

**Freedom of Information request:** Reference number FOI2026/00377

**Date of request:** 1st April 2026

**Request:**

1. Please provide the total number of staff employed by your organisation (headcount). This should include all working patterns such as full time, part time, job share, temporary, fixed term, casual, and any other employment type.
2. How many Operational Staff (Uniformed total number) in your organisation?
3. What is the % Retained Staff in your organisation?
4. How many Occupational Health Staff (total number) employed in your organisation?
5. Are Occupational Health (OH) services in your organisation delivered In House, Outsourced to external suppliers, a Blend of both, or delivered in another way? If your model is Outsourced or a Blend, please specify which individual OH services are provided In House and which services are provided by external suppliers (e.g., physician services, counselling, physiotherapy, vaccination clinics, health surveillance, case management, etc.).
6. What is the Organisations Total spend on Occupational Health Services per year?
7. What are the main health factors driving demand for Occupational Health Services in your organisation? e.g. Mental Health, MSK. Please provide details.
8. Is your Occupational Health Service SEQOHS Accredited or are you working to achieve this accreditation?
9. Please describe the current level of demand for Occupational Health (OH) services within your organisation. This should include: (a) whether you operate waiting lists for any OH services, (b) current waiting times or backlog levels (if recorded), and (c) whether demand has increased, decreased or remained stable over the past 12-24 months. Please provide any available high-level data or commentary that explains the trend.
10. Does your organisation have a formal strategy, plan, or programme in place to change or develop the Occupational Health (OH) services it provides (for example, to increase capacity, improve service quality, modernise delivery, or reduce provision)? If yes, please provide high level details of the strategy or planned changes.
11. Would your organisation partner with a single Occupational Health Service Provider (Outsourced) to scale up services? Please provide details.
12. Does your organisation have sufficient internal capacity and capability to procure, oversee, and manage Occupational Health (OH) service contracts and suppliers? If yes, please outline the functions or teams responsible. If no, please indicate where capacity gaps exist (high level only)
13. What high level risks or considerations does your organisation typically take into account when procuring Occupational Health (OH) service contracts? Please provide general themes only (not commercially sensitive details), such as service quality, compliance, capacity, resilience,

workforce needs, financial considerations, or market availability.

I would also like to emphasise that I am not requesting any personal data relating to identifiable individuals. Where there is any risk of identification such as information relating to very small teams, please apply the appropriate number arrangements and release the information rather than withholding the whole information under Section 40(2)

Similarly, where information may engage Section 43 (commercial interests), please redact only the specific commercially sensitive elements and disclose the remainder of the document.

Where you apply any qualified exemption, and the exemption is not absolute, please provide a full public interest test explaining the factors you have considered for and against disclosure.

**Response:**

Please see below for a response to the questions as part of your request. These figures are based on data up to and including 31<sup>st</sup> March 2026.

- 1. Please provide the total number of staff employed by your organisation (headcount). This should include all working patterns such as full time, part time, job share, temporary, fixed term, casual, and any other employment type.*

There are 5925 LFB staff in total. 5857 Employees and 68 Agency Staff.

- 2. How many Operational Staff (Uniformed total number) in your organisation?*

There are a total of 4692 operational staff at LFB.

- 3. What is the % Retained Staff in your organisation?*

The retained staff for LFB is 0%.

- 4. How many Occupational Health Staff (total number) employed in your organisation?*

In LFB, zero occupational health staff are employed. Our occupational health service is outsourced to an external supplier.

- 5. Are Occupational Health (OH) services in your organisation delivered In House, outsourced to external suppliers, a Blend of both, or delivered in another way? If your model is Outsourced or a Blend, please specify which individual OH services are provided In House and which services are provided by external suppliers (e.g., physician services,*

*counselling, physiotherapy, vaccination clinics, health surveillance, case management, etc.).*

Occupational Health and Physiotherapy services are outsourced to an external supplier. This includes the provision of:

New starter medicals

Routine periodic medicals

Health surveillance

Management referrals (OHA and OHP)

Physiotherapy and MSK intervention/Functional restoration programme

Pension support; ill-health retirement and injury award

Maritime and Coastguard Agency (ML5) medicals

In-house counselling team

*6. What is the Organisations Total spend on Occupational Health Services per year?*

We are unable to provide the data regarding total spend for this question as this is exempt from release under [section 43\(2\) of the FOIA - Commercial interests](#).

Section 43 requires that we consider whether there is a public interest in disclosing the data or withholding this information. LFB are of the view that the public interest is best served by the Authority being able to adhere to contractual agreements with third parties, whereby the agreed spend negotiated is kept confidential. The total spend for occupational health services contains commercially sensitive information, the disclosure of which would, or would be likely to, prejudice the commercial interests of the organisation. This includes spend relating to the provision of services via our third party supplier, which can be considered contentious and that this could disadvantage the relevant parties if made publicly available.

*7. What are the main health factors driving demand for Occupational Health Services in your organisation? e.g. Mental Health, MSK. Please provide details.*

The most frequent presenting conditions for occupational health management referrals are musculoskeletal conditions (top three: knee, back, and shoulder) and mental health (stress, anxiety, and depression).

*8. Is your Occupational Health Service SEQOHS Accredited or are you working to achieve this accreditation?*

We can confirm that the external provider of our occupational health service holds SEQOHS accreditation. Our workplace counselling department is BACP Accredited.

*9. Please describe the current level of demand for Occupational Health (OH) services within your organisation. This should include: (a) whether you operate waiting lists for any OH services, (b) current waiting times or backlog levels (if recorded), and (c) whether demand has increased, decreased or remained stable over the past 12-24 months. Please provide any available high-level data or commentary that explains the trend.*

Occupational health service demand has remained stable over the last 12 months, with the usual fluctuations around holiday periods. There is no waiting list for occupational health or physiotherapy services; the service is meeting KPIs relating to initial appointments being offered within 10 days of referral. Counselling services in-house waiting list is generally 2-4 weeks. EAP counselling available 24/7 for in the moment support. Counselling also available via EAP.

*10. Does your organisation have a formal strategy, plan, or programme in place to change or develop the Occupational Health (OH) services it provides (for example, to increase capacity, improve service quality, modernise delivery, or reduce provision)? If yes, please provide high level details of the strategy or planned changes.*

The latest procurement of occupational health services included a drive to modernise delivery, improve service quality, and increase accessibility of services. It achieved this in part through:

- A modern online referral and appointment booking portal, allowing line managers to submit OH and physiotherapy referrals for their staff, and book appointments online.
- Modern functionality of the occupational health portal allowing referring managers to request clarification on the contents of medical outcome reports via a 'manager feedback task'.
- New central London clinic location
- Access to multiple sites across London for in-person physiotherapy
- All-staff able to access a health and wellbeing website and app

There is no current intention to increase or decrease the occupational health service provision, however it was a requirement that the occupational health services provider would be able to accommodate an increase in demand on the service while maintaining service quality and performance, in the event if ever there is an increased demand. The occupational health service supplier was also required to be resilient in their ability to maintain continuity of service quality and delivery if business continuity measures are required.

*11. Would your organisation partner with a single Occupational Health Service Provider (Outsourced) to scale up services? Please provide details.*

The occupational health service is already an outsourced/contracted service which was procured via a full open tender process in line with The Public Contracts Regulations 2015 (PCR 2015).

*12. Does your organisation have sufficient internal capacity and capability to procure, oversee, and manage Occupational Health (OH) service contracts and suppliers? If yes, please outline the functions or teams responsible. If no, please indicate where capacity gaps exist (high level only)*

Yes. There is a dedicated procurement department, with a professional services category team to lead the procurement of services. There is a dedicated wellbeing team to oversee and manage the occupational health service contract performance.

*13. What high level risks or considerations does your organisation typically take into account when procuring Occupational Health (OH) service contracts? Please provide general themes only (not commercially sensitive details), such as service quality, compliance, capacity, resilience, workforce needs, financial considerations, or market availability.*

As part of the procurement process, method statements provided by bidding organisations are assessed in relation to their ability and capability to deliver a service that will support London Fire Brigade achieving compliance with health and safety legislation and fulfilling its health and safety responsibilities towards its employees. High level considerations include;

- Quality; ability to meet the specification,
- Pricing,
- Premises and personnel,
- Contingency measures; continuity in service quality and delivery,
- Service volume variance; resilience and maintaining service performance,
- ICT and information management systems,
- Governance and compliance,
- Data protection and information security,
- Social value.

A Standard Selection Questionnaire is used by the procurement team to assess bidding organisation's economic and financial standing, as well as technical and professional ability.

We have dealt with your request under the Freedom of Information Act 2000. For more information about this process please see the guidance we publish about making a request on our website: <https://www.london-fire.gov.uk/about-us/transparency/request-information-from-us/>