

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
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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 ○ Training ○ Flu vaccinations ○ Income Generation
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	The Board are asked to endorse the Actions for 2012/13 section of the paper.
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	Progress against the action plan will be presented to Board at regular intervals
Consideration of legal issues (including Equality Impact Assessment)?	None
Consideration of Public and Patient Involvement and Communications Implications?	None

STAFF HEALTH AND WELL-BEING ANNUAL REPORT APRIL 2011 TO MARCH 2012

Dr Steve Boorman undertook a review of NHS health and wellbeing in 2009 and identified that currently 10.3 million days are lost 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.

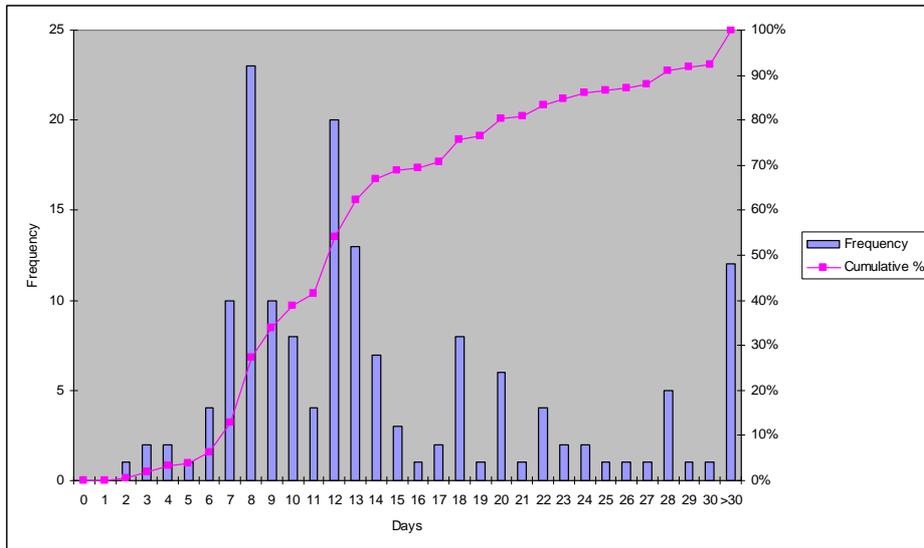
Following the Boorman review and in line with the Operating Framework for the NHS in England and Wales to put in place organisational health and well-being strategies, including being proactive in improving the quality of and speeding up access to occupational health services, PHT occupational health identified preventative activities to support staff in healthy life choices as well as investigating early treatment of musculoskeletal and mental health problems. This report identifies the progress made during 2011/12 to meet these aims.

Attendance Management

CSC	Headcount	FTE	% 12 Month Rolling Sickness Absence to 31/3/12	Management Referrals
CHAT CSC	696	614.05	3.6%	185
Clinical Support CSC	1,150	994.00	3.0%	245
Emergency Care CSC	353	301.40	3.0%	51
Head & Neck CSC	302	261.12	2.7%	54
Medicine CSC	571	502.38	2.9%	77
MOPRS CSC	490	426.10	4.8%	164
Muscular-Skeletal CSC	373	330.90	4.1%	98
Renal CSC	268	240.90	4.2%	97
Surgery & Cancer CSC0	1,038	909	3.1%	91
Women's & Children's CSC	787	626.45	3.1%	144
Corporate Functions	715	647.82	1.7%	52
Total	6,743	5,413.82	3.2%	1258

The Staff Opinion Survey identified an 8% reduction in staff suffering from work related stress within PHT 5% less than the National score for acute Trusts in 2011. There was no change in the impact of health and wellbeing on staffs' ability to perform work or day to day activities putting us in the top 20% of Acute Trusts. 50% of staff feel their manager takes an interest in their health and wellbeing. In the national patient satisfaction audit undertaken at the end of 2011 PHT had a very positive response. A more detailed report was submitted to Trust board in May 2012. Occupational Health has established a closer working relationship with HR as part of the Absence Management Team to provide clear medical information on managing health at work issues the two key causes of absence being musculoskeletal issues and mental ill health. The provision of a robust OH process supporting managers to manage sickness absence and return the employee to work in a safe and timely manner is key. Line managers are encouraged to contact occupational health if they have any concerns prior to completing a management referral this ensures a more effective consultation with the staff member and a clear report can be delivered in a timely manner.

Doctor referrals



66.88% of those referred to a Physician were seen or offered an appointment within 14 days (10 working days) of the referral being received. The majority of cases with a longer waiting time were due to OH awaiting a report from another specialist or GP prior to seeing the client.

The majority of occupational health reports are sent to the line manager and to HR on the day of the consultation. This has facilitated a more effective and supported return to work or timely management of staff who are unable to return to work in the foreseeable future. Ill health retirement 2011/12 cost £665000

The Trust compares favourably against the national NHS average of 4.8% and the Acute Trust average of 4.5% and positive interventions surrounding staff health and wellbeing will continue to be developed to deliver the 3% sickness absence target set.

Fit 4 Work

This program has been specifically developed to improve the health and wellbeing of employees, reduce sickness absence and promote an early return to work. OASIS work closely with colleagues in Occupational Health Operational Management and Human Resources to ensure an early return to work is achieved, and to identify what adjustments can be made, to help the employee return to work, but also stay at work. Oasis has undertaken this programme as part of a pilot which will continue until 31 August 2012. The statistics will be reviewed at the end of June 2012 and a Business case put together identifying the costs and benefits of this programme to be submitted to the Trust Planning Committee. The feed back has been very positive from staff and managers. Staff feel more valued and the programme has reduced absence and enabled some staff to remain in work when they would have been off sick without this support. This programme will also help to improve the results of the next national back audit due in 2013. Occupational Health have been invited to present their case study at a national conference on Absenteeism in the Public Sector hosted by Capita in September 2012.

Fit for Work Statistics 01/01/2012 - 31/03/2012

Assessments

Number of Physiotherapy appointments:	88
Direct referrals (no physiotherapy assessment):	3

Working Status at Point of Entry to Fit for Work	Number of Employees
On sick leave	18
Full timers working part time – rehab programme	3
Working	61
Not given	6

Oasis

PHT currently has 880 members 690 are PHT employees in comparison to 512 in March 2011. A target of 1000 members by the end of the current financial year has been established through awareness raising and staff identifying the benefits through fit for Work

Oasis income has increased in 2011 from extending the hiring of the pool to GB Swim School. We continue to maintain good links with the Elizabeth Foundation who raised £10,500 from an evenings swimming.

Partnership working with Maternity and Hydrotherapy has enabled the development of Aqua Natal - Pool based activity for pregnant and post natal women and Aqua silver - to help people with arthritis or vascular type conditions, classes are available for Trust staff and the local community. A chiropractor has joined the team of therapists this year.

86 new applications to the Bike Scheme were made in 2011/12 at an average of £850. Funding has also been secured to increase the secure cycle storage allocation around the site, with another 24 installed in March / April 2012.

Guided walks have been set up around the site. These consist of 4 routes mapped out for staff and visitors to explore, with regular seating areas for those who like the exercise but need to progress slowly.

Health and Safety

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

HSE incidents that involve a member of staff being unable to undertake their normal duties or those that are absent for more than seven days have to be reported to the HSE rather than the previous three days. There were 22 RIDDOR reportable incidents this year 18 of these were loss time events (over three days absence) and the remaining four were deemed as 'Major injury' (fractures). The majority of RIDDOR reportable incidents were caused by Slips, Trips and Falls or Posture related Incidents. The majority of the claims that were settled for this year were attributable to Slips, Trips and Falls with the biggest single settlement being £27,500 from a total of £64695.

Each CSC has identified an H&S lead this year and delivers an annual H and S report for their CSC to the Health and Safety Committee. Some areas have developed H&S working groups. The H&S advisor continues to provide support and guidance to managers to ensure their compliance with statutory requirements.

As H&S now forms an integral part of 'Captains Rounds' Inspections of the work environment are undertaken on a monthly basis. Throughout the year additional inspections are undertaken generally as a themed event such as 'slips, trips and falls'

Last year the 'Don't walk by' theme was jointly launched by Carillion and PHT H&S departments. On average around 1300 don't walk by's are raised each month via the Carillion help desk, the majority of these being raised by Trust staff. This is a good example of our ever improving H&S culture across the organisation

Top 10 Incidents by CSC

CSC	S+C	COR	CSS	DMOP	EMER	FM	H&N	MED	MSK	REN	CHAT	M&C	Total
Dirty Sharps	20	0	2	14	18	1	6	30	12	11	41	30	185
Physical abuse	8	0	3	81	32	2	5	11	18	7	2	1	170
Slips, Trips and Falls	6	2	14	15	7	24	4	8	4	7	23	14	128
Verbal Abuse	14	0	3	13	6	0	3	18	4	5	1	30	97
Other	3	4	9	7	5	10	1	5	5	0	7	8	64
Stretching/Bending	3	1	3	4	5	4	2	12	7	3	8	10	62
Patient Handling	5	0	2	16	5	0	4	5	5	1	10	4	57

Exposure to bio Hazard	5	0	14	0	3	0	1	7	1	1	7	4	43
Collision	3	0	4	8	2	7	0	1	3	0	5	3	36
Injury from clean sharps	0	0	6	3	3	2	0	1	2	1	8	5	31

Whilst the overall numbers of incidents this year have only indicated a slight change there have been some areas of significant variance.

Sharps Injuries has been the trusts top reported incident for a number of years. This year there has been an increase of 38% for 'dirty' sharps injuries alongside a significant increase in the numbers of 'clean' sharps injuries reported. The majority of sharps incidents are being caused by 'hollow bore' type instruments, with the top 3 areas being Theatres, Womens and Childrens and Medicine. The clearer reporting mechanism at Health and Safety Committee has raised the concern more clearly within CSCs to enable them to address the problem. The H and S Advisor links directly with the department concerned to identify actions to be taken.

GU Medicine provide an out of hours sharps hotline service for occupational health. The contract was awarded to Solent with effect from January 2012. Although the service has continued there is no formal contract agreement in place which presents a potential risk to the organisation. The contracting team has confirmed that the service will continue and an SLA will be put in place. If this service stopped additional pressure out of hours would be put onto an already stretched Emergency Department

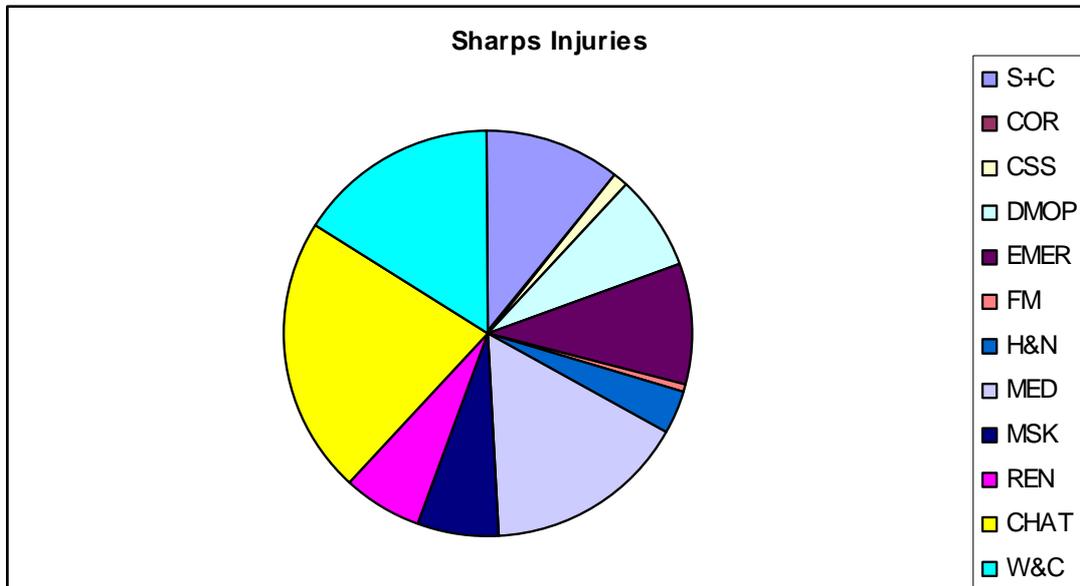
EU directive on the use of sharps safe devices in the workplace is due May 2013
Risk assessments must be carried out to assess the risk of exposure to blood-borne infections from sharps injuries.

Where there is a risk of exposure, employers need to identify how exposure could be eliminated.

Where exposure cannot be eliminated, exposure should be prevented through:

- implementing safe procedures for using and disposing of sharp medical instruments and contaminated waste
- eliminating the unnecessary use of sharps by implementing changes in practice and providing medical devices incorporating safety-engineered protection mechanisms
- providing sharps disposal equipment as close as possible to the assessed areas where sharps are being used or found
- Banning the practice of recapping.

PHT has an up to date policy in place as well as an established reporting, monitoring and treatment process. The introduction of sharps safe devices to reduce the risks from needle stick injuries is required resulting in a cost pressure to PHT balanced with an anticipated reduction in the number of sharps injuries.



There has been an increase of 15% in the number of reported physical abuse incidents with the highest area being MOPRS reporting 81 out of the 170 total reported for the trust.

The number of reported collisions occurring across the trust this year was 36, this type of incident having the biggest percentage increase over last year of 200%. The majority of collisions are occurring in ward areas and are attributable to inappropriate storage of items, for example, directly under shelving or through lapses in spatial awareness.

Exposure to a Biological Hazard has increased by 26%. The majority of incidents that fall within this category are those where a member of staff has come into accidental contact with body fluids.

The following areas have seen decreases in the numbers of reported incidents throughout the trust.

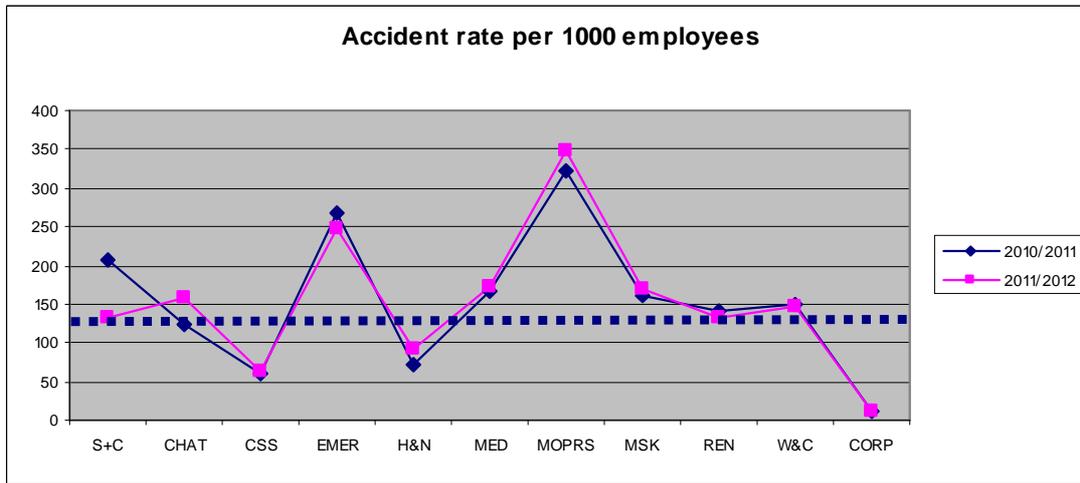
Load Handling	33%
Patient Handling Incidents	28%
Slips, Trips and Falls	27%
Verbal Abuse	20%

There has been little variation in incidents by severity over the two year period. The majority of incidents being graded as yellow.

Accident Rate

The cumulative average accident rate over the past two years equates to 139 incidents per 1000 employees.

CSC's Accident Rates (calculated per 1000 employees)



There has been little variation over the past two years in the accident frequency rate Surgery and Cancer have shown the most significant change with a 36 % decrease.

Manual Handling

Timely intervention from MHAT with patients who have complex moving and handling needs is essential to reduce the risk of musculoskeletal injury to the staff.

39 patients with complex moving and handling needs were referred to the MHAT in 2011/12. Each referral was responded to within 24 hours. The number of visits made to each patient varied between 1 and 9 times. The overall number of visits was 73. Each event is documented in the patient's notes and on the MHAT's shared drive. Reporting of incidents is a requirement to monitor musculoskeletal injury and through investigation prevent the risk of recurrence.

There has been a 33% reduction in the number of reported inanimate load handling incidents and a 28% decrease in patient handling incidents. The total number of patient handling incidents is 57 with the most (16) occurring in MoPRS. Total number of inanimate load handling incidents is 20. Specific training for MOPRS has been delivered to help to reduce the number of incidents in 2012/13.

Rehabilitation of staff with a musculoskeletal disorder (MSD) should be timely and appropriate to their needs in the workplace. 36 members of staff were referred to the MHAT either by Occupational Health, a manager or as a self referral. The MHAT responded to all the referrals within 3 working days. Staff are referred when they have a MSD. The moving and handling that causes the member of staff problems is identified during the referral process and this is reviewed by the MHAT in the workplace. A report was written post each visit and sent to the Manager, Occupational Health and the person within 10 working days.

There has been one legal claim against the Trust with regard to a back injury at work. Our Lead Back Care Advisor gave evidence which was instrumental in PHT successfully defending the case.

Training

Occupational Health and Safety deliver Health and Safety and Manual handling training across the Trust. OH also delivered absence management training jointly with HR to approximately 50 staff in 2011/12. Monthly training for 2012/13 has been established to ensure managers have a clearer understanding of the role of occupational health, the attendance policy and the completion of good quality management referral forms with clearly identified questions to be answered.

Across the trust essential training compliance for H&S is currently at 74%. H and S training is delivered once at induction. H&S information and updates will be provided to staff across the trust via a quarterly newsletter, the link and team brief.

Moving and handling training is essential. Overall 72.2% of Trust staff are in date for their essential training in manual handling. The majority of staff updated via the generic essential training programme held in the training room, whilst most DCCQ staff updated via an established onsite programme delivered by the MHAT on E5.

16 members of staff successfully completed the 4 days IOSH course in October 2011.

Incidents of violence and aggression are in the top 3 of our staff reported incidents across the trust. With the loss of the key trainer for violence and aggression training work will need to be undertaken with the learning and development department to ensure that staff safety is not compromised whilst a solution is sought.

Aquilis

Aquilis is PHTs in-house counselling service. The purpose is to support staff and in so doing to support the Trust by keeping staff at work and psychologically healthy and fit to look after patients. Aquilis offers an initial assessment followed by up to 8 counselling sessions per client. Clients are referred via self referral or through occupational health. A clinical judgement is made at the end of the clients counselling.

- 4.8% of PHT staff has undertaken face to face counselling.
- 29% of these came into counselling due to work related stress with a number of others having other work related issues. .
- 28% of clients take up 8 sessions 59% of clients use less than 8 sessions whilst 13% of clients have in excess of 8 sessions.
- 92% of staff found counselling very good or excellent

Of the staff who took time off sick, and responded to our questionnaire, 70% said that counselling helped them return to work sooner than they would otherwise have done and 61.3% of those off work at assessment were back at work by the end of their counselling.

91% of the clients who did not take time off work said that counselling prevented them from taking time off.

Dermatitis and Latex

In line with HSE recommendations and the requirements of the COSHH regulations all of the CSC's have completed risk assessments for those areas that retain the use of latex gloves. A dermatitis questionnaire was sent out to all clinical managers to arrange completion by their relevant staff members. 219 were returned to OH. For most of these OH gave simple advice for managers to pass onto the staff members or first-line actions to employ e.g. use of emollients, change of glove. A total of 63 staff were further assessed in OH for dermatitis problems and were managed as per the OH dermatitis protocol.

Workplace assessments

79 workstation assessments for display screen equipment users were undertaken in 2011/12 and recommendations for adjustments to suit each user were made. Feedback from managers clearly indicates that an adjustment, such as the provision of a more ergonomic chair for use, significantly supports a reduction in sickness absence.

Flu campaign

A more robust flu campaign was established for 2011/12 including more flexible clinic arrangements and ward/department visits. Leaflets were sent with individual payslips sponsored by Pfizer. Each CSC via the relevant HR Business Partner was given a weekly update of flu vaccination uptake during the campaign. Ward and department visits were arranged through line managers. Together this resulted in a more robust management approach of ensuring staff in the key service areas were vaccinated and an increase in uptake of 15.6%.

CSC	2009	2010	2011
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Bank Division	8	8	29
Cancer CSC	59	87	95
Charitable Funded Division	2	2	4
CHAT CSC	248	345	376
Clinical Support CSC	365	446	541
Corporate Division	1	1	1
Corporate Functions	203	252	394
Emergency Care CSC	84	122	151
Facilities Management Division	9	10	15
Head & Neck CSC	67	86	120
Internal Medicine CSC	176	221	287
Internal Surgery CSC	81	120	145
MOPRS CSC	161	171	247
Muscular Skeletal CSC	93	121	168
Renal CSC	80	106	97
Research & Development Division	2	3	5
Retained Employees Division	5	4	11
Trading Division	19	22	28
Women's & Children's CSC	203	302	338
(Unknown)	130	277	77
Grand Total	1996	2706	3129

Income Generation

Occupational Health provides occupational health services to 70+ small and medium enterprises across Hampshire. This will develop into West Sussex this financial year. Income from local businesses has suffered a 2% drop from £328000 in 2010/11 to £322000 in 2011/12 in comparison to year on year increases since 2007/8 of 5-10%. This is due to a reduction in the number of companies obtaining their flu vaccinations from a cheaper supplier and a general trend of a reduction in spend across small businesses.

PHT Occupational Health physician achieved Appointed Doctor status under Control of Lead at Work Regulations. This allows OH to carry out medical surveillance of classified lead workers for Income Generation clients

Notice has been given by Solent NHS Foundation Trust to end our occupational health service provision on 31 August 2012. Solent will provide the service themselves in house. This will result in a loss of £125077 per year as part of the interTrust agreement.

Southern Health NHS Foundation Trust has also given notice for occupational health service provision to cease from 30 November 2012 which could lead to a loss of income of £133000. Provision of an OH service to 1900 staff on the east side of the Southern Health patch is provided currently as well as clinical and line management to 3 Southern Health staff for a workforce of 1500 based at Tatchbury Mount. There are three other providers of OH services, Southern Health requires one lead provider. An expression of interest has been made for PHT to tender for the full OH service for 8500 staff across Hampshire and parts of neighbouring counties. This could provide an income of approximately £500000. The tender is due to be awarded in September 2012.

Aquilis has generated income of £31441. Maternity Services will no longer be funding counselling of patients other than clinical traumas or bereavements from 31/5/12 resulting in a loss of income of £20000.

PHT was successfully awarded the provision of occupational health services for 6500 Western Sussex Hospitals Trust staff providing an income of £400000. Three staff Tupted across to PHT from 1 January 2012. This contract is for a period of three years with two optional years to extend. This provides an ideal opportunity to expand our income generation provision into West Sussex for small and medium enterprises.

Actions for 2012/13

Action	Responsible Person	Deadline
Develop a fit for work business case	Brian Griffiths	15 August 2012
Establish an SLA with Solent GU Medicine	Nicky Carter/Emar Wills	30 September 2012
Develop Income Generation activities across Hampshire and West Sussex	Debbie Hayes/Penny Appleford/ Brian Griffiths/Maggie Tarpey	31 March 2013
Support HR and Managers to reduce absence to 3%	Debbie Hayes/Brian Griffiths	31 March 2013
Identified dates and programmes established to raise awareness e.g. Back care awareness week	Rosie Lake	31 March 2013
Provide a study day to enhance the skills of staff to manage patients who are bariatric and have complex moving and handling needs.	Rosie Lake	31 March 2013
Health promotion 4 targeted programmes per year	Debbie Hayes/Brian Griffiths	31 March 2013
Quarterly short report to board on Wellbeing in line with Operating Framework 2010/11	Nicky Carter	October 2012 January 2013
Develop Clinical Excellence and Audit across the service <ul style="list-style-type: none"> • Back audit and action plan development and delivery • Managers survey and action plan development and delivery • Sharps audit and action plan development and delivery • Nice audit and action plan development and delivery 	Sue Harvey	31 December 2012
To promote occupational health and improve the profile across OHSS <ul style="list-style-type: none"> • Visibility of OH staff including Clinical Lead • OH lead for each CSC across PHT 	Nicky Carter	31 March 2013
Improve corporate reporting to ensure an increase in uptake in flu vaccination	Penny Appleford	31 August 2012
Reduce the number of incidents/episodes without an identified CSC	Clare Axtell	30 September 2012
Review the number of flu clinics provided to ensure a routine service is maintained	Penny Appleford	31 August 2012
Ensure a multi-disciplinary task group is set up for successful introduction of sharps safe devices to reduce the risks from needle stick injuries with maximum savings where available to ensure compliance.	Sue Harvey/Brian Griffiths/Debbie Hayes	30 September 2012
Establish a texting service to reduce the number of DNAs and improve timely access to the service	Penny Appleford	31 August 2012
Health and Safety target areas for accident reduction: - Sharps Injuries Violence and Aggression Slips, Trips and Falls, Collisions, Exposure to Biological Hazards. Working towards a 5% reduction in all of these areas through education and awareness raising	Jenny Cattle	31 March 2013
Working at Height and Carriage of dangerous goods by road review	Jenny Cattle	31 March 2013
Extended skills H&S training for this year to support the link roles and H&S leads and 'buy in' the IOSH Managing Safety for Health Care Professions	Jenny Cattle	31 March 2013