

TRUST BOARD PART I – July 2015

Agenda Item Number: 143/15
Enclosure Number: (9)

Subject:	Staff Health and Well-being Annual Report
Prepared by:	Nicola Carter, Head of Occupational Health
Sponsored by:	Tim Powell, Director of Workforce and OD
Presented by:	Tim Powell, Director of Workforce and OD
Purpose of paper <i>Why is this paper going to the Trust Board?</i>	For Information / Awareness
Key points for Trust Board members <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	<ul style="list-style-type: none"> • The Board is asked to note the annual staff health and well-being report and in particular the progress made in respect of: <ul style="list-style-type: none"> ○ Attendance Management ○ Fit 4 Work ○ Health and Safety ○ Manual Handling ○ Staff Counselling ○ Flu vaccinations ○ Income Generation
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	For noting only.
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	
Consideration of legal issues (including Equality Impact Assessment)?	None
Consideration of Public and Patient Involvement and Communications Implications?	None



Portsmouth Hospitals **NHS**
NHS Trust

Portsmouth Hospitals Trust Annual Report for Health Safety and Wellbeing

1 April 2014 – 31 March 2015

Nicky Carter Occupational Health Manager

Introduction

The NHS as part of its pledges to staff commits to provide support and opportunities for staff to maintain their health safety and wellbeing. This is re-enforced within the Workforce and Organisational Development Strategy and the objectives for the Health Safety and Wellbeing Service. Each year more than 130 million working days are lost to sickness absence, costing employers around £6.5 billion a year. According to the Confederation of British Industry, the annual cost of sickness absence to the UK economy is £17 billion, while long-term absence costs the taxpayer £13 billion and reduces economic output by a further £15 billion.

10.3 million days are lost within the NHS to sickness per year at a cost of £1.7 billion. The cost of absence for PHT in 2011/12 was £6.81million excluding any absence cover. This reduced in 2012/13 to £6.69 million however increased in 2013/14 to £6.93 million and has increased again in 2014/15 to £7.6 million. This report identifies the progress made in the Health Safety and Wellbeing Service.

Safe Effective Quality Occupational Health Service (SEQOHS)

Portsmouth Hospitals NHS Trust has successfully met the accreditation standards of SEQOHS - Safe Effective Quality Occupational Health Service. This demonstrates that as an organisation we meet the national quality standards for occupational health service provision both to our NHS clients and to external clients who use our services. This was revalidated in February 2015 and will be reviewed again in October 2015.

Attendance Management

Management Referrals by CSC

New Management Referrals						
CSC	12 month rolling sickness absence	Cost of absence 1/4/14 to 31/3/15	Referral rate 2013/14	Referral Rate 2014/15	headcount	Total referrals
CHAT CSC	4.4%	£1,024,234	25.68	28.3	755	214
Clinical Support CSC	3.0%	£1,043,560	20.8	19.5	1385	271
Corporate Functions	1.9%	£563,257	8.08	8.6	590	51
Emergency Care CSC	3.3%	£372,792	17.23	20.8	490	102
Head and Neck CSC	3.6%	£608,470	19.81	23	321	74
Medicine CSC	2.6%	£965,302	12.83	17.3	692	120
MOPRS CSC	4.8%	£457,460	39	32.5	574	187
Muscular Skeletal CSC	3.9%	£430,062	31.21	20.2	366	74
Renal CSC	4.5%	£549,574	29.93	21.2	282	60
Surgery and Cancer CSC	2.8%	£1,132,286	16.95	15.8	596	94
Women's and Children's CSC	4.4%	£397,709	24.66	26	763	199
Total	3.5%	£7,609,084	22.12	21.2	6814	1446

Occupational Health continues to work with HR and Managers to support the effective management of sickness absence and staff health. The number of management referrals has increased by 5% this year.

Additional focus is needed to ensure managers refer in a timely manner particularly in areas with higher absence.

Attendance management training has been made compulsory. 64 staff have attended training this year. A total of 568 supervisors/managers have been trained in total. MSK has had a significant reduction in its referral rate alongside only one member of staff trained in attendance management. Clinical support have trained a significant number of managers which should have an impact on the referral rate next year. The OH specialist practitioners have been given responsibility for individual CSCs to advise managers with regard to attendance management and long term sickness.

Number of Supervisors/Managers by CSC who have attended Management Attendance training

CSC	Numbers
CHAT	65
Clinical Support	109
Corporate Functions	62
Emergency Medicine	16
Head & Neck	20
Medicine	31
MOPRS	56
MSK	31
Renal	38
Research	8
Surgery & Cancer	38
Trading Division	2
Women & Children	89
Private Patients	3
Total	568

The HR absence team and Occupational Health meet monthly to review the top 150 cases and the long term sickness cases. Telephone referrals for persistent short term absence cases have been set up as a first step to identify issues and re-enforce the importance of each staff member taking responsibility for their own health and wellbeing i.e. diet, exercise, alcohol, smoking cessation, mental wellbeing.

There continue to be difficulties resourcing appointments for management referrals within a short turn around. National recruitment difficulties and competition within the private sector has resulted in recruiting nursing staff who have transferrable skills but are without occupational health experience within the NHS. Two further trainees have been recruited in addition to three existing trainees to facilitate the development of occupational health skills internally to address this problem in the longer term.

The percentage of DNAs has risen slightly this year. The vaccination appointments have a significantly higher DNA rate than management referrals. Text reminders are in place. Some of the increase in DNAs could be attributed to the significant service pressures within the hospital. It is important to note that failure to attend vaccination appointments puts both staff and patients at risk. The number of DNAs has started to be publicised on a monthly basis.

Did not attends by CSC

CSC	Appts Attended	% Attended	Appts DNA	% DNA	Total Appts
CSC	Appts Attended	% Attended	Appts DNA	% DNA	Total Appts
Bank Division	14	60.87%	9	39.13%	23
CHAT CSC	381	80.38%	93	19.62%	474
Clinical Support CSC	644	79.60%	165	20.40%	809
Corporate Functions	83	86.46%	13	13.54%	96
Emergency Care CSC	201	75.56%	65	24.44%	266
Head and Neck CSC	146	75.65%	47	24.35%	193
Medicine CSC	264	74.37%	91	25.63%	355
MOPRS CSC	324	78.26%	90	21.74%	414
Muscular Skeletal CSC	143	74.87%	48	25.13%	191
Renal CSC	123	79.87%	31	20.13%	154
Research and Development	46	85.19%	8	14.81%	54
Surgery and Cancer CSC	206	72.28%	79	27.72%	285
Women's and Children's CSC	324	82.44%	69	17.56%	393
Volunteers	2	50.00%	2	50.00%	4
New starters/transfers	198	77.65%	57	22.35%	255
Total	3099	78.11%	875	21.89%	3246

Cost of Ill health Retirement

	2011/12	2012/13	2013/14	2014/15
Number of Staff	13	10	3	8
Cost	£665000	£556000	£133000	£349000

Oasis

Regular membership remains at approximately 1000. In addition 58 student/temporary new memberships have commenced.

Aqua Silver – attended by both Fit4work referees and members of the public, some of which are still undergoing treatment or have been patients within the Trust.

5 sessions are held per week averaging 90 – 100 participants each week

Aqua fit – a step up from the aqua silver class open to anyone.

3 sessions per week are held with an average of 45 participants each week

Aqua Natal – One of the only pools locally offering an evening non-midwife led session. 2 sessions are held per week with an average weekly attendance of 36 - 40 participants.

Oasis has continued business with GBall Swim School, who have provided children and adult swimming lessons at Oasis for 6 years. All lifeguard training and assessing for Oasis staff is provided by GBall.

The Oasis team continue to have good links with Hydrotherapy, Macmillan, Rheumatology and Physiotherapy who promote Oasis services to patients.

The Elizabeth Foundation continues to use Oasis facilities to host sponsored swim events, which have always been very successful.

Cycle Scheme

31 staff have purchased bicycles through the cycle scheme from January to March 2015 with a total spend of £41,000. Jan-Dec 2014 a total of 92 certificates were processed with a total spend of £80,615.

Health and Wellbeing Events 2014/15

HR Pedometer Challenge May 2014	16 teams of six within the Workforce Directorate signed up for the pedometer challenge. In total the workforce directorate over the eight week period walked the equivalent of more than half way around the world. (12820 miles)
Triathlon May/June 2014	15 teams across the Trust signed up for the Triathlon which consisted of a 5km run a 800m swim and a 20km bike ride all within Oasis
Back Care Week October 14	Raised awareness across the Trust with regard to looking after your back which also formed part of the Health and Safety brief
Movember 3 day swim challenge November 2014	42 staff took part and between them swam 10995 lengths (137 miles) £227 was raised for "Movember Foundation" which is a charity for Men's health
World Aids Day December 2014	Raised awareness of blood borne viruses and HIV specifically including the new policy. Leaflets and Ribbons were distributed amongst PHT staff. A donation was made to Terence Higgins Trust
National Obesity week January 2015	<p>Approximately 600 people visited stands which included alcohol, diabetes, weight management, counselling, oasis, healthy heart, blood pressure</p> <p>Blood pressure - 120 staff attended over the week to have their blood pressure taken. OH recommended 6 staff contact their GP due to their blood pressure reading.</p> <p>20 staff took up the weight loss challenge which included a tanita reading, 8 of those continued to weigh in weekly for four weeks however only 3 continued to the end of the 12 week period. It is unclear what the total weight loss has been. A number of staff managed their own weight programme.</p> <p>14 staff took up the half price oasis membership 7 of those have continued and 4 are undecided</p>
National Heart Month February 2015	Blood Pressures offered within occupational health 30 staff attended and 3 were advised to contact their GP

Fit4Work

The fit for work program has been specifically developed to reduce sickness absence, to help staff to remain at work, promote an early return to work and to improve the health and wellbeing of employees.

The fit for work service was reviewed in November 2014 to ensure resources are used effectively and the physiotherapist assessment in Oasis ended. A member of the Oasis team has undertaken the GP referral course and is now responsible for the fit for work programme including assessment, establishment of an exercise programme and a review process. This has defined the process more clearly such that if physiotherapy is required staff are referred to the Trusts physiotherapy service.

344 staff were referred for fit for work an increase of 80% in comparison with 2013/14. 253 staff attended an initial assessment and 150 commenced the fit for work programme of exercise. 84% had to attend in their own time. From the feedback 92% found the service excellent or very good. 5 of the respondents said they would continue attending classes as the classes had helped them improve their health and wellbeing. Some very positive comments have been received outlining how friendly approachable and helpful the Oasis team are in helping staff improve the quality of the physical activity undertaken. The comments highlight how the fit for work services help staff feel valued and evidence that managers do take an interest in staffs health and wellbeing.

Audits

Two audits have taken place this year. A Needle Stick Injury (NSI) ('sharps') & contamination incidents audit and an Audit of Screening of Immunity to Workplace Infectious Agents. More information is attached at Appendix 1

- The occupational health team have established a clear process for reminding staff and the line manager to attend their vaccination appointments. The line manager is responsible for ensuring this is followed up with the staff member.
- New staff are identified at work health assessment stage and a vaccination appointment is booked where required and the manager informed
- A review of the screening & immunisation and risk assessment for volunteers is being undertaken
- Re-audit with separate audits for medical, nursing, admin and volunteer staff in 2015/6.
- All poor handling/poor disposal of sharps incidents are followed up by the Health and Safety Advisor

Flu Campaign

Group	Code	PHT	Carillion	Total	%
All doctors	D	525	0	525	60.9%
Qualified nurses	N	1265	0	1265	63.4%
Qualified ST&T Staff	Q	478	0	478	60.8%
Support to Clinical Staff	S	1355	30	1385	61.5%
Excluded	X	334	346	680	56.9%

Patient care total	3653	62.0%
All staff total	4333	61.1%

Another successful campaign took place in the autumn/winter of 2014/15 with a slight increase in uptake of 2.1%. The key success was the number of workplace vaccinators across CSCs who as a group delivered 50% of the flu vaccinations within work areas. There were significant service pressures at that time and the workplace vaccinators were able to deliver the vaccine in the workplace. Taking into consideration the lack of national publicity and clinical argument that the vaccine isn't necessary for the working well without an underlying health condition the uptake was good. Head and Neck (-2.5%) MSK and Emergency Medicine (-10%) and Corporate functions (-1.9%) have had a lower uptake this year. All other areas have increased their uptake. Renal and Medicine have had the highest increase in uptake followed by Chat and Surgery and Cancer who all had a good number of workplace vaccinators. A lower number of qualified nurses and Doctors have had the flu vaccination this year. Our focus for the 2015 campaign will be to train more workplace vaccinators within clinical areas.

Health and Safety

Accidents and Incidents

The end of year evaluation of staff reported incidents showed a slight increase of 5.5% in comparison to 2013/14 with a total of 667 reported incidents.

There are some very positive points to note about this year's figures. Common reported incidents that have seen reductions include those that are more likely to lead to absence from work or a major injury, for example: Slips, Trips and Falls, handling incidents and incidents caused by some form of stretching or bending. This has led to a 50% reduction in the number of RIDDOR reportable incidents from the 20 reported over 2013/14 to 10 in 2014/15.

RIDDOR reportable Incidents have reduced by 50% in comparison to last financial year: 2 Dangerous occurrences – needle stick incidents, 4 major injuries and 4 over 7 day incidents.

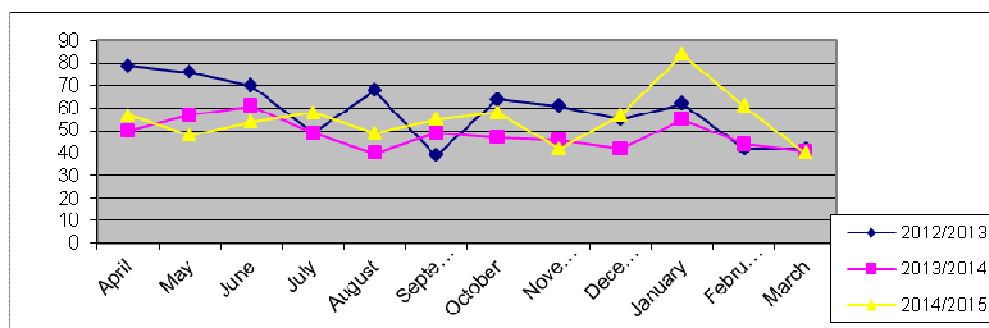
All Staff related RIDDOR reportable incidents are highlighted using the SIRI process including a panel if required. The Director of Workforce and Organisational Development is informed of these and will expedite a panel if necessary.

The area of reporting that has pushed this year's accident and incident figures up are incidents of reported abuse against staff, both physical and verbal, which has seen an overall increase of 38%. This is due to increased staff awareness following the commencement of a Local Security Management Specialist (LSMS) in September 2014 who has started to improve the reporting culture for this type of incident. Obtaining a truer reflection of the numbers of these types of incidents occurring will enable the Trust to ensure that staff are better supported following an event, and that we have the necessary controls, resources and training in place to minimise occurrences in the future.

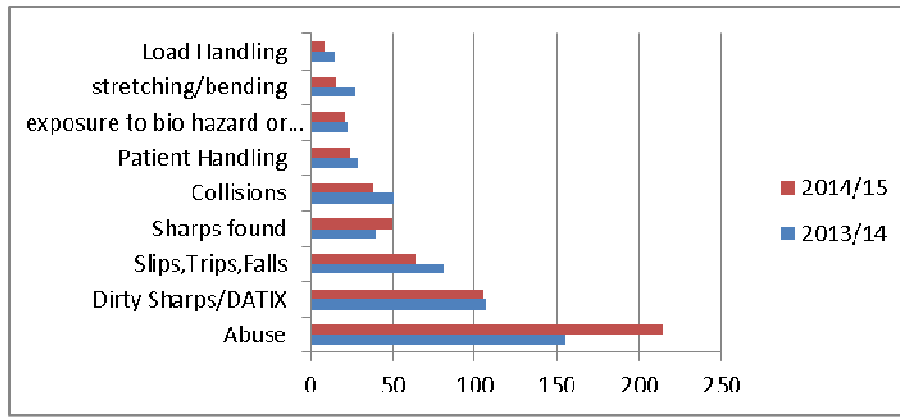
Progress indicated that there was a higher than average peak in the number of reported incidents in January with the three areas showing levels of increase being:

Dirty Sharps
Physical Abuse
Sharps Found

Monthly Run Progress of Accidents and Incidents



Commonly reported Incidents comparison 2013/14 and 2014/15



Employee Claims

There were 10 Employee Claims closed for the period 01.04.14 – 31.03.15:

- 9 settled – Total damages awarded £59,913 compared to £122,500 in the previous year
- 1 withdrawn
- Of the 9 claims settled 8 were related to some form of Slip, Trip or Fall

Lone Working

A Trust wide review was undertaken to establish the number of staff that would be deemed as 'lone workers' and evaluate the requirement to provide these staff with 'lone worker devices'

It was identified that there is a potential need to have 150 of the devices available for use by staff that are required to go out into the community to undertake work on behalf of the Trust. The cost identified for this is £20,000 per annum. Further work with regard to identifying the risk using the number of incidents reported will be undertaken in 2015/16.

Manual Handling

A review of the Manual Handling Advisory service took place following the retirement of two out of three key staff in December 2014. The team continues to have a nurse led service. The Lead Moving and Handling Advisor is supported by a part time Moving and Handling Advisor. In addition support was increased for training using an external company called Safe Systems which provides a good value for money training service.

35 patients with complex moving and handling requirements some with complex medical needs were referred to the Moving and Handling Advisory Team by staff. A visit consists of an initial assessment of need followed by advice and support for staff. Some patients required more than one visit if particularly complex or if they have moved to another ward.

There has been improved integration between Occupational Health and Manual Handling with the development of the role of the occupational health trainees who assist with some staff referrals. 32 staff referrals were undertaken for staff with musculoskeletal disorders. Staff are referred to the moving and handling advisory team either by Occupational Health or directly via managers. Following a visit to the member of staff advice and recommendations are detailed in a report and sent to the employee, occupational health for their record and to the line manager. More than one visit is occasionally required.

Training remains a significant part of the role. The service provides patient and load handling courses including induction for new starters along side skills updates, workshops and department tailored training. There has been an increase in availability of training places for patient handlers.

Course (various)	available	booked	attended	DNA
Totals	2347	2113	1834	271

Non attendance on the day of training remains a challenge. The CSC's receive a report via Learning and Development to highlight the wastage of training places. Courses are offered on different days and times to encourage attendance. Additional training dates are offered to meet the demand which adds an additional cost pressure to the department.

Staff Counselling Service - Aquillis

Aquillis provides an independent counseling service for the Trust. All of the counsellors are self employed. The Lead Counselor is a member of the Health Safety and Wellbeing Service senior management team and provides regular feedback on key patterns of counseling referrals within the service. The total number of staff referrals this year was 405, an increase of 62 for the same period last year. From the 217 feedback forms received 100 % would recommend counselling to a colleague with a similar issue.

94.47% rate their counselling as very good – excellent
98.16% rate their counselling as good or better

Information from the feedback forms completed at the end of counselling

Staff who had time off but felt counselling enabled them to return sooner than if they had not had counselling	30.16%
Staff who felt counselling had prevented them from taking time off sick at all	41.80%
Staff who took no sick leave and didn't feel that counselling had contributed to that	6.88%
Staff who took sick leave and although they felt counselling had helped them they did not feel it enabled them to return to work sooner	6.88%
Staff who had time off but were back at work before their counselling took place	2.12%
Staff who did not answer question	12.16%

Of the staff who did take time off 77.03% felt that counselling helped them to return to work sooner than if they had not had counselling

Of the staff who did not take time off 85.87% of them felt that counselling prevented them from taking time off.

These figures are an improvement on the very positive figures from last year showing that the counselling service is having a significant impact on helping to keep people at work and get them back to work after a period of absence. This positively impacts on the hospital financial position and ultimately on patient care.

Based on the information given by clients and awareness that some staff do not know which CSC they are in the counseling requests are split below. Some clients identified within Clinical Support work in other CSCs but identified themselves as working in clinical Support.

Percentage of Referrals by Clinical Service Centre

CSC	%
Clinical Services	26.99
Facilities Management	3.98
Medicine	12.83
Women's & Childrens	13.27
Emergency Medicine	4.87
MOPs	4.87
Cancer	3.54
Trauma/Orthopaedics	4.42
Surgical	5.75
Theatres/Critical Care	3.98
Head & Neck	4.87
Corporate	8.85
Renal & Transplantation	1.77

Adverse Incident Support

Aquilis often supports individuals who come for counselling as a result of events at work. When requested we can also attend or run group debrief meetings when there has been an incident which staff have found traumatic. Aquilis was involved in 2 group debriefs during 2014/2015.

Mediation

The mediation service has been little used again this year with cases often being old and entrenched before being referred. These are cases which external mediators would decline as being no longer suitable for mediation.

7 more people have been trained as mediators and the mediation service will be re-launched and advertised during the coming year. Mediation should be seen as a positive way of improving working relationships. The aim is to resolve disputes early thus preventing them becoming entrenched and making life unbearable for the parties concerned and those around them. This too should have a positive impact on sickness absence.

Income from External Activity

The Health Safety and Wellbeing Service delivers occupational health services to fifty small and medium enterprises (SME) within the Portsmouth and Western Sussex area. In addition PHT maintains the occupational health contract for Western Sussex Hospitals Foundation Trust (which has been extended to 2017), University of Portsmouth and Portsmouth City Council. Portsmouth City Council income has stabilised. University of Portsmouth income reduced this year but will increase next year due to an increase in student numbers across the majority of courses and an increase in vaccination requirements for specific courses.

Name of Organisation	Income 2013/14	Income 2014/15
Western Sussex Hospitals Foundation Trust	£383174	£383174
University of Portsmouth	£97270	£74784
Portsmouth City Council	£55511	£85620
SMEs	£94376	£78051
Other NHS/charities/local govt	£68430	£73866
Aquilis	Not separately identified	£46103

Total	£698761	£741598
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Appendix 1

Audits

Audit summary of PHT Needle Stick Injury (NSI) ('sharps') & contamination incidents April 2014-March 2015

- The total number of incidents for the last financial year was 226. Comparison with the number of incidents in previous years is shown in the table below.
- The number of events has not varied significantly in recent years, but it is important to note that this is an absolute number and not a rate.
- Further information about CSC, type of incident, staff group affected, type of incident etc. is available from OH. Generally the proportions in staff groups affected, the frequency per CSC etc. does not vary much from year to year.
- There remain a proportion of incidents that could be prevented by better use of sharps boxes, more care with handling of sharps etc. Standardisation of the types of sharps boxes being used will take place in 2015.
- Follow up of incidents with poor handling and disposal of sharps is undertaken by the Trust's Health and Safety Advisor and OH staff as appropriate. Monthly review of all incidents by the Health and Safety and Governance leads of all CSCs takes place and figures are incorporated into each CSCs monthly 'dashboard' discussed by HR director.
- The data will be discussed at the Health and Safety Committee.
- It will be interesting to see how the introduction of 'safer sharp' devices in the Trust in 2014 and standardisation of sharps boxes in 2015 will affect the number of sharps injuries in future years.

Cumulative yearly (calendar year) totals

Year	Total number NSI & contaminations PHT staff	No. (%) 'badly' disposed of & could be prevented*	Number HIV PEP via GUM PHT staff
2005	251	57 (22%)	7
2006	179	33 (18%)	5
2007	212	26 (12%)	n/k
2008	218	44 (20%)	0
2009	233	47 (20%)	3
2010	199	13/105 (12%)	3
2011	254	34 (13%)	8
0412- 03/13	211	18 (9%)	-
0413-03/14	211	18 (9%)	0
0414-03/15	226	24 (11%)	2

*Overfull sharps bins, unavailable sharps bins, discarded needles etc.

2014 Audit of Screening of Immunity to Workplace Infectious Agents:

Occupational Health (OH) is responsible for screening Health Care Workers (HCWs) for a range of infectious diseases, including Hepatitis B, TB, rubella, varicella, measles and Hepatitis C and HIV in some categories of staff, usually at the commencement of employment and for immunising staff who lack the required immunities.

Method

200 PHT OH electronic case notes were randomly selected.

Summary main results

Agent	2013	2014
TB	29/44 (66%)	94/153 (61%) ↓
HBV	38/44 (86%)	114/153 (75%) ↓
Rubella	27/44 (61%)	106/153 (70%) ↑
Varicella	28/44 (64%)	106/153 (70%) ↑
Measles	17/44 (39%)	73/153 (48%) ↑

Discussion and conclusion

- Increased proportion of clinical healthcare staff screened for rubella, varicella and measles in 2014 audit compared with 2013 audit.
- Slight decrease in TB and HBV screening in 2014 audit compared with 2013 audit.
- In the 26 cases in which HIV and HCV screening took place, the majority were appropriately screened