

UPDATED DECEMBER 2013

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# YOUR OCCUPATIONAL HEALTH SERVICE



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 as an investment in the wellbeing of the workforce. The aim of this guide is to ensure that NHS organisations are clear about what they can expect from their OH service. It also provides guidance on how they can monitor that service, and what to do with the information to ensure the service delivers the best support to staff. Ensuring that your OH service is working well for your trust will enable staff to deliver safe, effective and efficient patient care.

Where NHS organisations prioritise staff health and wellbeing, performance is enhanced, patient care improves, staff retention is higher and sickness absence is lower. There is also good evidence that access to good OH support improves staff engagement and can contribute to cultural change – factors that were highlighted as essential in the Francis report following the events in Mid Staffordshire.

## What you can expect

The vision and minimum standards for OH services state that OH services should:

- be a team of health at work champions preventing ill health associated with work
- provide timely intervention and rehabilitation
- promote wellbeing
- contribute to audit, research and training of a sustainable OH workforce
- measure performance and provide regular reports to senior managers and the board
- engage in assessing health needs and design services to support them
- make the case for innovation and investment in health
- provide an excellent clinical service, with consistent and reliable support.

OH providers supporting NHS staff must either have Safe Effective Quality Occupational Health Service (SEQOHS) accreditation or have completed the preparation for accreditation and be awaiting a date for an accreditation visit. These standards are grouped into six domains which describe the way in which all OH services should operate.

The six domains applicable to all OH services are:

<b>Business probity</b>	Business integrity and financial propriety
<b>Information governance</b>	Adequacy and confidentiality of records
<b>People</b>	Competency and supervision of OH staff
<b>Facilities and equipment</b>	Safe, accessible and appropriate
<b>Relationships with purchasers</b>	Fair dealing and customer focus
<b>Relationships with workers</b>	Fair treatment, respect and involvement

For OH services delivering to the NHS, a seventh domain (Domain G) of six core services is required. This domain consists of:

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

The checklist on page 4 provides a simple way for you to check whether OH services are meeting the above standards. It will also help to inform the development of future plans. For more information about these standards, please refer to 'Commissioning Occupational Health Services'. You may be unsure whether your OH service providers are meeting some of the standards in the checklist; in this instance we encourage open conversations between OH and HR teams.

The NHS Health at Work document [\[7\] 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.

## Vision and minimum standards checklist

### Accreditation

- Working towards or achieved accreditation of the Faculty of Occupational Medicine standards

### OH business delivery

- Provides an accessible service
- Provides a fair and equality-centred service
- Is impartial, approachable and receptive to both clients and employer
- Sets out the services to be delivered by the OH service in a contract, outlining the quality of delivery standards
- Articulates the range of services required and how they will be promoted and marketed through a business plan
- Works in partnership with all healthcare services in locality
- Focuses on high-quality, clinically-led and evidence-based service
- Works in partnership with other organisations and businesses in the local community
- Underpins service provision with innovation
- Offers a depth of specialism relevant to the specific requirements of the organisation
- Offers training opportunities to OH staff
- Links with public health professionals and initiatives
- Contributes to the development of the academic base for OH services

### Data provision

- Provides information to assess and monitor workforce health and wellbeing
- Provides information to enable trust and OH managers to monitor the OH service
- Provides data and information to monitor the quality of OH care provided

### Contributes to organisation

- Contributes to organisational productivity
- Regularly contributes to board-level health and wellbeing reports
- OH staff engage with managers and staff representatives
- OH services are aligned to HR strategies
- OH services are aligned to NHS constitution
- Engages with NHS in relevant partnership forums/join negotiating consultative committees and health and safety committees

### Service delivery

- Contributes to prevention of ill health or injury at work
- Provides timely interventions focused on addressing the main causes of sickness absence
- Offers rapid access to intervention that enables early return to work
- Offers health assessments for work
- Promotes health and wellbeing in the workplace
- Teaches and trains OH staff
- Contributes to teaching and training staff around relevant health and wellbeing issues

## Evidence

## How you can monitor

The following section of this document is to assist HR teams within NHS trusts and OH services in knowing which data to collect to assess and monitor the health and wellbeing of the workforce, demonstrate a commitment to staff health and wellbeing, and monitor the activities and quality of OH services and care.

## Metrics to monitor staff health and wellbeing

As part of your review of OH services, the HR team will need to assess the health and wellbeing of your staff. Although this may seem a subjective task, there is quantitative data that can be used, as displayed in the table below:

Metric	Interval
<b>Sourced from the Electronic Staff Record (ESR) – note data can be broken down into medical cause and into staff group</b>	
• Sickness absence – % FTEs lost	Monthly, quarterly, annually
• Incidence of long-term sickness (>4 weeks) – number and %	Quarterly, annually.
• Prevalence of frequent sickness absence (>3 per year) – number and %	Annually
• Incidence of ill-health retirement – number and per 1000 staff employed	Annually and five-year moving average
• Staff turnover – number of joiners and leavers expressed as counts and as % of average number of employees during measurement period	Annually
<b>Sourced from the NHS Staff Survey – frequency distribution data – numbers and % of responders</b>	
• Self-rated health	Annually
• Disability from poor mental health	Annually
• Perceived managerial interest in personal health and wellbeing	Annually
• Adequacy of adjustments at work for long-standing illness/disability	Annually
• Job satisfaction	Annually
• Enjoyment of work	Annually
• Violence at work	Annually
• Harassment at work	Annually

## Metrics to monitor activities of OH services

It is important to recognise how the OH services are used; this can be achieved by speaking with your OH service provider and asking for records and statistics about the service. Part of the minimum standards is data provision, so they will be able to provide the following information:

- number of referrals from managers
- number of self-referrals
- number of telephone enquiries handled
- number of email enquiries handled
- number of sharps injuries managed
- number of vaccinations given
- number of workplace visits
- number of training courses/lectures delivered
- number of health surveillance assessments made.

The information gained by tracking these statistics every month and creating an annual report could help determine how you develop your OH services going forward.

## Metrics to monitor quality of occupational healthcare

The following metrics – which OH should be able to provide upon request – will show how responsive and effective your OH services are in impacting on the health and wellbeing of staff.

Metric	Notes
<b>Sourced from OH records</b>	
Time from referral to first appointment	Frequency distribution
Time from first appointment to delivery of a report to manager	Frequency distribution
Completeness of hepatitis B immunisation	Number and % of sharps injuries managed in which injured member of staff was fully immunised against hepatitis B
Prevalence of return-to-work planning	Number and % of patients who when first seen after an absence of >four weeks have a documented return-to-work plan
Prevalence of referral of musculoskeletal disorders for treatment	Number and % of patients seen after an absence of >four weeks because of musculoskeletal disorder, who are under care of or have been referred to a treatment service by six weeks from the start of their absence
Completeness of referral for longer term sickness absence	Number of patient seen by OH after >four weeks absence as a % of all employees with >four weeks absence beginning in same period
Incidence of patient complaints	Number, with breakdown by nature of complaint
<b>Sourced from the ESR</b>	
Return to work following longer term absence	Number and % of employees with sickness absence lasting >four weeks who remain off work at 12 weeks
Prevalence of employees on half or no pay because of prolonged sickness	Numbers and as a % of all employees (separately for half and no pay)
<b>Sourced from OH satisfaction surveys</b>	
Prevalence of dissatisfied OH patients	Number and % dissatisfied with summary of main reasons for dissatisfaction
Prevalence of dissatisfied managers	Number and % dissatisfied with summary of main reasons for dissatisfaction
<b>Sourced from trust management records</b>	
NHS Litigation Authority level	

OH 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 undertake systematic audit of their clinical practice and participate in clinical benchmarking/audits of OH.

Sources of audit support include:

🔗 [MOHAWK](#) – the occupational health clinical benchmarking tool

🔗 [HWDU National Audit tool](#)

## What to do with the information

Once you have collated the information you can see how healthy your workforce is, how effective the OH service provider is, and the impact that OH service has on staff health and wellbeing. You will then be able to work in conjunction with the OH service providers to improve the health and wellbeing of staff.

In order to improve provisions of OH services you will need to speak to a wide variety of audiences. The table below shows some examples of the types of information different working groups may want or need:

Audience	Information
Trust boards	Targeted information which indicates the general health and wellbeing of the workforce and the impact any initiatives have had on the business.
Staff who manage contract for OH	Detailed information about OH service performance and activity.
Service managers	Small number of key statistics relevant to their area which can be rapidly assimilated, with the option to delve deeper where problems are evident.
OH services managers	Wide range of data relating to OH service performance and its wider impact on staff health and wellbeing and organisational performance.
External organisations	Data on health and wellbeing, for example, the Care Quality Commission, Monitor, NHS Litigation Authority.



## Conclusion

This document should make it clear what services OH providers should be delivering, how OH services can be monitored, and what can be done with the information collated from both HR teams and OH service providers.

A healthy and happy workforce is one step towards improved patient care, so ensuring OH services are delivering the best service possible is imperative.

For any further information about occupational health services please see the 🔗 [NHS Employers website](#) or the 🔗 [NHS Health at Work website](#).

## NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS 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.

The NHS Employers organisation is part of the NHS Confederation.

## Contact us

For more information on how to get involved in our work,  
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Ref: EINF31301