GOOD PRACTICE
CASE STUDY

NHS
North West

SALFORD ROYAL FOUNDATION TRUST

SHINE PROGRAMME – WORKING WELL PROJECT – ADDRESSING MUSCULOSKELETAL SICKNESS ABSENCE

SUMMARY

The Working Well (WW) project is one of eighteen projects that were first awarded funding in 2010 by the Shine Programme, which is delivered by the Health Foundation - an independent charity working to continuously improve the quality of healthcare in the UK.

The project was implemented in February 2010 to address staff sickness absence due to musculoskeletal disorders (MSDs). During its first year the WW project was delivered to staff in Salford Community Health and NHS Salford. However, due to Transforming Community Service (TCS) and organisational changes, the need to provide WW services shrank. Therefore, whilst the project was funded in its second year by NHS Salford it was moved to SRFT where it was delivered on a smaller scale, as part of existing Occupational Health (OH) services.

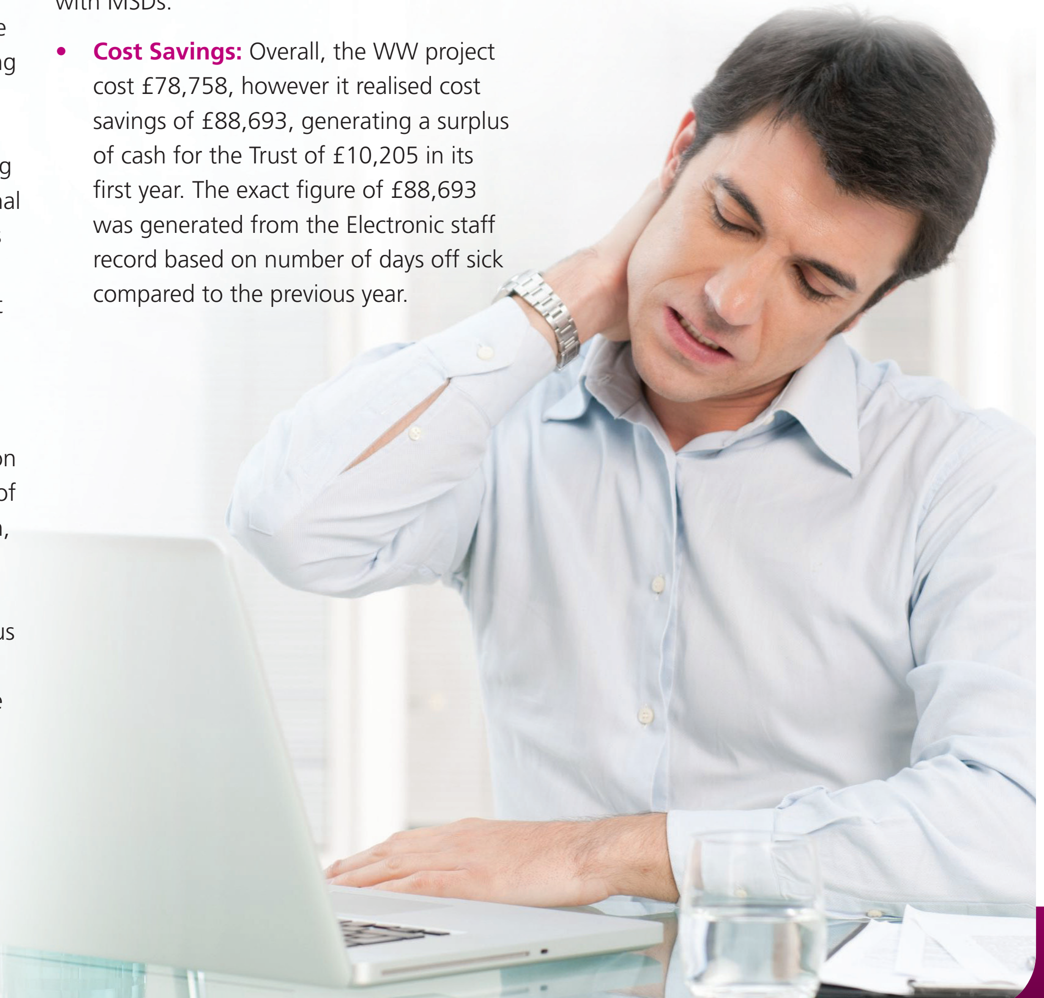
At SRFT it was rolled out within one division initially for twelve months, whilst the rest of the divisions accessed traditional OH. Then, following a successful pilot it was merged with existing OH services and rolled out Trust-wide from 1 April 2012 onwards, thus enriching the model of provision for OH. Staff attending the service work in a range of areas and professions including; estates and support staff, administrative staff, managers at a number of levels, district nursing staff and a range of other clinical and healthcare professionals.

KEY OUTCOMES

The feedback below is based on the evaluation report which was created following the project's first year (See Appendix 1). 304 staff members were referred to the WW service from 1st March 2010 to 31st January 2011. 285 staff members attended the service and were asked to participate in the evaluation study which used a combination of quantitative and qualitative research techniques to assess pre and post intervention the health and well-being of staff as well as sickness associated absence costs for staff with MSDs.

- **Cost Savings:** Overall, the WW project cost £78,758, however it realised cost savings of £88,693, generating a surplus of cash for the Trust of £10,205 in its first year. The exact figure of £88,693 was generated from the Electronic staff record based on number of days off sick compared to the previous year.

This also included costs of work place assessments that had been externally sourced prior to set up of Working Well. Cost savings in future years are expected to be higher as the project management costs and external evaluation have been removed. However projected savings are currently difficult to quantify and it is not possible to benchmark this year's costs against previous years' costs, as the Working Well service has been combined into the Health and Wellbeing service at SRFT as part of transformation of community services.



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- **Sickness Absence:** Sickness absence results from ESR showed that sickness absence decreased in general from 5.2 to 2.6 days per annum per staff member and sickness absence specifically in relation to MSDs decreased from 3.3 to 0.7 days.

  There has been anecdotal evidence that a number of staff have been helped to stay in work, or have returned to work more speedily than they might have if they had not accessed the service. Case studies to this effect have been presented in the monthly dashboard and there were comments made in the qualitative evaluation that could support this idea - see section 3 of Evaluation Report (Appendix 1). Furthermore, prevention of, and a reduction in, sickness absence could have improved teams' capacity and resilience, further facilitated through early referral / consultation.

- **Staff Wellbeing:** Outcome questionnaires demonstrated that staff felt they had improved general and mental health, job satisfaction, and functional capacity, with some staff also reporting more healthy behaviours such as taking up weight watchers and regular exercise. In particular staff saw the WW service as a health benefit from work. They felt more likely to address their health issues at work earlier on in the process, and felt that this may prevent them going off sick. These improvements being maintained at a three month follow-up.

- **Staff Satisfaction:** SRFT has recently received the highest staff satisfaction results in its staff survey and is one of the highest scoring Trusts overall in the North West (top 20%). For the majority of individual staff members and line managers who accessed WW there have been high levels of satisfaction reported in both the anecdotal case studies and in the external qualitative research findings. Positive feedback was also given through the staff trade union representatives and was reported at senior management meetings.

- **Service Provision:** The qualitative evaluation identified success in regards to access and flexibility in service provision, and showed clear improvements in the journey through the service, and closer coordination between healthcare and the workplace. See the pre and post project set up flowcharts (Appendix 4).

- **Line Management:** Managers have gained an understanding of the principles of Vocational Rehabilitation and the importance of early access. There is potential for less inconsistency now between line managers with regard to implementation of the sickness absence policies. Also case managers regularly offer line managers feedback in regards to timing for RTW and make suggestions for workplace/work practice modifications, and disability management in the workplace. As a result managers report they feel less need to go through HR procedures and more confident in tackling health issues in the workplace. There was also a sense of improved working relationships with staff.

- **Positive Team response:** Whole teams are developing an awareness of the interrelationship between work and health (as opposed to focusing on work and sickness), which is likely to create a more proactive approach to staying in work. There is also evidence that staff have shared their experiences of WW with their colleagues and that some of these had subsequently self- referred.

AIMS & OBJECTIVES

The aim of WW is to provide an innovative service, using a worker-centred model of provision and a coordinated case management service. It is delivered to NHS staff with Musculoskeletal Disorders (MSDs) and related psychosocial problems to help them to stay at work (SAW) or return to work (RTW). This reduces the direct and associated costs of sickness absence and improves the health and well-being of all staff. A specialist occupational physiotherapist coordinates care and also coaches other clinical staff in order to develop their skills, thereby potentially improving future capacity and sustainability. Key aims include:

- facilitate a speedy return to normal participation and reduce time off sick
- increase perceived job satisfaction and mental well-being
- reduce sickness absence costs
- improve efficiency and effectiveness of staff with improved levels of care and patient satisfaction

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BACKGROUND

Established in 2010 the Shine Programme was set up by the Health Foundation to help harness innovation and to enable changes to be made in the way services are provided. It does this through encouraging innovators in the service to lead the way, and to show how new approaches can deliver better quality healthcare. As well as supporting innovation at the frontline, the programme promotes those innovations that prove to be most effective to the clinical and managerial leaders of the UK healthcare system, including policy-makers.

This Working Well Project was one of the first projects to be awarded funding through the Shine Programme and came about as a result of a conversation between Chris Smith, Director of Sport, Exercise and Physiotherapy at Salford University and Vicki Dickens, Consultant Physiotherapist at NHS Salford who acted as project manager. Vicki then worked with Chris Parker, Senior Lecturer at Salford University to draft the application for funding, with the view that the Trust would carry out the actual service delivery and gather evidence, whilst Salford University would undertake the evaluation.

North west workers were shown to top the regional absence league with the health service having the highest rate of sickness at 11.7 days per employee with an average cost of £1.7 billion (CIPD, 2009). MSDs and back pain were the main causes for both short and long term sickness absence and accounted for 40% of ill health retirement costs in the NHS (Boorman, 2009) Also, musculoskeletal disorders (MSDs) accounted for nearly 18% of overall sickness within NHS Salford and Salford Community Health.

Pre-project there were considerable delays in the rehabilitation process for workers with MSDs, and six weeks of sickness absence usually occurred before any intervention took place. This was due to:

- **No provision for rehabilitation. Anyone needing physiotherapy treatment had to seek this via their GP.**
- **A lack of specialist knowledge about MSDs in OH. This meant a 'safety first' approach was taken and decisions around RTW were not made until after 'recovery', even though the evidence suggests that most workers with symptoms are able to continue working or RTW within a few days or weeks.**
- **Inconsistent approaches within the GP system in terms of the use of Fit Notes, preference for use of medication and rest or more active treatment; and around decisions regarding referral to physiotherapy treatment and advice**
- **Lengthy waits to access physiotherapy once referred and some inconsistency in work focus during rehabilitation**
- **Inconsistency amongst healthcare professionals in advising their patients on the timing for RTW or SAW**
- **A lack of communication between internal and external stakeholders resulting in poor coordination, potential for duplication and mixed messages for the worker with an MSD.**

KEY STAGES OF SET-UP

The project team was established quickly following the notification of the award in February 2010, and a clear project plan for setting up the service was developed and followed, with some help and support from Springfield Consultancy (employed by the Health Foundation to oversee the project management processes of all of the projects throughout the country). See Appendix 3 – Project Timeline for further information

- **Created project plan/SHINE project check tool** Created project plan/SHINE project check tool

- **Undertook internal communication and marketing:**

  - o Articles in the weekly email bulletin sent to all staff.
  - o Posters / leaflets in staff areas in PCT locations.
  - o Presentations to divisional board meetings, senior managers meetings and individual departmental meetings.
  - o Through HR, areas with the highest sickness absence were identified so there was direct contact and education from the case manager to the line manager to make sure these managers were engaging properly with the service.

- **Identified Key stakeholders –** These included the Health Foundation, PCT staff attending the service, the WW team (case manager, project manager, and university staff), managers within the organisation who have a responsibility for managing sickness absence, Human Resource staff, health and safety representatives, and senior managers up to the Chief Executive within the PCT.

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- **Established Steering group –** This group met on a monthly basis to discuss the service. Present were the case manager (CM), project manager, AHP senior manager, health and safety manager, learning and development manager, risk manager and staff side representative, senior HR representative and representation from the University of Salford.
- **Established the baseline and metrics to be used –** using the Electronic Staff Record System (ESR), rates of sickness absence were identified. These included number of cases per month of MSD related absence, the number of full time equivalent days taken through absence and the associated salary-based costs. The targets for how these figures could be decreased were agreed between the project manager, case manager and University. Through the Finance Department, the team established how much was spent on workplace assessments in the previous financial year. Other metrics regarding the number of staff accessing the service on a monthly basis, number of missed appointments, type of referral (self or management) were collected in a separate database.
- **Established data collection procedures –** ESR data was collected on a monthly basis for the previous month to allow time for the data to be inputted by the different departments. This data was collected through an assigned member of the HR team.
- **Sought ethics approval –** the university research team sought ethical approval through the university initially and then through NHS R&D. It was confirmed that this was a service evaluation and that the NHS ethical approval was not required.
- **Collected Outcome data –** the questionnaire outcome data was collected through the case manager initially. However some difficulties with this were experienced and highlighted at the six month stage when the caseload increased. The procedure was altered and some additional administrative support was identified to assist with this. The full data collection procedure was then properly formalised and written, to give better guidance on the whole process.
- **Established clinic times and locations –** these were set up to accommodate a range of shift patterns and working locations which were reviewed, iteratively, throughout the twelve months so that the access to the service could be continually improved, based on feedback from service users.
- **Established a referral process –** a referral process into other services such as physiotherapy / podiatry / counselling etc was established.
- **Adopted a Work-focused approach –** as each client was referred into the service their CM liaised with their team to highlight the need for a work-focused approach in rehabilitation.
- **Established Reporting procedures–** Reporting procedures were established whereby reports were sent to the HR Department, the employee and their manager if the employee was referred by their manager. However, if employees referred themselves then consent was sought by the CM to liaise with their line manager. Ideally communication between each employee and employer was encouraged, but where the employee was not willing to give consent for whatever reason confidentiality was maintained.

HOW IT WORKS

The WW service differs to the traditional model in that the vocational rehabilitation model for a case management role is carried out by a specialist occupational physiotherapist who coordinates care and also coaches other clinical staff in order to develop skills in this area, thereby potentially improving future capacity for sustainability. Traditionally many MSD problems were treated by physiotherapists in primary care, via a GP referral; however this process can take several weeks. Initially it takes time to get an appointment, following which patients may have to take half or full day off to attend, depending on where they live.

Prior to the set-up of WW, Salford PCT purchased Occupational Health (OH) services for its entire staff from the secondary care sector in Salford Foundation Trust. However, the service had been reported to be sub-optimal, with long waits to be seen and no facility for staff who were trying to stay at work whilst coping with pain and limited function due to MSDs. The contract did not include physiotherapy treatment or vocational rehabilitation and specialist workplace assessments were purchased from an independent company at significant cost (for both the assessment and for ergonomic chairs/workstations). In addition delays were lengthy, with little or no communication with the workplace, in regard to results or recommendations from these assessments. Line managers felt unsupported and there appeared to be considerable inconsistency (anecdotally) in how managers were applying policy to practice

Post project set-up there is an emphasis on fast referral, and workers with MSDs, (and their line managers) are encouraged wherever possible to refer into the WW service before reaching the stage where they feel that they need to go off sick. Fast access and coordination of all elements of vocational rehabilitation (the intervention that is necessary to help the worker either stay at work or return to work following onset of the MSD) also prevents the unnecessary lapse of time that was occurring prior to WW. MSDs cannot be prevented but by offering workers specialist support in a timelier manner, fewer workers will take time off sick or progress from short term absence to long term sickness and disability.

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RESOURCES

In 2010 the Shine Programme awarded the project £72,281. This was allocated as follows, with an overspend of £6,477 funded internally from the physiotherapy budget.

TYPE OF COST	BUDGETED (TOTAL) £	SPEND (TOTAL) £
Marketing and Advertising of Project	£1,000	£1,000
Dedicated time to lead and undertake the project	£60,781	£66,940
Clinical involvement, as appropriate	£200	£333
Supply of technical skills	£10,000	£10,000
Travel	£300	£485
Total	£72,281	£78,758

KEY CHALLENGES

- **Short Timeframe -** The WW project was only initially funded for twelve months, with funding for the second year dependent on positive evaluation. This was a very short timeframe over which to gather hard proof that the project was making a significant difference, particularly as funding applications had to start six months in. However making the evaluation as robust as possible ensured that this hurdle was overcome and funding for the second year was secured through NHS Salford.
- **Communication -** As with many projects, it was also hard to market the service effectively and to keep it on people's agendas, but this was assisted by a strong communications plan.
- **Organisational Change -** Due to major organisational changes it was difficult to determine whether sickness absence was linked to conditions such MSDs or whether it was due to stress and people worrying about their jobs. This had to be taken into account when conducting the evaluation.
- **Data Collection –** The project was set up as a feasibility study with process and outcome evaluation: without the funding to be able to develop a full blown RCT. Whilst this makes the research more pragmatic and 'real world' it does mean that it is subject to a degree of bias. The original protocol therefore included a control group to try to mitigate bias, but there were not enough participants in the end analysis to be able to use a control.
- **Metrics -** Other projects being conducted throughout the Trust had an impact on outcomes, making it difficult to measure certain metrics e.g. a project to reduce agency spend meant that it was difficult to use agency spend as a metric upon which to measure the WW project.
- **Changing Objectives –** initially funding via the Shine Programme was awarded based on the WW project's potential to deliver an innovative and effective service. However, after the Operating Framework was released Shine's objectives became more focused on cash releasing savings, with a less prominent focus on effectiveness. It was easier for the WW project to adapt to this than for some others, as WW was supported by the fact that sickness absence and worklessness was high on the government's agenda, but it still felt the impact of this change in direction. Trying to demonstrate cash releasing savings in this service was particularly difficult.
- **Service User Perceptions -** There were a small number of individuals who did not find things ran smoothly for them and it is possible for staff to feel pressurised to attend WW. However, continuing to work closely with line managers should equip them with the skills to manage their referrals in a positive way and to reduce the perception of pressure that has been reported.

KEY LEARNING

- **Rapid, accessible intervention:** The average wait for an appointment was 5 working days. However if patients chose a specific location their wait may have been longer. The clinic locations were close to the work area allowing for easy access during work time; and where they had difficulties attending for whatever reason it appears that the service was adapted to suit their needs.
- **Effective, pro-active, work focussed intervention and support:** Having a skilled and experienced case manager carrying out a bio-psychosocial work focussed assessment and providing specialist advice for MSDs in both clinic and workplace was probably key to achieving some of the positive outcomes in relation to mental wellbeing, physical function; and job satisfaction. Staff and line managers seemed to have confidence in the interventions and advice received and both groups reported that they felt empowered in managing similar problems in the future. Comments made suggest that the service had prevented people from going off sick or from progressing from short term absence to longer term sickness and disability. Sickness absence figures were encouraging and may have been influenced by the WW service.
- **Effective systems for evaluation are crucial:** In order to ensure that resources are invested in effective services and interventions, and to identify and develop areas where this may not be the case, it is important to have accurate and consistent data and feedback systems in place for evaluation. This is not just about data recording systems: it is also about being able to directly access the people who input the data across the organisation, including those who produce departmental reports in a timely and usable format and those who can support the collection

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of outcome data in an administrative capacity. Some of this was in place for the WW project but there were gaps that the team would avoid in future. Gathering data can be extremely time-consuming for clinicians who are trying to evaluate their own practice. It is an essential activity that requires systematic support from within the organisation, at a number of levels, and investment in the external elements brings support from specialist skills, objectivity and rigour to the evaluation process.

SUSTAINABILITY

The intention from the outset was to use a case management approach with the majority of patients being referred for 'treatment' into the appropriate services. The case manager would then coach the routine physiotherapy providers (for example) in a vocational rehabilitation approach. The aim here being the sharing and spreading of good practice in workplace health and improving sustainability. In addition, the integration of Working Well into the OH service in SRFT facilitated a more contemporary VR approach in OH. Had there been funding to carry out on-going research, perhaps as an RCT, it might be possible to examine this sustainability further.

NEXT STEPS

- There is a need to communicate that 'Working Well' is now an integral part of existing OH services so that staff understand that it still exists and is accessible. It would also be beneficial to rebrand the service and market it to staff via communication routes such as the Trust website.
- Salford University is currently writing up an evaluation from the second year, which should be ready for publication in August 2012.
- NHS Salford and the University of Salford are talking about potentially working together on future projects to improve service delivery and strengthen partnership working.
- There is potential for further improvement in regards to the service pathway, in that managers reported that fit notes are currently not helpful, often blank or with lack of detail. On occasion the CM had to over-ride the recommendations from the GP and there was some considerable anxiety amongst management as to whether this was acceptable. This highlights a need for further education for line managers and HCPs around the use of fit notes.
- Working Well is a model that has been tried and tested within the context of the PCT and SRFT. It is a package that can be provided externally and SRFT have been approached to potentially deliver it elsewhere in the NHS.

SUPPORTING MATERIAL

- **Appendix 1 -** Evaluation Report – Year One
- **Appendix 2 -** Example Monthly Project Report
- **Appendix 3 -** Project Timeline
- **Appendix 4 -** Pre & Project Set-Up

CONTACT FOR FURTHER INFORMATION

- Vicki Dickens
  Consultant Physiotherapist/
  Project manager
  Salford Royal Foundation Trust

Email: Victoria.Dickens@srft.nhs.uk
Telephone: 0161 206 0517

- Chris Parker Senior Lecturer
  University of Salford

Email: c.parker1@salford.ac.uk
Telephone: 0161 295 6419

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