Healthy Staff, Better Care for Patients
Boorman Report: Next steps

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Healthy Staff, Better Care

• What did Boorman find?
• What did he recommend?
• What’s been done since?
• What should we do next?
Working for a healthier tomorrow

“If we are to change fundamentally the way we support the health of working age people, then we have to address a number of challenges which face Occupational Health as it is currently configured.”

Dame Carol Black (2008)
Visible leadership is important
An association between staff health & wellbeing and outcomes

<table>
<thead>
<tr>
<th></th>
<th>Trust A</th>
<th>Trust B</th>
<th>Trust C</th>
<th>Trust D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absence Rate</td>
<td>4.21%</td>
<td>4.04%</td>
<td>4.58%</td>
<td>4.70%</td>
</tr>
<tr>
<td>Turnover Rate</td>
<td>10.5%</td>
<td>9.79%</td>
<td>11.65%</td>
<td>17.02%</td>
</tr>
<tr>
<td>Agency Spend</td>
<td>1.70%</td>
<td>2.96%</td>
<td>1.71%</td>
<td>4.57%</td>
</tr>
<tr>
<td>Patient Satisfaction</td>
<td>78.9</td>
<td>76.4</td>
<td>77.4</td>
<td>67.5</td>
</tr>
<tr>
<td>MRSA rate</td>
<td>0.65</td>
<td>0.88</td>
<td>1.56</td>
<td>0.95</td>
</tr>
<tr>
<td>Health Check – Quality of Services</td>
<td>Excellent</td>
<td>Excellent</td>
<td>Weak</td>
<td>Fair</td>
</tr>
<tr>
<td>Health Check – Use of Resources</td>
<td>Excellent</td>
<td>Excellent</td>
<td>Weak</td>
<td>Weak</td>
</tr>
</tbody>
</table>
## NHS Health & Wellbeing Review

The focus on improving attendance will continue:
- Black/Frost report is due this autumn
- Targets are agreed

### NHS Health & Wellbeing Review

<table>
<thead>
<tr>
<th>Trust Type</th>
<th>Rate of absence $^6$</th>
<th>Range across Trusts</th>
<th>Additional FTEs per year</th>
<th>Annual savings</th>
<th>Additional FTEs per year</th>
<th>Annual savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall $^1$</td>
<td>4.48%</td>
<td>1.75% - 7.42%</td>
<td>14,900</td>
<td>£560 million</td>
<td>48</td>
<td>£1.8 million</td>
</tr>
<tr>
<td>Ambulance $^2$</td>
<td>5.76%</td>
<td>4.17% - 7.42%</td>
<td>600</td>
<td>£21 million</td>
<td>37</td>
<td>£1.3 million</td>
</tr>
<tr>
<td>Mental Health $^3$</td>
<td>5.24%</td>
<td>1.95% - 6.91%</td>
<td>2,400</td>
<td>£83 million</td>
<td>39</td>
<td>£1.4 million</td>
</tr>
<tr>
<td>PCT $^4$</td>
<td>4.43%</td>
<td>1.91% - 6.17%</td>
<td>2,800</td>
<td>£98 million</td>
<td>14</td>
<td>£485,000</td>
</tr>
<tr>
<td>Acute $^5$</td>
<td>4.17%</td>
<td>1.75% - 6.17%</td>
<td>8,800</td>
<td>£340 million</td>
<td>42</td>
<td>£1.6 million</td>
</tr>
</tbody>
</table>

Across the NHS, reducing overall absence by 33% would result in:

- An average sized Trust, moving from lower quartile to upper quartile, would gain $^8$:
Less than 40% of NHS staff believed their OH service proactively tried to improve staff health and wellbeing.
<table>
<thead>
<tr>
<th></th>
<th>Non Smoker</th>
<th>Smoker</th>
<th>Heavy Smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likelihood of absence</td>
<td>30%</td>
<td>59%</td>
<td>n/a</td>
</tr>
<tr>
<td>Likelihood of absence for a period greater than one day</td>
<td>34%</td>
<td>54%</td>
<td>59%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Likelihood of no absence in non-smokers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Likelihood of absence</td>
<td>34%</td>
<td>54%</td>
<td>59%</td>
</tr>
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<td></td>
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</tbody>
</table>
All NHS Trusts should:

“publish strategic commissioning plans for staff health and well-being services that are fully integrated with wider service development plans and recognise the contribution which a healthy and engaged workforce can make to improving patient care and financial performance.”

Steve Boorman (2009)
Suitable services

“there are very real complexities in dealing with sick doctors and other clinical staff … It is important that staff with such problems have sufficient confidence in local services to seek the support that they require.”

Steve Boorman (2009)
<50% of staff expressed confidence in their OH services
Confidence – team working

“When patients know that they are being looked after by a team they get a sense of confidence similar to that from having a second opinion, reducing the fear that their treatment is based on the knowledge of just one clinician.”

Carter, Garside and Black 2003
“Shifting the focus of staff health ... will require a remodelling of occupational health services in many places.”

Steve Boorman (2009)
“The literature which is available on OH and other clinical services provides overwhelming evidence that economies of scale and improved quality of care is consistent with provision by large multi-disciplinary teams that meet accreditation standards and are enabled by information and communications technology.”

Kirk 2010
Input based specifications

“To some extent, the reactive and limited role of many occupational health services reflects their resourcing constraints, which do not permit them to take a more active role. It also reflects the narrow view taken of the role of occupational health services by some of those commissioning services.”

Steve Boorman (2009)
Informed procurement

Procurement that is informed by:

- Evidence
- Legal duties
- Good practice
- Clinical expertise
- Patient needs
“Previous attempts to modernise [NHS] occupational health services have failed due to a lack of prioritisation and poor delivery systems.”

“To achieve this vision, existing occupational health services need to be realigned and developed.”
The Improvement Framework

“Health and well-being services that meet the specialised needs of NHS staff will best arise from organisations coming together to form teams that procure services from multi-disciplinary providers offering a range of skills and expertise.”

“The key consideration in deciding on the health and well-being services that will be required is that this is not simply an issue linked to sickness absence or attendance.”
Recommendation 1

A minimum specification:

1. Prevention
2. Timely intervention
3. Rehabilitation
4. Health assessments for work
5. Promotion of health and well-being
6. Teaching & training
Recommendation 2

NHS OH services must be accredited:

A  Business probity
B  Information governance
C  People
D  Facilities
E  Relationship with employers
F  Relationship with employees
G  NHS specific standard
Recommendations 3-14

- Clear service agreements/contracts
- Clinical attachments for trainees
- Train doctors/nurses to specialist level
- Strengthen the academic base
- Fast-track
- Management indicators
- Periodic performance reporting
- Staff engagement to develop services
- Pilot OH in Public Health teams
Better support: What’s overlooked?

- NHSLA procedural compliance
- Evidence-based care pathways
- Integrated audit plan
- Specialists suitable for NHS support
- OH workforce development
- IT integration (ESR bi-directional links)
- Service development/innovations plan
- Research
Better support: What’s overlooked?

Sub-specialist expertise:
- Ill senior health professionals
- Blood borne viruses
- Tuberculosis
- Occupational asthma
- Radiation
- GMOs (gene therapy)
- Ergonomics
- Cytotoxics
- Dermatitis/gloves
Input based specifications

“experience has shown that when taking into account this type of service reflects the most appropriate process. There is little or nothing to debate about the service, the specification being almost entirely prescriptive in terms of detailing the services required.”

What experience has really shown…

Input based spec does not deliver
## Frequency v impact

<table>
<thead>
<tr>
<th>Higher frequency</th>
<th>Lower frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower impact</td>
<td>Higher impact</td>
</tr>
</tbody>
</table>

- Immunisations
- Pre-placement
- Attendance
- Early intervention

- Infected workers
- Adjustments
- Tribunal
- Ergonomics

Lower frequency, higher impact events have very high stakeholder value but are hard to measure
Procurement - engagement

The NHS commits:

• to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements.

Commissioners are legally obliged to have regard to the NHS Constitution.
National audit: engagement

More likely to implement actions if:

- Health and wellbeing is regular leadership team agenda item
- Staff involved in planning and designing approaches
- Done the needs assessments
Leading implementation

- NHS (Plus) Health at Work Network
- NHS Employers
Some potential next steps

• Fast track guidance
• Procurement guide
• Pilot delivery models (pathfinders)
• A model description of core services (and SLA)
• Quality indicators for core services
The future

“We don’t just need to help those out of work return we need to help those in work to stay fit, healthy and productive.”

David Cameron
17 Feb 2011
Summary

- Improve procurement
- Leaders visibly involved
- Staff actively engaged
NHS Health & Wellbeing Review

The approach set out ... is more important now than ever before, to ensure that the future healthcare system is one built on an engaged, healthy and productive workforce.

The framework is now set. The challenge lies with each part of the system to mobilise improvement.
Healthy Staff, Better Care for Patients
Boorman Report: One year (or so) on

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