



## Improving the health of the NHS workforce

*From April 2008 to March 2009, an Expert Group met to consider how to improve the health of the NHS workforce. The work of this group has now been fed into a major national review, which is being led by Dr Steve Boorman FOM. This paper documents the work of the Expert Group over this period.*

### Summary of matters discussed and decisions made

#### 1. Background:

- 1.1 In April 2008 an Expert Group was convened by David Snashall (President of the Faculty of Occupational Medicine at the time) at the request of Clare Chapman, Director General, NHS Workforce.
- 1.2 The meetings, under the auspices of DH, were arranged and the Secretariat provided by the Faculty of Occupational Medicine. The original brief for the group was to examine the health of the NHS Workforce, suggest ways in which it could be improved and consider in what way occupational health services should contribute. The Group held firmly to the view that health, both physical and mental was not good in the NHS and that, by improving matters, benefits could flow in a number of realms including the quality of patient care.
- 1.3 Nuffield Report:  
Eleven years ago the Nuffield Trust convened a partnership of leaders of bodies principally involved in the NHS to assess the available evidence on the health of staff in the NHS and other healthcare workers, including general practitioners and their staff. The document which was written by a project team including Dr Sian Williams identified health problems in NHS staff, many of them preventable and treatable. It also provided an evidence-based programme of action designed to improve physical and psychological health and, work attendance, organisational efficiency and effectiveness. The Group recognised the value of this piece of work, lamented the fact that many of the recommendations had not been implemented and considered that, in some form, this report should be updated and perhaps re-launched. The Group recognised that the landscape had changed since 1998 and there was increasing recognition of the importance of the occupational health of workforces especially perhaps in the health services where pressures and expectations are so great and the consequences of poor health so serious. In the last decade, work has been done in this area by NHS Employers, NHS Plus, the Health and Safety Executive, the Department of Work and Pensions, the NHS Staff Council,

the Association of NHS Occupational Physicians and Nurses and others. The Group felt nevertheless that the health of the NHS Workforce was not notably benefiting from the efforts of these bodies and they identified the barriers as including the following:

- Initiatives are not joined up
- There is a lack of metrics
- Employers of NHS staff do not take the health of the workforce seriously.
- There is a focus on health and safety and absence management rather than health risk management.
- Managers see health status as being a medical issue.
- Many NHS Occupational Health Departments lack credibility.

#### 1.4 Initial views of the Group:

- These issues will become crucial as the labour market tightens and the retention of good quality people in the NHS workforce becomes more difficult.
- This theme will have to be quickly incorporated into the government's response to Dame Carol Black's review of the health of the working age population of Britain, the Next Stage (Darzi) Review and the NHS Constitution.
- Occupational health will have to be at the heart of health service operations – not a luxury bolt-on – and needs the kind of high profile presently enjoyed by Infection Control.
- Any changes or interventions will have to be at a whole systems level – and not necessarily medically led.
- There is much to be learned from other organisations, notably the military, large companies and some of the other countries in the UK.
- Mental health must be seen as a priority.

## 2. Working Groups

2.1 An early working group was convened and its views, endorsed by the Group were:

- It is essential to update the Nuffield report.
- Exploiting data already present in the ESR is necessary.
- The usefulness of the staff survey is acknowledged; its capabilities could be extended.
- The development of staff values and manager training need to be mandated by Trust Boards.
- KPIs for mandatory and evidence-based occupational health activity should be developed.
- Interventions must be evaluated.
- Given the suspicions of many of the stakeholders in this area, multi-level commitment is necessary. However compelling the academic argument, in a culture which is presently targets and finance driven, a change to "health values" will need prolonged championing.

2.2 A further sub group was set up and concerned itself particularly with the Staff Survey, the ESR and other possibilities for collecting information.

Contact was made with the appropriate leads within NHS Workforce, ESR and the Staff Survey. The conclusions of this Group were that:

- The ESR could be further exploited.
- The Staff Survey is the natural home for collecting data on NHS staff health and wellbeing.
- The data already held within the Staff survey should be made available more widely for research purposes.

### Progress

- 2.3** By this time the contents of the government's response to the Carol Black Review were known to include a review of the health of the NHS workforce and pledges were evident in the draft NHS constitution. As agreed, the Nuffield Trust had been approached and had signalled its willingness to update the Nuffield report. NHS Employers had also published, via the NHS Staff Council, "Occupational Health and Safety Standards for the NHS" and NHS Plus, with the Faculty of Occupational Medicine, have progressed with occupational health service accreditation.

## **3. Conclusions of the Expert Group on Work to be Done**

- 3.1** The Nuffield Trust Report on improving the health of the NHS workforce. This needs to be brought up to date with a literature review, an analysis of trends in changing NHS staff health over the last decade and possibly a re-launch. This will need to be coordinated with the proposed review of the health of the NHS workforce commissioned by DH. It was **agreed** that the review and updating be done by the Nuffield Foundation, commissioned by DH. A draft protocol has been produced and NHS Plus are progressing the details with DH Workforce.
- 3.2** The staff survey. The Group **agreed**:
- (a) To explore how individual Trusts could add agreed global health questions to their own, locally generated, questions.
  - (b) To add relevant questions to the national project. Members of the subgroup have taken this forward with DH and NHS Employers.
- 3.3** Electronic Staff Record  
The ESR contains a wealth of information which could be extracted to give a better measure of certain aspects of workforce health and wellbeing, e.g. turnover, sickness absence. At present it is mainly utilised for HR and finance purposes. It was **agreed** that the subgroup should work with DH Workforce to develop better measures of outcome using information (both locally and nationally) already available on ESR and suggest what further information could be extracted.
- 3.4** Managers dealing with health issues. The Group **agreed** the value of evaluating the training of managers by occupational health professionals and four Trusts have been identified for piloting this work. A protocol has been developed and been forwarded to DH Workforce for consideration.
- 3.5** Longitudinal Study. The Group **agreed** the value of establishing a cohort of HCW's whose health status could be tracked (c.f. the Whitehall

Study). This would be a long term project needing much fuller discussion and working up.

#### **4. Outcome**

Following on from the Expert Group's deliberations, a review of the health and wellbeing of the NHS workforce was announced in the Government's response to Dame Carol Black's review of the health of Britain's working age population. This review – *NHS Health and Wellbeing: the Boorman Review* – has now been commissioned by the Department of Health and will be taking forward many of the themes highlighted by the Expert Group.

#### **5. Position as of April 2009**

- 4.1 The Group last met in March 2009 to monitor progress with the actions that were agreed and discuss emerging findings from the review of NHS staff health. It will meet again in the summer to give feedback to an early draft of the Boorman Review.
- 4.2 As for dissemination of the work of the Expert Group, material is to be incorporated into relevant publications; this will be furnished by the Secretariat.
- 4.3 The Group has noted the excellent progress of the OHCEU's audits of back pain and depression and also the work of POSHH (Partnership for Occupational Safety and Health in Healthcare).
- 4.4 NHS Employers has asked the Group - and other interested parties - to give their views on the NHS Employers publication, "Occupational Health and Safety Standards".
- 4.5 The Group has noted, with approval, that the BT STREAM tool has been piloted to assess its potential for use in the NHS. NHS Plus is taking forward further evaluation with a view to possible implementation.
- 4.6 The Group has welcomed the announcement of the creation of a National Centre for Working-Age Health and Wellbeing.

**Dr David Snashall**  
**Chair**  
**1<sup>st</sup> April 2009**

## **Members of Expert Group**

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**Dr David Snashall**, (Chair) Occupational Physician, London  
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**Ms Margaret Barrett**, NHS Employers  
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