Implementing NICE public health guidance for the workplace: a national organisational audit of NHS trusts in England

Executive summary
Executive Summary

This is the first national audit of implementation of National Institute for Health and Clinical Excellence (NICE) guidance for the workplace in NHS trusts in England. The audit questions reflect evidence-based guidance from NICE covering:

- Managing long-term sickness absence and incapacity for work (PH19)\(^1\)
- Promoting physical activity in the workplace (PH13)\(^2\)
- Promoting mental wellbeing through productive and healthy working conditions (PH22)\(^3\)
- Workplace interventions to promote smoking cessation (PH5)\(^4\)
- Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children (CG43)\(^5\)
- Promoting and creating built or natural environments that encourage and support physical activity (PH8)\(^6\)

In preparing its guidance, NICE found improved productivity was associated with effective management of long-term sickness absence and with smoking cessation. In addition there is a growing body of evidence that workers with health issues, such as obesity and depression, are less productive.\(^7\)

In 2009 Dr Steve Boorman led a review of the health of NHS staff. Dr Boorman found important associations between better staff health and wellbeing and patient outcomes including reduced MRSA rates, lower standardised mortality rates and better patient satisfaction.

Employers that implement the NICE workplace guidance tend to have a healthier and more productive workforce and better patient outcomes. This audit measures progress with implementation of the guidance and identifies opportunities to improve.

NHS trusts submitted their own data. These data were anonymised and analysed by the Health and Work Development Unit (HWDU). In addition to the national results, each participating trust received its own local confidential results.

The national results form a baseline relevant to both trusts that participated in the audit and those that were unable to. Local results will enable each participating trust to plan actions to fully implement the NICE guidance while comparing their current progress with other trusts.

Key findings and commentary

Participation

• 282 trusts in England participated in the audit. This comprised 91% of ambulance trusts, 73% of acute trusts, 67% of mental health trusts and 52% of primary care trusts.
• Participating trusts employ nearly 900,000 NHS staff.

Overall the participation rates were very encouraging and demonstrate trusts’ commitment to improving staff health and wellbeing.

Board commitment

• 95% of trusts had a named board member (typically the human resources director) with responsibility for staff health and wellbeing.
• In two thirds of trusts staff health and wellbeing was a regular board agenda item. These trusts were much more likely to have taken actions to implement NICE workplace guidance compared with trusts where staff health and wellbeing was not regularly discussed by the board.
• 44% of trusts had an umbrella/over-arching strategy or policy for staff health and wellbeing. These trusts were more likely to have specific policies for obesity, physical activity and promoting mental wellbeing.

The results have shown convincingly the importance of senior leadership. Where boards are actively leading staff health and wellbeing programmes action follows.

Staff engagement

• Trusts that had done relevant needs assessments were more likely to have taken actions recommended by NICE to address obesity, smoking, long-term sickness absence and mental wellbeing.
• Trusts that involved staff in planning and designing their approaches were more likely to have taken actions recommended by NICE to address obesity, smoking, long-term sickness absence and mental wellbeing.

Better staff engagement has been strongly associated with better staff health and wellbeing (and better patient outcomes). These results have shown that staff engagement is associated with better implementation of NICE guidance on health at work.

Obesity

• Obesity guidance was given the lowest priority by trusts and it was the issue on which the least action had been taken.
• Only 15% of trusts had a plan or policy to help reduce obesity amongst their staff.
• NICE recommends that NHS trusts promote healthy choices in restaurants, vending machines and shops. While 60% of trusts had achieved this in their staff restaurants, far fewer had achieved this in their shops (31%) and vending machines (32%) for staff and clients.
• NICE recommends evidence-based weight management programmes (i.e. that address activity, eating behaviour and weight reduction together). Such programmes were provided for staff by 31% of trusts.
Obesity is becoming more common. It can be a sensitive subject to address. Some trusts have engaged staff, taken action, and shown that implementation of the NICE obesity guidance is achievable.

**Physical activity**

- NICE recommends that employers help employees to be physically active during the working day. 32% of trusts had a plan or policy to encourage and support employees to be more physically active.
- Around half of trusts encouraged staff to walk or cycle to meetings, provided information about walking and cycling routes around the worksite or to and from work and encouraged staff to use stairs rather than lifts.
- Most trusts (82%) encouraged staff to use local leisure facilities and some provided these facilities on-site.

Trusts have begun to meet the challenge of encouraging their workforce to be physically active. However, there continues to be considerable scope to improve the implementation of evidence-based recommendations.

**Smoking cessation**

- 73% of trusts had a plan or policy to encourage and support employees to stop smoking and in 66% of trusts this had been formally approved by the board.
- Over 90% of trusts provided and publicised access to stop smoking support.

There was a high level of implementation of the smoking cessation guidance.

**Long-term sickness absence**

- All trusts had a policy for the management of long-term sickness absence.
- NICE recommends that employers make an initial enquiry into their employees' health in relation to their work early in a period of sickness absence. 95% of trusts required their managers to contact staff absent due to illness however the timescale for making contact was not always specified. Ambulance and mental health trusts were more likely to have a short trigger (2 weeks) than acute and primary care trusts.
- Virtually all managers were required to make appropriate enquires that have been shown to support an earlier return to work and to agree a return to work plan with the employee.
- Over 90% of trusts routinely identify staff who are on long-term sickness using a central system and monitor trust trends. However only 33% of trusts record absence in real time (eg through ESR self-service).
- Only 19% of trusts monitor the timeliness of all components of the occupational health care pathway: time from start of absence to referral; time from receipt of referral to appointment with OH clinician; and time from appointment to issue of a report to the referring manager.

Long-term absence accounts for the majority of days NHS staff are absent due to illness. The audit results suggest that not all trusts have fully implemented evidence-based sickness absence management practices.
Mental wellbeing

- 46% of trusts had a plan or policy to promote the mental wellbeing of their staff and in 37% of trusts this had been approved by the board.
- NICE recommends that employers strengthen the role of managers in promoting the mental wellbeing of employees through supportive leadership styles and management practices. 63% of trusts provided training for line managers on how to promote and protect employee mental wellbeing. 60% of trusts provided training to ensure line managers are able to identify and respond with sensitivity to employees’ emotional concerns and symptoms of mental health problems.

Mental health problems are the most common health issue reported by staff. Many trusts had implemented the recommendations to promote mental wellbeing but there is scope for further improvement.

Summary score

We have created a summary score for each trust. This is derived from 39 standards divided into six domains. Five of the domains match a guidance topic and the sixth is an overarching board engagement domain. The figure below shows the national picture. Individual trusts have their own scores superimposed on the figure.
A box and whisker plot is used to show the distribution of data points for a given measurement. The central box is bounded by the 25th and 75th percentiles (the interquartile range) and represents where the middle 50% of all data points lie. The line running through the centre of the box represents the median (50th percentile) of the data. The whiskers are used to show the spread of the data outside of the lower and upper quartiles. All observed values are within this range.

All trusts should be aiming to fully implement the guidance and reach 100% compliance.

Conclusions

Trusts have successfully completed the first round of audit of the implementation of NICE public health guidance relevant to the workplace. The guidance is formed of recommendations that are effective and cost effective. To achieve the maximum improvement in the health of staff the guidance should be fully implemented.

We found trusts that prioritised health and wellbeing at a high level within the organisation made more progress with implementation of the guidance than trusts that didn’t take staff health and wellbeing to board level.

We found variation across England. The results show that some trusts have successfully implemented many aspects of the six sets of evidence-based guidance but also that more action can still be taken to improve the health and wellbeing of staff. This audit will enable trusts to identify and take the actions needed to achieve full implementation of the guidance.

Trusts need to optimise performance and productivity. It is essential that staff health is continually addressed by trust boards. Not only do staff costs account for 60% of the NHS budget but better staff health is associated with better outcomes for their patients.

Next steps

Trusts

We recommend that trusts consider their own results in light of the NICE guidance and in comparison with the national results.

We recommend that trusts engage with staff and their representatives to assess needs, plan actions, report progress and measure impact.

Health and Work Development Unit

We will hold a stakeholder launch on 6 May 2011. We will invite audit participants and trust health and wellbeing leads. This event will brief attendees on the key findings of the audit. Top performing trusts will present how they have successfully implemented the guidance and what allowed them to achieve this.
We will hold regional workshops and focus groups in 2011/2012. These events will give participants a chance to review the NICE guidance on health and work and the specific recommendations for change. Participants will be able to share their experiences of using the audit to change practice, barriers to such change and how these can be overcome.

We will repeat data collection in two years' time so that trusts can measure their progress and to give a new national picture of employer commitment to NHS staff health and wellbeing.
Implementing NICE public health guidance for the workplace: a national organisational audit of NHS trusts in England

Executive summary