'Promoting NHS occupational health' - Strategy

"NHS occupational health – keeping staff healthy to improve patient care"

Background

Redundancies of OH physicians and specialist nurses and the outsourcing of occupational health are combining to present a key challenge to the future for NHS occupational health services.

There is a lack of understanding of the value and importance of occupational health on the part of the senior managers within Trusts and commissioners (including those within host Trusts). NHS occupational health teams need to work together to promote and clearly articulate the added value and demonstrate value for money so that there is a real understanding of the benefits that we bring.

A workshop involving representative Network members was held on 26th March 2014 to explore these issues, identify the key messages and collect evidence to inform a promotional campaign. The focus was the clinical and business advantages associated with NHS occupational health and the added value of senior clinical staff. A note of the key messages from the day is attached at Appendix A.

This paper outlines a strategy for the Board of the NHS Health at Work Network and NHS occupational health teams to promote occupational health and influence those who commission our services and are responsible for formulating policy. It aims to enable and empower teams to do this internally within individual trusts and to provide a coordinated and strategic approach nationally. The strategy recognizes that some areas and teams do not have these challenges and that these teams can support and share information for those trusts where there is an issue.

Aims and objectives

The aims of this plan are to:

- Reiterate (to senior staff in all Trusts) the minimum level of standards of occupational health that should be provided.
- Make a case to senior staff that investment in occupational health saves money, increases productivity and protects reputation.
- Create 'killer facts' and statistics that demonstrate the importance of having a good occupational health service with a consultant occupational health physician.
- Develop key narratives, success stories and case studies that demonstrate the value occupational health delivers.
- Collate an accurate picture of staffing levels and any areas of concern.
- Provide NHS occupational health managers with a series of tools and tips so that they can increase the visibility, awareness and appreciation of occupational health and influence internally within their individual Trusts.
- Remind occupational health staff of key documents and tendering templates/service level agreements.
- Publish opinion pieces on the value of occupational health.

Key messages

The three key messages from the workshop to inform our strategy were:

1. NHS occupational health looks after the NHS's 'high-value' assets, its staff, which results in reduced costs for employers and improved outcomes for staff and patients.
2. NHS occupational health staff has specialist knowledge and skills specific to the NHS healthcare workforce, which results in reduced costs for the NHS and improved outcomes for staff and patients.
3. Occupational health is a key component of the Trust's risk management strategy – if it is not properly funded serious incidents can occur.

The underpinning messages are:

*   NHS staff are our most vital asset – they account for over 40% of our budget[1] – we need to protect that resource and all NHS Trusts should ensure that they have an excellent occupational health service that is well resourced and working to the highest standards.
*   Staff health improves patient experience, patient safety and clinical outcomes [2] – a healthy workforce is crucial for delivering sustained improvements in patient care.
*   Investing in occupational health is a good use of scarce NHS resources.
*   Investment will more than pay for itself by reducing sickness absence and increasing productivity.
*   Every NHS occupational health service needs to have an occupational physician (including input from a consultant OH physician/accredited specialist in occupational medicine) to provide clinical leadership, deal with doctors in difficulty and ill health retirement issues.
    *   Treating and supporting doctors, and other senior clinicians requires specialist, expert input by occupational health professionals who have a real understanding of the healthcare setting and the unique issues faced within the sector. When doctors or other senior staff become unwell or a 'cause for concern' the implications are costly – both financially for the Trust and in human terms.
    *   Occupational health is the expert at managing the specific risks that NHS employees may face in the NHS. For example, preventing or reducing the risk of infections, particularly the risk of infections transmitted from patients to staff and vice versa (from breaking out), assisting NHS organizations to deal quickly with and manage outbreaks, eg. MRSA, varicella, etc.
*   The most effective and financially successful organisations are value driven – NHS occupational health teams add value through sharing the NHS's values:
    *   Occupational health staff that are inextricably part of the NHS feel a loyalty to the NHS, share in its culture and have the NHS's core values as an integral part of their working lives. They are not driven just by profit or the confines of a tight specification but truly care about the NHS and its staff.

[1] The Kings Fund (2010) General Election 2010: frequently asked questions. [online]. Available fromhttp://www.kingsfund.org.uk
[2] Department of Health. NHS Health and Well-being. Final Report. Crown copyright, 2009. (http://www.nhshealthandwellbeing.org/FinalReport.html)

Overall approach

1. **Empower and support senior occupational health managers and clinicians to increase the visibility of occupational health within their Trusts by:**
    *   Adapting and tailoring the above key messages so that they can be used to influence senior decision makers and at Board level within their Trust.
    *   Disseminating and promoting existing national documents and guidance. (Creating a condensed guide to what guidance is where!)

- Providing tips and techniques to enable comparable figures (eg. OH staffing resources) to be calculated at a local level.
- Supporting OH managers and senior clinicians to understand their own organisation and to build key relationships with senior decision makers and at Board level.
- Providing information on gathering and presenting the business case – including key national statistics and how to generate local figures about the costs and savings.
- Ensuring all staff in the OH team make every contact count – promoting occupational health at every opportunity within your Trust.

2. **Use the Network to collect key data that illustrates the value that occupational health delivers and collate evidence about any concerns and issues regarding staffing levels and outsourcing within occupational health services by:**
- Developing occupational health narratives or case studies.
- Building a picture of NHS OH staffing levels and the numbers of doctors that have been seen nationally. Survey to all teams.
- A letter to be sent by each Network representative to managers in their regions asking them to alert them if they have any concerns regarding the staffing/funding of their service so that the Network builds an accurate picture of what is happening nationally.

3. **Make the case for NHS occupational health at a national level to the DH and NHS Employers**
- Work with NHS Employers to ensure that there is consistent and clear information about what constitutes a good occupational health service.
- Build a national picture of occupational health staffing levels.
- Engage senior officials at DH and NHS Employers in the issue.
- A series of opinion pieces in media.

4. **Raise awareness amongst NHS staff of the value of occupational health**
- Produce posters for all teams to use within their departments/waiting rooms.

Building the evidence base – existing evidence, facts and information

There is a large amount of information, guidance and reports already in existence. Part of the campaign will be to produce a simple list of the guidance, evidence and reports that are available and signpost OH managers as to how to use them (see Appendix B). A list of national statistics will also be developed (see Appendix C).

Target audiences

Commissioners or those involved in decision making around commissioning OH services; NHS key staff (Chief Executives, HRDs, Finance Directors, Medical Directors, Nursing Directors); other commissioners - Clinical Commissioning Groups.

Channels: Trust Communication Directors or Managers; key opinion media (eg. HSJ); DH, NHS Employers, internal newsletters, CEO bulletins/emails.

Customers: NHS staff

Champions: those who believe in and will actively promote the project – other members of the OH team, senior members of staff within your Trust who believe in occupational health, those you have helped.

Key activities

- Presentation at NHS Health at Work conference.
- Campaign page on NHS Health at Work website.
- Development of 'influencing tool kit' for OH managers to use at local level. This will comprise template presentation; template dashboard; example case studies/narratives with tips on how to use these to initiate a discussion at local level; top tips for building relationships; key national statistics and how to use them; list of all key documents – how to use them and where to find them; copy of article on 'Making the case for occupational health' written by Andrew Gilbey.
- Suggested case studies to be developed (see template – Appendix D)
  - Key sickness absence
  - Infection control (must include a blood borne virus case)
  - Stress in the workplace
  - Doctor in difficulty (composite of real cases)
  - Infectious outbreak or infection control (prevention) example
  - Example illustrating how OH contributes to the Trust Risk Management Strategy
  - Supporting the Trust to achieve NHS LA and CQC targets
- Survey to all NHS OH managers. Suggested questions:
  - How many NHS staff do you look after?
  - How many FTE OH consultant physicians do you have?
  - How many specialist registrars?
  - How many trained occupational health nurses (insert qualifications)?
  - How many business managers?
  - How many doctors have been referred to you in the past year?
- Production of 4 posters (cost to be approved – artwork £220; 300 x A3 of each £382)

Key points raised in session 1

What are the three key business and clinical advantages of NHS OH?

1. **NHS Occupational Health looks after the NHS's 'high-value' assets – it's staff, which results in reduced costs for employers and improved outcomes for staff and patients**

    All staff are important but when doctors or other senior staff become unwell or a 'cause for concern' the implications can be costly – both financially for the Trust and in human terms. Treating and supporting doctors, and other senior clinicians and key staff, requires specialist, expert input by occupational health professionals who have a real understanding of the healthcare setting and the unique health/work interface issues faced within the healthcare sector.

    For example, xx doctors are seen every year by NHS occupational health. Timely occupational health interventions in these cases provides the Trust with **key benefits**:
    *   Saves £xx in locum costs nationally/in my Trust
    *   Saving and avoiding costs, eg. the average cost of 'doctor in difficulty' to the NHS is £150,000
    *   Reduces early retirement costs
    *   Reputational management
    *   Legal impact
    *   Saving of tribunal costs
    *   Avoidance of the cost associated with 'look back exercises'
    *   Improving productivity

2. **NHS Occupational Health staff practice using specialist knowledge and skills specific to the NHS healthcare workforce which results in reduced costs for employers and improved outcomes for staff and patients**

    NHS occupational health staff have a unique understanding of safe effective clinical governance and the NHS relevant regulatory standards and protocols relating to healthcare and deploy robust clinical processes. They are expert at managing the specific risks that NHS employees may face in the NHS. Examples of this in-depth specialist knowledge making a difference at Trust level:
    *   Improving productivity and avoiding costs
    *   Infectious outbreak example
    *   Sickness absence statistics
    *   Understanding of specific hazard example
    *   Quickly react to stress in department example
    *   Infection control – prevention example

3. **The most effective and financially successful organisations are value driven – NHS Occupational Health teams add value through sharing the NHS's values**

    Occupational health staff who are inextricably part of the NHS feel a loyalty to the NHS, share in its culture and have the NHS's core values as an integral part of their working lives. They are not driven just by profit or the confines of a tight specification but truly care about the NHS and its staff. This provides Trusts with **real added value**:
    *   They have a unique understanding of the context, systems and processes
    *   Appreciate the need to protect and enhance the reputation of the NHS and safeguard patient care

- Best position to support the risk management strategy
- Effective networks with other clinicians
- NHS staff feel that their health needs are more understood and that they are cared for
- NHS understand its systems are willing to go the extra mile

Key points raised in session 2:

Unique contribution of doctors
- Clinical leadership
- Networking across clinical specialties
- Education and training of students and 'junior' staff
- Out of area referrals
- Clinical research
- Complex case management
- Dealing with Ill health retirement
- Dealing with 'doctors in difficulty' and issues that arise out of the revalidation process

Evidence to support the argument – need qualitative and quantitative
- ROI for complex cases
- Direct cost savings around sickness absence
- Indirect benefits
- Ill health retirement costs (2009 report?)
- Individual case studies
- Collect simple data sets
- Agree salary figures + on cost + backfill
- Commission health economist – national figures – has this been done/
- Evaluate benefit of training

Unique contribution of business managers
- Commercial skills and expertise
    – Costing services
    – Selling and marketing
    – Tendering
    – Business plans
- Link to the commercial directorate
- Business awareness
- Ability to talk customer language
- Customer care

What happens if this post is not present?
Is the cost/overhead too high? Could it be possible to have regional business managers?

Unique contribution of nurses
- Clinical management
- Ensure there is a quality service
- Maintaining standards
- Enhanced skills
- Experts at operational policy and processes to drive performance and improvements
- Affordable specialist knowledge to handle routine case management
- Ability to integrate with specific clients and front line management to assure satisfactory relationships
    - Need to define care pathways
    - Need to define minimum levels for different nurses
    - GST modelling??

Appendix B:
Key existing reports and guidance

This will be developed and form the basis of the 'List of all key documents – how to use them and where to find them' item in the 'influencing tool kit

1. The NHS Constitution – includes a commitment to "Provide support and opportunities for staff to maintain their health, well-being and safety".
    https://www.gov.uk/government/topics/national-health-service
2. The Operating Framework for the NHS in England 2012/13. This outlines the business and planning arrangements for the NHS in 2012/13. The key section is Section 3.31 – 3.34.
    https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216590/dh_131428.pdf
3. Healthy Staff, Better Care for Patients – Realignment of occupational health services in England. A key DH document that outlines the minimum service levels for occupational health services.
    www.gov.uk/government/uploads/system/uploads/attachment_data/file/216379/dh_128814.pdf
4. NHS Health and Wellbeing Improvement Framework. This has been put together for decision makers on Boards. It sets the framework for the improvement that is needed.
    https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216380/dh_128813.pdf
5. Commissioning Occupational Health Services. Guidance produced by NHS Employers on how to commission services.
    http://www.nhsemployers.org/~/media/Employers/Documents/SiteCollectionDocuments/commissioning-occ-health-services.pdf
6. Your Occupational Health Service. Produced by NHS Employers this document outlines the minimum standards your occupational health service should meet.
    http://www.nhsemployers.org/~/media/Employers/Documents/SiteCollectionDocuments/your-occ-health-services.pdf
7. Does NHS staff wellbeing affect patient experience of care? A report published by the National Nursing Research Unit (NNRU) explains how good staff wellbeing links to a better patient experience.
    http://www.kcl.ac.uk/nursing/research/nnru/policy/Currentissue/Policy-Plus--Issue-39.pdf
8. Sickness absence rates in the NHS – published by the Health and Social Care Information Centre.
9. Implementing NICE public health guidance for the workplace. A report by HWDU detailing barriers and enablers in implementing health and wellbeing strategies.
    http://www.rcplondon.ac.uk/sites/default/files/documents/staff_health_improvement_project-_board_briefing.pdf
10. The Boorman Review. http://www.nhshealthandwellbeing.org/
11. Dame Carol Black review
    https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf
12. Managing sickness absence in the NHS. A briefing by the Audit Commission.
    http://archive.audit-commission.gov.uk/auditcommission/subwebs/publications/studies/studyPDF/3668.pdf

Other useful documents:
Service level agreement template
(http://www.nhshealthatwork.co.uk/commissioningohservices.asp)
Four example occupational health department structures for different size populations
http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing/keeping-staff-well/occupational-health/realigning-occupational-health-services

Appendix C:
Some key national statistics

These will be developed and form the basis of the 'Key national stats and how to use them' item for the 'influencing tool kit'

- The NHS employs over 147,000 doctors and over 370,000 qualified nursing staff.

- NHS staff cost 44 billion pounds every year.

- Sickness absence costs the NHS £1.7 billion a year.

- Sickness absence is currently at 4.1%.

- Average cost to the NHS of a doctor in difficulty £150,000.

- 68% of staff attend work when they do not feel well enough to perform their duties.

- The estimated median direct cost of staff sickness absence to each NHS organisation is £3.3 million per year, but the highest is almost £20 million.

- 39% of NHS staff have felt unwell due to work–related stress. This figure is highest among staff in ambulance trusts (51%).

- 10.3 million working days are lost in the NHS in England each year.

- Ill health retirement costs over £150 million per annum – 25% of this is avoidable with good occupational health support.

- Temporary staff to cover sickness absence cost nearly £740 million for NHS trusts and FTs and £180 million for PCTs.

- Staff turnover stat?

- Numbers of doctors seen every year by OH + cost of a locum doctor

- Numbers of referrals seen every year by OH

- Others?

A made up example has been partially filled in as an example. Wherever possible we would like to use real case studies. In some cases we may need to use a narrative made up from a composite of cases from different Trusts. This will be particularly true where it is necessary to preserve confidentiality.

If you need help filling it email Vanessa.hebditch@syngentis.co.uk

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Name:
Trust:
Position:
Email:
Issue:

Background

Research shows that there are financial and operational benefits to having a healthy workforce with lower than average sickness absence levels. Sickness absence costs the NHS £1.7 billion.

Challenge

The Trust's sickness absence levels were 4.5%. The HRD and OH manager worked out that by reducing this by 1% it would save the Trust £xx.

Approach

The Occupational Health Manager worked with the HRD to ensure that the Trust had clear and simple attendance management policies and was measuring and monitoring absence levels effectively. They also calculated and tracked the direct costs of sickness absence because they knew ultimately it would be worth investing to get these costs down.

The Occupational Health Manager held a monthly meeting with the Human Resources Director to consider any trends and highlight 'hot spots' across the organisation. They found out that some of the reasons were due to management issues and they provided training and bespoke support to the areas that needed it most.

In other areas they identified, there were other issues. There was a lack of co-ordination and communication about who was doing what. Some staff had long waiting times before they were seen and the follow up procedures were not as effective as they should have been.

Solution

They knew that having access to responsive occupational health services which can help intervene early would help staff get back to work quickly and decided that the best approach would be to employ a case manager.

The occupational health manager put a business case together for a new case manager role that would work with service managers and managers and employees at all levels, training, directing, supporting and most of all formulating an action plan of what needs to be done, how quickly and by whom. Part of the role involved an element of performance management, identifying hot spots of unaddressed issues. The business plan included costs, anticipated results and savings and a clear evaluation plan.

Result
The Board agreed to the appointment of a case manager for one year. The Trust now has a much clearer idea of what is happening with sickness absence and better processes and procedure. Sickness absence is now running at 3.8% estimating xx saving for the Trust over a 12 month period.

The difference for an individual or for the Trust
Tracy, a grade 7 nurse had been off sick for over three years out of seven. Her case is a sad one but both her private life and working life could only be describes as chaotic. She had multiple chronic medical issues and an extremely high Bradford score. The organisation calculated that it had spent in excess of £130,000.00 on managing her situation. After offering the person a range of supportive opportunities her contract was terminated earlier this year. The case management role was pivotal in driving the process to its ultimate completion.

Tips for using this case study
1. Allocate some time to consider your strategy for dealing with sickness absence 2. Find out as much as you can about where you are now, collate as much information, statistics as you can 3. Prepare xyz, use this case study as a prompt to start a discussion with your HRD