Introduction

Occupational health (OH) is a specialised clinical service that provides clear benefits to staff and patients, as well as contributing to the productivity of an organisation. NHS organisations need to ensure that they have OH services in place to support the health and wellbeing of their staff so that they can deliver better performance, better productivity, and better patient outcomes.

Quality OH services are more likely to arise from organisations that form commissioning teams to procure the services of multi-disciplinary OH providers that offer a range of skills and expertise. This guidance will support commissioning teams in procuring these services.

What principles underpin OH provision?

The model adopted should adhere to a set of principles:

- strong focus on a high quality, clinically-led, evidence-based service
- an equitable and accessible service
- impartial, approachable and receptive to both clients and employer
- contribute to improved organisational productivity
- work in partnership with all NHS organisations and within the community
- underpinned by innovation
- offer diversity and depth of specialisation and training opportunities.

The national standards for OH (SEQOHS)¹, which all providers of OH support must meet, place expectations around six domains. For OH services delivering to the NHS a seventh domain (Domain G) of six core services is required. This domain consists of:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>The prevention of ill health caused or exacerbated by work</td>
</tr>
<tr>
<td>Timely intervention</td>
<td>Early treatment of the main causes of absence in the NHS</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>A process to help staff stay in or return to work after illness</td>
</tr>
<tr>
<td>Health assessments for work</td>
<td>Supporting organisations to manage attendance and retirement</td>
</tr>
<tr>
<td>Promotion of health and wellbeing</td>
<td>Using the workplace to promote improved health and wellbeing</td>
</tr>
<tr>
<td>Teaching and training</td>
<td>Promoting the health and wellbeing approach amongst all staff and ensuring the availability of future occupational health staff</td>
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</table>

The six domains applicable to all OH services are:

<table>
<thead>
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<th>Domain</th>
<th>Description</th>
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<tbody>
<tr>
<td>Business probity</td>
<td>Business integrity and financial propriety</td>
</tr>
<tr>
<td>Information governance</td>
<td>Adequacy and confidentiality of records</td>
</tr>
<tr>
<td>People</td>
<td>Competency and supervision of occupational health staff</td>
</tr>
<tr>
<td>Facilities and equipment</td>
<td>Safe, accessible and appropriate</td>
</tr>
<tr>
<td>Relationships with purchasers</td>
<td>Fair dealing and customer focus</td>
</tr>
<tr>
<td>Relationships with workers</td>
<td>Fair treatment, respect and involvement</td>
</tr>
</tbody>
</table>

Staff employed directly by the organisation’s OH services will not necessarily provide all the services. Organisations are responsible for ensuring that a full range of services are provided and that there is clarity about which elements of this the OH

¹ SEQOHS (Occupational Health Service Standards for Accreditation) London. Faculty of Occupational Medicine. 2010.
team are responsible for. It is the responsibility of commissioning teams to make sure all these services are available for NHS staff.

The NHS Plus document *A short guide to the future consolidation of NHS occupational health services* describes how OH services could be consolidated to provide an improved and more comprehensive service in line with the standards outlined here.

**Key question:** Does the OH service at least meet the minimum specification?

**Accreditation**

Occupational health providers supporting NHS staff must have SEQOHS accreditation by March 2012, or have completed the preparation for accreditation and be awaiting for a date for an accreditation visit from the SEQOHS assessment team.

**Key question:** Does the OH service have SEQOHS accreditation?

**Clinical governance**

Occupational health providers supporting NHS staff must demonstrate they have comprehensive systems in place for clinical governance, and should be able to demonstrate processes that allow NHS organisations to achieve or maintain conformance with NHSLA Level 3 requirements. These include standards for a competent and capable workforce, a safe environment, and learning from experience. For example:

- Standard 1(9): Professional Clinical Registration
- Standard 1(10): Employment Checks
- Standard 3(5): Inoculation Incidents
- Standard 3(9): Supporting Staff Involved in an Incident, Complaint or Claim
- Standard 3(10): Stress
- Standard 5(1): Clinical Audit
- Standard 5(8): Best Practice – NICE

They must agree to participate in the national clinical governance for OH system and to collate the necessary information to comply with this system once in place and as it develops.

Relevant evidence-based guidelines on health at work support include those produced by NICE and NHS Plus, and others. Some of the current guidance of relevance to NHS workforce is listed in the table.

<table>
<thead>
<tr>
<th>NHS Plus guidelines</th>
<th>NICE workplace guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic fatigue syndrome</td>
<td>CG43 Obesity</td>
</tr>
<tr>
<td>Latex allergy</td>
<td>CG88 Low back pain</td>
</tr>
<tr>
<td>Infected food handlers</td>
<td>CG117 Tuberculosis</td>
</tr>
<tr>
<td>Physical/shift work in pregnancy</td>
<td>PH5 Smoking cessation</td>
</tr>
</tbody>
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2 NHSLA Risk Management Standards for NHS Trusts Providing Acute, Community, or Mental Health & Learning Disability Services and Independent Sector Providers of NHS Care 2011/12
Occupational health providers supporting NHS staff should comply with the requirements for their organisation to produce an annual quality account\(^3\), which offers an opportunity to demonstrate how well commitments to staff in the NHS Constitution are met and describe plans to support improvements and measure the impact.\(^2\) This includes meeting the pledge to provide support and opportunities for staff to maintain their health, wellbeing and safety.

**Key questions:** What arrangements are there for clinical governance? How will the OH service contribute to the provision of evidence demonstrating compliance with clinical and organisational governance?

**Audit**

Occupational health providers supporting NHS staff should produce an annual audit plan and provide periodic reports demonstrating the actions that have been taken as a result of audit. This plan should normally be included in and monitored with trusts’ complete plans for audit in all clinical services. OH providers supporting NHS staff should participate in national audits of OH.

**Key questions:** What is the plan for auditing their practice?

**Contributing to the evidence base**

The need for an improved evidence base in OH has been widely acknowledged.\(^4\) OH providers supporting NHS staff should be able to demonstrate how they have contributed to research and development. They should have a plan for future contributions.

**Key questions:** What research plans does the provider have?

**Staffing**

The foundation for quality OH provision is a rich mix of skills and expertise drawn from different specialist disciplines. OH providers supporting NHS staff must comprise a skilled multi-disciplinary team of specialists in occupational medicine, OH nursing and others. Providers must be capable of providing the widest range of services either directly or by co-ordinating services and expertise from other specialists, and must have contingency plans in place to deal with the loss or unavailability of key members of the occupational team.

If a particular organisational or public health need is identified, OH service providers should be flexible to reflect this need in their staffing. For example, if it is identified that there is a particularly high incidence of obesity in a city, it is reasonable to expect that there would also be a high incidence of obesity in NHS staff living and

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3 The National Health Service (Quality Accounts) Regulations 2010; Quality Accounts toolkit 2010/11. DH, 2010
working in that city. The OH teams should reflect this in the services and specialists they provide and employ.

Occupational health providers should demonstrate that specialist practitioners meet recommendations for continuing professional development (CPD).

Registered specialists in occupational medicine should have the personal qualities and clinical expertise to act as a consultant for the NHS. Any doctor applying for a consultancy post must hold either a CCT or a CESR in the specialty.

**Key questions:** Have you identified and agreed the key clinical staff? What evidence can be presented that the OH professionals are suitable and appropriately qualified? What is the evidence of CPD for OH professional staff? Who is the responsible officer for the doctors?

**Specialist training/education**

Occupational health providers supporting NHS staff should be training providers and must contribute to the development of a sustainable specialist medical and nursing workforce. All OH providers must have a plan for the training of new specialists either directly or through formal arrangements agreed with other providers.

It is good practice for OH providers to have a specialist workforce development plan that describes career pathways. In addition, OH providers supporting NHS staff should offer trainee doctors in key specialties the opportunity of a clinical attachment to an OH department as part of their training.

**Key questions:** How many nursing practice teachers are there? How many StR posts are there? What is the development plan for the OH staff?

**Sub-specialisation**

Occupational health providers supporting NHS staff must have arrangements in place to offer special expertise when it is needed within the NHS. These sub-specialist areas include:

- blood borne viruses
- tuberculosis
- occupational asthma
- sick senior health professionals
- radiation
- genetically modified organisms and gene therapy
- outbreaks and disaster preparedness
- research
- ergonomics
- cytotoxics.

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Key question: Does the service cover all relevant specialist areas?

Clinical information exchange
Occupational health providers supporting NHS staff should have arrangements in place to share information with other providers. In particular, this should include the exchange of information concerning the immunisation status of staff.

Occupational health providers supporting NHS staff should have arrangements to use the bi-directional information exchange systems developed for ESR, the human resources database. This is essential for OH providers supporting trusts that are host employers for medical trainees.

Key question: Is the information system used by the provider interfaced with ESR?

Service development
Occupational health providers supporting NHS staff should have a plan for making the business case for service development and also for how they can support local businesses, especially small and medium sized enterprises.

Key question: Does the provider have a plan to develop the service to deliver to other external providers?

Intervention to enable early return to work
Occupational health providers supporting NHS staff should have an agreed process that enables staff whose capability is limited by an acute health issue to receive interventions that will allow them to resume work activities more quickly for the benefit of their patients. This could mean returning to their normal duties, returning to an adjusted form of their position, or redeployment to an alternative post.

Key question: What are the plans to facilitate rapid access to intervention that enables early return to work?

Working with the organisation
It is important that OH teams work with HR teams and managers within the NHS organisation to continue development and delivery of the best services possible to improve staff health and wellbeing.

Key question: How will you ensure good communication links between OH, HR and managers?

Conclusion
The information and questions in this document should help teams planning the commissioning and procurement of occupation health services. An improved OH service for NHS staff is a step towards a healthy workforce that can deliver the best possible care to patients. For more information, visit the OH section of the NHS Employers website.
NHS Employers
supporting • promoting • representing

NHS Employers represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work. The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda. We work with employers to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

NHS Employers is part of the NHS Confederation.

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