

## THE STATE HOSPITALS BOARD FOR SCOTLAND

### STAFF GOVERNANCE COMMITTEE

Date of Meeting:	15 August 2024
Agenda Reference:	Item No 5
Sponsoring Director:	Director of Workforce
Author(s):	Specialist Practitioner in Occupational Health
Title of Report:	12 Month Report – Occupational Health
Purpose of Report:	For Decision

## 1 SITUATION

In April 2023, the Board awarded a new Service Level Agreement (SLA) for Occupational Health Services (OHS) to NHS Dumfries & Galloway. By agreed reporting arrangements, Dumfries & Galloway Occupational Health and Safety Services (DGOHSS) provided a six-monthly update to the Staff Governance Committee in February 2024. This 12 month report for the period July 2023 to July 2024 notes areas of progress and continued improvement.

## 2 BACKGROUND

From the beginning DGOHSS aimed to align services, such as case management, fitness for work and health clearance, in so far as practicable, with pathways established for NHS Dumfries & Galloway. The objective was to ensure best practice whilst targeting sickness absence and healthy attendance at work, complying with immunisation guidance and legal duties and streamlining service delivery to allow for clarity to both DGOHSS staff and The State Hospital (TSH).

However, some unique provisions were instigated and evaluated, such as Triage Notification Forms and employee contacts through the triage clinic for new sickness absences to replace the Early Intervention (EASY) service provided by the previous Occupational Health (OH) provider.

Additionally, DGOHSS has strived to have an open and supporting relationship with TSH to share expertise and guide managers and staff whilst harnessing knowledge and understanding from the organisation.

### 3 ASSESSMENT

#### Overall Demand and Engagement

There have been 39 case management clinics in the six months of January to June 2024. These are scheduled between:

- Case Management Clinic 1, led by a Senior OH Adviser and
- Case Management Clinic 2, led by a Specialist Practitioner in Occupational Health.

At the onset of the SLA, both case management clinics took place on Fridays; however, from February 2024 Case Management Clinic 2 is now scheduled at TSH on Wednesdays to offer consultation flexibility and increase DGOHSS OH time at TSH. Despite this, ensuring attendance at Case Management clinics at TSH has remained challenging in the last six months and is shown below:

- Total Management Referral Initial Appointments = 124
- **Clinic Completed Appointments (%) = 73.38 (91 consultations)**
- Did Not Attend (DNA) Appointments (%) = 19.35 (24 consultations)
- Cancelled Appointments (%) = 7.25 (9 consultations)
  
- Total Management Referral Review Appointments = 114
- **Clinic Completed Appointments (%) = 78.07 (89 consultations)**
- DNA Appointments (%) = 17.54 (20 consultations)
- Cancelled Appointments (%) = 4.38 (5 consultations)
  
- Total Self-Referral Initial Appointments = 7
- **Clinic Completed Appointments (%) = 71.42 (5 consultations)**
- DNA Appointments (%) = 0 (0 consultations)
- Cancelled Appointments (%) = 28.58 (2 consultations)
  
- Total Self-Referral Review Appointments = 1
- **Clinic Completed Appointments (%) = 0 (0 consultations)**
- DNA Appointments (%) = 0 (0 consultations)
- Cancelled Appointments (%) = 100 (1 consultation)

In support of KPIs and as appropriate, 19 management referral appointments and one self-referral were scheduled at Mountainhall via telephone consultation:

- Total Management Referral Initial Appointments at Mountainhall = 19
- **Clinic Completed Appointments at Mountainhall (%) = 63.15 (12 consultations)**
- Did Not Attend (DNA) Appointments at Mountainhall (%) = 26.31 (5 consultations)
- Cancelled Appointments at Mountainhall (%) = 10.52 (2 consultations)
  
- Total Self-Referral Initial Appointments at Mountainhall = 1
- **Clinic Completed Appointments (%) = 100 (1 consultation)**
- DNA Appointments (%) = 0 (0 consultations)

- Cancelled Appointments (%) = 0 (0 consultations)

Attendance, in the same period, also remained poor at OH nurse-led clinics each Tuesday despite the introduction in March 2024 of text reminders 48 hours before appointments. Of 224 scheduled appointments for immunisation needs only 104 were attended, 46.42%, with a 33.03% DNA rate and 20.53% of appointments cancelled. Appointments for pre-employment health clearance fared a little better with 62.79% of employees attending, 9.3% cancelling and, surprisingly for recruits, 23.09% DNA. Across all appointments scheduled in the nurse clinic between 1st July 2023 and 1st July 2024, there was a 27.92% DNA rate.

Previously all first DNA appointments bar self-referrals, were automatically rescheduled. However, as of 1st July 2024, consultations not attended without reason for any clinic will not be routinely rearranged. Correspondence informing of the missed appointment is sent to the employee and manager. It is intended this is used as the basis for discussion between the two to determine the reason for non-attendance, risks and implications, and if appropriate, contact OH to rearrange. Communication regarding the change was agreed upon by OH and Human Resources and sent out to all TSH staff. It is essential that managers act on DNA notifications to support sickness absence management, health clearance and their legal duties.

### Case Management

Case management continues to be facilitated by face-to-face or telephone consultations on-site at TSH or by telephone from Dumfries. KPIs are met with appointments typically scheduled within 15 working days, with a weekly case management clinic each Friday on-site at TSH and one on the first and third Wednesdays of each month. Additional appointment availability has been facilitated onsite with Wednesday case management clinics now running from 0900 to 1500 and additional telephone appointments scheduled from Dumfries when appropriate.

There has been an increase in the use of case reviews (14) with OH, the employee, the manager and the HR adviser and case discussions (12) between the manager, OH and HR adviser, and Stage 3 input which can be via a report only or include attendance at the meeting, with two subsequent AW8 pension applications.

Details taken from OPAS-G2 between January and June 2024 suggest that in 17.04% of cases, the reason for the management referral was directly caused by work, with 26.1% made worse by work and 56.8% not work-related. Figures for June alone indicate 7.7% caused by work, 15.4% made worse by work and 76.9% unrelated to work.

To better understand these figures case managers were canvassed for their thoughts and it was suggested that health impacts, physical or psychological, caused by work are mainly following workplace incidents such as assault/during restraint or due to work-related stress. In the main, it is considered that conditions made worse by work relate to underlying psychological wellbeing or home stressors, and also underlying chronic diagnoses and with some musculoskeletal conditions.

Overall, reduced psychological wellbeing remains one of the most frequent causes of long-term absence. The OH Psychological Therapist and OH Mental Health Occupational Therapist continue to work with employees and case managers supporting mental health with a work-focused approach. Sessions are unlimited and directly agreed between the practitioner and the employee. Employee engagement with our psychological therapist remains consistent, with employees choosing telephone, virtual or face-to-face appointments at Dumfries.

Within the psychological therapist's service, seven employees have been seen and discharged in the past 12 months and ten employees remain on caseload. For OH OT two employees engaged in therapy and one remains with the practitioner.

In addition to psychological therapy available within OH, employees can opt to collaborate with Time for Talking, a mental health and wellbeing provider. This employee assistance programme was commissioned by TSH before the SLA was established with DGOHSS. No figures are available regarding interaction with this service as DGOHSS does not directly refer into nor gain any feedback from this provider. Should TSH continue to offer the Time for Talking service to staff, it would be of value to establish methods to gain stats on staff engagement and the benefits to the individual and organisation regarding work attendance and capability.

#### Nurse Clinics at TSH

Nurse-led clinics continue every Tuesday at TSH for appointments such as health assessment, immunisation-related needs or health surveillance. Figures for attendance at this clinic in the six months between January and June 2024 are similar to the 12 months looked at previously in this report:

- Total 239 appointments scheduled (100%)
- 110 appointments attended (46.02%)
- 76 appointments DNA (31.79%)
- 53 appointments cancelled (22.17%)

To highlight the significance, the DNA rate equates to 19 hours of clinician time or 4.75 clinics at TSH.

In order to promote the work of the OH nurses and to facilitate engagement with OH, the focus of the skin review walk rounds on the last Tuesday of every month has been expanded and a programme has been developed to attend ward and Hub areas between June 2024 and March 2025 for staff drop-in sessions. The OH Administrator at TSH has identified locations and will liaise with areas to support the nurse attending. These drop-in sessions will establish opportunities within workplaces for confidential conversations, signposting and skin health checks.

#### Infection Control

DGOHSS continues to advocate close links with the TSH infection control team and looks forward to working with the newly appointed Senior Nurse for Infection Control.

Monthly infection control meetings have been established via TEAMS on the last Wednesday of each month, enabling the sharing of ideas and information. It has been of value in seeking agreement regarding immunisation needs, compliance with guidance on health clearance, the establishment of an exclusion from work procedure to support managers in mitigating the spread of communicable diseases and transmissible infections and clarity concerning blood-borne virus risk and action in the event of potential exposure through blood and body fluid.

DGOHSS would advocate this collaboration continues with the new Senior Nurse for Infection Control to proactively cooperate as work is ongoing such as outcomes remain following the S-BAR (Appendix 1) forwarded to Infection Control in February 2024. This was to consider hand cleansing and moisturising products available to staff. The need for OH to have clear direction on hand cleansing and moisturising products used by TSH to ensure a homogeneous approach, best practice and continuity in the advice given to employees remains a priority. Establishing a cohesive approach will ensure compliance with legislation and prevent TSH from failing in its duties as an employer.

### Physiotherapy Services

Physiotherapy services continue to be delivered by a third-party practitioner directly appointed by TSH weekly on a Tuesday at TSH. Waiting times are low; on average, employees self-referring or referred through a case manager are seen within ten days, with appointment scheduling managed by the onsite OH administrator.

Engagement and attendance levels are good:

- 110 appointments scheduled (100%)
- 97 appointments attended (88.18%)
- 6 appointments DNA (5.45%)
- 7 appointments cancelled (6.36%)

To support practice development, the physiotherapist has observed pertinent areas of PMVA Level 2 training to support the assessment of employee fitness for patient-facing roles. Moreover, the relationship between OH and physiotherapy has successfully developed, with DGOHSS now having confidence in the ethos of the practitioner's work-focused approach. Partnership working will continue to broaden, allowing for an expansion in the physiotherapy role to undertake case management from the point of referral to report for musculoskeletal conditions, with guidance from OH case managers. This will also expedite physiotherapy for employees through direct allocation when management referrals are triaged by OH.

### OPAS-G2

Developmental work continues to embed our processes into the OPAS-G2 Occupational Health Management software which has now been in place at DGOHSS for over 12 months. Through collaboration with national colleagues in NHS Scotland using this software we accept that the challenges we are experiencing with this application are not unique, however, those OHS opting for the alternate system on the market are faring no better.

Nonetheless, work to expand the implementation to incorporate full use of the management referral portal continues, with supported rollouts to Midpark Hospital and community nursing teams. It is anticipated that TSH will be included in the next pilot, with work commencing in the last quarter of 2024 to establish managers on OPAS-G2 and provide training sessions on the use of the application to make management referrals to DGOHSS and access reports.

Moreover, work is complete regarding the inputting of historical immunisation data for employees onto OPAS-G2 which can now produce reports to support immunisation and health surveillance recall and appointment scheduling.

### Cyber Attack

NHS Dumfries & Galloway was the victim of a cyber-attack in 2024. Following the initial notification and cooperation with TSH, extensive work was undertaken to identify the DGOHSS information potentially attacked and assess any risks concerning the content therein. Any records deemed higher risk were individually assessed and, where appropriate, employees were contacted in person. This criminal matter continues to be investigated by Police Scotland and the Scottish Government.

## **4 SUMMARY**

Throughout the 18 months of the SLA with TSH, DGOHSS have committed to working in partnership to ensure continuity of services. In balancing priorities and needs, quality improvements continue to be made and reviewed to establish an ethical, evidence-based and cost-effective occupational health service to support legal compliance and risk assessments.

DGOHSS supports stakeholders in managing absence and employee fitness through the delivery of impartial advice and recommendations. It is encouraging to note that absence levels at TSH have reduced and focus remains to further advance staff attendance and wellbeing to benefit overall patient care.

## **5 RECOMMENDATION**

The Staff Governance Committee are asked to note the general update in relation to DGOHSS, and to endorse the following recommendations:

- Continued reflection and collaboration with employees and managers is required to encourage engagement with OH and improve attendance for scheduled appointments. DGOHSS believe that continued partnership working with managers and HR will further this aim.
- A cohesive approach to hand cleansing and moisturising products made available to staff remains a priority to support legal compliance and staff wellbeing.
- The incorporation of TSH managers using OPAS-G2 to directly refer to OH will facilitate more timely case management appointments and reports.

- Recall systems are in place through OPAS-G2 to facilitate appointment reminders for immunisation and health surveillance.
- Developments in physiotherapy services will target management referrals more appropriately to facilitate rehabilitation, professional opinion and work attendance.

## MONITORING FORM

<b>How does the proposal support current Policy / Strategy / LDP / Corporate Objectives</b>	Compliance with Staff Governance Standard and Health & Wellbeing Agenda. Objective maximizing healthy attendance at work.
<b>Workforce Implications</b>	Ensuring staff are fully support in relation to their health and wellbeing requirement and are enabled to remain at work.
<b>Financial Implications</b>	Cost of SLA including in the budget
<b>Route to SGC</b> <i>Which groups were involved in contributing to the paper and recommendations</i>	Workforce Governance Group, Corporate Management Team
<b>Risk Assessment</b> <i>(Outline any significant risks and associated mitigation)</i>	N/A Update only
<b>Assessment of Impact on Stakeholder Experience</b>	Will ensure the provision of services within TSH is undertaken within a strong governance position.
<b>Equality Impact Assessment</b>	N/A
<b>Fairer Scotland Duty</b> <i>(The Fairer Scotland Duty came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland to consider how they can reduce inequalities when planning what they do).</i>	This will provide an open and transparent process for all and support governance around TSH processes to ensure equity.
<b>Data Protection Impact Assessment (DPIA) See IG 16.</b>	Tick (✓) One; <input checked="" type="checkbox"/> There are no privacy implications. <input type="checkbox"/> There are privacy implications, but full DPIA not needed <input type="checkbox"/> There are privacy implications, full DPIA included



## **APPENDIX 1**

### **SBAR SKIN PRODUCT USE AT TSH**

**Leanne Keenan, Specialist Practitioner in Occupational Health, 15.02.2024**

#### **Situation:**

NHS Dumfries & Galloway are looking for continuity of skin hygiene product use at TSH to advise staff in an evidence-based and policy-driven way.

#### **Background:**

With Dumfries and Galloway NHS settings, systems are in place for health clearance, skin health surveillance, and advising staff when they have challenges with skin integrity or the use of standard products. To achieve this, we have a recognised system of hand wash, hand disinfectant, and hand moisturiser from the same manufacturer that is used as a first-line product.

Following this, we have agreed alternate products – initially also from the same manufacturer and then from others. However, all are approved and issued in sequence. Any alternate products issued are for that staff members use only and are recorded in the OH records, with a record also being emailed to the employee and manager. All workers with alternate products, including gloves, would then be placed on skin health surveillance recall and followed up by OH.

#### **Assessment:**

Currently, we cannot do the above at TSH as no standard products regarding hand hygiene are rigidly in place. Nurses feel they cannot advise staff about what to use in the event of skin irritation because there is no standardisation of product use. During a skin inspection walk-round, some staff were even found to have over-the-counter products in their pockets for use at work.

The HSE can and has undertaken inspections of acute NHS organisations' management arrangements for implementing the requirements of the Control of Substances Hazardous to Health Regulations 2002 (as amended). A summary of its findings can be found here: <https://www.hse.gov.uk/healthservices/dermatitis.htm>.

This includes noting that:

- Only 10% of organisations had either considered the full impact on staff of hand-washing policies, including the use of alcohol gels or had management systems in place to assess, monitor or review the effects
- 34% of organisations provided employees with information, instruction and training about hand washing and using alcohol gels. However, instruction about the signs and symptoms, prevention and control of dermatitis was not generally included in this training despite the significant level of risk.

**Recommendations/Conclusions:**

To support staff and the organisation, NHS D&G needs clarity on hand hygiene products available within the hospital and the guidance available for employees and managers. We would advocate that this should be easy to instigate and understand for staff and that implementing a system such as the Bode method would provide a coherent process for all stakeholders (<https://www.bode-chemie.com/en/products/hands>).

Moreover, failing to consider the correct use of commodities and recognise the potential harm that can be caused through poor practice and/or the incorrect application of hand wash, disinfectant, or moisturiser could result in the State Hospital failing its duties as an employer (<https://www.hse.gov.uk/skin/professional/legal.htm>).