is similar to 10.4 working days last year.

This was well within the 15 day KPI and 4.6 days below it. This turnaround time allows managers to arrange follow up with staff and proactive provision of support and management of absence.

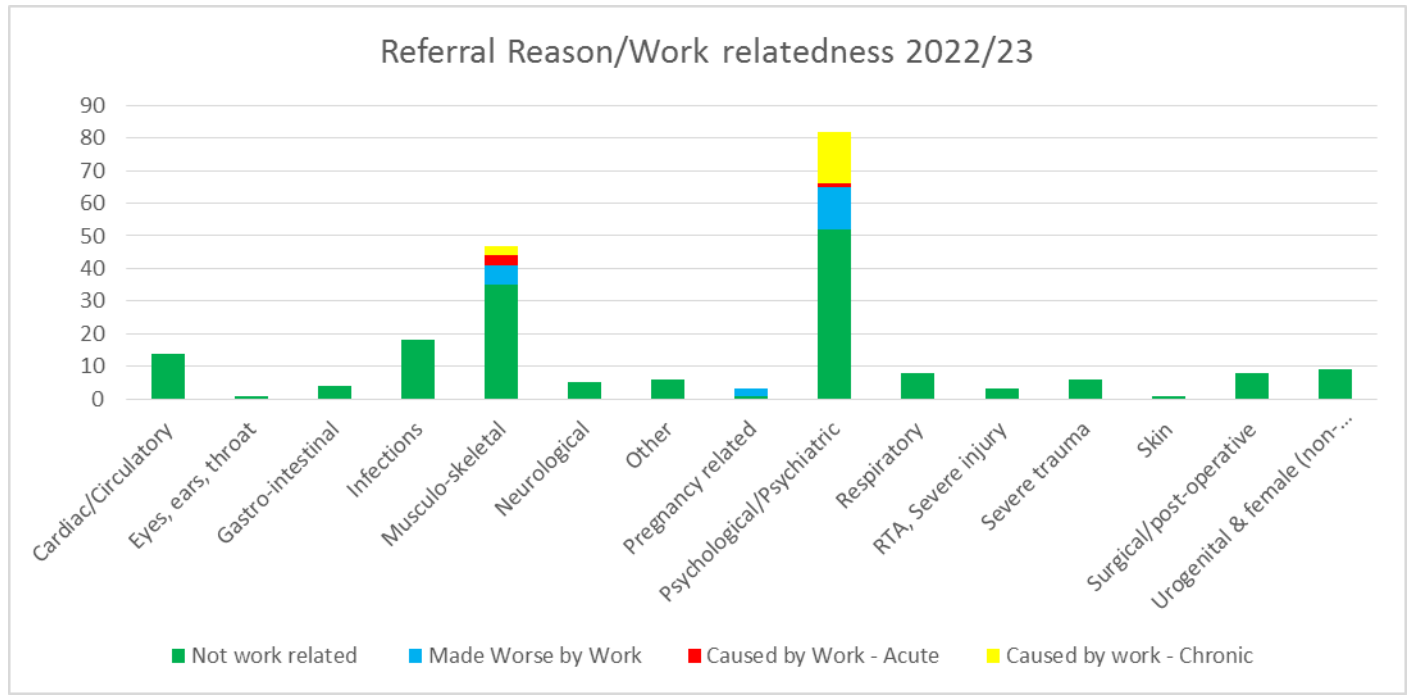
Over the past 12 months this has involved 324 appointments. The 'did not attend' rate for these appointments increased from 9.7% to 17% and the cancellation rate was 9.6% compared to last year at 5%.

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 increased from 33 to 45 this year; where psychological and psychiatric have increased from 56 from 82 this 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. 171 (79%) were not work related, 4 (2%) related to an incident caused by work (acute), 19 (9%) were caused by work (chronic or cumulative issues), 21 (10%) were made worse by work. 99% of conditions with a work related component related to musculoskeletal and mental health. This is broadly similar to the previous year's figures.

In previous annual reports from 2015 onwards, musculoskeletal causation was the highest over mental health, however for the past 5 years, mental health causation has exceeded musculoskeletal and this is a continuing trend.

Table 2 Nursing Staff only

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 112 out of 140. 4 related to an acute incident at work, 11 related their referral to chronic or cumulative events at work and 14 felt their condition was made worse by work.

Site	Not work related	Caused by work (acute incident)	Caused by work (chronic or cumulative events)	Made worse by work	Grand Total
Arran	25	2	4	2	33
Iona	17	1	3	6	27
Lewis	30	1	3	4	38

Mull	13			1	14
Skye Centre	26		1	1	28
Grand Total	112	4	11	14	140

3 Self-referrals to occupational health

Over the course of the year, there were 21 self-referrals to occupational health which is lower than the previous year at 31. 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 all other work undertaken within the occupational health department over the last year including cancellations and did not attends as appropriate.

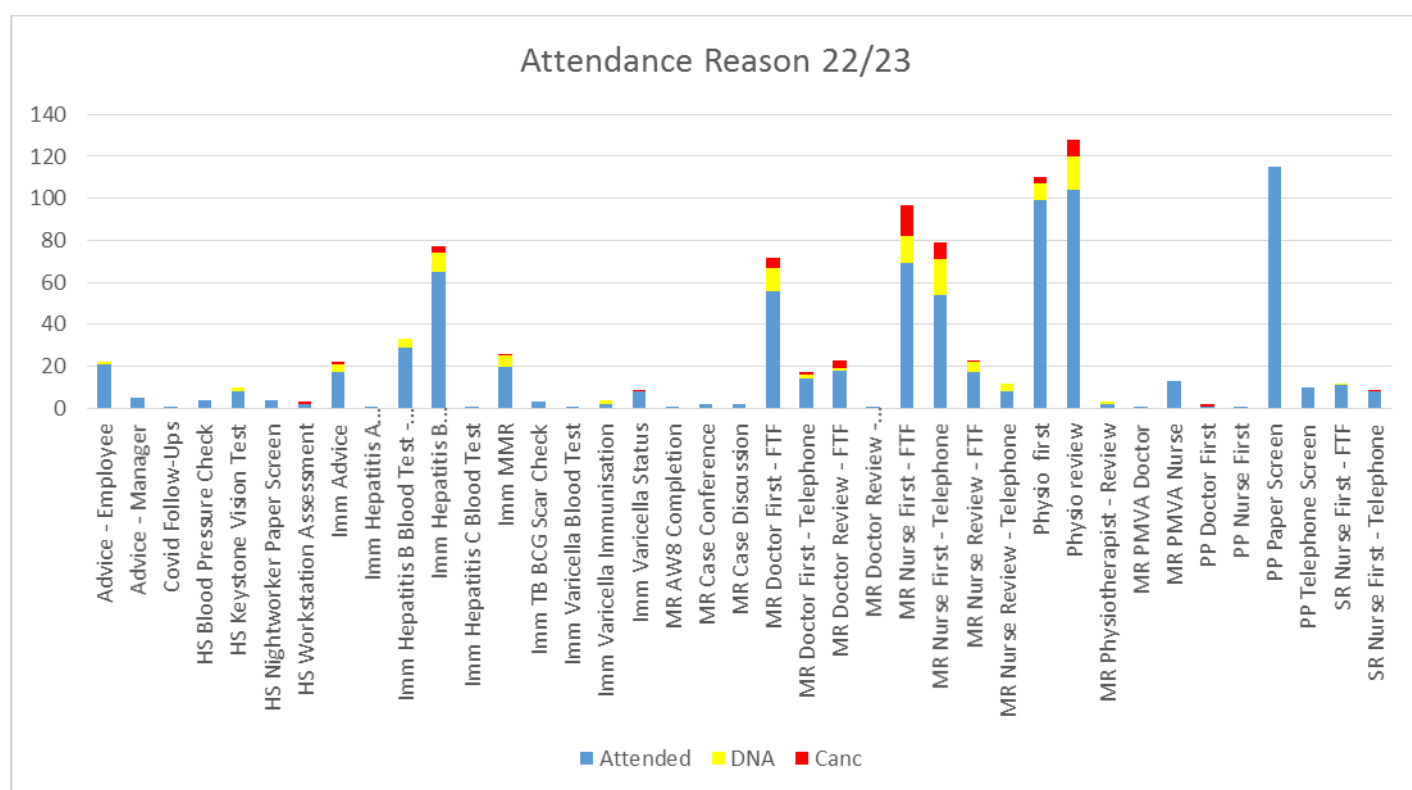


Table 3a

	Attended	DNA	Cancelled	Grand Total
PPHA	127		1	128
MR Doctor First	70	13	6	89
MR Nurse First	134	32	20	176
MR Doctor Review	19	1	4	24
MR Nurse Review	25	9	1	35
MR PMVA	14			14
MR Case Conference	2			2
MR Case Discussion	2			2
MR AW8 Completion	1			1
SR First	19	1	1	21

SR Review	0			0
HS Vision Screen	8	2		10
HS Other	10		1	11
HS Face Fit Testing OHA				
Imm Hepatitis B	65	9	3	77
Imm MMR	20	5	1	26
TB Screen	1			1
Imm Varicella Immunisation	2	2		4
Imm Other	9			9
Bloods	31	4	1	
Imm Immunisation Update	17	4	1	22
Physio Initial	101	9	4	114
Physio Review	106	20	9	135
Advice – Employee	21	1		22
Advice – Manager	5			5
Other	1			1
Grand Total	798	108	57	963
Grand Total (inc EASY)				2576

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.

4 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 assessment process. Salus will continue to provide this surveillance as required and will be notified of any requirements by the State Hospital.

5 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 2022/23, 127 Pre-placement health assessments were carried out by the Occupational Health which is a decrease on the 148 last year.

6 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. 4 Night workers have been identified by TSH and screened this year.

7 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, 6 vision screening tests were carried out in relation to DSE work.

8 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 2022/2023, a total of 14 staff were screened which had decreased from 34 the previous year as expected.

9 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, 4th February 2022

During 2022/23, a total of 65 Hepatitis B vaccines were administered and 29 bloods taken.

10 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 53 immunisation appointments were attended compared to 47 the previous year.

11 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 reduced from 16 last year to 7 in 2022/23. There were 54 sessions and the range of appointments for each person was from 1 - 14, however the average sessions attended were 7 per person.

12 Physiotherapy Report

Referrals from different departments, in 2022/23 there were only 106 referrals, a decrease of 23.7% from 2020/21 when there were 139 referrals. Of these 106 referrals, the largest proportion, as in previous years, was from the hospital's nursing staff. Referrals from Admin & Clerical reduced from 19 i.e. 20% of referrals last year to 10 cases, 10% of referrals this year. Referrals from Estates have increased to the highest level recorded. Last year they accounted for 7 cases this, this year they account for 12 cases.

Estate Staff Referred

17/18 6%

18/19 4%

19/20 2%

20/21 4%

21/22 7%

22/23 13%

Referrals from Domestic staff have decreased on last year's number and are more in line with the figures for 2018/19 and 19/20.

Domestic staff referred

18/19 19 (13%)

19/20 16 (12%)

20/21 (8 8%)

21/22 14 (15%)

22/23 11 (11%)

Nursing staff referred

18/19 64 (47%)

19/20 52 (39%)

20/21 55 (57%)

21/22 56 (58%)

22/23 48 (50%)

The referrals from Security are broadly similar to the last 3 or 4 years. Referrals from Rehab Instructors are broadly similar to last year's figure. Last year they accounted for 10% of referrals (10 cases), there is a slight decrease to 7% of referrals (7cases) this year.

The percentage of cases who were off work at the time of assessment has decreased from last year's figure of 36 cases, 27% of referrals. This year's figure shows a slight decrease to 22 cases, 21% of referrals.

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 an increase after 3 years of decreasing.

Security staff referred

18/19 9 (7%)

19/20 8 (6%)

20/21 4 (4%)

21/22 7 (7%)

22/23 5 (5%)

Off Work at Assessment

17/18 31 (25%)

18/19 39 (27%)

19/20 21 (16%)

20/21 27 (28%)

21/22 36 (27%)

22/23 22 (21%)

Work related cases (both off & at work)

17/18 10 (8%)

18/19 20 (14%)

19/20 6 (5%)

20/21 3 (3%)

21/22 3 (2%)

22/23 5 (5%)

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

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%)

22/23 84 (60%) 1 (1%) 83 (60%)

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

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%)

22/23 22 (16%) 3 (2%) 19 (14%)

Of those who were off work at Assessment, the work related injuries comprise only 2% of referrals, equal to last year's figure.

Types of conditions presenting

Spinal conditions remain the largest proportion of cases, accounting for 37% of referrals, 39 cases. This is similar to last year's figures where spinal conditions accounted for 34% of referrals (47 cases).

Lower limb injuries continue to decrease, from last year's figures of 45 cases accounting for 32% of referrals to only 29% of total referrals (31 cases).

The number of referrals for Upper Limb conditions has increased this from 21 to 27. This is a significant change if looked at as percentages of total referrals, there is an increase from 2021/22 15%, 2022/23 25%.

Referral sources

The vast majority of cases remain self-referrals. Last year's figure of 76% was a dip from the previous 3 years and the figures for this year are in line with the previous 3 years with self-referrals accounting for 97% of all referrals.

Manager referrals have decreased from last year's surprising 19% of referrals to accounting for 13% of all referrals.

Referrals from the OH clinicians remain small proportion of total referrals.

Referral sources

Year, Self, %age, Manager, %age, OH, %age

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%)

22/23 93 (97%) 12 (13%) 1 (1%)

Discharge Outcomes

All of the 106 cases referred to Physiotherapy in 2022/23 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 could not keep an appt. (e.g. "can't get off the ward for appt. today") and then made no contact with the department to rebook and so were discharged. The level of discharges due to Failure to Complete is around the 20% mark in comparable services, a drop to 8% for this year's figures is very positive.

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

Positive outcome, Failed to Complete, Did Not Attend Assessment

22/23 (85%) (8%) (6%)

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 6% is very positive.

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. For the year 2022/23 10% of appointments were 'wasted'.

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.

Our average waiting time was 2.9 days.

Average number of Treatments

18/19 2.28

19/20 1.93

20/21 2.05

21/22 1.71

22/23 1.99

The average number of treatments required before discharge has fallen from just under 3 to just under 2 for the last 2 years.

Average Treatment Length (days)

18/19 26

19/20 29

20/21 26

21/22 14.2

22/23 16

Assessment & Advice only

Cases where only one appointment was required i.e. quick analysis and advice, were a large proportion of cases in 2021/22 (39%). This has increased to 42% of referrals in 2022/23.

People often call in on the 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.

Analysis

The vast majority of referrals are for people who are at work at Assessment, an increase from last year's 74% to a very positive 79% for 2022/23

Waiting times are consistently around the 3 day mark.

Treatment length has also remained low at 14.2 days last year, with a slight increase to 16 days for the period of these figures.

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. The positive discharge numbers are very heartening with 85% of cases having an outcome of Resolved, Much Better, Some Improvement or 1x advice.

The DNA rate remains steady at only 6 individuals last year and this.

The number of people accessing the service for work related issues has increased slightly this year, from 2.2% of referrals last year to 3.7% this year.

EASY Report to follow: