Meeting Date	30 October 2019	Agenda Item	2.5
Report Title	**Occupational Health Transformation Update**		
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Report Sponsor	Hazel Robinson, Director of Workforce & OD		
Presented by	Paul Dunning, Head of Staff Health & Wellbeing		
Freedom of Information	Open		
Purpose of the Report	To update the Committee of developments within Occupational Health and draft Key Performance Indicators.		
Key Issues	This reports highlights developments to ensure a sustainable, timely, multidisciplinary service for the future.		
Specific Action Required *(please choose one only)*	**Information** ☐	**Discussion** ☒	**Assurance** ☐	**Approval** ☐
Recommendations	Members are asked to: **RECEIVE AND DICUSS THE ISSUES AND ACTIONS OF THIS REPORT**		

OCCUPATIONAL HEALTH TRANSFORMATION UPDATE

1. INTRODUCTION

This paper aims to update the Committee of the progress related to the Occupational Health (OH) transformational plan and related improvements to service developments and delivery during 2019. The outcomes of two recent workshops addressing pre-employment clearances and management referral processes are highlighted along with draft Key performance indicators.

2. BACKGROUND

The Executive Team approved the OH transformational plan in November 2018 which included developing services to ensure a more multi-disciplinary and sustainable future service based on the principles of prudent healthcare.

During 2019, a number of foreseen and unforeseen challenges have presented themselves which have impacted upon service delivery and these include;

- Retirement of the only full time OH Doctor
- Retire and protracted return of the Clinical Director working across both SBU and CTM (returned with contract to CTM HB)
- Retirement of long-standing Senior Nurse Manager
- Maternity leave of OH Service Support Manager
- Significant long term sickness within Nursing & Admin function
- Provision of OH into POWH via an SLA until 31/3/20.
- Transfer to new database resulting in no access for 1 week and resulting increased waiting times
- Technical issues with Cohort 10 transferring Clearance information data to recruitment services, resulting in extended waiting times (upto 3 additional weeks) for clearance and resulting complaints from line mangers

Despite these challenges, the team has progressed the transformational objectives as highlighted in the following updates.

Objective 1. Scan all paper OH records to form an e-record system

The admin function had previously been centralised in Morriston Hospital with OH paper records stored in all the four main hospital sites, resulting in delays as records were transported between sites for appointments. IBG funding was gained and in January 2019, scanning of approximate 20,000 records began and it is anticipated this will be completed by December. All Morriston hospital OH records have now been scanned resulting in the ability to triage referrals and make appointments for staff to see OH practitioners in a more timely manner.

Objective 2. Increase capacity of management referral appointments using multi-disciplinary colleagues.

Working with service improvement colleagues, it was identified that a key vulnerability of the service was that one full-time Doctor was undertaking 40% of the management referrals, resulting in significant backlog and waiting lists whenever annual leave/sick leave was taken. It was also recognised that the Medical dominant service did not lend itself to a prudent, nor sustainable model with Doctor's undertaking assessments for mild-moderate health conditions that other professionals could potentially manage.

Targeted Intervention resource has enabled AHP's (Occupational Therapy and Physiotherapy) management referrals for mild-moderate mental health and physical conditions.

Objective 3. Review skill mix of the OH Team
The service failed to recruit Band 6 Nurses on two occasions during 2018 and as qualified OH professionals are increasingly scarce, a review of the OH skill mix was undertaken. The retirement of one of the OH Doctor's has afforded the opportunity to develop an OH AHP Clinical Lead (Physiotherapist), who commenced the role September 2019, thus contributing to the future sustainable, multidisciplinary model. It was decided to use Band 5 monies to develop a band 3 OH technician who has now been recruited and will be trained in phlebotomy and other skills that have traditionally been the domain of registered Nurses. A 'grow your own' model of Band 6 Nurses has been agreed and two internal Band 5 Nurses have recently been successful in gaining Band 6 development roles. An experienced band 7 Nurse has recently been appointed who will undertake more complex management referrals and supervise the junior Nurses, releasing the recently appointment new Nurse Manager to undertake more strategic and developmental work, something that has not been possible in recent years. It is anticipated this increased capacity and resilience within the OH workforce will result in reduced waits for pre-employment clearance and management referrals along with the ability to undertake health surveillance work which has been given limited resource during 2018/19.

Objective 4 Implement texting service to aid reducing DNA's
High levels of non-attendance at OH appointments was identified as contributing to wasted resource and long waiting times, particularly for staff to see an OH Doctor and in September 2017 DNA's were as high as 24%. A text reminder service was introduced in July 2018 and has resulted in a significant reduction of DNA's (10% Sept 2019), releasing more appointments for management referrals and helping to maximise resource. Partial booking has been introduced for follow-up appointments and staff are asked to book a preferred appointment date/time, helping to reduce DNA's.

Objective 5. Increase appropriate referrals and reduce inappropriate referrals
The service often receives incomplete or unhelpful referrals; a training workshop was developed for managers in how to write a 'good referral' to help improve this, delivered by the OH Manager and Senior Workforce Manager. Feedback from these workshops has resulted in the management referral form being updated and re-formatted to make it more 'user friendly' for managers.

Objective 6 Transfer OH database to 'Cohort 10' and increase e-solutions to paper based processes.
Due to the OH database being outdated and often signing staff out, a new system was implemented in July 2019, resulting in the database being unavailable to the team for a week. Cohort 10 has been procured at an All Wales level and when fully operational, will enable greater efficiencies with all processes eventually being implemented electronically. During 2020, it is planned to transfer pre-employment processes to an e-based system along with management referrals, enabling processes to be fully auditable and enabling the transfer of immunisation data securely between Health Board's, contributing to reduced waits for the recruitment of staff.

3. GOVERNANCE AND RISK ISSUES

3.1 Reducing Pre-employment waiting times Workshop held 2nd September 2019

Historically, The Heath Board's Occupational Health Service has been able to recruit and retain qualified Occupational Health Nurses however this has proved increasingly problematic over the past 18 months, in part due to the closure of the only post-graduate OH Nurse course in Wales. As a result the resource to undertake pre-employment checks (PEC'S) has reduced and this has been additionally impacted upon during 2019 due to the retirement of the long-standing Senior Nurse Manager and long term sickness absence in the team. Recruitment of a Band 7 Senior Practitioner and the internal development of two Band 5 Nurses to Band 6 roles, along with the skill mix of using Band 5 monies to create a Band 3 Nurse Technician will help increase the available resource.

A recent workshop of OH practitioners, Senior HR staff, SDU and Finance colleagues discussed the impact of long waits for recruiting staff and the perceived role of OH in contributing to this. Currently, it is the practice of the Department to undertake a pre-employment check for every new appointment as this was agreed at the All Wales level several years ago. The rationale for this is that it provides the organisation the opportunity to review internal staff's Occupational Health status, gain immunisation history and provide updates for those staff for whom no record is held. This was deemed to be particularly relevant after the measles outbreak in 2013.

New guidance from NHS Employers states that for internal candidates, clearances are now only required for an existing member of staff when there is;

*'a 'significant change' in the **nature of the work** they will be undertaking for example, they are required to carry out exposure prone procedures (EPPs) for the first time or the **environment** they will be working in'.*

As a result of this, an All Wales group has been established to develop a process to allow staff to be cleared by Recruitment services when there is no significant change to job role or environment and when no health issues impacting on work are declared. It is anticipated that this will significantly increase the time taking to clear a member of staff to commence work and reduce the pre-employment workload of Occupational Health. It is hoped that this new process will be implemented during Nov/Dec 2019.

3.2 Management referral workshop held 30th September 2019

A recent workshop of OH practitioners, Senior HR staff and line mangers discussed the issues related to management referral processes. OH representatives informed participants of developments and challenges during 2019 and the following actions were agreed:

Issue	Action	Responsible Dept
Line-managers not always informed of non-attendance at OH appt with no notification	OH admin to ensure line managers are informed of DNA/UTA's	OH

(DNA) or short notice cancellation (UTA)		
Line managers not informed of additional waits when consent to release report not given until viewed by staff member	OH admin to ensure line managers are informed of additional time required for staff member to review report	**OH**
Inappropriate referrals/insufficient information to enable a helpful report to be devised	HR to liaise with line-managers to ensure appropriate referrals completed. OH/HR to continue delivering OH workshops that include 'good' and 'poor' referrals **-** operational HR colleagues to support	**OH/HR**
Reduce postal reports and increase e-mailed reports	OH to liaise with IG colleagues regarding e-mailing reports	**OH**
Inappropriate referrals where line-mangers could have implemented tailored adjustments	Increase line managers awareness of tailored adjustments within the MAAW Policy	**OH/HR to raise at MAAW Forum**
Not always clear within OH reports if reasonable adjustments are temporary or permanent	OH clinicians to ensure clarity in reports regarding temporary or permeant nature of reasonable adjustments	**OH**

3.3. Draft Key Performance Indicators

The following key performance indicators have been developed and monthly monitoring reports will be developed to demonstrate performance against these. It is anticipated that these will be reviewed in January 2020 when increased Nursing capacity will enable additional management referral appointments and reduced waiting times.

Pre-placement health assessment:	**Monitoring requirements:**
Pre-placement questionnaire to be processed by admin within 3 working days of receipt. Pre-placement questionnaire to be triaged by Nursing team within 3 days.	• Date questionnaire received logged on Cohort. • Date questionnaire uploaded to Cohort • Date questionnaire proceed on Cohort

Pre-placement health assessment to be undertaken within 10 working days of decision being made.	• Appointment letter sent to client & copy emailed to manager. • Fitness letter issued within 2 working days of the decision/appointment unless waiting for serology results or senior review required. • Recruitment notified if client fails to attend.
Management referral:	**Monitoring requirements:**
Management referral to be processed within 3 working days of receipt Management referral to be triaged within 2 working days of processing	• Date referral received logged on Cohort. • Date of triage to be recorded on Cohort
Following receipt of referral the first appointment should be offered within 15 working days with appropriate health professional as deemed appropriate following triage.	• Date referral received logged on Cohort. • Appointment letter sent to the client & copy emailed to manager. • Confirmation that appointment was attended logged on Cohort. • Manager notified if employee fails to attend.
Self referral:	**Monitoring requirements:**
Following receipt of referral the first appointment should be offered within 15 working days with relevant health professional	• Date referral received logged on Cohort. • Copy of appointment letter to be sent to the client. • Confirmation that appointment was attended logged on Cohort.

3.4 Future developments

Since transferring the OH database to Cohort 10, there is opportunity to implement the e-based health declaration process and this is being considered on an All Wales basis. Along with scanned records, this will eliminate the need for a paper based system, make the process transparent and enable audit of the service with significant reductions in waits for staff and recruiting mangers.

The new OH technician will undertake training to allow her to clear staff and students who declare no change to health status and send manager letters informing them of their staff's status. This will enable a more prudent approach and release qualified OH Nursing resource for additional tasks.

4.   FINANCIAL IMPLICATIONS
The AHP resource is currently funded by Targeted Interventions monies until April 2020 and withdrawal of this funding will impact the ability to deliver the current service.

5.   RECOMMENDATION
The Committee is asked to note the contents of this report.

Governance and Assurance

Link to Enabling Objectives *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☐
	Partnerships for Care	☐
	Excellent Staff	☐
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐

Health and Care Standards

(please choose)	Staying Healthy	☐
	Safe Care	☐
	Effective Care	☐
	Dignified Care	☐
	Timely Care	☐
	Individual Care	☐
	Staff and Resources	☒

Quality, Safety and Patient Experience

An adaptive OH Department contributes to the safe management of identified risks related to staff health and wellbeing and helps to prevent communicable diseases being spread amongst staff and patents.

Financial Implications

The potential for amended processes may enable staff to be cleared in a more timely manner and contribute to reduced variable pay costs.

Legal Implications (including equality and diversity assessment)

None

Staffing Implications

None

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

Briefly identify how the paper will have an impact of the "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.

- o **Long Term** – safe and sustainable OH service for the future
- o **Integration –** multi-disciplinary and integrated service with HR, DU's and other stakeholders
- o **Collaboration –** services developments based on collaborative engagement with stakeholders
- o **Involvement -** Involving people with an interest in achieving the goals of OH to develop a safe and effective service.

Report History	N/A
Appendices	None