

CHESHIRE OCCUPATIONAL HEALTH SERVICE (COHS)

OCCUPATIONAL HEALTH SERVICE IMPROVEMENT

SUMMARY

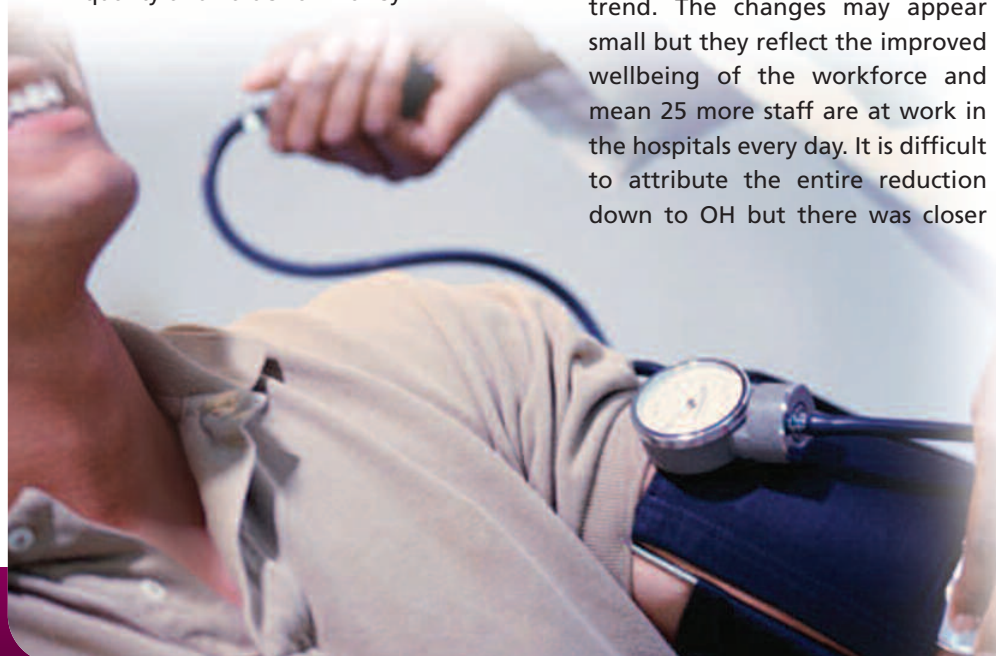
The Cheshire Occupational Health Service (COHS) was established during 2008 as a collaborative service serving two Acute Trusts namely; Mid Cheshire Hospitals Foundation Trust (MCHT) and East Cheshire Trust (ECT) and two PCTs. Formally launched on 1 April 2009 the intention has been to grow the service to neighbouring NHS organisations and other public and private sector organisations in the area that COHS serves. To date (Spring 2011) COHS has won the contract to provide occupational health service to The Christie NHS Foundation Trust beating stiff competition from commercial rivals with a bid founded on outcomes, quality and value for money.

KEY OUTCOMES

- **Won first 'in-source' contract within NHS** – COHS was the first NHS OH unit to win an OH contract with another NHS Trust that was being delivered by a commercial company. The Christie conducted a tender exercise and COHS won against intense commercial competition displacing the incumbent commercial provider
- **Reduced Sickness Absence** – From the year 2007/8 to 2009/10 the sickness absence rate at MCHT reduced from 5.18% to 4.74% and at ECT from 5.18% to 4.60%. These reductions have been sustained and there is a continuing downward trend. The changes may appear small but they reflect the improved wellbeing of the workforce and mean 25 more staff are at work in the hospitals every day. It is difficult to attribute the entire reduction down to OH but there was closer

working relationships established with Managers & HR colleagues to help with improved management of attendance combined with early and decisive action on all parts.

- **Improved Immunisation rates** – The OH team delivered unprecedented success with the influenza immunisation campaign. For example at ECT COHS achieved the highest combined rate of influenza immunisation of any acute non-specialist Trust in England that took part in the Health Care Workers (HCW) immunisation campaign. It achieved 66.5% for swine flu (2nd highest of English non-specialist Acute Trusts) and 57.3% for seasonal flu (3rd highest of English non-specialist Acute Trusts). These rates reflected not just the hard work of the OH team but also the wider engagement of people throughout the organisation. Divisional managers made space and resources available; the CEO was photographed for the local newspaper; when short of staff the Director of Nursing joined the team in the clinic to administer vaccines; and consultants in the high risk areas of paediatrics and obstetrics stepped forward first.





GOOD PRACTICE CASE STUDY

NHS
North West

- **Integral part of Wellbeing strategies** – COHS has made sure that occupational health has become an integral part of broader wellbeing strategies in each of its partner organisations with health and work being included for the first time in Trust-wide clinical strategies. There is a coherent plan to improve the health of the workforce and the organisation works closely with HR, managers, and employee representatives
- **Benefits to patients** – these include faster access, improved facilities, and easier access to consultants in Occupational Medicine
- **Built Good Reputation** – COHS has rapidly built a reputation for service leadership in the region and beyond with excellent feedback from the stakeholder group. This has been underpinned by the professional development of the clinical team to increase the efficiency and effectiveness of case management. COHS has won team of the month in one Trust and Team of the Year in the other.

AIMS

- Create a truly world class OH team, recognised widely for the exceptional service it provides, in helping its patients to continue working comfortably and productively.
- Develop a larger critical mass of population through collaboration and an improved mass of proficient Occupational Health specialists resources as well as the sharing of posts to achieve economies of scale (eg service manager).
- Ensure longer-term security for the maintenance of local services, enhanced job security for staff and opportunities to market services
- Ability to meet emerging demands (such as the NICE guidelines for the workplace, the recommendations on support for doctors from the National Director for Mental Health and NCAS, and the report from Dame Carol Black and Steve Boorman).

KEY STAGES OF SET-UP

- **Service Design and consultation** – In 2008 after designing the new service the Trusts entered a formal (consultation) process to populate the new, unified service. Staff representatives were consulted. Managers and Executives from each of the Trusts were involved in considering the future need and the model to be pursued.
- **Steering Group & Stakeholder Group Formed** – Cheshire Occupational Health Service (COHS) Steering Group was established, chaired by the Chief Executive and with executives and senior managers from other Trusts. The Steering Group met for the first time in 2009 and continues to review performance on a quarterly basis. In addition a Stakeholder Group was established in 2009 with a broader range of representatives from the partner organisations to provide feedback and guidance for the service.
- **Formal Launch** – following the recruitment of a consultant in occupational medicine at the beginning of the year COHS was formally launched on 1 April 2009
- **Strategy presented** – a five year strategy was presented to the COHS Steering Group in September 2009. It is underpinned by guidance on health and work from NICE, the Royal Colleges, and other evidence sources
- **Occupational health championed** – this was championed within the Trusts with a clear message that the OH service needs to be at least as good as any clinical or other service, with strong relationships being built with customers along the way

BACKGROUND

In 2007 Cheshire NHS Trusts formally market tested occupational health announcing a formal tender process, accepting bids, hearing presentations, and meeting bidders. Despite considerable interest none of the bidders were able to convincingly demonstrate a capacity to deliver Cheshire's current and future needs. The tender process provided persuasive evidence of the need for a Cheshire NHS OH Shared Service that supported the health and wellbeing of the NHS and reached out to local businesses.

After testing the market and finding commercial providers were not able to meet the Trust's needs a detailed review of Occupational Health was commissioned in September 2007. This review reported in December 2007 and emphasised the need for modernisation of the OH service. Specifically findings included:-

- The service lacked direction - in most part due to the challenge of recruiting and retaining proficient specialists
- There were service inefficiencies that could be reduced by transformation to a new collaborative model of service delivery.

- **Appointment of Service Manager and team** – the implementation of a new model began with the appointment of a Service Manager to a newly created post. His first objective was to act as project manager and lead the implementation of the model that had been agreed from the review. He then led the recruitment of a new leadership team consisting of a consultant and a senior nurse and the transfer of existing OH staff from the partner Trusts into new posts in the collaboration
- **Facilities improved** – the existing facilities were improved, one being replaced and one being refurbished, in early 2009
- **Service Level Agreements developed** – SLAs with clear KPIs have been developed with all the Trusts served and these are now being extended to the Divisional Level
- **Service Policies updated** – these have all been rewritten based on evidence and compliant with NHSLA requirements
- **Trust Clinical Strategy Influenced** – an OH component is now embedded within the Trust's clinical strategy. The development of health and wellbeing services supports the delivery of the Trusts' strategic objectives, including enabling the NHS workforce, delivering innovative new services, and meeting the public health needs of patients
- **Continual Service Improvement** – to take account of new NICE guidance on long term sickness and promoting mental wellbeing in the workplace, the emerging Faculty Occupational Medicine (FOM) service accreditation standards, and the interim and final recommendations from the Boorman review.

HOW IT WORKS

COHS has a very clear mission: "Every One Matters". Its new service model is built on a collaborative partnership of four NHS Trusts, its Steering Group of Trust Executive Director gives it a very strong signal of intent, and its Stakeholder Group of service users facilitates real engagement with the workforce.

Three overarching strategic objectives have been identified as being crucial for the successful development of the Occupational Health Service:

1. Deliver a world class service meeting business needs.
2. Develop a financially viable service aligned to the strategic direction of the collaborative partners – rigorous review of our cost base has enabled COHS to make important cost improvements through improved efficiency. It has delivered a cost improvement plan at the same time as growing services for the workforce and improving delivery.
3. Drive the health & wellbeing agenda for collaborative and partner organisations.

RESOURCES

The initial service review cost £25K including some clinical work. However no additional funds were released for the project itself as the costs were met from existing budgets within OH or HR. This included:-

- Appointing the interim project director at Band 8C to initiate the project for 3 days per week for 4 months
- Appointing a credible transformation programme leader in the form of a service manager (no additional cost as part of on-going new team)
- Modest investment of £40k for in improved facilities (this was needed anyway so was not additional)
- Integrating information systems (£15K found from wider savings in the project)

OCCUPATIONAL HEALTH TEAM OF THE YEAR



KEY CHALLENGES

- Persuading senior stakeholder to invest – not just promising a return but building confidence that it would be delivered
- Persuading stakeholders to give up sole control and buy into shared control through partnership
- Overcoming any local rivalries – recognising that all partners had something to offer and making sure we took the best bits from everywhere
- Keeping stakeholders on board – not letting the project fail when individual stakeholders chose alternative approaches
- Getting people to let go of the past, even let go of some very good things, so that we could then work together in new ways to get a better future for everyone
- Overcoming the inertia in a demoralised team so that they could deliver the new expectations we were setting for managers and staff
- Building the service to the appropriate size for 21st Century occupational health – we need serve 30-50000 NHS staff to deliver the service we believe are the best.

KEY LEARNING

It is important to have the following:-

- **Shared service** – this gives the critical mass necessary to maximise the availability and utility of care skills
- **Effective and cost-effective OH model** – this should be based on evidence, sustainable, credible, and should make a measurable difference to patient care
- **Technology** – new models should be underpinned by technology, from text reminders, to telephone consultations, to voice recognition dictation

- **Effective engagement** – This means having the confidence of customers and patients, who trust and act on objective advice. It means receiving the feedback to help us improve and earning the respect and recognition of our peers
- **Service design** – based on service review and a clinical governance model to make sure that occupational health (OH) services are; cost-efficient, effectively able to achieve challenging objectives; able to offer a quality service to customers, oriented towards effective mechanisms for improving health.

SUSTAINABILITY

The service is now playing a leading part in Cheshire in delivering the emerging Health, Work and Wellbeing agenda and is sharing the lessons it has learnt to help others. For example:

- **Evidence-based practice:** The way COHS has implemented NICE guidance on workplace issues has been presented at two national conferences - one on attendance management and one on mental wellbeing. A case study of one patient, a nurse with a serious progressive illness who has been able to resume front line work, was presented as an example at the launch of the NICE guidance on long term sickness and incapacity
- **Publication:** The way COHS implemented the influenza immunisation campaign, the challenges it faced, and the lessons it learned, are to be published in the journal Vaccines in Practice
- **Research:** COHS has initiated an audit of its clinical work in relation to attendance management. The organisation is also a founder member of a research group working with NHS units in Belfast and Birmingham with its audit results being presented at the Annual OH Conference in Edinburgh in June



- **Networks:** COHS shares its work through a series of networks and has close links with adjacent providers. For example, its service manager chairs the sub-regional OH manager group, its consultant represents OH on the SHA's Health and Work Steering Group, and represents the region on the NHS Plus network board. COHS also collaborates with other centres across the UK in audit and is a founding member of the North West health and work regional research collaboration.

NEXT STEPS

Onward investment levels have been agreed and in 2010/11 COHS will expand telephone consultation, develop care pathways for musculoskeletal issues, review counselling and work to extend its service partners.

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FURTHER INFORMATION

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