Supporting the health and well being of NHS staff and reducing sickness absence

NHS Employers Health and Wellbeing Conference March 2018

Simon Bampfylde, Senior Strategy Manager, NHS England
Louise Pratt, Head of People Strategy – Wellbeing, NHS Improvement
• The challenge

• The Healthy Workforce Programme (NHSE)

• Health and Wellbeing Framework

• 18/19 Wellbeing Programme (NHSI)

• Discussion
• The challenge

• The Healthy Workforce Programme (NHSE)

• Health and Wellbeing Framework

• 18/19 Wellbeing Programme (NHSI)

• Discussion
Staff are our greatest asset

• NHS staff are one of our greatest investments, with 2/3 of NHS provider expenditure going on their workforce

• As the largest employer in England, we not only have a responsibility to support our staff to stay healthy and well for their own benefit, but for the benefit of the patients that we are supporting – better staff health and wellbeing is linked to improved quality of care

• But in addition to delivering improved care, sickness absence in the NHS has huge cost implications – with some estimates putting the cost of staff absence due to poor health at around £2.4 billion a year, equivalent to around £1 in every £40 of the total budget.
It’s about the people

• Of the estimated £5bn efficiencies to be delivered as a result of the Carter Review, £2bn was identified through workforce productivity.

• NHS staff are the solution.

• Optimising and improving the well-being of staff will not only lead to improved efficiency but can also lead to improved clinical outcomes.

At the Chief Nursing Officer’s summit in Liverpool on 7th March Simon Stevens made reference to the recently published Kings Fund paper “Employee engagement, sickness absence and agency spend in NHS trusts” (Dawson and West) by saying: “This research shows that there is indeed a ‘virtuous circle’ – where hospitals and community services involve and engage their frontline staff, sickness absence is low and expensive temporary agency costs are lower. That’s a win for nurses, who are the largest group of health professionals. But it also benefits patients and taxpayers.”
NHS sickness absence remains higher than other sectors

Source: ONS
Sickness rates in the NHS are highest in NHS Trusts compared with CCGs and CSUs

Average sickness absence rate by NHS Sector (England)
Aug 2016 - July 2017

The two main drivers of sickness absence in the NHS are:

- Anxiety / Stress / depression / other psychiatric illnesses (22%)
- Injury/fracture / Back Problems / Other Musculoskeletal problems (22%)

And a large proportion of unknown reasons (14%)

The mean sickness absence rate for total UK workforce is currently 1.9% (ONS).

These figures are likely to be conservative given (a) data is sourced from ESR which relies on accurate recording of sickness absence (b) calculation based on a 365 day denominator rather than the number of days lost as a proportion of the individual's total working capacity.

Supporting the health and well being of NHS staff and reducing sickness absence
• The challenge

• The Healthy Workforce Programme (NHSE)

• Health and Wellbeing Framework

• 18/19 Wellbeing Programme (NHSI)

• Discussion
The Healthy Workforce Programme

Since we set the programme up in 2015 we have been working on three areas:

1. Developing and testing best practice interventions with a small number of NHS organisations in order to develop a blueprint that all NHS organisations can adopt
2. Incentivising change across the NHS - CQUIN
3. Reducing the sale of sugar-sweetened beverages (SSBs) on NHS premises
We have worked with 12 sites over 2 years

Key to Demonstrator Sites

1. Northumbria Healthcare* (c. 9,000 staff)
2. Rotherham CCG* – (c. 100 staff)
3. Birmingham Children’s Hospital* (c. 3,700 staff) (Now Birmingham Women’s & Children’s, different staff base)
4. West Midlands Ambulance Service* (c. 1,300 staff)
5. Southampton University Hospital* (c.10,000 staff)
6. York Teaching Hospitals (c. 9,000 staff)
7. Sheffield Teaching Hospitals (c.16,000 staff)
8. Bradford District Care (c. 2,900 staff)
9. Nottingham University Hospitals (c.14,000 staff)
10. Epsom St Helier University Hospital* (c. 4,500 staff)
11. The Walton Centre (c. 1,300 staff)
12. NHS-England (c. 6500 staff)

+ Clinical Leads
+ NHS Employers, PHE, NHSI, NICE
+ ARMA, MIND etc
+ Advisory Group
• The challenge

• The Healthy Workforce Programme (NHSE)

• Health and Wellbeing Framework

• 18/19 Wellbeing Programme (NHSI)

• Discussion
Workforce Health and Wellbeing Framework

Organisational Enablers

Leadership & Management
- Board Engagement and Accountability
- Effective Line Management
- Organisation wide plan

Data & Communication
- Data driven decision making
- Workplace Health Needs Assessment
- Engaging with staff

Healthy Working Environment
- Physical Infrastructure
- Healthier food and drink

Health Interventions

Mental Health
- Prevention & Self-management
- Psychological interventions

Musculoskeletal
- Prevention & Self-management
- Accessible physiotherapy

Healthy Lifestyles
- Promotion & Self-management
- Lifestyle change interventions
Leadership and Management

Board Engagement & Accountability
- Clear accountability – named board member
- Set clear vision and strategy
- Provide resources

Effective Line Management
- Everyone has a named line manager
- Line managers can signpost to support for Health and Wellbeing
- Line managers understand absence policies and contact staff when absent

Organisation Wide Plan
- There is an annual workforce health and wellbeing plan...
- ...with a named lead
- HR, OH and other teams work together to deliver the plan
The board have provided clear leadership on staff health and wellbeing, ensuring that it is always on the agenda by:

- Being the ‘best place to work’ is listed the number one goal to support the organisation’s vision
- Integrating health and wellbeing into all aspects of workforce management is a board priority
- Each year the CEO, exec and non exec directors hold a series of listening events to understand what is important to staff
- The trust have challenged a reactive ‘crisis culture’ reactive approach by investing in preventative & long term approaches to staff health and wellbeing

Performance on this agenda is overseen through regular ‘Quality Committee’ reports to the Board. Key points are shared across the organisation through the CEO’s monthly briefings
Data & Communication

Data Driven decision making
- Use existing workforce data to understand organisational challenges
- Regular reporting to the board
- Measure the impact of interventions to support continuous improvement

Workplace health needs assessment
- Use all existing data on staff health and wellbeing and collect more through surveys
- Promote a culture of disclosure
- Plan interventions based on available data

Engaging with staff
- Communications and Engagement plan
- Engage leaders as champions and role models
- Target engagement at hard to reach groups
The trust recognised that they needed to understand the health behaviours, needs and interests of staff. Two internal health needs assessment surveys have been carried out since 2013.

Each needs assessment was given a high profile launch that included a global email from the Chief Executive, significant promotion through internal communications channels and health advocates. Paper copies were also made available in areas where staff didn’t have easy access to a computer. Prize incentives were made available and assurances were given that all data was anonymous. Over 1,500 responses to each health needs assessment.

The results were combined with results from the NHS Staff Survey, local health profiles and internal data such as sickness absence in order to identify the priorities.

Using the results the trust’s Healthy Workforce Steering Group has overseen an organisation-wide action plan on staff wellbeing. New initiatives and interventions were designed using a tiered model.
Healthy Working Environment

Physical Infrastructure
- Promote active lifestyles
- Break, rest and food preparation facilities
- Support staff to take breaks

Healthier Food and Drink
- Improve the nutrition of food and drink sold on site (CQUIN & SSBs)
- Build standards into contracts for new suppliers
- Ensure staff working the nightshift have access to good food
The Trust wanted to provide more healthy food and drink options for staff working throughout the hospital. Retailers were initially concerned that this would lead to a loss of profit on popular unhealthy products.

The Trust worked closely with retailers in a Health and Wellbeing Group. The catering contract was renewed and included a requirement to be CQUIN compliant. Dieticians carry out periodic audits of the food on offer.

- Retailers now provide healthier food and drink options
- Meal deals offer water and fruit instead of sugary drinks and snacks
- Retailers have signed up to a voluntary ban on sugar sweetened beverages
- Vending machines were rebranded under ‘therudefoodvengingco’ name and include healthier food choices
- Hot food is available 24/7 through the ‘Bon Appetit’ vending system. This includes healthy options including ‘Weight Watchers’ ready meals

There has been no significant drop in sales as a result of the changes to the offer. Communicating with staff on reasons for changes and CQUIN requirements is helpful to gain support and raise the profile of the healthy options available.
Health Interventions
Mental Health

Psychological Interventions

- Psychological support is available to staff with MH issues, interventions should meet NICE guidelines
- These could include counselling or psychotherapy (e.g. CBT) on-site or via an EAP partner
- Develop a clear referral pathway and support uptake – HR and OH should know how to identify, refer and support staff
- Regularly evaluate provision to promote continuous improvement

Prevention & Self Management

- Build an organisational culture that doesn’t stigmatise MH
- Policies and practices promote a reasonable work-life balance and regular breaks to manage stress
- Staff and line managers have access to information about how they can improve MH
- Staff have access to interventions such as mental health first aiders, mindfulness, support groups, Schwartz rounds, apps...
'Stress, Anxiety & Depression' is the leading cause of absence at West Midlands Ambulance Trust accounting for 9,404 days or 17.8% of all absences in 2016.

The Staff Advice and Liaison Service (SALS) is a key part of the staff support offer that West Midlands Ambulance Services provides to address this issue. SALS aims to provide the timeliest possible interventions to prevent worsening stress.

The service is run by a peer group of trained volunteer staff who provide advice, reassurance and signposting. It is a confidential service that operates on a 24/7 basis, and staff are especially encouraged to attend after experiencing particularly traumatic incidents.

In 2016 there were over 600 referrals to SALS, which equates to over 10% of the workforce. Staff feedback showed that 83% respondents said the service was a positive experience. SALS is helping West Midlands Ambulance Service maintain its position as the best performing ambulance trust for sickness absence, which in 2016 stood at 3.41%.
Musculoskeletal health

Prevention & Self Management

- Staff are encouraged to disclose issues
- The environment is safe, new equipment is ergonomically assessed
- Staff and line managers have access to information about how they can prevent MSK issues
- Moving and Handling Training and other interventions (e.g. exercise classes, massage, physio drop in classes)

Physiotherapy

- Physiotherapy is available to staff with musculoskeletal disorders and injury (meeting NICE guidelines and with clear eligibility criteria)
- Develop a clear pathway to provide or signpost staff to physiotherapy
- Use a personalised case management approach to ensure this is complimented with HR and other line management support
- Regularly evaluate provision to promote continuous improvement
Between 1st April 2014 and 31st March 2015 13,044 working days lost to musculoskeletal sickness absence at a calculated cost of £444,000 to BCH. The trust established an onsite staff physiotherapy service in March 2016. In the first year 239 individual patients were seen, with an average of 2.8 appointments per patient.

There is a strong focus on encouraging prevention and self-management. Before receiving treatment all patients have an interview that will establish the problem, give the physio an idea of the person’s work and home environments and a plan for management will be agreed. In some cases it is just advice that is offered.

Following the introduction of the service there has been a decrease in the mean absence related to musculoskeletal conditions from 0.85% of staff (2014-15) to 0.67% of staff (2016-17).

Physiotherapy should be seen as part of a wider pathway as it is not possible to prevent or treat all MSK issues. Often giving self-management exercises or referring to the GP are more appropriate strategies - 18% patients were referred onto their GP for more intensive treatments.
Healthy lifestyles

Promotion & Self Management

• The physical working environment encourages staff to make healthier choices (e.g. taking the stairs, healthy options in the canteen)
• The board promotes a healthy workplace culture (e.g. taking breaks)
• Information on healthy choices is made available to staff and line managers
• Staff have access to interventions such as in-house physical activity sessions, in-house challenges (e.g. step challenges), smoking cessation programmes

Interventions

• Understand what interventions would be most appropriate for your staff (sickness data and surveys etc.)
• Interventions could include health checks, weight loss programmes, financial management advice, addiction support etc.
• Ensure managers and HR / OH understand how to signpost to available services
• Regularly evaluate provision to promote continuous improvement
The trust wanted to know what health and wellbeing issues were concerning their staff.

Findings from NHS health checks and a staff survey revealed that financial concerns were having a large impact on our staff and they had concerns around debt management. Many staff did not have an opportunity to discuss financial matters in a confidential setting.

Bank representatives have attended events across multiple sites to offer general talks on financial management as well as offering specific advice on debt management. Representatives also offered confidential conversations on finance with staff.

One challenge has been to make the sessions accessible to staff who have been embarrassed to ask for time away from work to attend. The sessions have proven popular with staff, and there have been requests for more sessions.
System collaboration in 18/19
Supporting you to improve staff wellbeing

Wellbeing programme engaging Trusts

Promote best practice

Incentives and reporting
Engaging key Influencers
New workforce Team
• The challenge

• The Healthy Workforce Programme (NHSE)

• Health and Wellbeing Framework

• 18/19 Wellbeing Programme (NHSI)

• Discussion
We know:

• We lose approx. 45,000 wte of staff annually because of sickness absence (£280mil per annum).

• Job satisfaction, organisational commitment, turnover intentions and physical and mental health well being of staff are predictors of productivity outcomes.

• Staff that report high levels of engagement are less likely to report work related stress and would rate their health and well being more highly which in turn ensures lower levels of patient mortality rates.

• That the line manager relationship has been shown to be four times more influential than other factors of engagement such as their job, their organisation or their team.

Aligning our efforts to improve impact

Supporting the health and well being of NHS staff and reducing sickness absence
Sometimes it’s the little things

Supporting the health and well being of NHS staff and reducing sickness absence
Some good practice we are already aware of:

Wrightington, Wigan and Leigh NHS Foundation Trust
“Go Engage”

Imperial College Healthcare NHS Trust
Personalised absence reporting

Norfolk and Norwich University Hospitals NHS Foundation Trust
“Knowing Your Staff”

West Midlands Ambulance Service NHS Foundation Trust
Health and Wellbeing Strategy

Reduced sickness rates by 15% (7000 sickness days in 2015/16)

Reporting on working hours as a percentage of contracted hours results in a higher sickness absence rate than the standard ESR calculation, at approximately 0.50 percentage points.

Sickness absence rates are now at 3.93%, down from 4.4% in the last year, equating to 37 more staff at work each day

Annual sickness absence rates are 1.21% lower than the average for the ambulance sector, at 3.39%

Interested to hear more
Increasing transparency and accountability

NHSI Model Hospital – example of sickness absence data for all Acute Trusts

Supporting the health and well being of NHS staff and reducing sickness absence
There is large variation in sickness absence rates by MH Trusts

Average sickness absence rates Sept 2016 - Aug 2017
Mental Health Trusts

Low rates don’t always mean best practice. Initial discussions indicate significant under reporting

We will explore comparison data e.g. Trusts that have Prison Services may not be directly comparable

Supporting the health and well being of NHS staff and reducing sickness absence
Our approach is based on proven QI methodology and recent learning from the NHSI Retention Programme.

- **Thematic Interventions:**
  - OH Services
  - Board Engagement and Development
  - Line Management Development
  - Scale and spread interventions proven to work in those with most improved performance e.g. standardised sickness absence policy

- **Fast track engagement via existing Improvement Programmes – Ambulance and Retention**
  - Framework, data packs, improvement plans and trajectories, access to thematic interventions

- **Cohort of 25-30 Trusts – all sectors**

- **All Trusts**

- **52 Trusts**

- **All Trusts:** Data quality and completeness

Supporting the health and well being of NHS staff and reducing sickness absence.
We will phase cohorts of organisations, reviewing progress and tracking improvement.

Supporting the health and well being of NHS staff and reducing sickness absence.
Final thoughts

“NHS leaders should investigate the importance of nurturing positive, trusting cultures within which staff have high levels of wellbeing; where they feel valued, respected and supported; where they have high levels of influence in their workplaces; and where they are consequently more highly engaged.” Dawson and West, Kings Fund 2017

“Engaged staff think and act in a positive way about the work they do, the people they work with and the organisation that they work in.” NHS Employers

Supporting the health and well being of NHS staff and reducing sickness absence
• The challenge

• The Healthy Workforce Programme (NHSE)

• Health and Wellbeing Framework

• 18/19 Wellbeing Programme (NHSI)

• **Discussion**