Annual Railway Health and Wellbeing Conference

RSSB
22 November 2016
Welcome

Stephanie Fitzgerald
RSSB
22 November 2016
**Agenda**

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
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<tbody>
<tr>
<td>09:30</td>
<td>Welcome and Introduction</td>
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<tr>
<td>09:50</td>
<td>Leadership &amp; Strategy: Working Together</td>
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<td>10:10</td>
<td>Value for Money</td>
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<tr>
<td>10:30</td>
<td>Costing of health initiatives: working together</td>
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<tr>
<td>10:55</td>
<td>Coffee break</td>
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<tr>
<td>11:15</td>
<td>Update from HWProC Wise: Buyer – working together wisely</td>
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<tr>
<td>11:40</td>
<td>Sarah Restall – Time to Change Organisation</td>
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<td>11:55</td>
<td>Introduction to the Workshops</td>
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<td>12:00</td>
<td>Networking Lunch</td>
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<td>13:00</td>
<td>Workshops (all workshops will run simultaneously)</td>
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<td>14:15</td>
<td>Coffee break</td>
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<tr>
<td>14:40</td>
<td>Working well together: Joining up Employee Health</td>
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<td>15:40</td>
<td>Summing Up</td>
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RSSB Rail Safety and Standards Board

Annual Railway Health and Wellbeing Conference

London, 22 November 2016

Progress on Rail Health and Wellbeing

Dame Carol Black

Expert Adviser on Health and Work
NHSE and Public Health England

Principal, Newnham College Cambridge
Vision

“On Britain’s railway everyone takes responsibility for health and wellbeing, and benefits from doing so.

Britain’s railway … has control over health and wellbeing, is proactive, and our people have healthier working lives.”

“ There is a significant body of evidence linking levels of employee engagement and wellbeing with high levels of productivity.

Proactive management of workforce health and wellbeing is emerging as an important business issue, with costs of absence due to impaired health on the railway estimated at £320m per year.”
<table>
<thead>
<tr>
<th>Condition</th>
<th>Argument for selection</th>
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<tbody>
<tr>
<td>Common mental health disorders (anxiety, depression, stress)</td>
<td>High sickness absence; performance impairment; increasing trend; impact on individual; management complexity; opportunity to improve.</td>
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<td>Musculoskeletal disorders (back pain, etc)</td>
<td>As above</td>
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<tr>
<td>Endocrine disorders such as diabetes. <strong>Obesity-related?</strong></td>
<td>Increasing trend; safety risks; impact on individual; management complexity; opportunity to improve.</td>
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<tr>
<td>Heart or circulatory disease (high blood pressure, obesity- or smoking-related?)</td>
<td>Safety risks; impact on individual; management complexity; opportunity to improve.</td>
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<tr>
<td>Sleep disorders (sleep apnoea, shift-pattern-related)</td>
<td>Emerging issue, limited awareness; safety risks; impact on individual; performance impairment; management complexity; opportunity to improve.</td>
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2016 – High Profile Topics

- Leadership, Board engagement, manager training, behaviour
- Creating good work and good workplaces
- Mental health, reducing stress and depression, resilience of young people
- Musculo-skeletal problems: new initiatives
- Sedentary workers: *Active Working*
- Obesity and its work-related consequences – multiple conditions
- Incentives: e.g. CQUIN for health and wellbeing of NHS staff
- Sector-based employer engagement, e.g. NHS, construction, Police
- Government: Work and Health Unit, Green Paper
Acceptance of the primary importance of

- leadership, managerial behaviour and workplace culture to individuals’ health, wellbeing, engagement and productivity;

To embed Health and Wellbeing into workplaces you must start with leaders, boards and managers, and then provide the fruit and bicycle schemes.

- Concept given a major boost by NICE Guideline 2015
- “Make H&WB a core priority for top management.”
Mental Health and the Workplace

Organisations and companies need to recognise that:

- Mental health is a business issue
- The economic cost of failure is high
- The human cost can be far higher
- Managers need help to understand it, and be appropriately trained
- Most useful interventions are low key
- Poor leadership or management may contribute to ill-health.
Mental Health - 2016 Initiatives

“BiTC’s National Employee Mental Wellbeing Survey is a comprehensive assessment of workplace mental health in the UK (almost 20,000 respondents).”

“... The toolkit lays out a ‘core recipe’ of steps to follow, and we are now seeing the steps we have taken as an employer are benefitting our staff.”

Eric Barratt, NHS England

76% of line managers believe they are responsible for employee wellbeing, but only 22% have received training.
Musculoskeletal Health in the Workplace Project

An initiative of the Global Alliance for Musculoskeletal Health of the Bone and Joint Decade

A project being led in England by:
• Arthritis and Musculoskeletal Alliance
• The Work Foundation
• Public Health England
• Bone and Joint Research Group, Royal Cornwall Hospital (co-ordinator)

A programme to enable people to have full and productive working lives through promoting musculoskeletal health and preventing work loss due to musculoskeletal problems
Two phases, development of:

1. **Assessment process** to understand staff MS health issues
   - **Employer assessments module**, with guide and an interview programme with key managers
   - **Staff assessments**, using surveys and focus groups, for risk factors, at-risk groups, mentally/physically demanding tasks, interaction of MS conditions with work

2. **Suite of interventions** with workshops for their delivery, training for:
   - **Line managers and team leaders**, giving them knowledge and confidence to adopt a proactive approach to MS health
   - **Employees**, enabling them to look after their own MS health and to encourage self-management
Physical inactivity at work

British Heart Foundation research 2015:

“sedentary work is killing people by discouraging exercise”

- they correspond by email even when sitting at next desk
- 52% regularly eat lunch at their desk
- 31% sit so long they even put off going to the toilet
- 78% of office workers feel they sit too long at work
- 62% fear that this could impact health negatively
- 66% say less active at work than at home

Should we not build in need for more mobility around buildings, rather than ever greater densification?
Loss of Activity in the Workplace

Sedentary, Light & Moderate Intensity Occupations: 1960-2016 (USA)

Source: PLOS ONE

“Whilst we do not yet have comparative data for the UK it is safe to assume that a similar trend has taken place in Britain”

Dr. Stuart Biddle, PhD
Professor of Physical Activity & Health, Loughborough University, UK

#SitLess #MoveMore
Ways to Sit Less at Work

- Regular breaks
- Use stairs not lift
- Stand while phoning
- Walk over to talk to colleagues (not email)
- Stand at Meetings
- Limit screen time
- Drink much water
- Take walking meetings
- Move rubbish bin away
- Try a Sit-Stand desk
Benefits of ‘Cycle to Work’

*Cycle to Work*: tax-free, salary-sacrifice scheme, employees hire bicycles etc

- National proportion who cycle to work steady at 2.8% since 2001, but proportion in London increased from 2.3 to 3.9%, also in other cities.

- 9% respondents were new cyclists
- 57% were cyclists with increased intensity due to the scheme
- about an extra 3.6 miles per day per cyclist, 30 minutes more activity.

- 86% respondents had gained health benefits from cycling, e.g. increased fitness, weight loss, reduced stress etc.

- Overall impact: if regular cyclists take one less sick day per year (saving employer on average £134), is c. £72m per year, i.e. benefit/cost ratio about 2:1

Evaluation IES 2016
Obesity generates **UK economic loss £47 bn** per year.

NG: >10,000 workers, maintaining gas and electricity networks.

The question, and some answers:

- **Are engineers fit enough for their work?** – wearing breathing apparatus, digging holes, climbing towers.

- **Targeted Health checks** – weight, blood pressure and glucose, cardiac risk – enable risks to be identified and dealt with.

- Rising proportion of workers screened have BMI > 30, 35% in 2015.

- **Diet and lifestyle advice** instituted, proportion with high blood glucose (early diabetes) dropped from 20% in 2013 to 12% in 2015.

- 2016 surveillance will test physical fitness and encourage exercise.

Courtesy Andy Buxton
Our State of Health:

*Britain’s Healthiest Company*

- **Running for 4 years:** in 2016; 160 organisations, 34,000 employees
- **Objective:**
  - Make society healthier by generating a credible evidence base linking employee health & wellbeing and company productivity,
  - thus increasing the number of companies taking responsibility for employees’ health.
- **Approach:**
  - Understand the prevalence of modifiable risks in the workplace
  - Add to the evidence base on the effect of clinical and non-clinical risks to productivity
  - Determine the *effectiveness of workplace interventions* in promoting employee health.

Supported by Vitality Health and Mercer: analysis RAND & Cambridge Univ.
Interesting trends from 2016 BHC data

- **Lack of sleep** especially for male higher earners
- **Inadequate physical activity, obesity and high blood pressure** are linked to number of working days lost
- **Depression** linked to low income and the younger generation

- **Public sector** workers most likely to:
  - Lose work time due to **absence** and **presenteeism**
  - Have 2+ kinds of **work-related stress**/ suffer from **depression**

- **£10k to £20k** is a problem income range. Workers most likely to:
  - Lose work time due to **absence** and **presenteeism**
  - Have **financial concerns** and 2+ kinds of **work-related stress**
Lack of sleep linked to low productivity

- On average, **30%** sleep under 7 hours/night.

- Men are more likely than women to sleep less than 7 hours per night (**33%** to **26%).

- **51-55 year olds** is age group most likely to sleep less than 7 hours per night (**38%).

- Workers earning between **£80k and £90k** and between **£120k and £150k** are most likely to sleep less than 7 hours per night (**33%).
Progress in different sectors

NHS

Railways
Each sector defining its own needs.

Police Service

Construction

Healthy Universities

The City
(Mental Health Alliance)
The NHS Workforce

Simon Stevens said in his inaugural address on 2 April 2014:

“If like me you believe in a tax-funded NHS you’ll want the Health Service to play its part in growing our nation’s economy, precisely so that we can sustain public health services for generations to come.”

“To do this, NHS employees will need to be healthy, both mentally and physically, have good well-being, and be fully engaged in their work towards improved outcomes for patients.”
Ten NHS organisations, with 55,000 staff, leading implementation, committed to providing:

- Board-level director lead, and senior clinician champion
- Training for all line managers, Mental Health included.
- Health checks for staff aged 40 or over
- Staff access to physiotherapy and MH talking therapies
- Healthy options in food sources on site
- Physical activity - Cycle to Work, walking groups, yoga.

with full implementation NICE guidelines on workplace health plus a CQUIN, financial incentive for Health and Wellbeing.
Total Worker Health

SafeWell

“A strategic and operational co-ordination of policies, programmes and practices designed to simultaneously prevent work-related injuries and illnesses and enhance overall workforce health and wellbeing.”


“Integrating health protection and promotion will create synergy and enhanced overall health and wellbeing of the workforce, while decreasing the likelihood of workplace injury and illnesses.”

“Having a psychologically-healthy workplace and having a profitable and sustainable business are linked.” NIOSH, USA
Leadership and Strategy: Working together

Johnny Schute
ORR
Occupational Health:
It's everybody's business
Context

- A bigger killer than safety?
- Health: ‘the poor relation?’
- How others are doing.
- The interrelationship between health and well-being.
- The ‘gig’ economy:
  - Who is an employee?
  - Zero hours contracts.
- Weaving together a health strategy that accommodates external pressures.
The Role of Strategy
External influencers

■ From outside of a railway undertaking;
  – Society and expectations of longevity.
  – Your ‘offer’ as an employer.

■ From the industry;
  – No health standards – should there be something?
  – The industry roadmap.
  – ‘Leading health and safety’ strategy.

■ From the regulator
  – Regulatory interventions.
  – ‘Better health is happening.’
Health management systems

■ Plan
  – Vision.
  – Policies.

■ Do
  – Objectives and targets.
  – Structure.
  – Coordination and communication.

■ Check
  – Monitoring.
  – Feedback.
  – RM3.

■ Act
Employee Engagement

- Understanding how good health leads to improved performance – the notion of personal responsibility.
- Discussing the terms and conditions that engender good health – the obligations on both sides.
- Having the right organisation and structure to enable good health;
  - Committees.
  - Representatives.
  - Trade unions.
The role of leadership
What is good leadership?

■ Behaviours
  – Aligning responsibility and authority with accountability.
  – Delegation and empowering subordinates.
  – Communicating – both listening and speaking.
  – Insisting on the highest standards.
  – Possessing moral courage – righting wrongs wherever they are found.
  – Being effective and efficient.
  – Being visible.

■ Exemplars
  – Setting a clear vision.
  – Setting an example.
  – Instituting the right values.
  – Being compassionate, showing humanity.
  – Inspiring and motivating the workforce.
  – Humour.
Good health leadership

- Giving health the right priority.
- Providing a compelling vision.
- Giving health parity with safety.
- Linking health policies with well-being policies.
- Linking leadership with strategy.
- Example at board/director level – a health champion?
- Leading at every level of the organisation.
Takeaways

■ The regulatory interest.
■ Employing the industry’s H&S strategy.
■ Delivering on the industry’s road map.
■ Improving management competence – enabling.
■ Involving employees.
■ ‘Upping’ the pace.
■ Broadening the vision of ‘well-being’.
■ Applying leadership at every level of the organisation.
■ Emphasising the individual’s role.
Leveraging value from employee well-being

Dr Bridget Juniper, CPsychol
What do we mean by well-being?

• Employee well-being is subjective and dynamic
• It captures what’s important to employees themselves
• It is multi-dimensional
• It varies between sectors, organisations and roles
• It goes beyond medicalized matters
The case for investment

- The Happy - Productive Worker Thesis; worker well-being much stronger predictor of performance than job satisfaction (Wright & Cropanzano 1997)
- Happy workers average 12% higher productivity (Oswald et al 2014)
Criteria for success

THE FIVE WELL-BEING PROGRAMMES SUCCESS FACTORS

☑️ The workplace programme design is evidence-based
☑️ Implementation of the programme fits with workers' needs
☑️ The goals of the programme are aligned to those of the business
☑️ There is active on-going evaluation
☑️ There is an established well-being culture

Goetzel et al, 2014
Design is evidence - based

What is the problem you are seeking to solve?

• Reducing sickness absence?
  ➢ Short term
  ➢ Long term

• Attracting and retaining talent?

• Improving lifestyle behaviours?
  ➢ Diet
  ➢ Exercise
  ➢ Sleep
Fit with workers’ needs
The results show that these station staff report some 2.5 times more absence if their well-being levels are low.
Goals aligned to business

Cost Benefit Analysis Tool for the Rail Sector
Established well-being culture

Strategic intent = Declared aims and ambitions for programme; strategic approach; evidence-based; aligned to business goals

Leadership = Demonstrable role/level of leadership to support and promote a healthy workforce

Programme management = Defined accountabilities to manage and deliver programme on day-to-day basis

Content = Suite of programme initiatives; balance between remedial and preventative activity

Measurement = Quantitative and qualitative measures in place to monitor and manage health and well-being approach and programme; evidence of progress

Engagement = Programme to engage workforce in programme; levels of engagement achieved

Based on Goetzel et al, 2014.
At the evaluation stage, if organisations fail to capture all the benefits of their programmes, making a business case for further interventions becomes difficult.’ (Work Foundation, 2014)
Return on Investment – 4 options

- Ring of Illusion

- Rate of Interest
  - Cheap and quick
  - Limited use

- Fiscal Return on Investment
  - Not a simple linear relationship
  - Long time horizons (8-16 years)

- Realm of Influence
  - Monitor indicators associated directly with your programme
Possible indicators

- No. of days absent due to sickness per period
- % sickness absence due to MSK health per period
- % sickness due to mental health issues
- % mandatory health surveillance checks completed against plan
- No. of incidents investigated for impact on health per period
- No. of new health claims by staff per period
- No. of health and wellbeing tours made by your senior leadership team
Thank you for listening

Dr Bridget Juniper
bridget.juniper@workandwellbeing.com
We measure and manage employees' health and well-being. Our approach is independent and is based on an established, scientific method that has won industry and academic awards.
Occupational Health in TfL, focusing on London Underground

Dr Olivia Carlton OBE
22 November 2016
Key Occupational Health Challenges facing London Underground

Prioritising a health and safety culture at a time of financial pressures

Empowering managers to use knowledge and skills to optimise health and wellbeing

Managing sickness absence and optimising productivity in an aging workforce

Managing the tension between safety and equality legislation

Investing in people, building resilience to cope with increasing demands

Engaging healthy lifestyles despite the necessity for shift work

Spreading the message that ‘work is good for health’ and myth busting fears

Involvement with suppliers and contractors on health and wellbeing

Encouraging meaningful Health Impact Assessments for design and major change
TfL OH Vision

TfL actively promotes the value of well managed employee health and wellbeing
OH services

Medical Advisory Service

Physiotherapy Service

Mental Health Service

Drug & Alcohol Assessment and Treatment Service

Health and Wellbeing Improvement Programme
Relationships are our Machinery

- Work in partnership with managers and employees
- Share knowledge
- Common aim – safe, healthy, productive

Manager/Employee/Occupational Health
Strategic Themes

<table>
<thead>
<tr>
<th>Leadership</th>
<th>Medical Advisory Service</th>
<th>Physiotherapy / Musculoskeletal</th>
<th>Mental Health</th>
<th>Drugs &amp; Alcohol Assessment and Treatment</th>
<th>Health and Wellbeing</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting Standards Ensuring Legal compliance</td>
<td>Active lifestyle</td>
<td>Reduce impact &amp; stigma. Raise capability and awareness</td>
<td>Standards and Policy</td>
<td>Wellbeing Active lifestyle</td>
<td>Customer driven service</td>
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<table>
<thead>
<tr>
<th>Prevention</th>
<th>Leadership and Wellbeing</th>
<th>Policy</th>
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<tbody>
<tr>
<td>Periodic medical assessments, health surveillance, education</td>
<td>Workplace Risk Assessments Education</td>
<td>Health Fairs Flu vaccinations H&amp;W Champions GCC</td>
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<tr>
<td>Fitness for work advice, case management, training</td>
<td>Assessment Treatment Rehabilitation</td>
<td>Management and HR Training</td>
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<tr>
<td>Guidance materials, case based advice, policy</td>
<td>Fit for Work Advice Attendance mtgs Attendance &amp; discipline training</td>
<td>Wellbeing Index</td>
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<tr>
<td>Team Talks Intranet Partnership WellMent</td>
<td>Training H&amp;W pages, articles, emails &amp; events</td>
<td>Relevant and accessible support</td>
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EVERY JOURNEY MATTERS
Volumes, KPIs and Outcomes

**Volumes**
- Medical Advisory Service: 10,541 face to face appointments last year, 18,127 other *
- Physiotherapy / Musculoskeletal: 9,365 employee contacts / yr
- Mental Health: 4,900 1-1 sessions, 54 group sessions, >500 use helpline
- Drugs & Alcohol Assessment and Treatment: 50 / year rehabilitated back to work
- Health and Wellbeing: 3,500 join GCC, 1,600 attend health fairs, 3,000 Flu Vacs, Multiple events etc

**Key KPIs**
- Referral-appointment (>90% within 15wd), Appointment-manager advice (>90% within 16wd)
- Referral – assessment (>80% within 5 wd), Assessment-appointment (>80% within 5 wd)
- Return to work < 15 weeks
- 70% of ‘4 Steps to Health’ participants achieve Physical Activity guidelines for health
- OH Customer Satisfaction Score >64%

**Outcomes**
- Incidents with medical aetiology very low, improved attendance and availability
- Accelerated safe return to work, Reduced medical retirements, More active lifestyles
- Workplace Trauma treated, Business & personal impact of mental health reduced.
- Lives and Livelihoods salvaged, TFL’s reputation enhanced
- 1 year & 5 year plan, Employees more engaged in their health
- Best in class OH provider.

* Medical Questionnaires; Flu Vaccinations; Medication Advice; Drug results.
Health and Wellbeing Improvement Programme - HWIP

Health and Wellbeing Champions to encourage peers

Personal and Group Challenges, e.g. GCC

Health Fairs and lifestyle coaching

Monthly emails to reinforce healthy lifestyle messages
## Excerpts from Health & Wellbeing Improvement Prog 2016-2017 Calendar

<table>
<thead>
<tr>
<th>Month</th>
<th>Events</th>
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<tbody>
<tr>
<td>June</td>
<td>Health Fairs</td>
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<tr>
<td></td>
<td>GCC</td>
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<tr>
<td>August</td>
<td>Health fairs</td>
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<td>GCC</td>
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<tr>
<td>October</td>
<td>Cancer Awareness Campaign</td>
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<td>Flu Vaccination</td>
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<td>Smoking Cessation</td>
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<td></td>
<td>London Health and Wellbeing Week</td>
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<td>Mini Health Expo - GCC Award Ceremony and Time to Change pledge</td>
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<td></td>
<td>recommit</td>
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<td></td>
<td>Time to Change Champions Training</td>
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<td>December</td>
<td>4 Steps to Health launch</td>
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<td></td>
<td>Sleep Awareness Campaign launch</td>
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<td></td>
<td>Mental Health Awareness and Time to Change campaign</td>
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<tr>
<td>February</td>
<td>4 Steps to Health Fairs</td>
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<td>Mental Health Awareness and Time to Talk Day</td>
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Key Achievements
April to September 2016

Mini Health Expo
• GCC Award Ceremony
• Time to Change pledge recommitment
• Surviving Cancer talk
• Stands providing health and wellbeing information

GB Health and Wellbeing week
• 136 Health and Wellbeing champions trained in 2016

Health Fairs
• 25 fairs delivered across TfL
• 996 attendees
• Average of 40 attendees per fair

Health Matters

Mind Matters

Movement Matters

Food Matters

Global Corporate Challenge
• 503 teams with a total of 3521 participants
• 14,296 step average
• 4,227,106,749 total steps
• 2,705,348 KM distance covered

• Development of nutrition standards for vending machines guidance completed
• OH working in collaboration with TfL commercial to review the contract of vending machines for hot drinks and snacks

• Cancer Awareness campaign – 17 stands and workshops delivered across TfL
• Flu Vaccination campaign launched - 29 on site clinics delivered along with daily clinic at Townsend House

• Wellbeing at Work Index analysis implemented into Viewpoint
• Time to Change action plan revised and recommitment signed by Mike Brown
• Time to Change Agent recruitment campaign launched

EVERY JOURNEY MATTERS
Innovation in Occupational Health

• Radical change of focus on medical assessment for safety purposes – moving from imposing restrictions to enabling people to work. Achieved through a thorough review of risks using top medical experts (funded by LU). Using this information to put a much greater emphasis on individual risk assessment.

• Condition Management Study for recurrent musculo-skeletal disorders

• Drug and Alcohol Advisory and Treatment Service

• Stress Reduction Groups and Managers’ Resilience groups

• Step it Up Programme: 80% participants over 150 mins physical activity week with an average increase in physical activity of over an hour a week
The HSE Management Standards

Stress at work

- **Demands**: Workload, work patterns, work environment
- **Control**: How much say the person has in the way they do their work
- **Support**: Encouragement & resources provided by the organisation, line manager & colleagues
- **Relationships**: Positive working environment (conflict & unacceptable behaviour dealt)
- **Role**: Role clarity
- **Change**: How change (large or small) is managed and communicated

- Viewpoint questions have been allocated to these standards, to create scores for each standard and an overall Wellbeing at Work Index.
2014 and 2015 Viewpoint results were analysed during development work.
Wellbeing at Work index 2016

• This year Viewpoint results will include this new Wellbeing at Work Index.

• Teams will be expected to address the 2016 scores as part of their action plan.
Value in Occupational Health:

Health Fairs, Step it Up: “created a buzz, people are more up for doing things and open to ideas”

GCC: 9.3 days p.a enhanced performance
WHO Health Performance Questionnaire
Night clinics: annual saving £16k with low utilisation

Hearing aids – 35+ train operators still working
Change to approach to anti-depressants in train ops: in one year, 18 train ops/ 1900 shifts

MAP: 92 days per person ROI 8:1
Physiotherapy :12 days p.p ROI 14:1
Value in Occupational Health:

- **O’Connor v TfL**
  - Visual standard for track work successfully defended

- **Dim v TfL**
  - A recruit not taken on for medical reasons: successfully defended by demonstrating very thorough assessment by OH and encouragement by HR to apply for other roles

- **Morgan v TfL**
  - An employee with physical disability claiming not sufficient adjustment. Successfully defended, showing appropriate OH advice which has been implemented by manager.

- **Vuoto v TfL**
  - An employee with multiple sclerosis; adjustments recommended by OH were not implemented by manager. Case lost.

- **Mental Health cases**
  - Average payout where mental health was an issue = £13k. Most cases were settled out of court rather than lost
Value in Occupational Health:

The impact of speed of physio/back fitness class access on duration of sickness absence

Time off prior to physio/back fitness class (weeks)

- 0-2 weeks
- 2-4 weeks
- 4-6 weeks
- 6+ weeks

Time off (weeks)

- Further
- Total
- Longest

Total Longest

Further

Total

Longest
### Value: Users off sick or restricted at first session of physio

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Average per case</th>
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<tbody>
<tr>
<td><strong>Number of sessions</strong></td>
<td>389</td>
<td>4.7</td>
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<tr>
<td>(83 cases)</td>
<td></td>
<td></td>
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<tr>
<td><strong>1 F/T physiotherapist, administrative support</strong></td>
<td>£65,000</td>
<td>£783</td>
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<tr>
<td><strong>Working days saved (ie the wait times in the NHS (43) compared with OH (5))</strong></td>
<td>3,154 days</td>
<td>38 days</td>
</tr>
<tr>
<td><strong>Cost benefit (assuming average daily salary per work day of £274 and using actual costs)</strong></td>
<td>£864,196</td>
<td>£10,412</td>
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Value in Occupational Health: Medical Retirements

Medical retirements as a proportion of headcount - averaged over 2 years

- MSD
- Mental Health
- Other med retirements
Trial of physical activity initiative on District Line

OCCUPATIONAL HEALTH IN TFL - 22 NOVEMBER 2016

**Absence during GCC period Trains and Stations**

- District Trains & Stations
- Other lines Trains & Stations

2015

2014
## Business case for extending physical activity initiative - 1

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<thead>
<tr>
<th>Monetised Benefits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated no. of Employees participating</td>
<td>2506</td>
</tr>
<tr>
<td>% employees in case study who moved from inactive to active</td>
<td>45</td>
</tr>
<tr>
<td>Estimated no. of employees becoming active</td>
<td>1128</td>
</tr>
<tr>
<td>Average Trains and Stations salary</td>
<td>42537</td>
</tr>
<tr>
<td>Indirect salary costs (15%)</td>
<td>6380</td>
</tr>
<tr>
<td>Total salary costs</td>
<td>48917</td>
</tr>
<tr>
<td>Working days p.a.</td>
<td>220</td>
</tr>
<tr>
<td>Salary per day</td>
<td>222.4</td>
</tr>
<tr>
<td>Working days lost due to sickness</td>
<td>5.28</td>
</tr>
<tr>
<td>25% reduction in sickness absence – working days</td>
<td>1.32</td>
</tr>
<tr>
<td>Reduced cost of absence per ‘activated’ employee</td>
<td>293.5</td>
</tr>
<tr>
<td>Reduced cost of absence for all participants</td>
<td>£331 070</td>
</tr>
</tbody>
</table>
Business case for extending physical activity initiative – 2 - quantified but not monetised

<table>
<thead>
<tr>
<th>Investment Objective</th>
<th>Pre</th>
<th>Post</th>
<th>% participant s improved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health - good, very good or excellent</td>
<td>58%</td>
<td>77%</td>
<td></td>
</tr>
<tr>
<td>2. Physical Activity- 10000 steps/ day or more</td>
<td>29%</td>
<td>74%</td>
<td></td>
</tr>
<tr>
<td>3. Sleep and Stress – meeting medical guidelines</td>
<td>22%</td>
<td>44%</td>
<td></td>
</tr>
<tr>
<td>4. Nutrition- Meeting medical guidelines</td>
<td>13%</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>5. Engagement – Awareness of TfL commitment to employee’s health and wellbeing</td>
<td></td>
<td></td>
<td>53%</td>
</tr>
<tr>
<td>6. Productivity &amp; Concentration levels</td>
<td></td>
<td></td>
<td>64%</td>
</tr>
</tbody>
</table>
Thank you!

Any questions?

Dr Olivia Carlton OBE

olivia.carlton@tfl.gov.uk
Mobile: 07770 646241
Health and Wellbeing Professions Committee

Dr Stephanie Fitzgerald, DClinPsych, CPsychol
22 November 2016
Overview

• Who are we?
• Why are we here?
• What does it all mean?
• Example of responses for industry: GermanWings
• Wise Buyer guidance- what does it mean for industry?

Rail Safety Review (Dr Greg Morse, RSSB)
How the press have turned the actions of a mass murderer into a fearmongering campaign against depression.
KEEP CALM
and stay calm
don't waste your effort
• **Recommendations of the Health and Wellbeing Professions Committee (HWProC)**

• **Unannounced drug and alcohol testing** – All safety critical employees should be subject to a programme of unpredictable, mandatory unannounced drug and alcohol testing with no warning given about when the testing will take place.

• **Employer requirement for disclosure** – The employee contract, code of conduct or similar requires disclosure of medications and illnesses which may affect safe working.

• **Employer provision of safe reporting** – Employees can report medical concerns as required above, other issues that may affect safety and any ‘near-misses’, having an assurance that their treatment will be proportionate, fair and equitable.

• **Additional consideration**

  • The HWProC highlights an additional ‘best practice’ recommendation, which it would encourage the railway industry to consider:

  • Introducing the ‘sign off’ of an employee’s pre-employment questionnaire by their GP.

  • As part of a pre-employment assessment, an employee applying for a safety critical role will complete a health declaration questionnaire and then obtain confirmation from their GP that the contents are accurate and complete. The GP will also be asked if they have any concerns about suitability. This is routine practice in other industries where safety is paramount.
Being a Wise Buyer of Occupational Health
THANK YOU!
Wise Buyer Guidance

- Introduction to Occupational Health
- What Occupational Health means for employers and employees
- Effects of health on work
- Effects of work on health
- Wider health issues
- How is Occupational Health provided?
  - In-house versus Outsourced
Wise Buyer Guidance

• What are some of the difficulties?
• Deciding on the best type of service for you
• How to make the decision
• Transition
• Managing the contract
Stephanie.Fitzgerald@rssb.co.uk
Time to Change
Sarah Restall – Employer Manager
• Began in 2007 and is a growing movement of people changing how we all think and act about mental health problems in England.

• We support people to open up to mental health problems; to talk and to listen.
Right now…

• 1 in 4 of us will experience a mental health problem in any given year

• 1 in 6 workers is dealing with anxiety, depression or stress

• Research shows that work tends to be the most stressful factor in people’s lives

• Mental ill-health is the leading cause of sickness absence in the UK, costing an average of £1,035 per employee per year

• 40% of employers acknowledge that levels of mental health are concerning
Yet...

• Eight in ten employers have no mental health policy to help staff sustain good mental health

• While stress has forced 1 in 5 workers to call in sick, 95% gave a different reason to their boss

• Managers want to do more to improve staff mental wellbeing but they need more training and guidance

• Staff would feel more loyal and committed if their employer took action on staff wellbeing
• The attitude of others can stop people with mental health problems getting the help they need
• Being judged and isolated can be harder than the mental health problem itself
• Someone you know right now will have a mental health problem, they just don’t know how to tell you
The Employer Pledge Process
The Time to Change Employer Pledge is a straightforward, free way to demonstrate your commitment to your employees’ mental health, and to creating an environment where can they be open about it.
Over 450 organisations have signed the pledge
From organisations such as

- Lendlease
- Aae UK
- IBM
- Tesco
- Barclays
- Unilever
- Skanska
- Highways England
- Rolls-Royce
- Network Rail
- British Gas
- PwC
- NHS Providers
- NHS England
- M&S
- HSBC
- Southbank Centre
- Sellafield Ltd
- Northern Trust
- Wells Prettys
- Network Rail
- Wells Prettys
- Healthy Living Cer
- Wells Prettys
- Healthy Living Cer
- Wells Prettys
- Healthy Living Cer
- Wells Prettys
- Healthy Living Cer
- Wells Prettys
- Healthy Living Cer
Employee Champions

- Individuals who are passionate about changing the way we think and act about mental health problems in the workplace
- Internally drive change
- Help support action plan activities
- Commit to normalising conversations about mental health
For no charge we will provide you with:

• Coaching on your action plan from a dedicated member of our expert team

• A set of online resources to help you easily deliver activity in your workplace

• Invitations to a series of masterclasses where you can learn from leading employers on how they have achieved success

• Invitations to workshops on how to effectively raise awareness about mental health within your organisation

• Connections to employers who have implemented initiatives similar to those you are planning
As a result of signing the pledge

• 95% said it had a positive impact on their organisation
• Eight in ten agree that awareness of mental health issues has been raised
• Half reported a rise in staff disclosure of mental health problems since the pledge was signed
• Three-quarters of Employee Champions feel that the pledge has had a positive impact on their organisation
• 78% have reported a positive change in their confidence with regards to empowerment
Introduction to Workshops

Claire Dickinson
ORR
29 November 2016
Workshops
EMPACTIS

The only integrated solution for managing Employee Absence, Health and Engagement
Joining Up Employee Health

Dr Steve Boorman CBE
November 16
• First role in OH – Cecil Parkinson’s advisor at DOT!

• More than 25 years in OH, 21 years in very different roles in RM from doctor to manager

• Many different industries and many with safety critical and service dichotomies

• Recent career change reflecting need to work differently to support employee health
We think and manage health differently!

It’s personal doesn’t work when it impacts on others (co workers and public)

We all know what we need to do – we don’t and poor communication makes it worse!
1824 – Cadbury recognised that providing good working conditions and workplace support gave a better product.

1855 – appointed its first workplace doctor to improve health and reduce sickness absence – to improve reliability of post!
• De Morbis Articum”

• Identified that often far from being health promoting work could be harmful

• Health risk assessment / reduction
Early 2000s – crisis and losing business despite still having monopoly

14/15 Regulatory targets missed – hefty fines

Losing over £1mil a day

Sickness absence rates unknown but high!

Safety record – worse than construction

Industrial relations – more lost working days than any other
Health as an area to improve communication

Thinking about organisational as well as individual health

Creating opportunity to work together

In 18 months - £1.5mil a day, Attendance improved by a third, safety improved by 100%, lost days dramatically down

Hit first class service target for first time in 10 years!
Some large numbers and worrying trends!

- Obesity is associated with additional sick days - Total economic loss to UK £47bn each yr, £5bn to employers (McKinsey)
- Mental ill health reduces GDP by £52bn each yr, £1035 per employee, 70 million Lost Working Days
- MSDs result in 2% loss of EU GDP, 44mil EU workers have Work Related MSDs, 60% of incapacity to work
- 139 million lost working days (1.8million took more than four weeks SA) – an 8million rise on previous year
Sometimes you’re just a little squashed
So isn’t it obvious?
We expect high performance in difficult conditions
A crash is inevitable without care!
So why not leave it to the NHS!? 

- 5 Year Forward View – need to change
- Prevention v Treatment?
- Care designed around NHS need not individual?
- We don’t rely on NHS as sole means of reducing safety related death or injury
- Why is health different?
• Working for a healthier tomorrow – cost of ill health for those of working age equivalent to running a second NHS

• Fair Society, Healthy Lives – work one of 6 domains underpinning health inequalities and concept of health promoting workplace
Railways and Health!

Each stop on the Argyle line travelling east across Glasgow represents a drop of 1.7 years in life expectancy for men and 1.2 years for women.

Health professionals, students and health organisations all have a responsibility to advocate for change across the health system, in education and training and to health workforce regulations, and also beyond it – directed at policies that affect health inequalities.

Marmot, Working for Health Equity (March 2013)
You can take numbers different ways!

The main working-age health conditions in the UK are musculoskeletal and mental health:

- 2.6m disabled people are recorded as having mental health condition in the UK, 0.9m of whom are in employment. This means the employment rate for disabled people with mental health conditions is 32%.

- 3.7m disabled people have musculoskeletal conditions, 1.7m of whom are in employment. This means the employment rate for disabled people with musculoskeletal conditions is 46%.

The prevalence of mental health conditions varies with employment status, for example in England:

- 1 in 5 of all working age people have a common mental health condition.

- 1 in 7 working age people in full time work have a common mental health condition.

There are 12m people with a long term health condition in the UK:

- 7.1m disabled
- 4.8 non-disabled

7.1m of whom are disabled and 4.8m of whom are non-disabled.

9 in 10 workless disabled people are economically inactive and are not actively looking for work.

Most ESA claimants are in the Support Group

<table>
<thead>
<tr>
<th>Support group</th>
<th>WRAG</th>
<th>Pre-WCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>67%</td>
<td>20%</td>
<td>14%</td>
</tr>
</tbody>
</table>

2.4m people are on ESA, over 60% of whom are in the Support Group.
The Case for Wellbeing;
- Engage for Success; The Evidence, Wellbeing and Employee Engagement
- The CBI Report, Workplace Health as a Business Issue
- The BITC Workwell Model
- The BiTC mental health reports

Guidance from;
- NHS on Health & Wellbeing Strategy, Policy and Guidance
- NiCE

Charities
- Eg MIND
- Business in the Community

Professional Organisations
- Eg CiPD, TUC
NICE!

- National Institute for Clinical Effectiveness
- Evidence based guidance on management of key health issues
  - Smoking, back pain, physical exercise
  - Sickness absence
  - Healthy workplaces
Engagement – soft and cuddly?
Engagement – soft and cuddly?

“health and wellbeing is inextricably linked to engagement”
The real impact of engagement

- Illness is only one factor in becoming disabled

A true story!
The Value of Rude Health

• LSE evaluation of Royal Mail Additional Investment during period of corporate turnaround / recovery
• ROI between 2.5 – 5 times spend
Technology

- Blue collar penetration changed – smartphone / gaming
- Pro-activity
- Tracking actions
- Data – insights / targeting
- Decision support, information, coaching
A timely green paper!

• Highlight costs and trends
• Need to improve employment retention and access
• Improved early intervention
• Better integration / communication
• Access to OH
Joining up!

- Leaders
- Managers
- Employees
- Better use of services – business, NHS and Third Sector
Learning from an Ambulance-man!

NB Not this one!
Health Matters and is worth investing in!

Good health = Good Business
Summing Up

Johnny Schute

ORR
Feedback - Meetoo

22 November 2016
The topics covered in the **presentations** were relevant to me

1. Strongly Agree
   - 31.25%
2. Agree
   - 68.75%
3. Disagree
   - 0%
4. Strongly disagree
   - 0%
The content and delivery of the **presentations** worked well

1. **Strongly agree**
   - 20.59%
2. **Agree**
   - 76.47%
3. **Disagree**
   - 2.94%
4. **Strongly disagree**
   - 0%
The content and delivery of the **workshops** worked well

1. Strongly agree
   - 30.56%
2. Agree
   - 38.89%
3. Disagree
   - 25%
4. Strongly disagree
   - 5.56%
The event fulfilled my reasons for attending

1. Yes 86.11%
2. No 0%
3. Unsure 13.89%
Any other comments

Please share your comments via the app

What time is lunch?

Welcome to today's event
Key takeaways

▪ DATA (good evidence, looking for real health advantage not cosmetic, capturing compelling metrics)

▪ DELIVERY (actually seeing things happening, not preaching to the converted, delivering at pace, mainstreaming health activity, pervasive benefits, real competitive advantage through effective health measures, delivering at the local level)

▪ STIGMATISATION (normal conversations around chronic health issues and mental health)

▪ LEADERSHIP AND CHAMPIONS (influential individuals at the right level, people who ‘get’ it, it’s not just about sickness absence)
Close and Thank you