

# Care Starts Here

## Findings from the Occupational Health Service Improvement Project

*Supporting our people to be and stay well*

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### Background

In 2017 a review of our Occupational Health Service [the ‘Review’] was undertaken to look at how we could better support the current and future needs of our people as part of our commitment – through the organisation’s People Strategy – to put *people at the heart of all we do*.

The Canterbury District Health Board [DHB] and West Coast DHB had already started a process of change across their transalpine People and Capability function. This aimed to enhance People and Capability’s capacity to:

- deliver integrated core services across the employee lifecycle.
- respond to the wellbeing and resilience challenges facing the people of the Canterbury and West Coast health systems.
- be a strategic partner to the business.

During this process, feedback indicated that “the occupational health service was considered capable but under-resourced. There was a strong view that further investment in this area would have significant benefits for the organisation and that there were a number of opportunities to be explored.” [Canterbury DHB Decision Document: People and Capability Proposal for Change, 2015].

This prompted Canterbury DHB to embark on the **Occupational Health Service Improvement Project**.

The project aimed to:

- Articulate a vision for Canterbury DHB’s Occupational Health Service that responded to what was already known about the health and wellbeing needs of Canterbury DHB’s workforce and which anticipated its changing nature and the impact this would have on staff health and wellbeing services.
- Review the current Occupational Health Service, including the range and reach of services provided.
- Make recommendations about how to best deliver the services required to meet current needs, and how to evolve the service to deliver to the anticipated needs of the future workforce.

Canterbury DHB has recently published a People Strategy. Central to the Strategy is the concept that Care Starts Here, with our people. This is about *Doing the Right Thing, Being and Staying Well, and Valuing Everyone* – three key behaviours which are important for how we work and how

we care for ourselves, each other and our patients. The Occupational Health Service Improvement Project has been recognised as one of the priority areas of work in 2018 as part of delivering the commitment outlined in the People Strategy to put our people at the heart of all we do.

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## Review structure

The Review was informed by a variety of sources including the 2016 Staff Wellbeing Survey [completed by 4042 of our people] and subsequent focus groups, the People Lifecycle Review [which co-created future state HR process maps], and an occupational health survey [completed by more than 1,400 staff] and subsequent in-depth interviews.

It was led by Nursing Director Kate Gibb, and supported by the Occupational Health Service Improvement Project Steering Group [the “Steering Group”]. This group provided guidance and support, and helped ensure that the Review ran smoothly.

### The Steering Group comprised:

- Toni Gutschlag: General Manager, Specialist Mental Health Services
- Mark Lewis: Manager – Wellbeing Health & Safety
- Dr Ramon Pink: Medical Officer of Health
- Heather Gray: Director of Nursing at the Christchurch campus
- Dr Mark Jeffery: Clinical Director, Medical Capability Development

In order to provide some perspectives from outside the health sector, the Steering Group was facilitated by Terry Buckingham, Health and Wellbeing Manager for Fonterra.

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## The evolving scope of Occupational Health

Previous studies and global research clearly demonstrate that the scope of Occupational Health [OH] has broadened in recent years.

Previously, OH focused on the elimination, prevention, and control of factors that were hazardous to health in the work environment. Now, the OH environment includes both physical and mental health, inside and outside the workplace. The practice has become increasingly focused on early, proactive support to address

common problems such as mild-moderate musculoskeletal disorders, mental health and cardio-respiratory conditions.

The Review found there was substantial evidence to suggest that an effective, proactive Occupational Health Service, combined with a strong focus on workplace health promotion, can lead to significant improvements in workforce wellbeing that enables the workforce to do and be their best.

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## Environmental scan

In addition to a literature review, an environmental scan was conducted to identify good practice in workforce health and wellbeing, both nationally and internationally, and in health and other sectors. Some examples of leading practice include:

### **HALT!: encouraging personal responsibility for health and wellbeing**

Caboolture and Kilcoy Hospitals, Queensland, implemented their HALT! initiative to incorporate “HALT!” [Hungry, Angry, Late, Lonely, Tired] into routine handovers. Everyone was asked to HALT at set times such as handover and prior to commencing procedures, and expectations were established for actions to be taken if a staff member was affected by any of these factors, for example take a break or tell a colleague or manager. Post-implementation findings demonstrated a 30% reduction per month in overall incidents, including 25% reduction in human error incidents [Health RoundTable, 2016].

### **The Welfare Check-in: proactive promotion of a safe and healthy environment**

The New Zealand Police Employee Welfare Service has been developed in response to risk assessment and workforce profile

showing increased risk of psychological harm due to the nature of police work. In Canterbury the Welfare Check-in has been delivered since 2014, providing six monthly face-to-face proactive support for all staff identified as at risk due to high-pressure working environments; providing information and education regarding psychosocial issues; and raising awareness of mental health in the workplace. The success of the model in Canterbury has led to the Welfare Check-in being implemented nationally, and other organisations nationally are looking to replicate the NZ Police model [Percy, 2017].

### **Interdisciplinary, Early Intervention: supporting return to work**

The York Teaching Hospital NHS Foundation Trust in the UK established an inter-disciplinary team [nursing, physio, counsellors, clinical psychologists, human resources personnel] for early intervention to support return to work for sickness absence, and reduced their sickness absence substantially, resulting in 54 more FTE being available to work and direct and indirect cost savings of over £1million, which were redeployed into quality patient care [Black & Frost, 2011].

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## Our Health System context and the direction of travel for our Occupational Health Service

The Canterbury Health System has been on a process of transformation since 2007. It's based on a shared vision for the future – an integrated health system that keeps people healthy and well in their own homes and communities. Bringing this to life requires a connected health system centred around the patient that aims not to waste their time.

It's a vision underpinned by three strategic directives:

1. People are healthier and take greater responsibility for their own health.
2. People stay well in their own homes and communities.
3. People with complex illness have improved health outcomes.

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## What we know about who we are at Canterbury DHB

The Canterbury DHB is the largest employer in the South Island. Our full team numbers around 9,800 staff. Our demographics show:

- The average age of a staff member is **46**
- We have **107** ethnic groups employed
- More than **88%** of the workforce identify as European
- **2.5%** identify as Maori
- **81%** are female
- **55%** work part-time

The 2016 Canterbury DHB Staff Wellbeing Survey found that although our people face unprecedented challenges both at home and at work, the overwhelming majority of the Canterbury DHB's workforce feel engaged and fulfilled at work.

Eighty-nine per cent of respondents to our 2016 Staff Wellbeing Survey feel they make a contribution to the success of Canterbury DHB; 74% of respondents find their job to be fulfilling; and 65% of respondents feel the Canterbury DHB supports them to work in keeping with their professional values.



**65%** feel the CDHB supports them to work in keeping with their professional values



**89%** feel they are making a contribution to the success of CDHB



**74%** feel their job is fulfilling

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## Occupational Health Survey – key findings

The Review examined our workforce through an online survey, secondary source analysis [looking at other related studies] and a series of in-depth interviews with survey respondent volunteers. Over 1400 of our people responded to the survey.

Key findings from the survey included:

- Our people recognise the value of their health and wellbeing to the organisation's performance with regard to quality patient care.
- Opportunities exist to further support self-responsibility for personal health and wellbeing, and engagement with existing Canterbury Health System primary care and public health functions.
- Musculoskeletal and mental health conditions are prominent among our people who have a long-term condition.
- Our people identify a need to strengthen our support for their psychological health at work.
- Sickness absence is increasing across our organisation [see below].
- Confidential support services are valued by our people in supporting their wellbeing at work, however our people perceive some barriers to access.

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### *How our people feel about their health and wellbeing*

- The survey identified that about 80% of our people rate their own health as excellent or good; with about 20% describing their own health as average or poor.
- 7% of respondents indicated they have a long-standing impairment or disability; the majority of these indicated this was physical in nature.
- Over one third of our people who responded to the survey indicated they have one or more long-term condition. Of these, the most common was musculoskeletal [31.5%] followed by mental health [29.5%]. From the NZ Health Survey [2011-2014], of the Canterbury adult population 20.7% have been diagnosed with common mental illness such as depression or anxiety, compared with 17% nationally [CDHB, 2017i].
- Just under 33% of respondents had a World Health Organization [WHO] Wellbeing Scale score indicative of poor emotional wellbeing.

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## ***Self-responsibility for personal health and wellbeing***

- The survey found that our people feel a strong sense of personal responsibility for their health and wellbeing, with 97% of respondents expressing that they agreed that they have a responsibility to pro-actively manage their own health.
- This theme was echoed in interviews with survey respondent volunteers, with volunteers describing the need to be proactive and take responsibility

for their own health. While they valued the support of the organisation and those around them, they described themselves as being central in ensuring their needs were met: “There’s the organisation, there’s my department, my manager, and my colleagues, and then there’s me.” [Survey respondent volunteer, clinical role].

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## ***Getting the balance right - psychological and physical harm***

- The Survey identified that our people perceive a lack of balance between how the Canterbury DHB identifies, acknowledges and responds to risks that may cause psychological harm and risks that may result in physical harm.

- This perception may reflect a growing appreciation nationally and internationally of the importance of good mental health and wellbeing at work.

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## ***The impact of injuries***

- Canterbury DHB lost **15,785** days to work-related and non-work-related injury through the 2016/2017 financial year.

- According to Canterbury DHB data, musculoskeletal injuries account for:
  - **53%** of all work related injuries
  - **62%** of days lost due to injury
  - **42%** of the total cost of injuries

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## **Sick leave utilisation**

As is the case with other New Zealand DHBs, Canterbury DHB's rate of sick leave utilisation has been steadily increasing. According to Canterbury DHB data:

- Sick leave utilisation [compared with hours worked] has increased from 3.3% to 3.8% over the past five years. This pattern of increasing paid and unpaid hours lost to sick leave is shared across all DHBs in New Zealand, but the Canterbury DHB's mean sick hours are the second highest in the country.
- An estimated 89,558 working days were lost to sickness in the 2016/2017 financial year.

- The 2017 Occupational Health survey found that almost 50% of all respondents said they had gone to work in the past four weeks when they felt they were ill enough to stay home. The most common reason for doing so related to workload and staffing.

International evidence suggests adopting best practice principles of supporting people when they are unwell has the potential to reduce sickness absence by 30% per year [Black & Frost, 2011; Boorman, 2009].

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## **Workplace support services**

- Although there has been an increase in our people accessing Workplace Support and the Employee Assistance Programme [EAP], the proportion seeking external confidential counselling services is below the national average. In the 2016/2017 financial year, 3.2% of our people used EAP.
- Through the in-depth interviews that followed the 2017 Occupational Health Workforce survey, it was identified that EAP, Workplace Support and professional supervision are valued by those who have accessed them. However, barriers to access were identified, with the impact of workplace culture and a sense of discomfort and stigma around seeking support noted by our workforce.

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## Views of our current Occupational Health Service

The Review looked at our current service and came up with the following impressions:

- Our people spoke of their confidence in a proactive case-management approach, which they felt provided support to them but also gave guidance and support to their manager, which they valued.
- The support provided to those with an injury compared with those with ill health [physical and mental] is inequitable.
- There is an opportunity for further integration of the Occupational Health Service, both within the Canterbury DHB and across Our Health System, to ensure a seamless, timely and equitable response for our people.
- There is a lack of visibility and awareness of the Occupational Health Service and what supports are available to our people.
- There is an opportunity for workforce data to better inform strategy.
- The programme of work provides minimum core activities that reflect past rather than future workforce needs.

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## Long-term strategic outcomes for the health and wellbeing of our people

The Steering Group determined a high level conceptual framework for the future state of supporting our people to be and stay well. This takes the same approach to supporting our people, and to how we support our community through the shared vision for the Canterbury Health System, and reflects this vision in three long-term strategic outcomes for our people:

1. Our people are healthier, and take greater responsibility for their own health, in a work environment that is safe and healthy.
2. Our people stay well, with the support of family/whānau, primary care teams, community services, managers, and colleagues.
3. Our people with complex health needs are supported to remain at work, return to work, or transition from work with dignity.

Achieving these long-term outcomes will support our people to be and stay well, enabling them to continue to provide excellent health care to our community.



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## Vision for the Occupational Health Service

The Steering Group developed a vision for the future Occupational Health Service as a service that provides high quality support for the Canterbury DHB workforce to be and stay well:

- Focused on prevention and health promotion, while also providing support for our people who are experiencing ill health or injury.
- Proactive and responsive to both our people and our people leaders with line management responsibilities.
- Integrated and fully connected with the wider health system, including a joined up approach across public health and occupational health.
- Working in close partnership with the organisation.
- Appropriately resourced.

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## Key areas we need to develop

The Review identified several key areas for development which would support our people to be and stay well so they can continue to provide excellent health care to the community:

- Increased focus on prevention and health promotion, to address prevention of ill health and injury at work as well as supporting broader population health objectives through the workplace.
- Increased focus on addressing ill health in the workforce by extending a restorative approach, through case management, to illness as well as injury.
- Increased emphasis on supporting our people with mental ill health at work, whether caused or exacerbated by work or a long-term mental health condition, and enabling a more equitable approach to provision of support to our people experiencing mental ill health, physical ill health, and injury.
- Increased support for the organisation to take a more proactive response to sickness absence, to enable a more timely return to work and to identify and support adjustments needed to remain at work.
- Enabling early intervention for specific causes of ill health where evidence supports early intervention to reduce chronic risk, such as mild-moderate musculoskeletal and mental health issues.
- Increased use of data to inform service delivery activity and to support organisational productivity.
- A more integrated approach, partnering more closely with Community Public Health, primary care, and third party service providers.
- A more integrated way of working within the Wellbeing, Health and Safety Team to ensure high quality support is provided by the right person at the right time.
- A more reflective service that focuses on understanding the user experience and embeds continual improvement.

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## Next steps

In February 2018 Canterbury DHB's Executive Management Team [EMT] received the full Occupational Health Service Improvement Project Report **[available on Canterbury DHB website]**. EMT endorsed the Report's recommendations and approved resourcing to establish a programme of work to support the Occupational Health Service to evolve towards the vision for the future service and to better enable it to support our people to be and stay well.

The programme of work will set out which actions will be taken and set timeframes for their implementation, and will be overseen by an Advisory Group.