

The Benefits of Managing Occupational Health & Well-being

Dr Steve Boorman



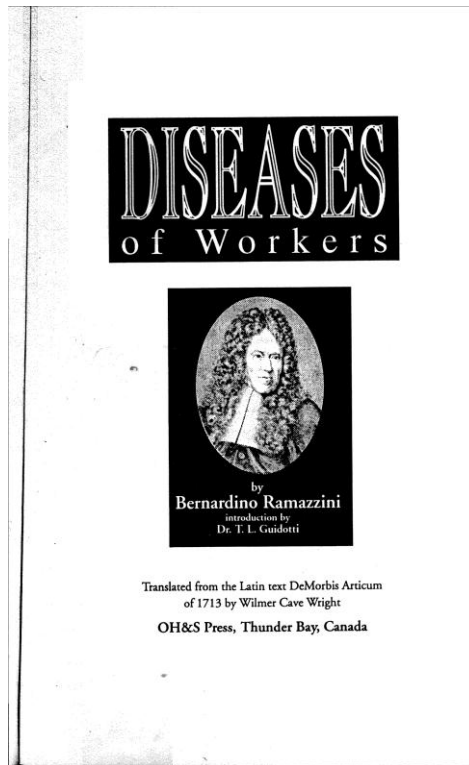
Worldwide reach Human touch

Where do I come from?!

- 20 years working with Royal Mail, including direct experience of major corporate change and challenge
- Occupational Physician but senior leadership role
- Commissioned to explore link between organisational performance (and patient outcomes) with staff HWB in the NHS
- Strategic (organisational) v individual view of good OH

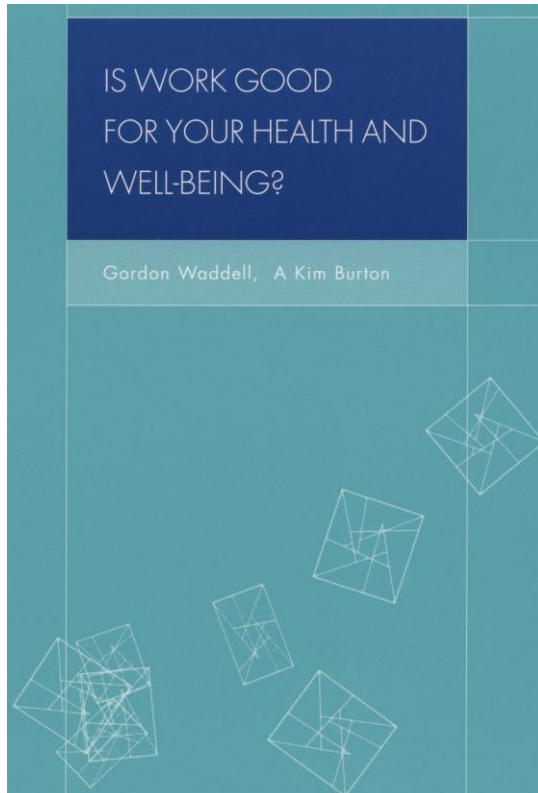


We have a lot of baggage!



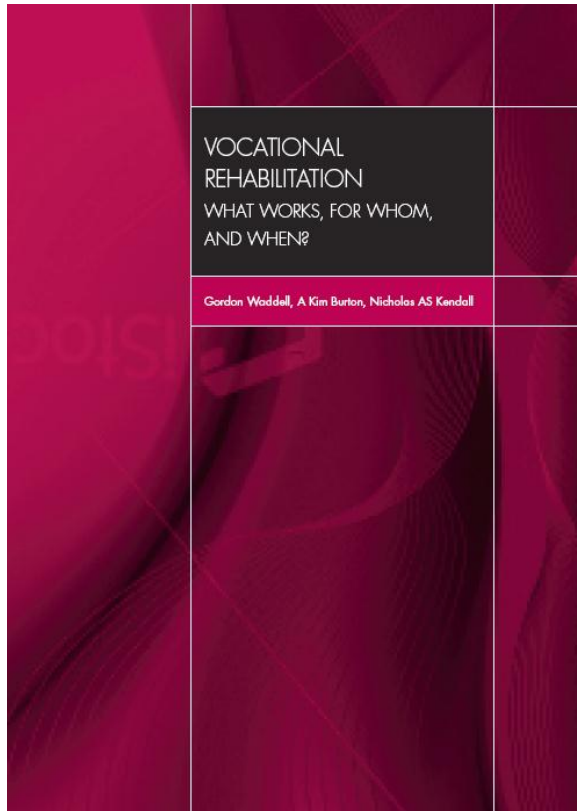
- Work seen as noxious or harmful!
- Major changes across 20th century on workplace safety
- Progress on occupational health has been slower!

Our understanding is changing!



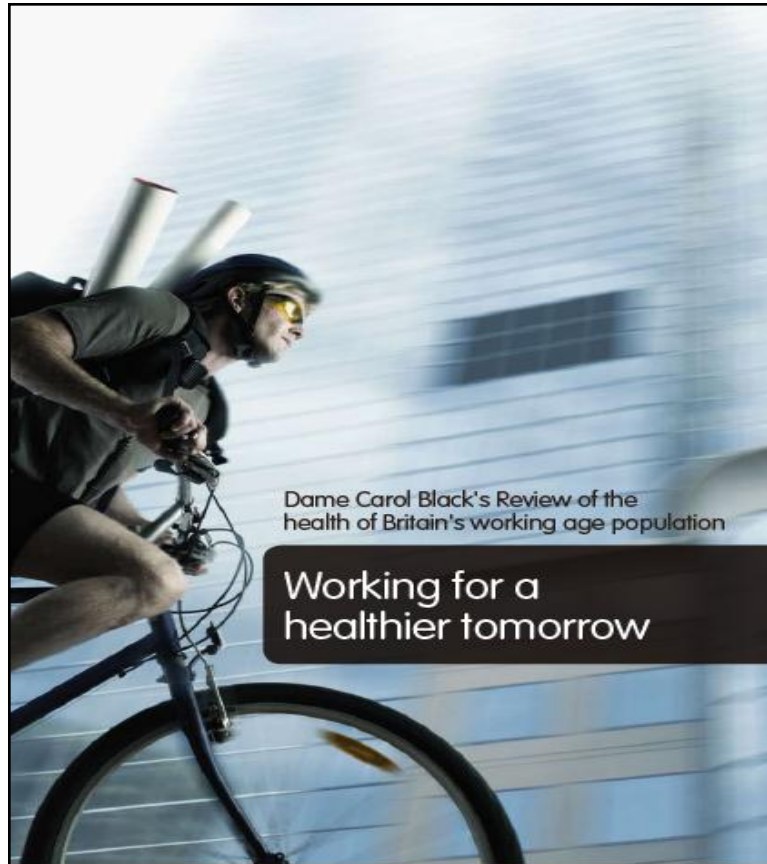
- 2006 Waddell & Burton commissioned to undertake evidence based review
- Benefits of being in or returning to work greater than those of being workless

You can make a difference!



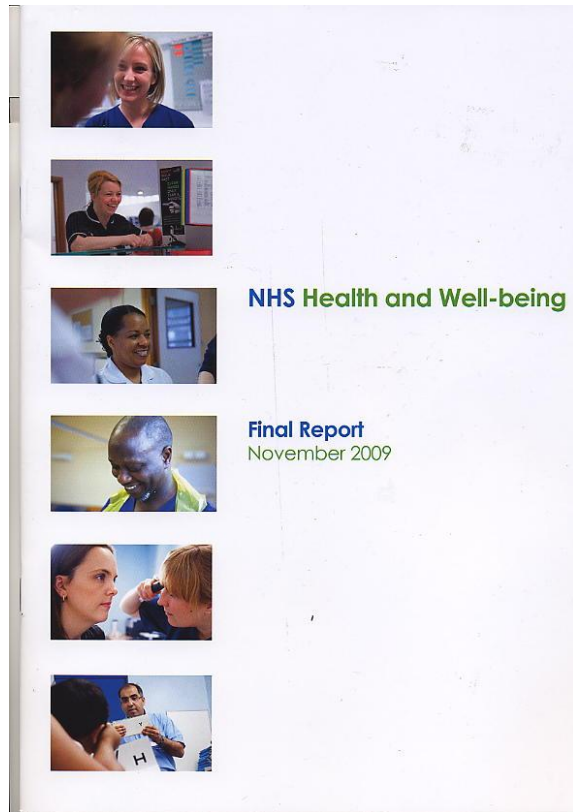
- 2008 Evidence based review:
- *VR is whatever helps someone with a health problem to stay at, return to, and remain in work*
- VR can be effective + has cost-benefits
- This implies a broad range of measures to support employees to remain in work

These numbers are significant!



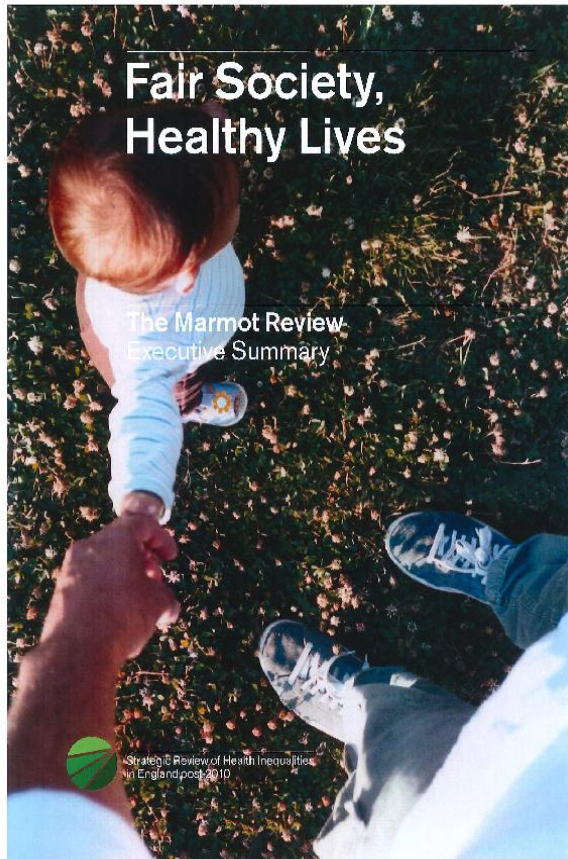
- 2008 Dame Carol Black
- Ill health amongst working age population in the UK costs equivalent of running a second NHS
 - >£100 billion
 - Fit notes
 - Fit for work services

I will return to this!



- 2009 Review of NHS workforce
- Compelling evidence linking workforce health and wellbeing with patient outcomes, organisational performance and success against regulatory targets

Work is important to health!



- 2010 Fair Society Healthy Lives
- 6 domains that determine health inequalities across the UK
- WORK – domain C

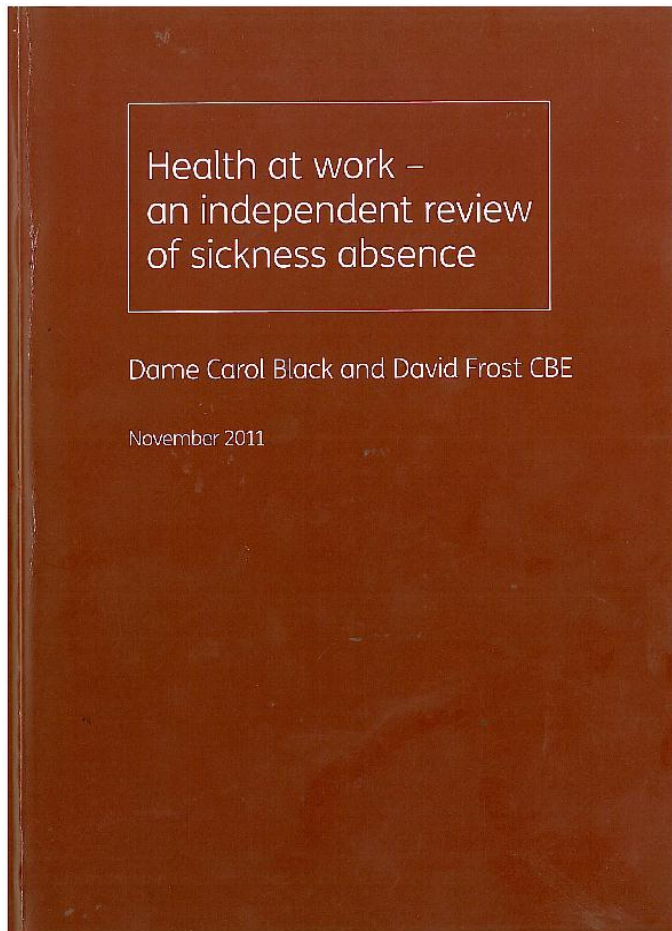
What is Good Work?

- **Precariousness** – stable, risk of loss, safe
- **Individual control** – part of decision making
- **Work demands** – quality and quantity
- **Fair employment** – earnings and security from employer
- **Opportunities** – training, promotion, health, “growth”
- **Prevents** social isolation, discrimination & violence
- **Share information**, participate in decision making
 - collective bargaining, justice if conflicts
- **Work/life balance**
- **Reintegrates** sick or disabled wherever possible
- **Promotes HWB** – psychological needs self efficacy, self esteem, belonging and meaningfulness

- Both physical and psychosocial environments critical



We expect a response shortly!



- 2012 Dame Carol & David Frost
- Economic consequences of mismanaged sickness absence
- Need for assessment and intervention after 3-4 weeks of absence

Some simple principles

- Illness is only one factor in becoming disabled



A true
story!

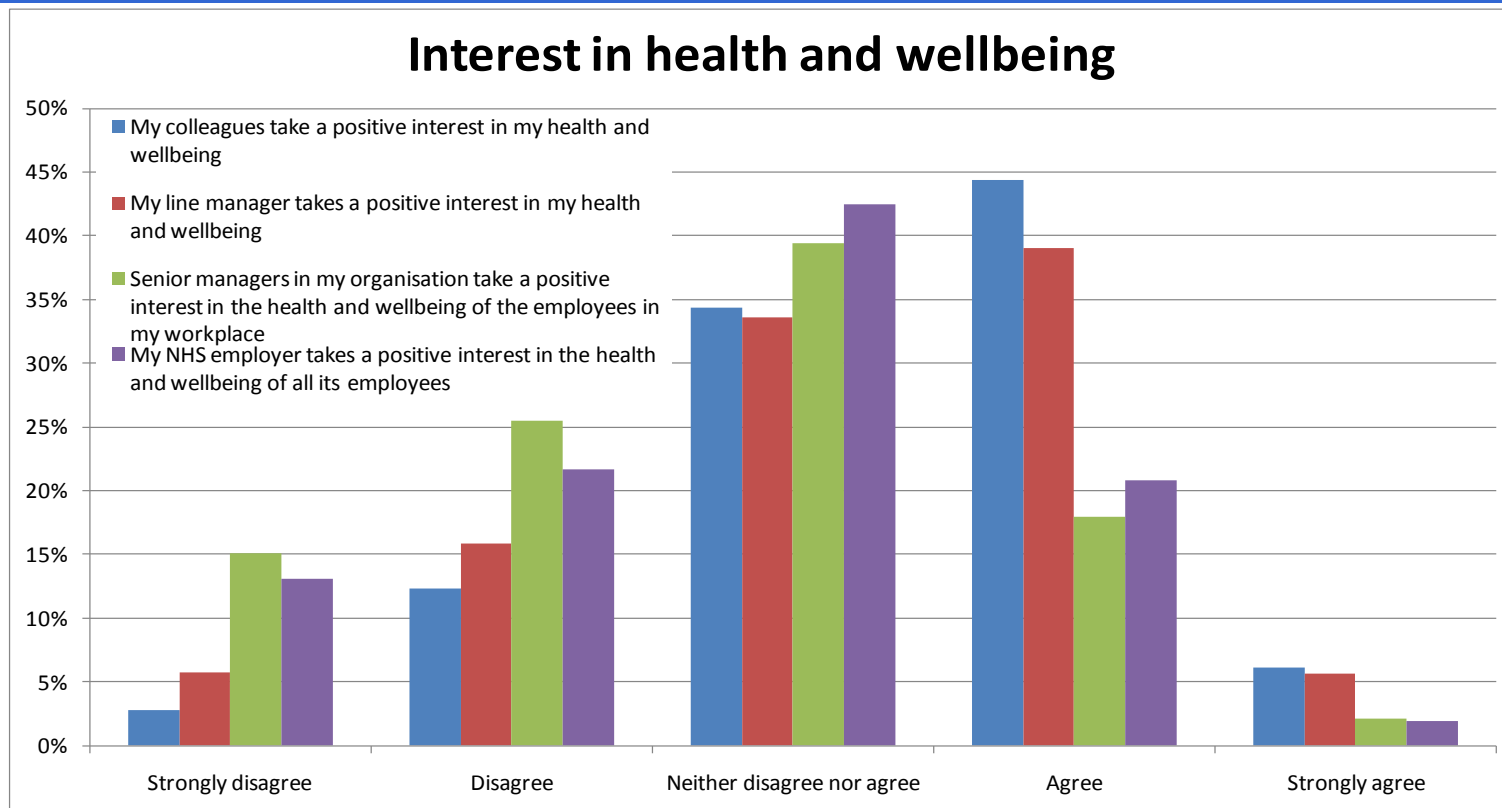
Health of NHS Employees

Data Modelling is there any real evidence it makes a difference?

| Smoking as a risk factor for SA | Non Smoker | Smoker | Heavy Smoker |
|---|------------|--------|--------------|
| Likelihood of absence | 30% | 59% | n/a |
| Likelihood of absence for a period greater than one day | 34% | 54% | 59% |

- **Smokers do have more sickness absence**
- **And NICE has evaluated smoking cessation effectiveness**

Is HWB Important – NHS staff feedback? Cobblers children!



- Although 80% of NHS staff felt their HWB impacted on quality of patient care, only 40% believed their employer cared!
- We also found over 65% of staff reported coming to work in last month feeling ill enough to consider taking time off!

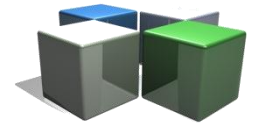
NHS Workforce HWB

The Case for Change

Correlation between HWB performance and outcomes was significant and consistent

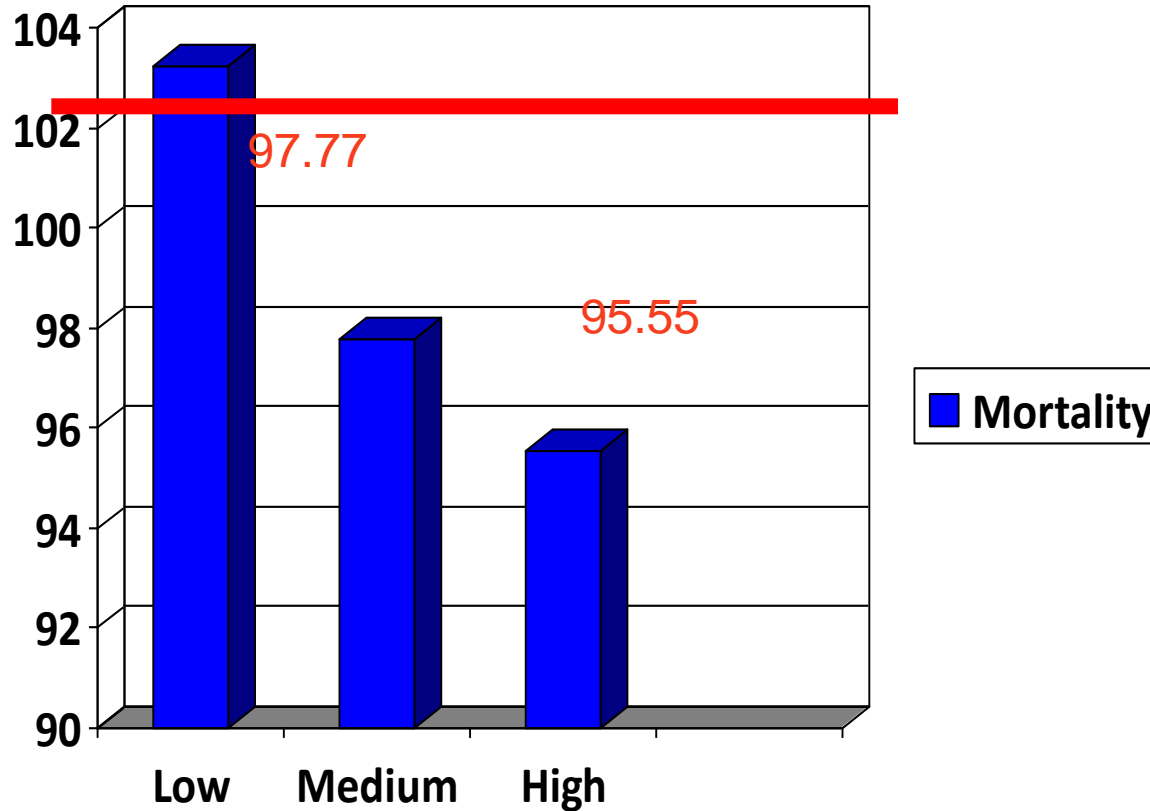
| | Trust A | Trust B | Trust C | Trust D |
|------------------------------------|-----------|-----------|---------|---------|
| Absence Rate | 4.21% | 4.04% | 4.58% | 4.70% |
| Turnover Rate | 10.5% | 9.79% | 11.65% | 17.02% |
| Agency Spend | 1.70% | 2.96% | 1.71% | 4.57% |
| Patient Satisfaction | 78.9 | 76.4 | 77.4 | 67.5 |
| MRSA rate | 0.65 | 0.88 | 1.56 | 0.95 |
| Health Check – Quality of Services | Excellent | Excellent | Weak | Fair |
| Health Check – Use of Resources | Excellent | Excellent | Weak | Weak |

..... And since the review!



Engagement from staff survey

103.24



Higher staff engagement does equal lower hospital mortality!

Likelihood of lost time – understanding risk factors

- Sunday Times Top 100 Companies to Work for
- “feeling listened to was the most important factor in determining how much respondents valued their organisation”



NHS Health and Well-being

Final Report
November 2009

| Management capability and actions | Listened to | Not Listened to |
|-----------------------------------|-------------|-----------------|
| Likelihood of absence | 34% | 54% |

Exercise and sickness absence

| Exercise and sickness | No Exercise | Regular Exercise |
|---|-------------|------------------|
| Likelihood of no absence in non-smokers | 57% | 65% |

- **But exercise was difficult with demanding jobs**
- **But arrangements didn't always make it easy!**
- **Often simple “hurdles”**

US data – after Loeppke, Eddington & Burton

- 70% of Health care costs per employee hidden – sick presence
- 1 health risk = 15% reduction productivity, Avg 6.4 additional working days lost
- 4 or more health risks = 27% lost productivity, Avg 12.6 working days lost
- \$633 dollars per employee

- (UK data sick presence 2.5 - 5 times cost of sick absence)

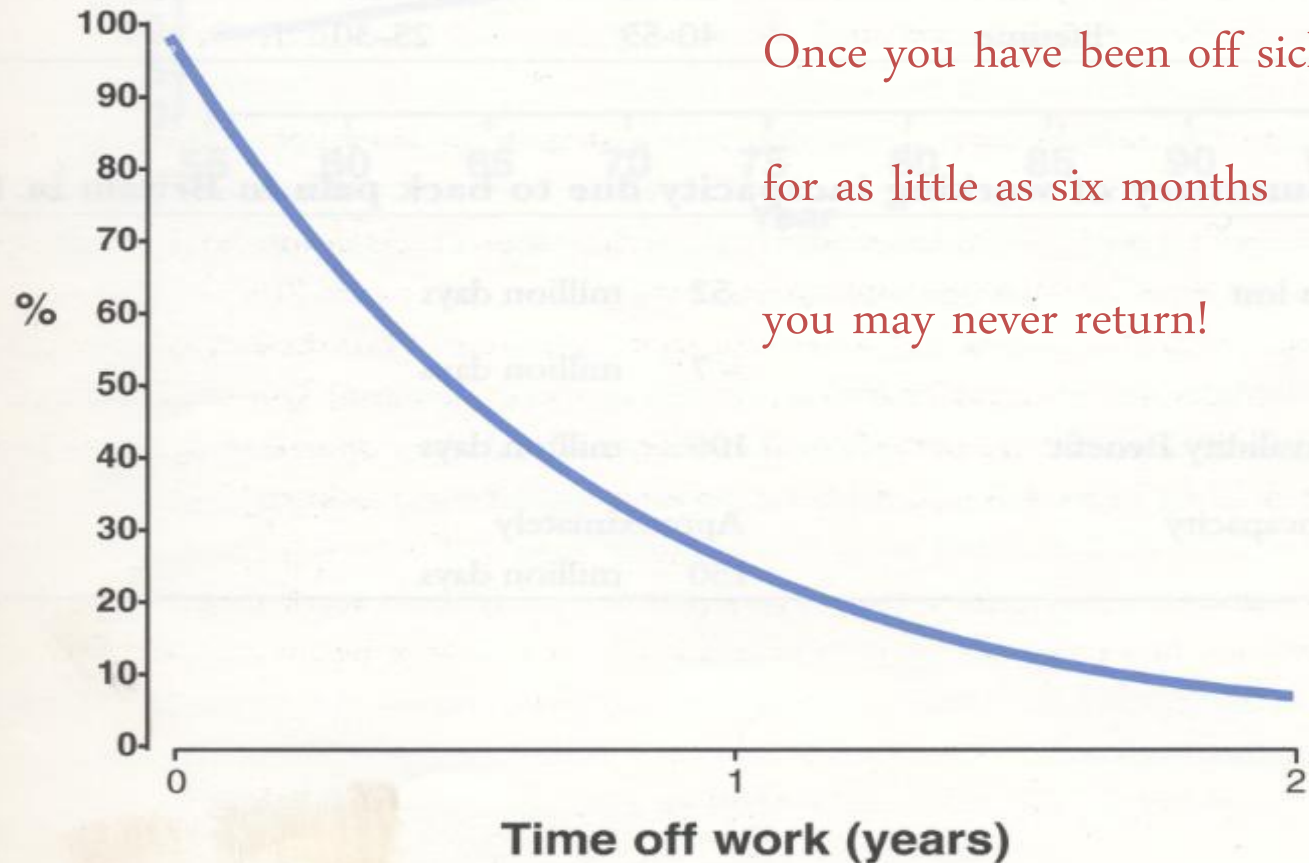
- Evidence from US mirrors UK (eg BiTC Workwell programme) – health risk reduction does lower cost and improves performance

Timely intervention!

Days off work

Return to work is significantly slower in those with sciatica but no good figures are available. The longer a person is off work with back pain, the lower their chances of returning to work.

Figure 2 - Probability of return to work



Why rehabilitate?

100%

Proportion of people **not** recovered or returned to work

Shift Recovery curves



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Why does this make a difference?



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So isn't it obvious?



We expect high performance in difficult conditions



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A crash is inevitable without care!

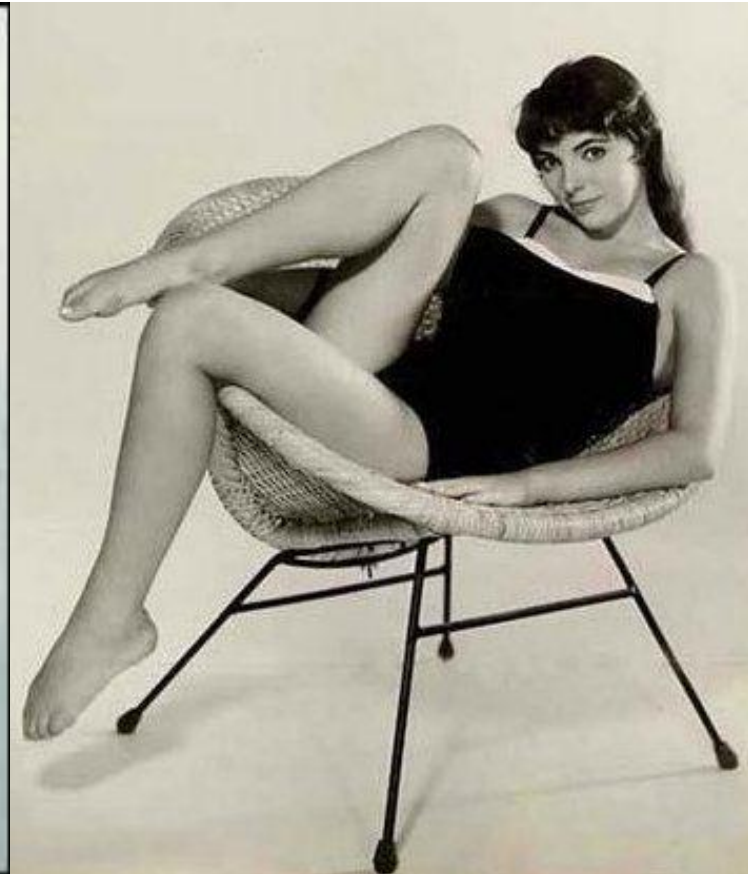


High performance doesn't happen by accident



- But we do expect these to keep working without cost!

We need key assets to last



The modern workforce is ageing!



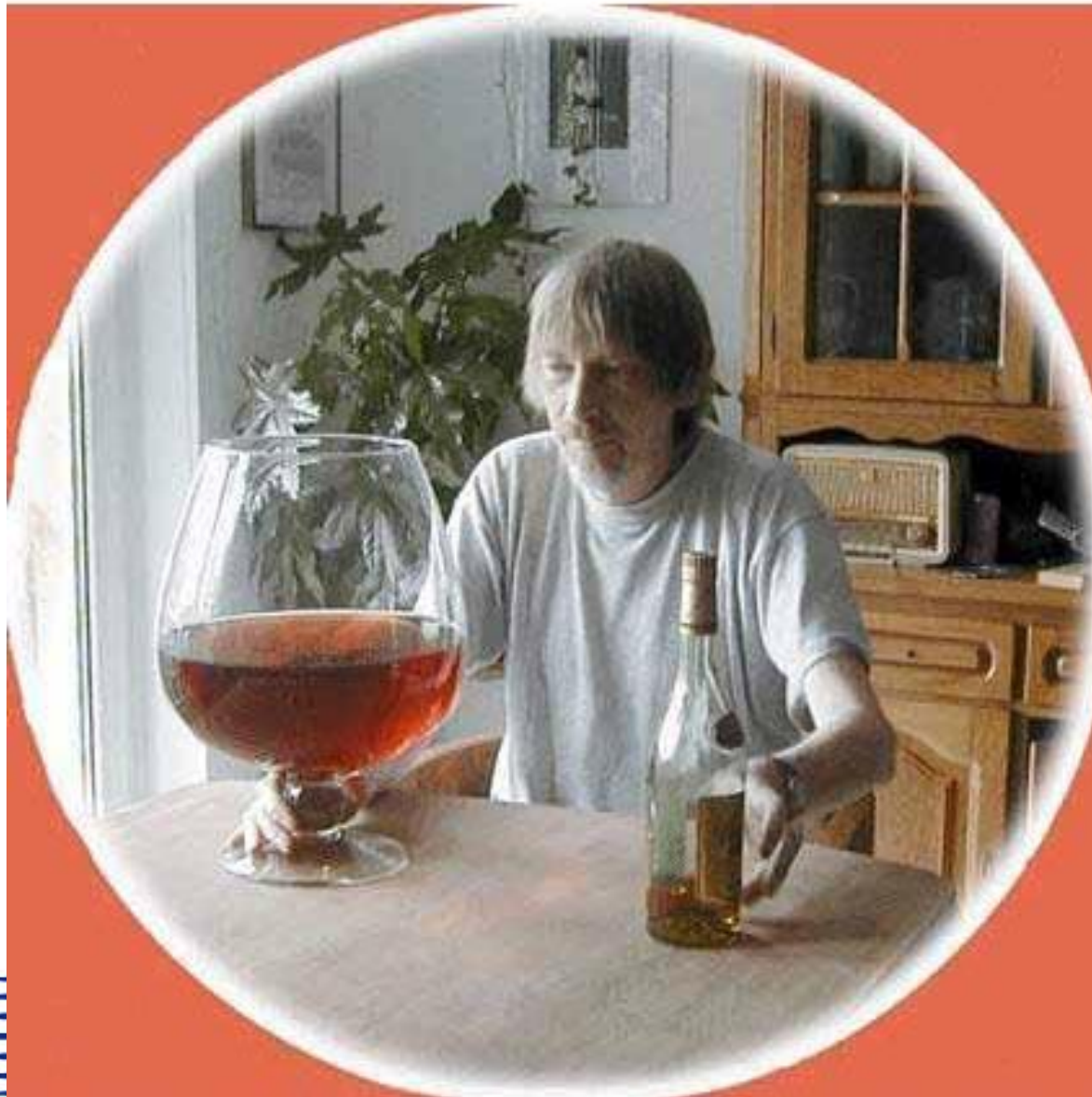
Older workers will inevitably have more long term health conditions!





But that is not necessarily linked to more illness!

My Doctor said "Only 1 glass of alcohol a day". I can live with that.



We don't always
share intuitive
Health literacy?

Some employers started earlier than others!



- 1824 – Cadbury recognised that providing good working conditions and workplace support gave a better product



Royal Mail

- 1855 – appointed its first workplace doctor to improve health and reduce sickness absence!

Good occupational health?

- Prevention focus – risk reduction
- An employee benefit – not the stick!
- Organisational as well as individual interventions
- Prompt intervention / support when needed
- Trusted
- Good knowledge of industry concerned – risks and practicalities

‘work should be comfortable when we are well and accommodating when we are ill or injured’

Norton Hadler (1997)