

Service Report Card 2016-2017

Occupational Health Service

Section 1:

Brief description of the service

The role of Occupational Health is to provide management and employees with the medical advice required to support the management of attendance, reduce the impact of ill health and sickness absence within the workplace and to promote a safe and healthy working environment.

Occupational Health functions are led by the statutory requirements of Health and Safety Law. The Health and Safety at Work etc. Act (1974) places a statutory duty on employers to safeguard the health and welfare of employees, to conduct risk assessments (Management of Health and Safety at Work Regulations 1999); and take steps to address potential hazards and reduce the risk of adverse health effects. Occupational health practitioners have a key role in advising management in this regard.

Primary OH functions:

- Health Surveillance
- Health Monitoring
- Safety Critical and Statutory Medicals
- Lifestyle Screening Health Promotion
- Advice on Maximising Attendance Management
- Pre Placement Screening
- Immunisations
- Work Station Assessments

This is a non-statutory service, managed by the Corporate Occupational Health & Safety & Emergency Planning Manager and consists of 1 x Occupational Health Advisor, 3 x Occupational Nurses, 2 x Administrators.

**Section 2:
Overall Summary of Performance for 2015-16 Financial Year**

All service delivery objectives for 2015 - 2016 were achieved and include;

- Delivery of the Occupational Health referral hotline system which has supported improved efficiency in service delivery
- Development of Occupational Health & Safety web pages on the NPTCBC intranet site to ensure better access to OH services
- Delivery of clear and comprehensive Occupational Health Clinical and Non Clinical procedures

The service was delivered within the budget requirements and the team were able to contribute towards the Council's savings agenda through the efficiencies achieved in the referral process. Performance appraisals and development reviews have been completed for all 6 employees.

The team lost an average of 6.4 FTE days in 2015 / 2016, below the Council average. As the team is so small, this average figure was as a result of the long term sickness of one employee. The absence was managed in line with Council policy and the postholder has returned to work

There were no complaints recorded.

**Section 3:
Service Priorities 2016-17**

Priority	Actions to deliver priority	Officer Responsible	Timescale	What will be different? Measures and/or Outcomes
1: HRP – 2 To support Council wide targets to reduce sickness absence.	To implement improvements in the Occupational Health referral service which will assist in reducing the impact of ill health and sickness absence and to promote a safe and healthy working environment.	S Burgess	31/3/17	Full implementation of the OuCH Digital Referral/surveillance e-system across the Council inclusive of schools. Implementation of the recommendations from the Privacy Impact Assessment
HRP – 4 To improve customer access to services and to improve the efficiency of those services.	<ul style="list-style-type: none"> • Implement OuCH Digital Referral system. • Introduction of I-DOCS framework in Occupational Health to assist the digitalisation of health records 	S Burgess	31/3/17	Successful implementation of new system assessed against the criteria identified within clinical procedures. Successful implementation assessed against a review of the OHU administration procedural arrangements

**Section 4:
Service Performance Quadrant 2016-17**

Progress on Service Priorities: **the key service priorities for the Occupational Health Unit in 2016 / 2017 are to support the Council wide target to reduce sickness absence, and to improve customer access to services and to improve the efficiency of those services.**

Measure	2014-15 Actual (Full Year)	2015-16 Actual (Full Year)	Comparative Performance	2015-16 Qtr. 1 (cumulative)	2016-17 Qtr. 1 (cumulative)
HR Priority 2 Full implementation of the OuCH Digital Referral/surveillance e-system across the Council inclusive of schools.	N/A	N/A	N/A	N/A	50%. - This priority is on track to achieve the desired outcome.
HR Priority 2 Implementation of the recommendations from the Privacy Impact Assessment in the development of the OuCH Digital Referral / surveillance e-system.	N/A	N/A	N/A	N/A	50%. - This priority is on track to achieve the desired outcome.

Appendix 1

HR Priority 4 Successful implementation of new OuCH system assessed against the criteria identified within clinical procedures.	N/A	N/A	N/A	N/A	75%- This priority is on track to achieve the desired outcome.
HR Priority 4 Successful implementation of I Docs Framework to assist with the digitalisation of medical records assessed against a review of the OHU administration procedural arrangements	N/A	N/A	N/A	N/A	75%- This priority is on track to achieve the desired outcome.
Average appointment waiting time (MAINTAIN)	10 working days	10 working days	N/A	10 working days	10 working days
Number of immunisations	207	258	N/A	82	22
Pre-placement assessments	923	970	N/A	203	307
Health surveillance	1342	1580	N/A	475	297
Attendance management consultations	2744	3303	N/A	766	719
Statutory & Safety Critical Medicals	119	128	N/A	26	38
Health Promotion	1185	683	N/A	168	177
All employees to have successfully completed on-line Introduction to Information Governance training course	N/A	N/A	N/A	N/A	N/A

Appendix 1

Corporate measure (CM01): a) Number of transactional services fully web enabled	N/A	N/A	N/A	N/A	N/A	
b) Number of transactional services partially web enabled	0	0	N/A	0	0/1	

Section 5: Financial Quadrant 2016-17:

The service was delivered within the budget requirements in 2015 / 2016 and the team were able to contribute towards the Council's savings agenda through the efficiencies achieved in the referral process. In the last financial year (2015 / 2016) the expenditure on Professional Fees across the Council was consolidated into the Occupational Health Service budget to reduce the costs of administration and internal charging. The focus on improving the referral service is enabling the team to reduce this professional fees expenditure.

The service is on track to deliver £32,000 of savings in 2016 / 2017 as well as an underspend – this is as a result of the success of the introduction of the referral hotline and resultant decrease in the use of externally provided occupational health physician services. It is expected that the introduction of OuCH will have further positive impacts on this budget.

Measure	2014-15 Actual (Full Year)	2015-16 Actual (Full Year)	2016-17 Qtr. 1 (projected to year end)
Corporate Measure (CM02): % revenue expenditure within budget	2% (£3k) underspend	10% (£29k) underspend	11% (£36K) underspend
Revenue budget for each year:	£184,691	£288,020	£325,915
Corporate Measure (CM03): Amount of FFP savings at risk	£0	£0	£0

Section 6: Employee Quadrant 2016-17

The Council Summary of employees with three or more instances of sickness in the twelve month period, plus the breakdown of staff in your section with three or more instances in the period – there were **no** employees in this section with three or more instances of sickness during the period.

The Council summary of employees with **long term sickness** (28 consecutive calendar days or more) between 1st April 2015 to 31st March 2016, plus the breakdown of staff in your section with long term sickness during the period – there was **one** employee in this section with long term sickness during the period. The absence was managed in line with Council policy and the postholder has returned to work

Measure	2015-16 Actual (Full Year)	2015-16 Qtr. 1 (cumulative)	2016-17 Qtr. 1 (cumulative)
Corporate Measure (CM04): Average FTE (full time equivalent) working days lost due to sickness absence			
Total Service FTE days lost in the period	6.4	0	N/A - figures available in end of July
Directorate: Corporate Services	6.0	1.3	
Council:	9.7 Days	2.2 Days	

Appendix 1

Corporate Measure (CM11): Staff engagement Measure	N/A	N/A	Still being developed
Corporate Measure (CM05): % of staff who have received a performance appraisal during 2016-17 (Target 100%)	100%	100%	100%
Number of staff who have received a performance appraisal during 2016-17	6	6	6
Corporate Measure (CM06): Number of employees left due to unplanned departures	0	0	0

Section 7: Customer

The service is developing new and innovative ways of providing services via the introduction of the referral hotline, and the referral and health surveillance e-system. As the e-system is rolled out across the Council the intention is to follow this up with a customer survey to determine feedback in relation to the new processes and systems of work. This feedback will be used to further improve the service provided to customers. As roll out of the e-system has not commenced yet, the survey for customer feedback has not yet been issued.

Measure	2015-16 Actual (Full Year)	2015-16 Qtr. 1 (cumulative)	2016-17 Qtr. 1 (cumulative)
Corporate Measure (CM07): Total number of complaints			
Internal	0	0	1
External (from the public)	0	0	0
Corporate Measure (CM08): Total number of compliments			
Internal	0	0	0
External (members of the public)	0	0	0
Corporate Measure (CM09): customer satisfaction measure	N/A	N/A	0

