

# Health, Wellbeing and Productivity – Caring for patients and staff the Imperial way.

John Harrison



Imperial College Healthcare



NHS Trust

# NHS Health and Wellbeing

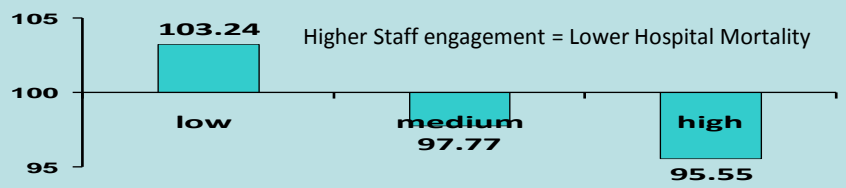
- Health, Work and Wellbeing (DWP/DH) – 2005
- Working for a healthier tomorrow (Black) – 2008
- NHS Health and Well-being Review (Boorman) – 2009
- Healthy Lives, Healthy People (DH) – 2010
- NHS Staff Management and Health Service Quality (West et al) - 2011



# Goals for NHS OH

- Patient care
  - Right staff, right place, right time
  - Patient experience
  - Patient outcomes
- Productivity
  - Sickness absence
  - Presenteeism
  - Engagement
- Health and Wellbeing
  - 1.3 million staff
  - Changing population demographics
  - Changing employment expectations

We have compelling evidence to show that a better staff experience correlates with better patient experience, improved patient outcomes and reduced mortality:



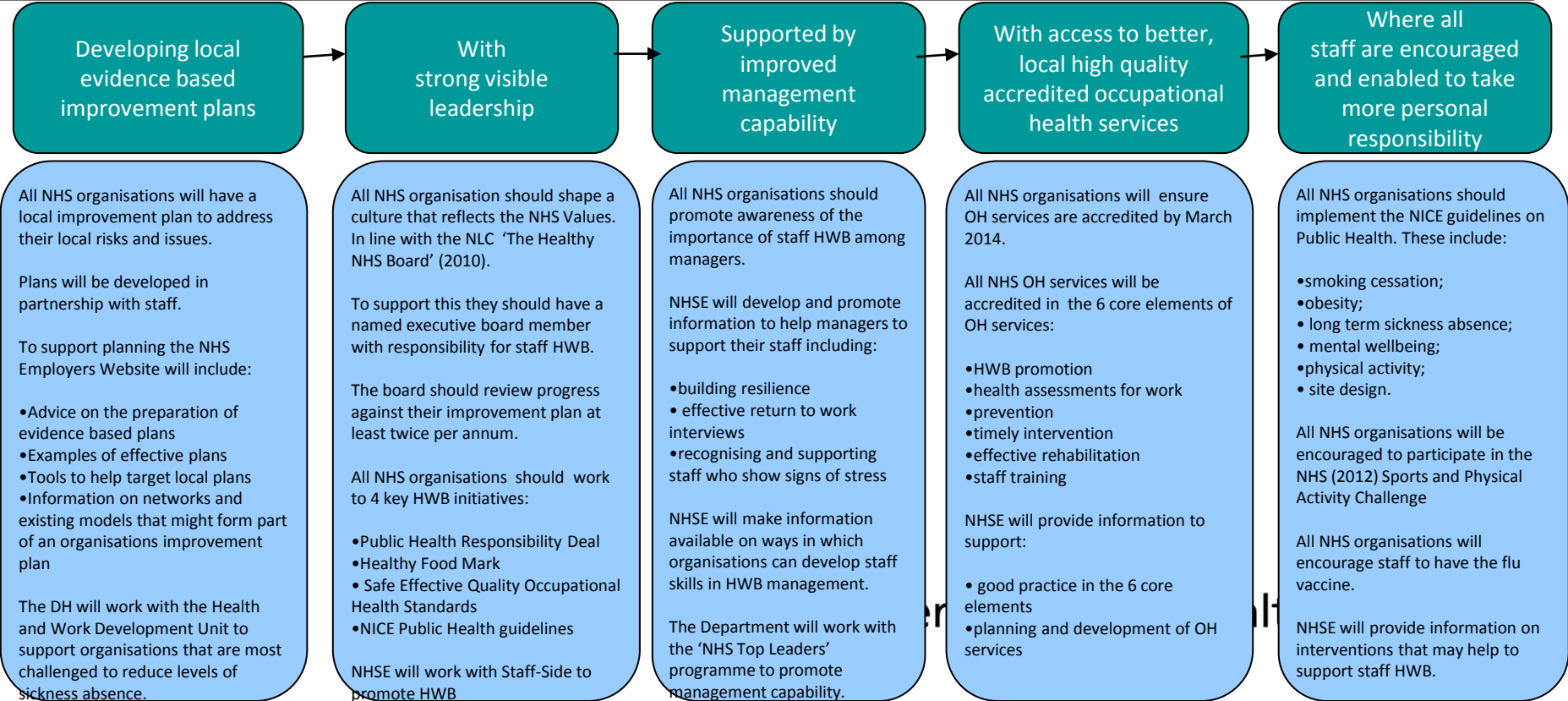
We know from the 'What Matters to Staff' research findings that:

- Improving staff health and well-being is a key aspect in improving the overall staff experience.
- The NHS Constitution therefore commits the NHS to:
- Providing support and opportunities for staff to maintain their health, well-being and safety.

We commissioned Dr Steve Boorman to independently review sickness absence in the NHS, he found:

- That the NHS loses 10 million days a year to sickness absence
  - That the NHS sickness absence rate of 10.7 days a year is 4 days a year more than the private sector
  - That 75% of NHS absences are caused by musculoskeletal disorders or stress, depression and anxiety
- His central recommendation was that the NHS could reduce sickness absence by a third:
- Achieving this equates to an extra 14,900 whole-time equivalent posts, saving £555 million a year

**We have a policy programme centred on enabling 5 high impact changes in every NHS organisation:**



# Healthy Staff, Better Care for Patients

## Realignment of Occupational Health Services to the NHS in England

### Minimum service levels

- Prevention – of ill health caused or exacerbated by work.
- Timely intervention – easy and early treatment for the main causes of sickness absence in the NHS.
- Rehabilitation – to help staff stay at work or return to work after illness.
- Health assessments for work – to help manage attendance, retirement and related matters.
- Promotion of health and well-being – using work as a means to improve health and well-being and using the workplace to promote health.
- Teaching and training – encouraging staff and managers to support staff health and well-being.



# NHS Occupational Health Services

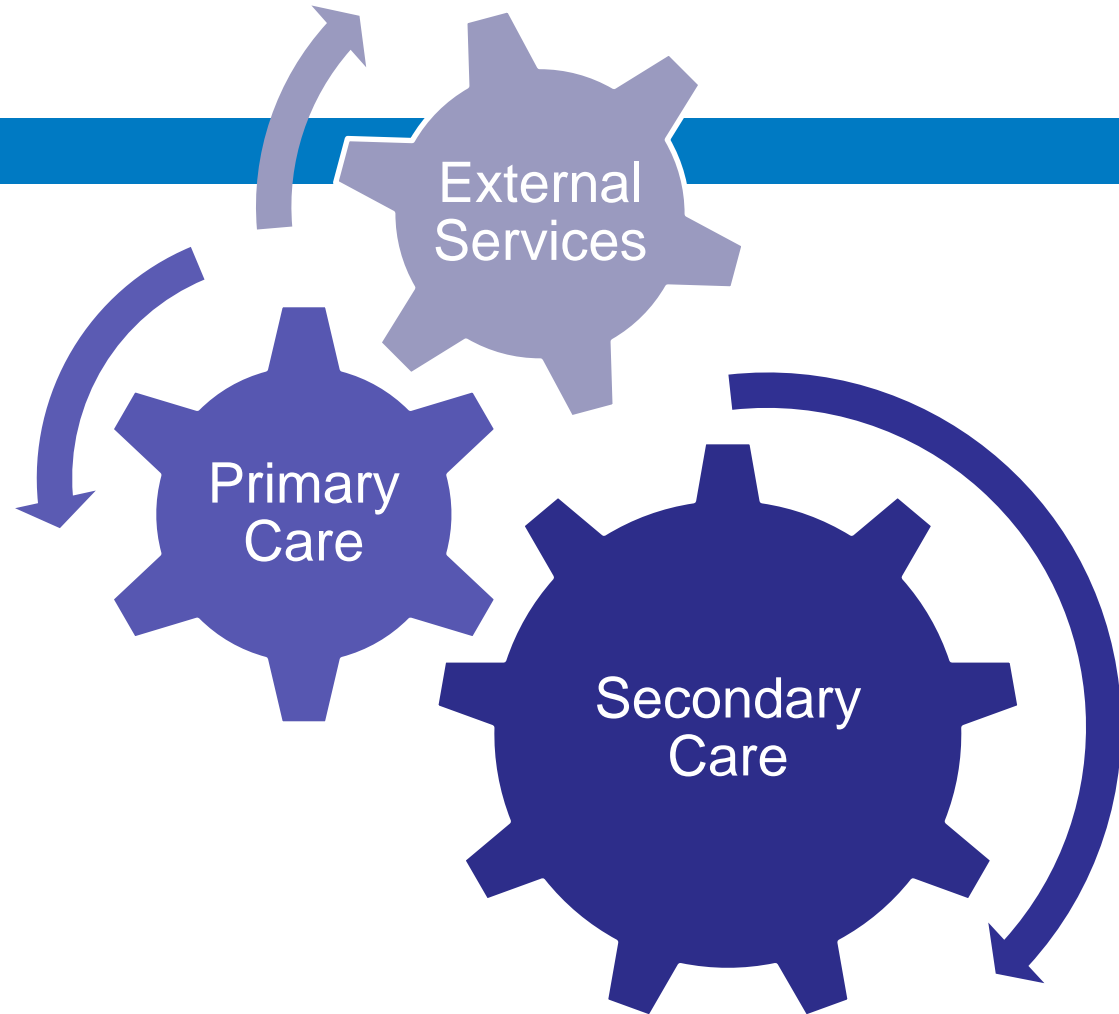
150+ services

Mainly based in secondary care hospitals

Skill mix

NHS Plus

NHS Health at Work Network



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# Imperial Health at Work

- Imperial College Healthcare NHS Trust
  - Academic Health Science Centre
  - 9,500 staff
  - St Mary's, Hammersmith, Charing Cross, Western Eye
- Occupational Health Service
  - Multidisciplinary skill mix
  - Budget £1.7 million



# Imperial Health at Work 2013

❖ **32** people make up the IH@W team

❖ **98,467** calls handled by our admin team

❖ **7,082** immunisations given

❖ **13,044** blood tests performed

❖ **£863,000** generated from external contracts

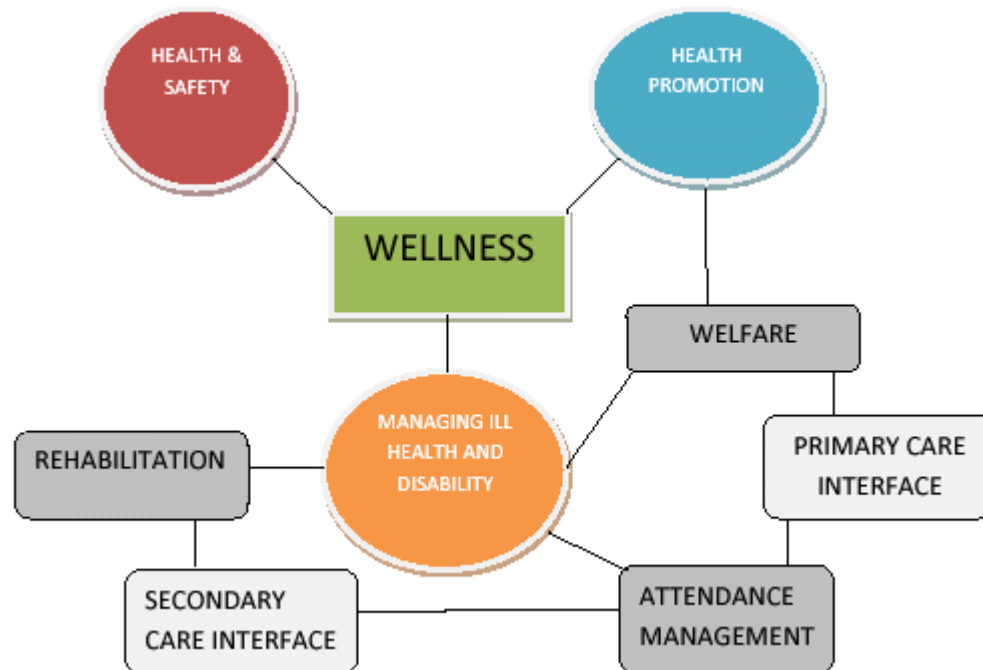
❖ **13,732** individuals accessed the service

❖ **52** separate organisations used the service

❖ **790** Trust managers have sought formal advice from IH@W



# Imperial Health at Work



# Legal Framework

- Law of Statute (Criminal)
- Common law
- Employment law
- Anti-discrimination law



## Recruitment

2 question screen

Reasonable adjustments

Questionnaire-based  
assessment of clinical  
staff

- “I do not have a health condition or disability that might impair my ability to do my job”
- “I do have a health condition that might impair my ability to do my job”

# Attendance management

Referral Form

- Consent
- Explicit questions

Triage

- Senior OHP
- Screen out inappropriate referrals

Assessment

- Face to Face
- Telephone

Case  
Conferences

# Sickness absence

- Attendance Management Policy
  - 3 episodes in 3 months
  - 28 days continuous absence
  - Rolling 12 month period
- 3-stage review
  - Identify possible support
  - Stage 3 may lead to dismissal



# Infection Prevention Control

Vaccination

Nosocomial

- Measles
- Pertussis
- TB
- Norovirus
- Needlestick

## Needlestick Injuries

Numbers constant over time.

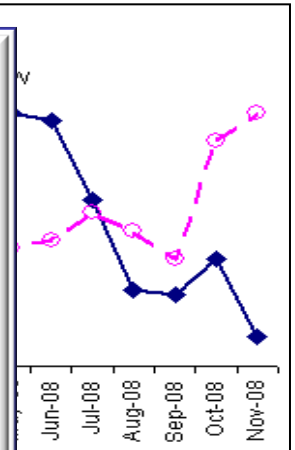
Q4 (Jan – Mar 2014) 88 reports

Doctors 44, Nurses 39

Main locations: General Wards (35), Operating Theatres (21), ICU (10), A & E (7), Labs (4)

Exposure type Percutaneous 69  
Mucocutaneous 16

Source Infection HIV 3, Hep B 1, Hep C 1



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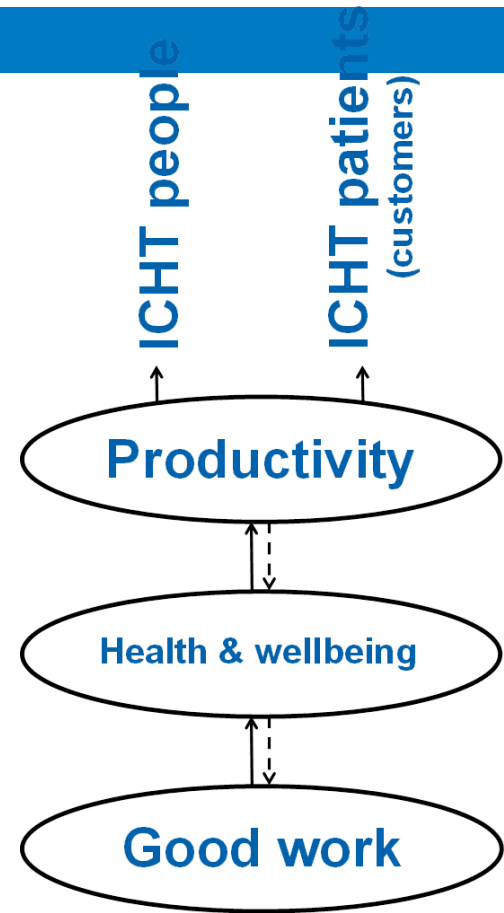


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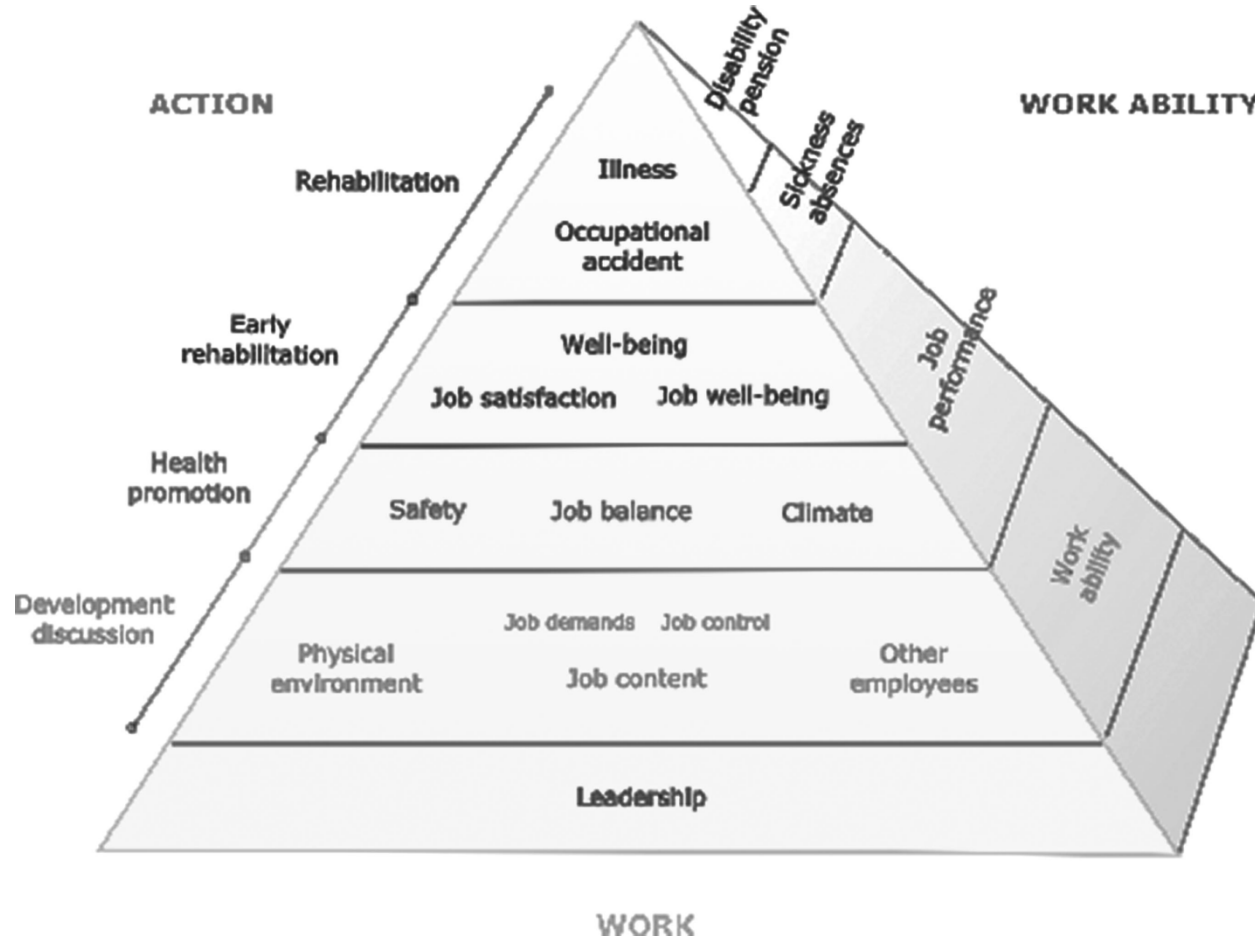
# Review premise

- Work ability is a key health outcome.
- “Good work is good for health, good for business and good for national prosperity”

The Council for Work and Health. *Planning the future: Delivering a vision of occupational health and its workforce for the UK for the next 5-20 years. 2013*



# JOB WELLBEING PYRAMID



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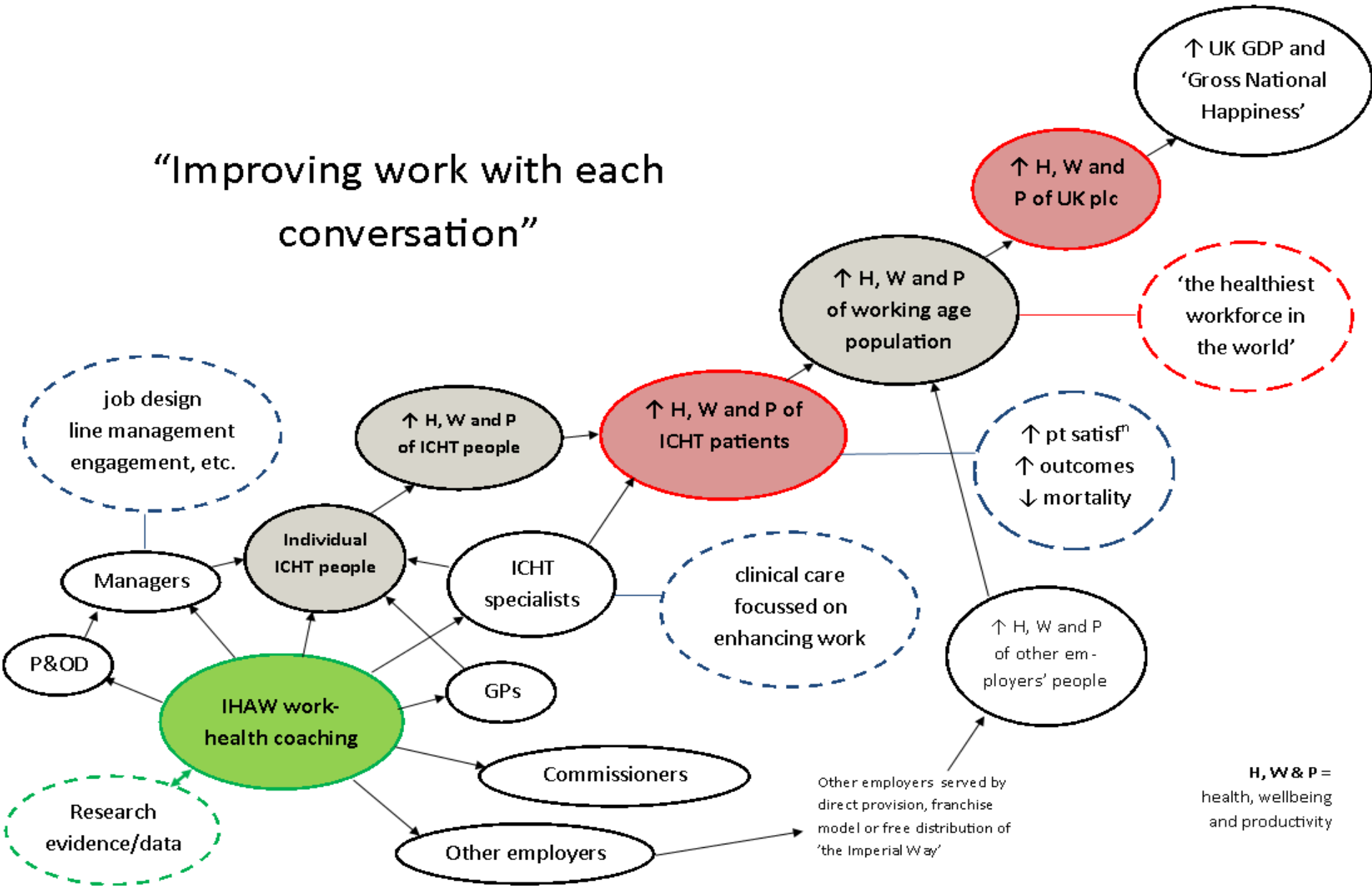


# Review goal

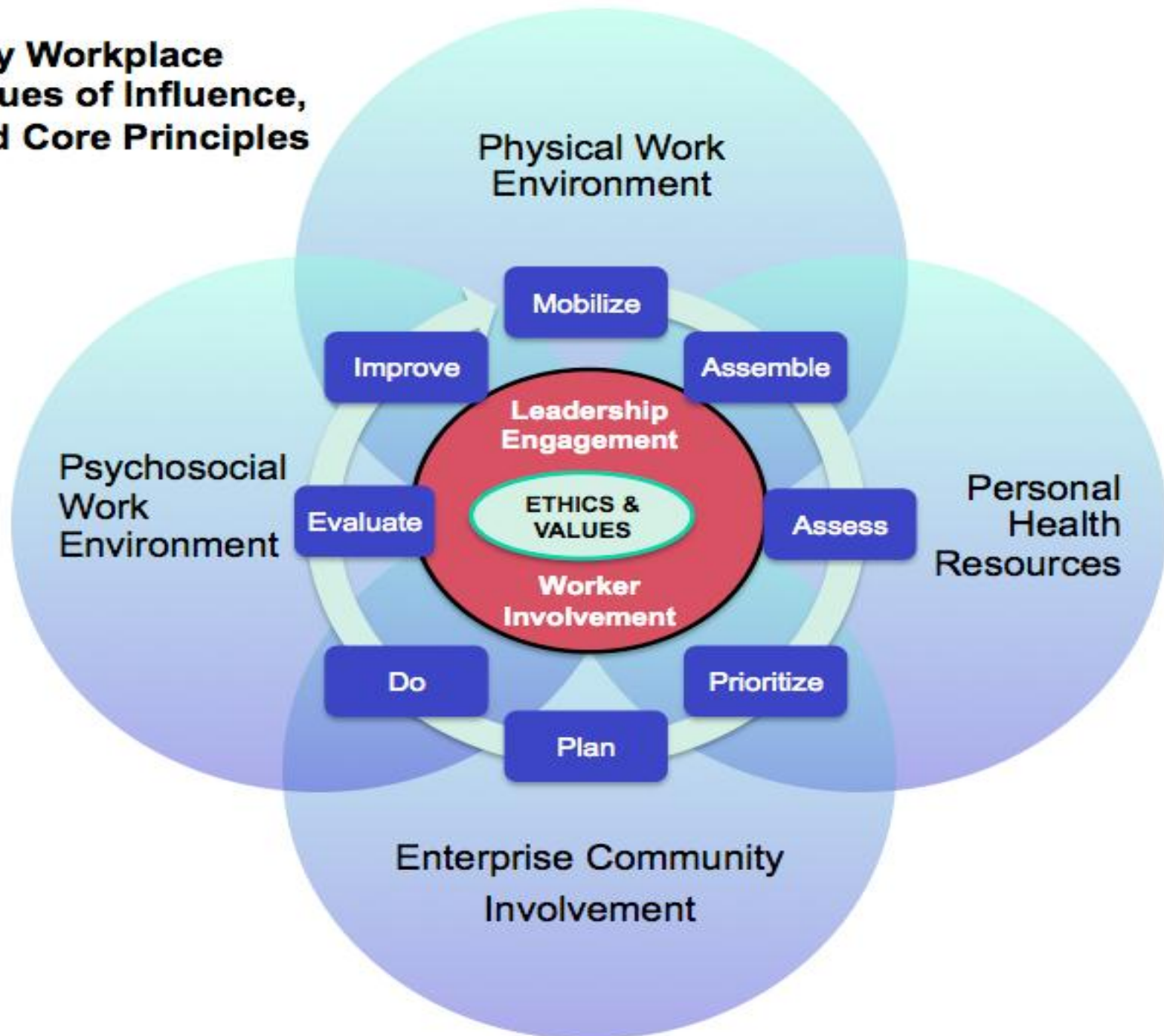
- A **new vision for occupational health** to deliver good patient outcomes through the health and wellbeing of Trust people
- A **new vision for the NHS** to develop a **health and wellbeing culture** that embraces **employment and work ability as key health outcomes**.
- We will model a new way of offering healthcare to measurably improve health outcomes and patient satisfaction – **through *work health coaching***.

# The Imperial Way

“Improving work with each conversation”



**Figure ES1**  
**WHO Healthy Workplace**  
**Model: Avenues of Influence,**  
**Process, and Core Principles**



# Imperial Health at Work

Fit for Work

Fit for Life

Fit for Tomorrow

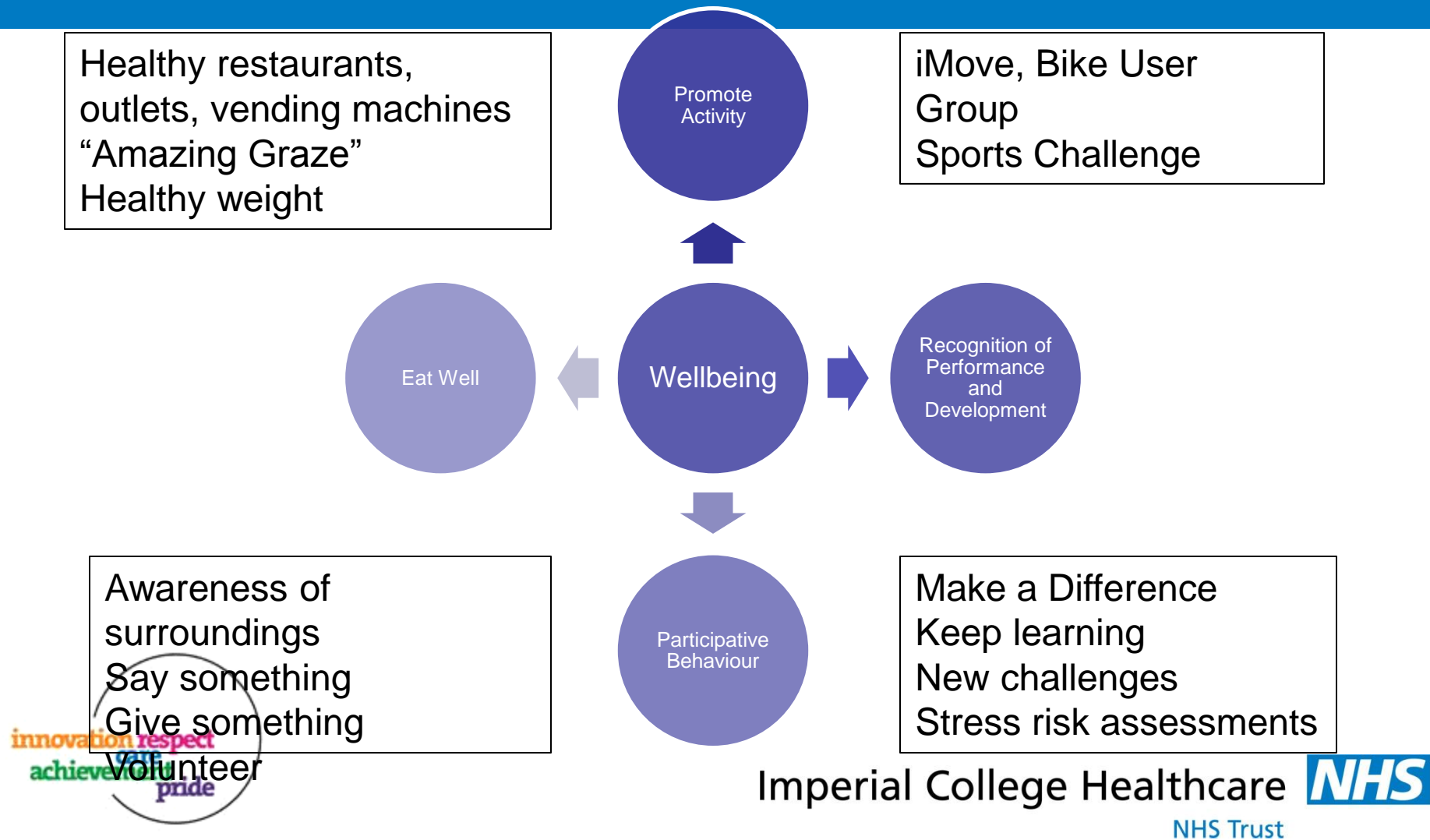


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# Health and Wellbeing Initiatives



# OH packages

## FIT 3

- Health and wellbeing
- Health risk management
- Fast track referrals
- Work for health
- Patient OH interventions
- Research

## FIT 2

- Duty nurse
- Duty doctor
- Health protection
- Rapid access assessment

## FIT 1

- Website – knowledge content/ decision tree
- Call centre – advice

innovation respect  
care  
achievement pride

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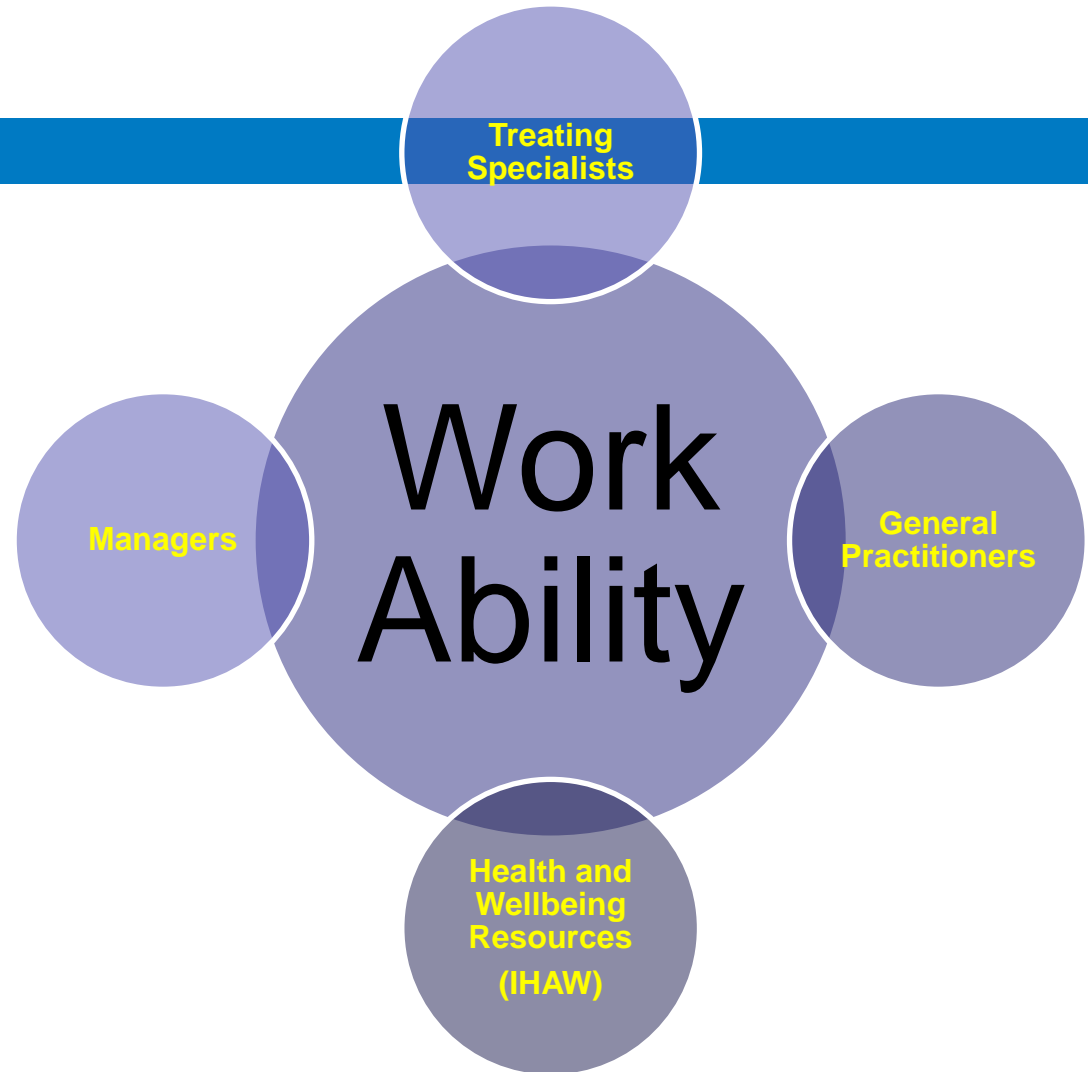
# Work for Health

## Rehabilitation back to work of Trust people

- Access (Rapid) to Trust facilities and expertise
  - Physiotherapy
  - Counselling, CBT, Liaison Psychiatry
  - Diagnostic and treatment expertise
- Workplace adjustments and support
  - Phased return to work
  - Case management (NICE)

## Rehabilitation back to work of Trust patients

- Work ability / employment part of care pathways
  - e.g. MacMillan resources for cancer patients



# Conclusion

- NHS faces huge challenges
- Health and Wellbeing core to success
- Work Ability / Employment key health outcomes
  - Trust people
  - Trust patients
- New model for healthcare

