NHS Workforce Health and Well-being Review

Dr Steve Boorman – Lead Reviewer
The review was commissioned:

- Following Dame Carol Black’ report on the health and well-being of the working age population ‘Working for a healthier tomorrow’ (March 2008)

- As part of the Government’s response ‘Improving health and work: changing lives’ (November 2008)

- As a key initiative underpinning the ‘NHS Constitution’ and the staff pledges it contains (January 2009)

- Dr Steve Boorman appointed as the Lead Reviewer end Jan 09
The review was actively commissioned by the Department of Health

- Established as an independent review to bring objectivity and experience from other organisations

- Led by a specialist Occupational Health physician with experience of both the NHS and of working with other large public sector organisations

- Aimed at developing strategic health and well-being approaches

- Deliberately built on existing evidence and literature

- Supplemented with additional research / organisational and individual engagement
Deliberately didn’t set out to bring RM approaches to NHS

However experience in RM and other companies of OH working at a strategic level – engagement and change tool

Work in RM and other private sector companies evaluating ROI

LSE evaluation of RM approaches during turnaround - ££, productivity, quality

Aim was to build a case for change ..... If necessary!

... but undertaken collaboratively....
The NHS H&WB Review
Programme Plan

- Literature Review
- Project Initiation and Research Design
- Case Studies
- Staff Perception Research
- Business Evaluation Model and Case for Change
- Call for Evidence
- Stakeholder Consultation and Engagement

- Interim Report
- Engagement on Interim Report
- Development of 2010 – 2011 Operating Framework
- National, Regional and Local Action Planning
- Final Report

- Jan - Mar
- Apr
- May
- Jun
- Jul
- Aug
- Sep
- Oct
- Nov
We delivered to all of these milestones!
### Interim Report

**Sources of Evidence**

#### Evidence and recommendations developed from ...

<table>
<thead>
<tr>
<th>Source of Evidence</th>
<th>Details</th>
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| Literature Review and Case Studies | - Existing UK and international journals, datasets and reports  
- Telephone interviews with case study organisations |
| Staff Perception Research | - Nearly 11,500 completed responses  
- 18 Discussion Groups across 8 SHAs |
| Benefit Evaluation Model | - Data from the Healthcare Commission, NHS Staff Survey, Care Quality Commission, NHS Pensions, ESR, Annual Health Check |
| Call for Evidence | - Over 200 electronic contributions to the interim and final report  
- Stakeholder interviews, meetings & workshops |
| Expert Advice | - Experts from wide range of specialist, leadership and key stakeholder groups formed advisory and reference groups |
Significant contributions from NHS organisations, including…

- Airedale NHS Trust
- Barnsley PCT
- Birmingham East and North NHS
- Birmingham University Hospital
- Blackpool Fylde & Wyre Hospitals
- NHS Foundation Trust:
  - Bolton Hospitals NHS Trust
  - University Hospitals Bristol NHS Foundation Trust
  - Calderstones Partnership NHS Foundation Trust
  - Cambridge Addenbrookes Hospital
  - Royal Cornwall Hospitals Trust
  - Derbyshire County PCT
  - NHS Derby City PCT
- Gloucestershire Hospitals NHS Foundation Trust
- Grampian NHS
- NHS West Hertfordshire
- NHS East and North Hertfordshire
- Heart of England NHS Foundation Trust
- Kings College Hospital NHS Foundation Trust
- Kingston Hospital NHS Trust
- NHS Knowsley
- NHS Lambeth PCT
- Leeds Teaching Hospitals
- Leicester University Hospitals of Leicester NHS Trust
- Lincolnshire Partnership NHS Trust
Interim Report
Sources of Evidence

... and ...

- Greater Manchester Health Inequalities Acute Trusts Network
- Mid Essex Hospital Services NHS Trust
- NHS Milton Keynes PCT
- NHS Northamptonshire
- North Tees and Hartlepool NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust
- Nottingham City Hospital NHS Trust
- Nottingham University Hospitals NHS Trust
- Redcar and Cleveland NHS Trust
- Salisbury NHS Foundation Trust
- Sandwell and West Birmingham Hospitals NHS Trust
- University Hospital North Staffordshire
- NHS Stoke on Trent
- City Hospital Sunderland NHS Foundation Trust
- Tees Esk and Wear Valleys NHS Foundation Trust
- Tower Hamlets PCT
- Trafford PCT
- NHS Wakefield District PCT
- West Suffolk Hospitals NHS Trust
- Worcestershire Acute Trust
- Wolverhampton PCT
- Wolverhampton Acute Trust
The key chapters in the Interim Report dealt with…

- **Background to the Review**
  - Context
  - Critical Success Factors
  - Levers for Change

- **Key Health Priorities**
  - Linking staff health priorities to national health and wellbeing priorities and initiatives

- **Current Health and Well-being of NHS Staff**

- **Why staff H&WB matters**
  - the Case for Change – financial, quality of care, patient experience and outcomes

- **H&WB Services**
  - current provision
  - embedding prevention
  - exemplar services
  - tailored and early intervention

- **Developing the H&WB workforce**

  .. as well as suggested ‘Next Steps’…
The case for cost savings and resource availability is clear…

Current staff health and wellbeing:

- 10.3 million working days lost per year
- Equivalent to 45,000 FTEs
- Costing £1.7 billion

Reducing absence by a third:

- 3.4 million days gained
- 14,900 additional FTEs for patient care
- Annual savings of £555m

Total savings likely to be higher when indirect costs of absence taken into account

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<th>Trust A</th>
<th>Trust B</th>
<th>Trust C</th>
<th>Trust D</th>
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<tbody>
<tr>
<td>Absence Rate</td>
<td>4.21%</td>
<td>4.04%</td>
<td>4.58%</td>
<td>4.70%</td>
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<tr>
<td>Turnover Rate</td>
<td>10.5%</td>
<td>9.79%</td>
<td>11.65%</td>
<td>17.02%</td>
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<tr>
<td>Agency Spend</td>
<td>1.70%</td>
<td>2.96%</td>
<td>1.71%</td>
<td>4.57%</td>
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<tr>
<td>Patient Satisfaction</td>
<td>78.9</td>
<td>76.4</td>
<td>77.4</td>
<td>67.5</td>
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<tr>
<td>MRSA rate</td>
<td>0.65</td>
<td>0.88</td>
<td>1.56</td>
<td>0.95</td>
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<tr>
<td>Health Check – Quality of Services</td>
<td>Excellent</td>
<td>Excellent</td>
<td>Weak</td>
<td>Fair</td>
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<tr>
<td>Health Check – Use of Resources</td>
<td>Excellent</td>
<td>Excellent</td>
<td>Weak</td>
<td>Weak</td>
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… data correlation also showed some significant relationships…
Less than 40% of staff believe their service proactively tries to improve staff H&WB, other issues also exist…

- **Good NHS examples but no national or consistent approaches**
- **Uncertainty over the role and function of Occupational Health**
- **Inconsistently or inadequately resourced services**
- **Lack of information on costs and benefits**
- **Cultural barriers and management practices**
  - Less than half staff believe concerns are listened to
  - Major barrier believed to be management and leadership ‘buy in’
- **Staff attitudes and engagement**
  “... would require a massive culture change to see it as a professional duty to take care of ourselves and each other”

Source: Staff Perception Survey, Boorman Review, 2009
Interim Report
Engagement Events

Ten events in each of the SHA regions enabled nearly 1,000 staff to:

<table>
<thead>
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<th>Date</th>
<th>Location</th>
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<tbody>
<tr>
<td>19th August</td>
<td>London</td>
</tr>
<tr>
<td>2nd September</td>
<td>Nottingham</td>
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<tr>
<td>4th September</td>
<td>Cambridge</td>
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<td>7th September</td>
<td>Leeds</td>
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<td>8th September</td>
<td>Taunton</td>
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<td>11th September</td>
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<td>17th September</td>
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<td>21st September</td>
<td>Newcastle</td>
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<td>24th September</td>
<td>Gatwick</td>
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<tr>
<td>30th September</td>
<td>Manchester</td>
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- Hear at first hand the findings and recommendations
- Comment on, and prioritise the recommendations
- Develop initial planning for local implementation

Through a series of workshops at the events participants looked at:

- Staff and public health issues
- H&WB services and staff
- Levers for change
The key staff and public health priorities centre on:

- **Contributing to getting 2 million people more active**
  - NHS ‘activity challenge’

- **Achieving further reductions in smoking**
  - NHS challenge to reduce staff smoking prevalence in line with national targets

- **Achieving reductions in adult drinking**
  - Active participation in Coalition for Better Health and related alcohol interventions

- **Reversing the rise in adult obesity**
  - Healthy food initiatives, such as ‘Healthier Food Mark’
  - NHS challenge to reduce obesity in staff

- **Improving mental health and well-being**
  - Prioritise addressing mental health issues
Recommendations on H&WB services and staff receiving support:

- Implement early intervention programmes
- Management training to include the role and nature of occupational health services
- Staff involvement in service development
- Review funding for staff health and well-being, including income generation practices
- Nationally specified minimum service specifications for staff H&WB services, including national metrics
Engagement Feedback
Key Levers of Change

The levers of change most supported were:

- Operating Framework, with supporting changes to governance structures

- Leadership trained and equipped to support and tackle staff H&WB issues

- Board level responsibility for strategy, implementation and performance management

... but implications for national targets, standards and contracts needs to be carefully considered...
The workshop feedback together with additional research and stakeholders comments support some key themes:

- Led from top – operating framework, commissioning and regulatory frameworks
- Management capability and development
- Addressing the key health priorities – especially mental health and physical fitness
- Strategic consistent HWB framework involving staff – preventative focus
- Prompt effective treatment services
- NHS as a lead exemplar!
Three areas of focus

- Organisational behaviours and performance
- Achieving an exemplar approach
- Embedding staff health and well-being in NHS systems
Wilkinson and Marmot (2003): Work is a determinant of health

Waddell and Burton (2006): Work is generally good for physical and mental health and well-being

The Work Foundation (2007): Work needs to be good work
The way forward is the gift of the NHS and DH, but

- The review’s Final Report will be delivered to the Secretary of State by mid November – less than a year after it was announced as a response to ‘Working for a healthier tomorrow’
- The DH is expected to respond shortly thereafter
- The leadership commitment to support staff H&WB appears strong
- There is significant opportunity for this to catalyse change