

Occupational Health Planning Statement (2006/07)

(i) Purpose of Occupational health Service

To develop and implement the Occupational Health Strategy in support of the Business Plan through the:

- prevention of work-related ill health
- facilitation of rehabilitation and return to work following periods of illness or injury
- promotion of physical and mental health and well-being at work

These long term goals are aligned with governmental public health initiatives and the strategy demonstrates our commitment to work in partnership to achieve healthy work, health at work and health for life. *This approach is endorsed by the UK government's long term occupational health strategy for England, Scotland and Wales which sets out five headline targets to be achieved by employers by 2010,*

(1) 20% reduction in the incidence of work-related ill health

(2) 20% reduction in ill health to members of the public caused by work activity

(3) 30% reduction in the number of work days lost due to work-related ill health

(4) everyone currently in employment but off work due to ill health or disability is, where necessary and appropriate, made aware of opportunities for rehabilitation back into work as early as possible

(5) everyone currently not in employment due to ill health or disability is, where necessary and appropriate, made aware of and offered opportunities to prepare for and find work.

In addition the OH Strategy dovetails with the government's *Strategy for the health and well being of working age people* which recognizes the need to improve working lives. By working in partnership with occupational health the government will support the benefit of well managed healthy universities with well motivated healthy staff.

(ii) Key Objectives (5-10)

**PROGRESS
BY**

1. **Undertake mandatory health surveillance** (monitoring of employee health for the purpose of identifying changes in health status that may be due to occupational exposure to a hazard as required by COSHH and other relevant legislation) **for identified key high risk job remits. Continue with health**

needs assessment mapping exercise to confirm surveillance requirements for employees.

- Undertake health surveillance for key worker groups - farm workers, small laboratory animal workers, animal/insect handlers, biomedical scientists and medical personnel. JTC/FCP /LS
- Draft health surveillance schedule & employee guidance information JTC/FCP
- Map out other key surveillance priorities & draft policy document in conjunction with key stakeholders JTC/FCP

2. Complete mapping exercise to identified key high risk job remits requiring immunisation

- Map out other key immunisation priorities JTC/LS
LS/AT
- Update Immunisation spreadsheets & transfer data into OH database
- Continue with delivery of identified immunisation programme LS/JTC

3. Implement Occupational Health 5 year Strategy plan , Occupational Health Policy/procedural documentation and review framework

- Draft 5 year Occupational Health Strategy document, as part of overall HR Strategy JTC
- Draft Occupational Health Policy Statement and Medical Standards manual for OH staff guidance JTC/FCP
- Draft key Occupational Health policies and procedures to dovetail with existing HR/Faculty policy documents for :- JTC/FCP
 - Health Surveillance Policy & schedule
 - OH PGCE Policy & cost model
 - Post Graduate Policy & cost model
 - Employee occupational health care procedure for employees injured from animal handling.
- Working in partnership with HR/Safety & appointed working party :- JTC
 - Update No Smoking Policy to enable Gold Level of National Clean Air award with the aim of becoming a smoke free university by 2007. JTC
 - Identify actions and budget funding required by June 07 for implementation of Substance Misuse Policy academic year 07/08 JTC/FCP
 - Identify actions required to enable compliance with HSE Stress Management standards, updating stress policy as required. /LS

Review Meetings		
• Schedule regular review meetings for OH team with quarterly strategy reviews and monthly team briefings		AT
• Schedule regular review meetings with key interfaces of HRO in each faculty and Safety team/committees		AT
• Attend Quarterly Safety Committee reviews providing OH KPI report		JTC
4. Draft management and employee guidance documentation for forward management of employee ill health problems referral of employee ill health issues to Occupational Health		
• In conjunction with Counsellor service provider draft Manager guide and flow diagram for management of employee work related stress problems		JTC
• Draft Manager guidance and flow diagram for employee traveller health care (to dovetail with Safety Policy Supplement - Studying , working & Travelling Abroad)		FCP
• Draft employee booklet detailing Occupational Health service provisions and use of services.		JTC
5. Achieve close out with Newcastle Acute Care Trust on pre-employment medical screening protocols for Research Governance Honorary contracts		
• Achieve sign off of policy with HR, Newcastle Acute Care Trust		JTC/BG/ DL
• Update information on Occupational Health intranet site confirming policy approach and pre employment screening process.		JTC
6. Support HR in achieving reduction in employee sickness absence.		
• Review sickness absence trends at monthly HR/OH reviews and identify employees for forward early referral to OH		JTC/ HRO's
• Implement care framework to enable employee rehabilitation and early return to work		OH team
• Undertake employee case conferencing as required to confirm any workplace adjustment/phased return to work programme required to enable employees long term retention on the job/.		OH team /HR Managers
Work with Safety to achieve reduction in number of RIDDOR accidents/occupational ill health/disease cases occurring		
• Confirm with Safety current baseline of cases occurring and		JTC/VT

- agree performance improvement target for inclusion in University Strategic Plan
- Establish formal framework for clinical review of accident cases occurring and advise on actions required to prevent lost time and/or enable early return to work. JTC/VT/FCP
 - Notify both Safety & HSE of incidence of RIDDOR reportable ill health/disease cases occurring JTC/FCP
 - Work with Safety and Mangers to identify action required to prevent re -occurrence of RIDDOR events OH & Safety
 - Report to Safety committee on KPI trends and feedback on root cause analysis and proactive action plans agreed to prevent RIDDOR events. JTC
- 7. Achieve compliance with budget and detail unit cost structure for service provisions**
- Agree resource demands and cost framework for delivery of service provisions JTC/FCP
 - Detail cost allocation for Research governance Pre employment Health screening JTC
 - Draft unit costs for OH service provisions (immunisation, health surveillance, G.P reports , JTC/FCP
 - Draft budget proposal for forward planning and resource allocation to enable delivery of holistic OH services JTC
 - Submit proposal and budget proforma for 07/08 JTC
- 8. Update Occupational health database and KPI indicators to measurement of OH performance against parameters detailed in University Strategic Plan & performance reporting requirements for USHA**
- Confirm with HR which performance measures are to be adopted into University Strategic plan. JTC
 - Update OH database to enable reporting against these key indicators AT
 - Ensure all clinical encounters are input into database to enable accurate trend analysis/KPI reporting. AT
 - Produce KPI reports, health trend analysis and annual returns for lead bodies as required. JTC
 - Populate OH Year planner and circulate to key stakeholders AT
- 9. Manage Delivery of outsourced Occupational health services for employees**
- Feedback to staff committee and Safety Committee on outcomes of 12 month physiotherapy pilot and recommendations for continuation of this service JTC

- Draft proposal for forward management of counselling services for employees and submit to Staff Committee

JTC

(iii) List of Major Issues and Pressures

Risk and Pressure	Proposals for Control
<p>1. Inadequate OH resource to meet growing demand on OH services</p>	<ul style="list-style-type: none"> • Utilised allocated additional OH budget to Augment OH nursing resource levels from 1.5 to 2 FTE • Prioritise clinical caseload to maximise use of OH Physician 4 hours of weekly support. Allocate key ill health retirement cases and PGCE/COSHH health Surveillance cases for doctor sign off. • Acute management of workflow and appointment scheduling by JTC • Communicate to key stakeholders/managers timescales for clinical appointment and reports (info within managers guide)
<p>2. Risk of exposure to hazardous agents not clearly identified in work locations to enable controls and health surveillance to be correctly implemented</p>	<ul style="list-style-type: none"> • Undertake health surveillance of high risk groups • Complete mapping exercise for all other work locations • Identify where carcinogens/mutagens are handled so that health records can be established in line with COSHH ACOP • Working with Safety determine if additional resource of Occupational Hygiene Specialism is required, drafting proposal for forward management of this remit
<p>3. Demand from Postgraduate students for provision of OH services which is currently outside of OH defined remit</p>	<ul style="list-style-type: none"> • Confirm the Registrar's decision with HR in respect of funding this requirement • Confirm outcomes to managers and the forward cost allocation for this provision. • Update OH website to reflect service scope for this core personnel group.
<p>4. Demand from PGCE pre employment screening which is currently outside of OH defined remit</p>	<ul style="list-style-type: none"> • Confirm with HR decision in respect of funding this requirement • Confirm outcomes to managers and the forward cost allocation for this provision.

- 5. Non attendance by employees to scheduled appointments
 - Update OH website to reflect service scope for this core personnel group.
 - Draft management guidance to confirm costs which will be incurred by the relevant school/department cost centre for non attendance to appointments with less than 24 hours notice.
 - Update standard referral form to confirm DNA charges
 - Report DNA rates in KPI OH quarterly reports.
- 6. Not compliant with new government guidelines on the management of employee stress
Control of Stress in the workplace is a major HSE compliance initiative
 - Draft Occ. Health Policy on management of referred stress related cases
 - Occ. Health participation in proposed working party to review HSE Stress management standards and proposal for compliance.
 - Working with HR draft proposal for forward management of employee counselling
- 7. No systematic means of identifying those employees require immunisation
 - Undertake immunisation for identified high risk groups
 - Complete mapping exercise for all other work locations
 - Input baseline employee vaccination information into database to enable tracking and recall
 - Draft briefing document to make explicit to managers their responsibility for completion of risk assessments and notifying Occupational Health on requirements
- 8. General concern over the lack of control of Occupational asthma on campus. 2 RIDDOR reported cases this year and any further cases could prompt HSE inspection
Control of Asthma in the workplace is a major HSE compliance initiative
 - Need to identify asthmagen agents present as part of health mapping exercise
 - Ensure workplace controls (containment & RPE) are adequate, operated & maintained in compliance with COSHH Regs
 - Work with safety department to manage presenting cases and full investigate root cause/ action to prevent re occurrence
- 9. Potential breach of medical confidentiality relating to Subject Access Requests in
 - Agree with Data Protection Officer the forward management for employee request to view and/or copy of medical

compliance with Data Protection Act

- records respecting the confidentiality rules which apply to this type of record.
 - Implement guidance on OH website to confirm how employees apply for copy of records
 - Facilitate copy for request for medical records in compliance with defined timescales (40 days form receipt of request)
 - Explore option of using Biology Tank room adjacent to Occ. Health suite for future storage and report on findings
 - Detail archiving policy for medical records in line with University archiving policy.
(within Occ. Health manual)
10. Lack of storage and no archiving facilities to enable confidential retention of Occ. Health records which must be retained for minimum of 40 years post employee leaving
11. Lack of understanding on scope of OH service provisions and core functionality
12. Challenges of OH professional opinion by managers and employees.
13. Preparedness to cope with Pandemic Influenza outbreak affecting University employees and students
- Issue updated guidance note to key committees for cascade to management team/employees confirming OH remit and boundaries if responsibility
 - Update website information to reflect this guidance note and reinforce service is by referral and not an emergency ill health provision.
 - Reinforce guidance in Managers guide confirming advisory service and the boundaries of confidentiality which apply.
 - Implement employee guidance booklet & employee patient charter.
 - Hold annual open day to enable employees to visit provision and meet staff.
 - Participate in University planning team to draft contingency management plans detailing remit of Oh during such an outbreak
 - Detail Occupational health action plan for dovetailing with University plan
 - Ensure OH staff receive Tamiflu for treatment and post-contact prophylaxis and available vaccines as dedicated key workers- essential to enable clinical contact with potential ill employees.
 - Ensure OH staff fully informed on their defined remits and update on risk status

as required.

- Represent University at Local Resilience Regional Forum and feedback to university planning team on ancillary services plans and their interfaces.

(iv) Earned Income

- Given constraints on OH Resource against demands on service in the past year Occupational Health has not been positioned to generate external income. The recent tendering exercise with the Medical school for provision of medical/dental school students baseline OH service provisos has provide a useful template and cost model for projecting delivery of occupational health services and consultancy to spin out companies or SMEs connected with the University. Additional resource would be required to the proposed 2 FTE OH nurse advisors and augmenting the level of OH physician support beyond the current 4 hours weekly. Implication - any service would need to be able to charge to cover total costs e.g. space, support costs etc.

(v) Organisational Chart attached

(vi) PDR to be completed for JTC by RB and by JTC for other OH Staff by end Oct 06.

(viii) Performance Indicator for 2005/06 are as follows:

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University Level

Performance indicators are set out in detail in the HR strategy. In collaboration with HR intention is for JTC to contribute to the development and detailing of HR Strategy 06/07 - 20011

Key Indicators for 2006/07 are as follows:

- KPI reporting on Strategic OH targets for work related ill health and sickness absence
- Speed of response to request for clinical consultation - achieve 95% assessed within 2f request and all urgent requests within 1 week. .
- Issuing of medical reports post clinical assessment - initial report and recommendations to be issued within 3 working days of assessment
- All recommendations requiring the implementation of work restrictions or job adaptations to be discussed on the day of assessment with the appropriate HR manager by telephone.
- Musculo skeletal DSE assessment and report - achieve 95% within 1 working month
- Statutory Health Surveillance - achieve 100% compliance for identified key workers
- Immunization - achieve 100% compliance for identified key workers
- All immunizations to be entered on the database
- PGCE Pre employment screening - achieve 95% issue of fit slips within

- Research governance Honorary pre employment screening - achieve 95% issue of fit slips within 2 weeks.
- Laser Vision Screening - achieve 100% external screening for identified employees within 1 working month
- Employee Disability Management - achieve 95% close out on Occ. Health actions within 2 calendar months

Output Measures - TO BE COMPLETED

	Output	Measure	Actual		
			04/05	05/06	06/07
1.	Number of nurse initial consultations Number of nurse review consultations	No of			
2.	Number of doctor initial consultations Number of doctor review consultations	No of			
3.	Number of Immunisations	No of			
4.	Number of health surveillance medicals	No of			
5.	Number of Honorary Medicals	No of			
6.	Number of PGCE medicals	No of			
7.	No of other pre employment screens				
8.	No of musculo-skeletal assessments	No of			
9.	No counselling sessions	No of			
10.	No physiotherapy referrals	No of			
11.	No Access to work assessments				
12.	No.of drafted RTW programmes	No of			
13.	No of employees case conferences	No of			
14.	No of home visits	No of			
15.	No ill health retirement cases	No of			

16. No SAP finance transactions No of
17. No of meetings/training sessions No of
18. No SAR requests processed No of

Ratio of Occ. Health staff to number of employees (@4800 employees)

	Newcastle	Median*	Maximum*
OH Doctor	1:45,000	1:25,000	1:6,000
OH Nurses	1:3,000	1:2,500	1:2,000
OH administrative support	1:4,500	1:3,300	1:2,000

Above data does not include postgraduates

* Data from Occupational health services in Higher Education HEFCE May 2005
www.dphpc.ox.ac.uk/ohshe

(ix) **Responsiveness to Academic Schools/Faculties/Services**

Mechanisms

Attendance to quarterly Safety Committee review meetings

Attendance to Faculty Health & Safety review meetings

Quarterly review meetings with Head of HR and Faculty Pro vice Chancellors

Quarterly Occ. Health & Safety review meetings

Monthly Occ. Health & HR Assistant Director review meeting

Regular (at least monthly) Occ. Health & HRO Faculty Officers review meetings
Faculties

Presentations, email/web based consultation on OH service /policy development.

Annual report on Occ Health Strategy to Safety Committee Review

Employee OH booklet on scope of Occ. Health Services

(x) **Feedback indicates:**

- Service is gaining professional reputation and respect
- Profiling and positioning of OH within HR team much more defined and understood by employees at all levels
- Scope of OH services has been successfully extended to include outsourced service provisions for physiotherapy and counselling support to manage key causes of employee absences of musculo skeletal illness and stress issues.
- Professional level of advice is of a high quality.
- Individuals contacting service direct for immunization needs - not coordinated via head of school

- Close out on PGCE and Honorary contracts pre employment screening greatly improved against previous service provider
- Speed of response to clinical assessments and reports to management greatly improved against previous service provider
- Range of service provisions much better than previous service provide.

Action Planned:

- Employ additional OH nursing resource in compliance with budget allocation
- Draft policy and management guidance documentation and disseminate
- Continue dialogue on specific aspects of HR Strategy.
- Continue regular meetings regarding service provision.
- Review existing systems and improve efficiency of operation and outcome.

JTC 12.09.06