THE STATE HOSPITALS BOARD FOR SCOTLAND

STAFF GOVERANCE COMMITTEE

Date of Meeting:	21 August 2025
Agenda Reference:	Item No: 8.5
Sponsoring Director:	Director of Workforce
Author(s):	Clinical Services Manager
Title of Report:	Occupational Health Annual Report
Purpose of Report:	For Noting

1   SITUATION

NHS Dumfries and Galloway Occupational Health and Safety Services (DGOHSS) was awarded a renewed Service Level Agreement (SLA) in April 2025. This annual report, covering the period from July 2024 to July 2025, focuses on key performance indicators as outlined in the SLA, while also highlighting areas of progress and continued improvement.

2   BACKGROUND

DGOHSS consistently strives to align services with The State Hospital (TSH) and occupational health (OH) provision in NHS Dumfries and Galloway to ensure compliance with legislation and guidance. DGOHSS practitioners aim to collaborate and integrate to facilitate the ongoing development of transparent relationships with key stakeholders while fulfilling our obligations under the SLA and continually improving provision in a culture of openness and support.

To date, the appraisal has scrutinised areas of focus and improvement since the commencement of the SLA with DGOHSS. However, the full implementation of OPAS G2 in April 2025 has enabled the reporting to reflect the SLA KPIs in more detail, which are presented in this report and can provide a benchmark for comparative purposes in the future.

3   ASSESSMENT

Key Performance Indicators

KPIs have been identified within the SLA to align objectives between TSH and DGOHSS. Data gathering commenced formally through OPAS G2 in April 2025; however, the statistics in this report reflect varying timescales to provide details of the evidence of activity.

The development of the data now allows for reporting against all elements of the OH service, including Physiotherapy (provided directly by a TSH contractor) and the DGOHSS Psychological Therapist. Appendix 1 provides more comprehensive details regarding KPI compliance over the past six months, indicating non-compliance on only six occasions out of a total of 461 contacts.

Case Management

Case management remains the primary demand on OH services. Between January 1, 2025, and June 30, 2025, there were 154 new management referrals (a 22% increase compared to the same period in 2024) and 97 review appointments (a 24% decrease). Engagement is good, with a 'did not attend' (DNA) rate of 7% for new management referrals, compared to 19% for the same period in 2024. Accordingly, there has been a nearly 400% increase in staff seeking to collaborate with case managers independently through self-referral, with 27 employees engaging in this manner over the six months, an increase from 7 in 2024. The chart below shows the number of case management consultations categorised by type for the periods January to June in 2024 and 2025.
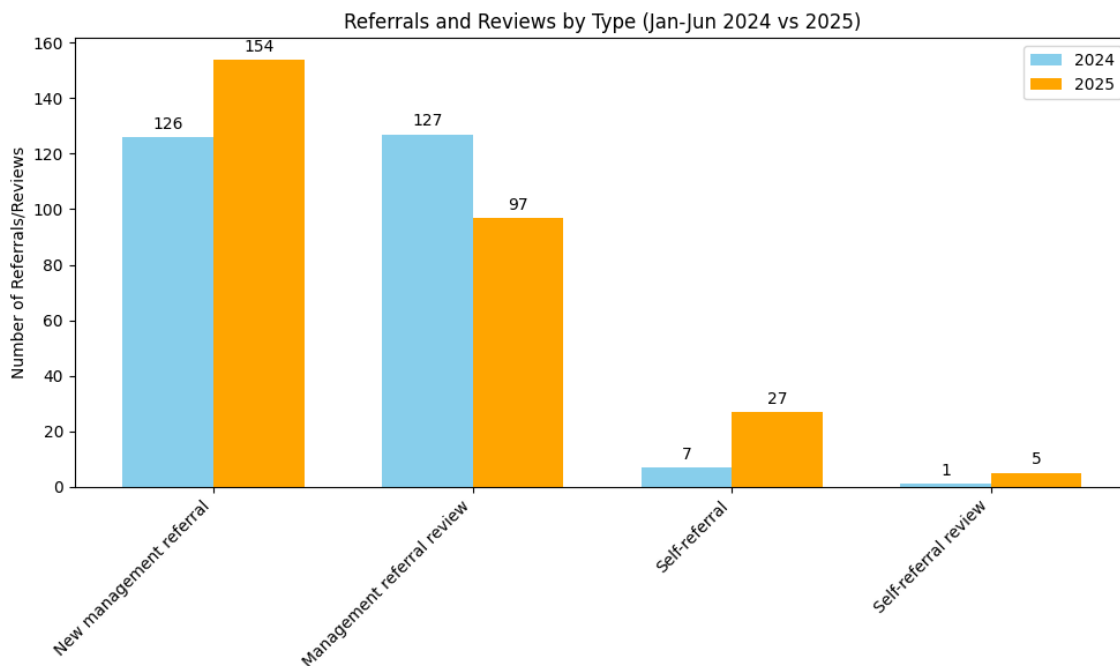
Considering the 12 months between July 2024 and the end of June 2025, the primary reason for absence is predominantly due to reduced psychological wellbeing. Notably, anxiety, stress, depression or other psychiatric illnesses are also given by employees as co-morbidities in consultations. This corresponds with anxiety/stress/depression/other psychiatric illnesses being cited as key reasons for long-term absence by the Workforce Directorate when advising TSH of reasons for employee absence.

The following graph gives in-depth information on the reasons for absence as cited from referrals and appointments. It is encouraging, but not unexpected that this reflects broadly the trend of reasons for absence in TSH.

Reasons for Absence
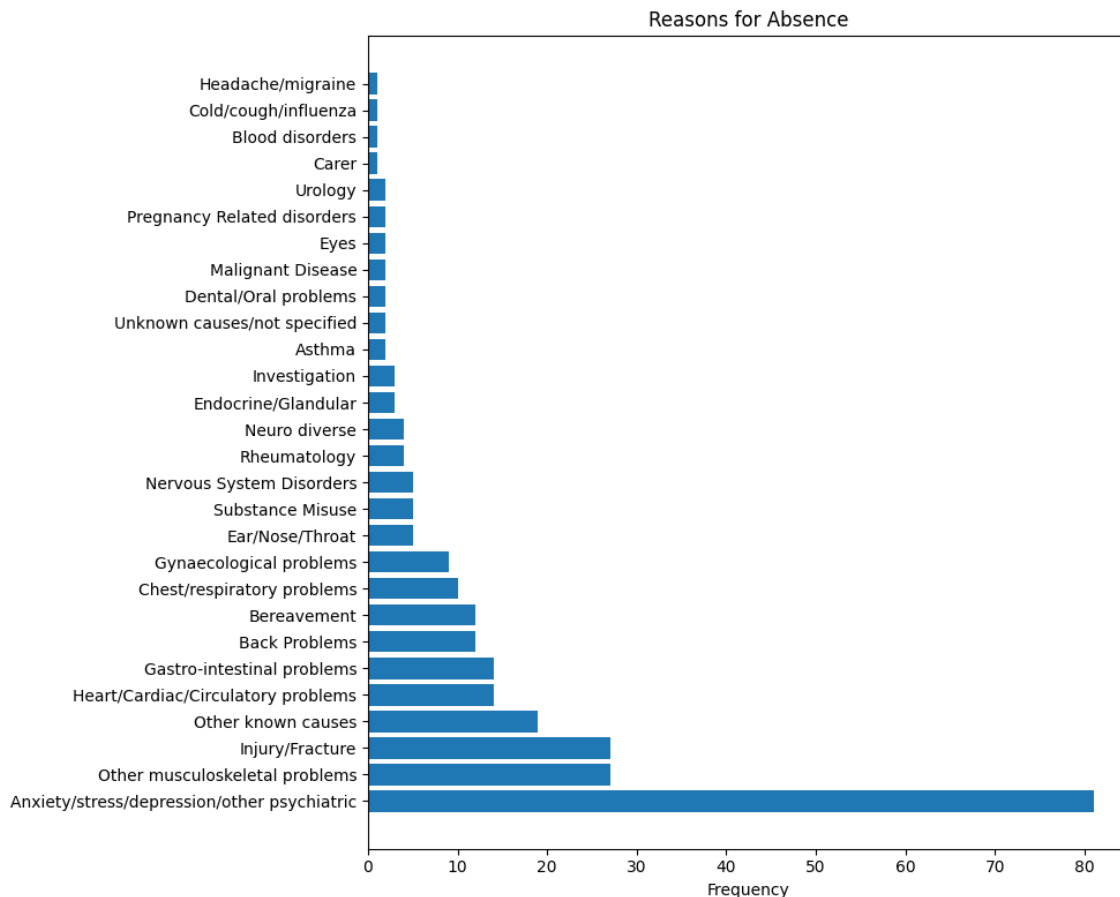
Referrals to OH psychological services in the first six months of 2025 have increased markedly, from 4 referrals between January and June 2024 to 22 in the same period this year. Information about the service, as well as being promoted by OH case managers, is passed by word of mouth among staff at TSH, who demonstrate knowledge during case management consultations. The therapist consistently receives positive feedback, and once staff engage in therapy, the number of sessions required are agreed between the employee and the practitioner, there is no set number of sessions. The therapist adopts a flexible approach to support the employee through face-to-face, virtual, or telephone consultations tailored to their needs and with their agreement.

In addition to referring employees to this service, case managers also signpost or refer to the OH Mental Health Occupational Therapist. The number of engagements in this service remains relatively low. Given the impacts of mental illness on staff, this is an area that needs to be considered to reflect on how to better utilise the resource to benefit stakeholders. The utilisation of the wellbeing pathway and early referral would enable this going forward.

Staff are also signposted to NHS Inform, the NHS Lanarkshire Staff Wellbeing Service, the TSH Staff Care Specialist, and encouraged to use wellbeing apps to support sleep, meditation, and relaxation.

It is important to note that, in most cases, staff did not perceive their reasons for absence as work-related when issues were discussed during consultations. However, in the case of self-referrals, 62.5% of symptoms or conditions were discerned to be caused by or made worse by work.

Referral Reasons (Raw Counts), July 2024 – June 2025
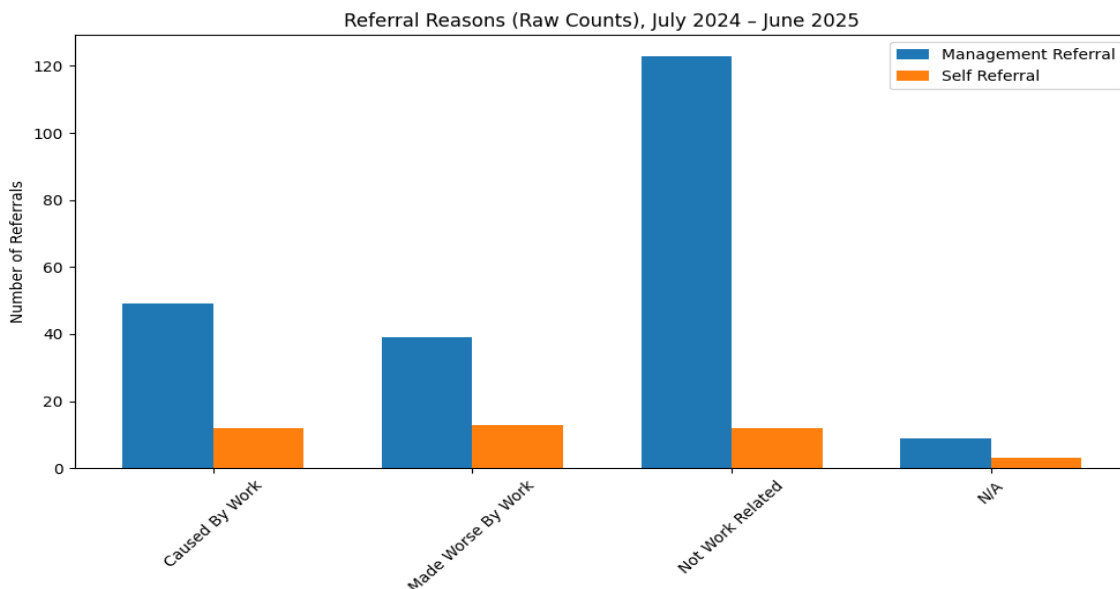
The reason reduced psychological wellbeing were declared as not work-related in the majority of cases. However, a biopsychosocial approach that supports work-life balance should be considered by managers through the utilisation of Wellness Action Plans, encouraging supportive conversations, and implementing early interventions through regular one-to-one sessions.

Nurse Clinic

The weekly nurse-led clinic to facilitate face-to-face health clearance, immunisations and health surveillance was reviewed in preparation for the new SLA in April 2025. In the first three months of 2025, 11 clinics were utilised at an average rate of 42.2% each day. OH proposed to reduce the frequency of this clinic from weekly to biweekly when considering terms for the reviewed SLA. However, TSH decided on one clinic each month.

Despite a significant recruitment drive recently, the reduction in nurse-led clinics has not had a detrimental impact on KPIs for recruitment and training health clearance, or immunisations. This is due to much of the health clearance processes being undertaken remotely from Mountainhall through the daily Triage clinic. However, this has reduced the availability for OH staff to attend opportunities for 'drop-in' sessions within the hospital which will continue to be monitored and reviewed.

OPAS G2

The introduction of the OPAS G2 electronic portal for managing referrals in January was well-supported and embraced by managers at TSH. Utilising OPAS G2 in this way has improved efficiency by reducing administrative tasks and streamlining the referral process with managers referring directly to OH triage through the secure and confidential online system. Managers within TSH generally complete good quality referrals, which is excellent and supports the provision of timely advice.

Correspondingly, managers can track the status of their referrals, held securely and in compliance with data protection regulations, in real-time. Moreover, collaborative opportunities have increased, such as the ability to contact the manager through OPAS G2 with advice if a referral lacks details or content that would benefit a worthwhile OH interaction and outcome for all stakeholders. OH reports to the manager, and employees are released directly by the case manager, thereby eliminating the need for additional time previously required for administrative support.

Physiotherapy Services

Physiotherapy services operate under a separate SLA between the Workforce Directorate and the practitioner. However, clinic scheduling is now collated on OPAS G2 to evidence activity. On average, appointments were utilised at a rate of 64.32% each week in the first six months of 2025.

Between April 1, 2024, and March 31, 2025, there were 371 appointments, 151 new referrals, and 220 review consultations. The majority of referrals, 86.8% were initiated by the employee as a self-referral, illustrating a proactive approach to wellness. Notably, only 19.9% of attendees were absent from work at the time of the appointment, and just 9.3% perceived their needs to be work-related. This conflicts with the numbers shown to be absent due to musculoskeletal issues, implying that those who are not sustaining in work do not attend physiotherapy. However, it is anticipated that this appointment profile will shift in the future due to the introduction of a pathway to guide managers to direct staff to physiotherapy for musculoskeletal-related absences.

The pie chart below illustrates the distribution of physiotherapy referrals across various departments, with nursing staff showing the greatest use.

Physiotherapy Referrals by Department
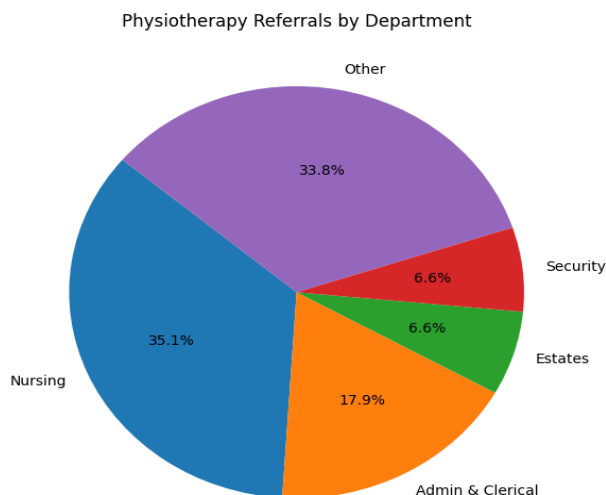
When considering reasons for attendance and diagnoses, back-related conditions account for the most significant proportion of referrals. The following pie chart illustrates physiotherapy use by condition, highlighting the proportion of consultations related to spine, lower limb, upper limb, and other conditions.

Physiotherapy Use by Condition
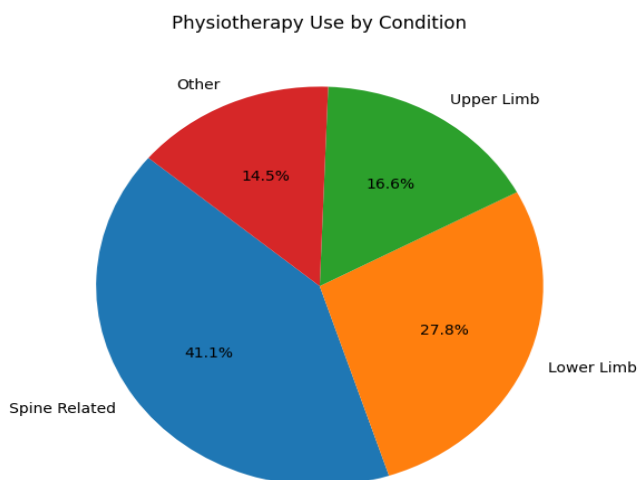
Collaborations and Future Developments

In addition to case management, OH continues to work in partnership with managers and HR to discuss complex sickness absence and to offer guidance and advice regarding workforce function, ability to sustain in role, and attendance. In support of this, OH has participated in 11 case reviews and 38 case discussions in the first six months of 2025. Such interactions enable open dialogue

among the OH case manager, the manager, HR, and, in case review, the employee with their representative, if they choose, to come together and offer advice and support concerning any barriers to returning to work, reasonable adjustments, or additional support needs.

DGOHSS remains committed to supporting and protecting TSH staff, thereby protecting their patients and maintaining essential services. With this in mind, we are collaborating with the TSH Infection Control Lead and Pharmacy to encourage and deliver flu vaccinations to staff in 2025.

New standards and guidance from the UK government regarding immunisation training and quality criteria for the delivery of vaccination campaigns highlight the need to review the approach to flu campaigns in TSH. Staff administering vaccinations must be able to demonstrate competency and possess the necessary knowledge, foundations, supervision, training updates, and support to administer vaccines, which may not be the case where this is not a primary function of their substantive role.

As a solution, DGOHSS could facilitate the administration of the flu vaccine to staff with administrative support from the OH administrator at TSH as an addition to the SLA. Preliminary discussions are underway with the TSH ICT Lead to consider how the vaccination campaign can be safely and effectively delivered, in accordance with national standards, for TSH staff in 2025.

4 RECOMMENDATION

The Committee is asked to note the Occupational Health Service Annual Report from DGOHSS, noting the following as a summary:

- The service continues to align its services with NHS Dumfries & Galloway standards, focusing on collaboration, transparency, and continuous improvement.
- Compliance with KPIs in all but 6 cases, from 461 contacts.
- The digital transformation of the management referral process has streamlined practices while enhancing communication and data protection. Additionally, recording, scheduling and attendance at physiotherapy clinics has facilitated the harnessing of details relating to attendance. Further developments in partnership working with the physiotherapist will enable increased use of OPAS G2, benefiting future benchmarking.
- The first six months of 2025 have seen an increase in both management and self-referrals to OH. Subsequent case management remains the key priority of the OH role to support TSH in reducing sickness absence, monitoring and evaluating employee health needs, and improving productivity.
- Symptoms concerning mental wellbeing are the predominant reason for absence, and this is reflected in an increase in need for psychological therapy services.
- Given the high rate of psychologically related absences, stakeholders should consider how best to enhance mental health for employees. An organisational culture that embraces leadership-led psychological safety, while recognising and appreciating staff, may contribute to reducing burnout and improving morale by promoting the effective use of annual leave and discouraging excessive overtime.
- Comparatively, flexible working options and shift planning may support return to work and sustaining work for staff with additional carer responsibilities outside of work.
- Demand for self-referral appointments has also increased, and it should be recognised that 62.5% of employees who engage with OH this way cite work-related causes for their absence or challenges they are experiencing.
- Further discussions are indicated to plan for and support the 2025 flu vaccination campaign. DGOHSS staff are suitably qualified and knowledgeable to support delivery if required.

MONITORING FORM

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How does the proposal support current Policy / Strategy / LDP / Corporate Objectives	Compliance with Staff Governance Standard and Health & Wellbeing Agenda. Objective maximizing healthy attendance at work.
Corporate Objectives	4. Better Workforce l) Review and action absence related issues and prioritise support mechanisms and staff wellbeing to provide staff and line managers with the support required; and where absence is required, support staff to return to work at the earliest opportunity. Strengthen leadership and develop positive culture.
Workforce Implications	Ensuring staff are fully support in relation to their health and wellbeing requirement and are enabled to remain at work.
Financial Implications	Cost of SLA Cost of additional resources if supporting the 2025 flu campaign.
Route to SGC Which groups were involved in contributing to the paper and recommendations	N/A annual report
Risk Assessment (Outline any significant risks and associated mitigation)	N/A Update only
Assessment of Impact on Stakeholder Experience	Will ensure the provision of services within TSH is undertaken within a strong governance position.
Equality Impact Assessment	N/A
Fairer Scotland Duty (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).	This will provide an open and transparent process for all and support governance around TSH processes to ensure equity.
Data Protection Impact Assessment (DPIA) See IG 16.	Tick (✓) One; ✓ There are no privacy implications. ☐ There are privacy implications, but full DPIA not needed ☐ There are privacy implications, full DPIA included

APPENDIX 1

<u>Key Performance Indicators</u>

<u>Case Management - Referral to First Offered Appointment</u>

Month	KPI Target	Received	Completed on time	Outwith time
January	20 Working Days Target	21	21	0
February	20 Working Days Target	14	10	4
March	20 Working Days Target	27	27	0
April	20 Working Days Target	39	39	0
May	20 Working Days Target	33	33	0
June	20 Working Days Target	20	20	0
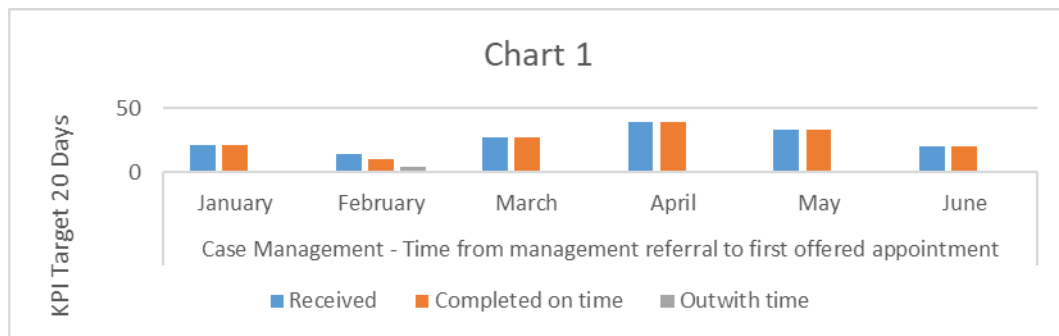
<u>Self-Referral - Referral to First Offered Appointment</u>

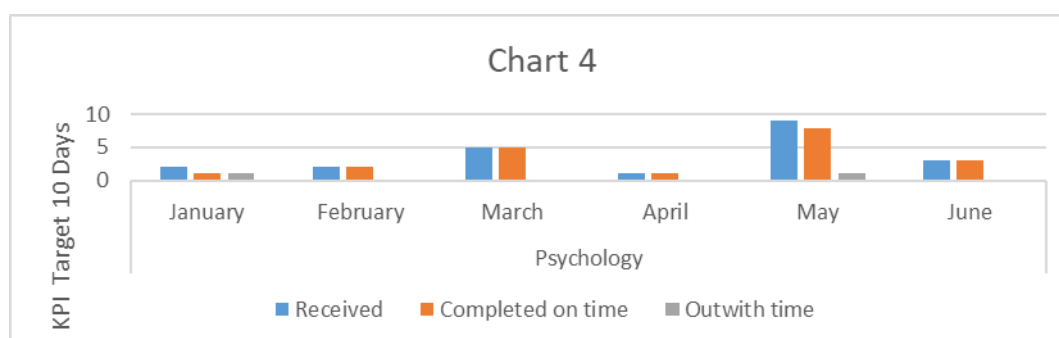| Month	KPI Target	Received	Completed on time	Outwith time
January	5 Working Days Target	3	3	0
February	5 Working Days Target	3	3	0
March	5 Working Days Target	1	1	0
April	5 Working Days Target	5	5	0
May	5 Working Days Target	9	9	0
June	5 Working Days Target	6	6	0
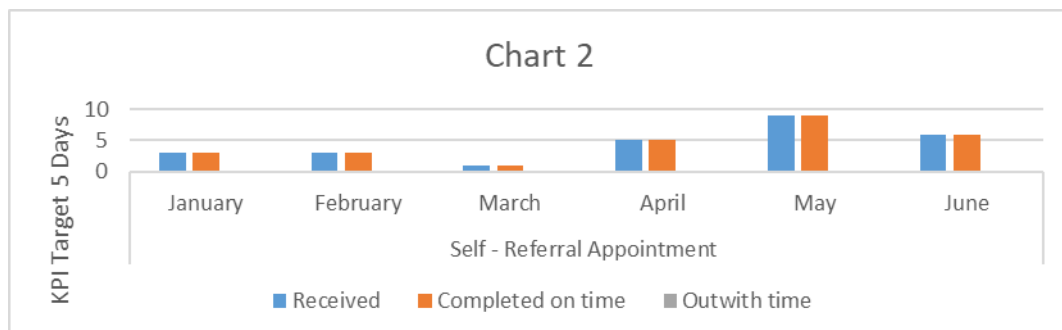
Early Intervention - Referral to First Offered Appointment

Month	KPI Target	Received	Completed on time	Outwith time
January	1 Working Day Target	8	8	0
February	1 Working Day Target	9	9	0
March	1 Working Day Target	9	9	0
April	1 Working Day Target	3	3	0
May	1 Working Day Target	5	5	0
June	1 Working Day Target	9	9	0
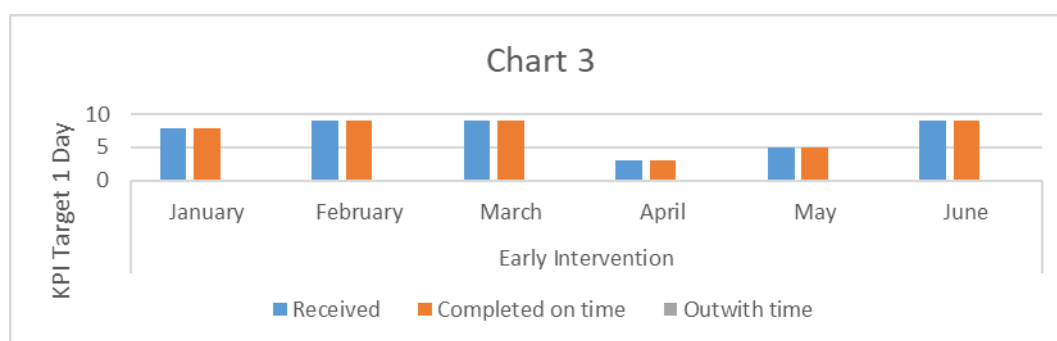
Psychology - Referral to First Offered Appointment

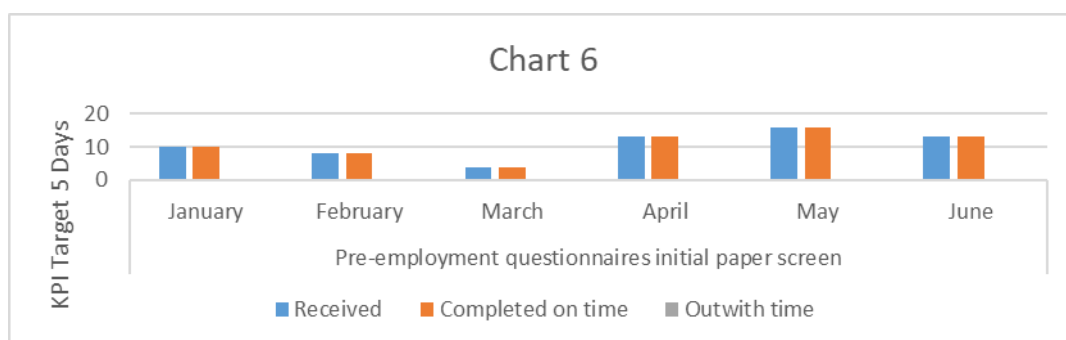| Month	KPI Target	Received	Completed on time	Outwith time
January	10 Working Days Target	2	1	1
February	10 Working Days Target	2	2	0
March	10 Working Days Target	5	5	0
April	10 Working Days Target	1	1	0
May	10 Working Days Target	9	8	1
June	10 Working Days Target	3	3	0

OH Mental Health Occupational Therapist - Referral to First Offered Appointment

Month	KPI Target	Received	Completed on time	Outwith time
January	10 Working Days Target	1	1	0
February	10 Working Days Target	0	0	0
March	10 Working Days Target	1	1	0
April	10 Working Days Target	0	0	0
May	10 Working Days Target	1	1	0
June	10 Working Days Target	0	0	0

Chart 5
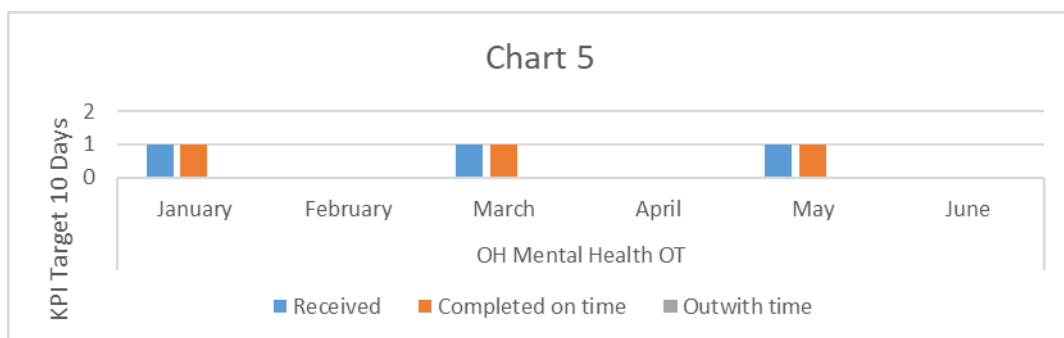
Pre-employment Questionaires – Initail Paper Screen

Month	KPI Target	Received	Completed on time	Outwith time
January	5 Working Days Target	10	10	0
February	5 Working Days Target	8	8	0
March	5 Working Days Target	4	4	0
April	5 Working Days Target	13	13	0
May	5 Working Days Target	16	16	0
June	5 Working Days Target	13	13	0

Chart 6

Immunisation Update – New Staff

Month	KPI Target	Received	Completed on time	Outwith time
January	3 months Target	2	2	0
February	3 months Target	9	9	0
March	3 months Target	1	0	0
April	3 months Target	2	2	0
May	3 months Target	1	1	0
June	3 months Target	6	6	0

Chart 7
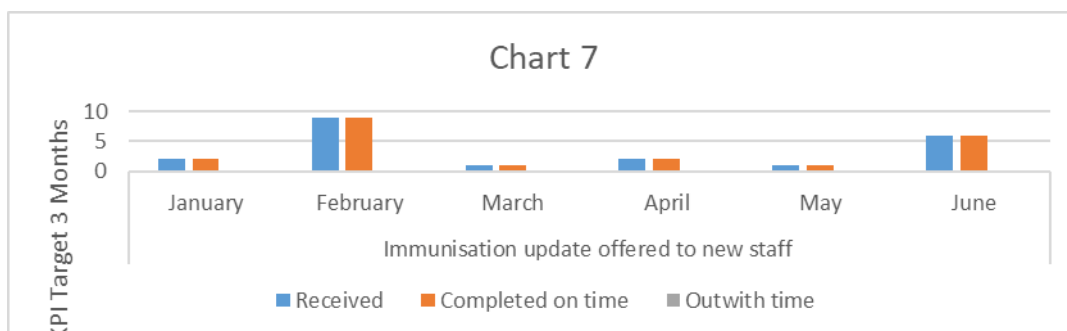
Non-complex PMVA Questionnaires – Paper Screen

Month	KPI Target	Received	Completed on time	Outwith time
January	3 working days Target	0	0	0
February	3 working days Target	1	1	0
March	3 working days Target	1	1	0
April	3 working days Target	1	1	0
May	3 working days Target	0	0	0
June	3 working days Target	0	0	0
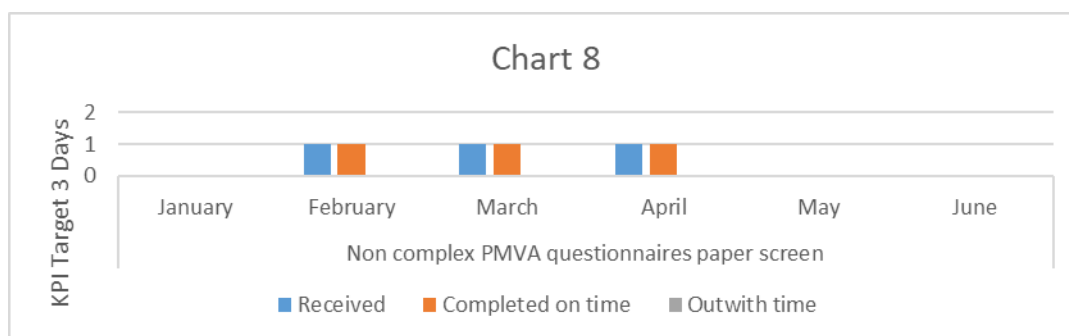
Physiotherapy - Referral to First Offered Appointment

Month	KPI Target	Received	Completed on time	Outwith time
January	20 Working Days Target	11	11	0
February	20 Working Days Target	14	14	0
March	20 Working Days Target	11	11	0
April	20 Working Days Target	23	23	0
May	20 Working Days Target	11	11	0
June	20 Working Days Target	9	9	0