

# PAPER

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(Agenda item: 06)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**Board Meeting**

**24 February 2016**

**Chief Operating Officer’s Report**

**For Information**

This month’s report provides the Board with an update on:

* Baby Friendly Initiative
* Buckinghamshire Recovery College Open Afternoons
* MSK pilot for staff

**Recommendations**

The Board is asked to note the report.

**Lead Executive Director: Pauline Scully, Interim Chief Operating Officer**

1. **Baby Friendly Initiative**

The Baby Friendly initiative (BFI) is a worldwide programme developed by WHO and UNICEF that aims to improve standards of care for breastfeeding within healthcare settings. In the UK, BFI works with public services to protect, promote and support breastfeeding and strengthen mother – baby and family relationships. Inherent in the programme is a recognition that support for these relationships is important for all babies, not only those who are breastfed.

There are a set of standards that underpin BFI – these vary slightly according to the setting they apply to (maternity, neonatal units, health visitors and children’s centres). Health Visitor standards are as follows:

* Support pregnant women to recognise the importance of breastfeeding and early relationships to the health and wellbeing of their baby.
* Enable mothers to continue to breastfeed for as long as they wish.
* Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk.
* Support parents to have a close and loving relationship with their baby.

This is implemented via a staged approach. Stage 1 accreditation depends on building a firm foundation via written policies to support the standards, development of an education programme, development of a process to implement, audit and evaluate the standards and ensuring that the service is compliant with the International Code of Marketing of Breast Milk substitutes. In practice, this includes making sure that there is no promotion of breastmilk substitutes, bottles, teats or dummies (this doesn’t mean that staff are not able to give information and support to parents who use formula milk, but this is done in such a way as to ensure that specific brands are not promoted).

At stage 2, there is an assessment to ensure that staff can implement the standards according to their role and the services provided. The OHFT HV service has recently had a stage 2 accreditation visit. (Beg February) We had two assessors, who interviewed 30 members of HV teams (including HVs, nursery nurses, community staff nurses, one of the breastfeeding support workers and one of the Family Nurses), along with the project lead, a locality team leader, operations manager and senior nurse to ensure that training was implemented as stated, and that staff have the knowledge and skills to effectively provide support to families in line with the standards.

Feedback from the assessors was outstanding, they commented on the warmth and sensitivity shown by staff. They liked the various props people bought with them – including i-Pads – and commented that resources were 'well thumbed' and clearly used in practice with Mums. The lead assessor commented on everyone's enthusiasm and desire to support Mums. She said that, until today, she has never done an assessment where **all** staff demonstrated communication in a mother centered way. We expect formal written feedback of this assessment by the end of February. Our HV contract has a KPI around the percentage of breastfeeding mothers – the BFI process sets a robust framework to support operational delivery.

We are now moving on to work towards Stage 3.

At stage 3, parents will be interviewed either through face to face meetings or by phone to ensure that their experiences are in line with the standards. We will be preparing for this over the next few months by extending the existing client audit programme and continuing to support staff development to meet any gaps. Although not directly related to stage 3, BFI is also about organisations demonstrating a culture of leadership and commitment to breastfeeding. Within the Infant feeding SOP used by health visitor teams, there is a commitment to support any member of staff who is breastfeeding and returning to work. In order to demonstrate a trust wide commitment to BFI – and to the health and wellbeing of all of our staff and their babies, we would want to promote a trust wide requirement to recognise the needs of breastfeeding women, and offer support on their return from maternity leave.

We are already preparing for the stage 3 assessments, and hope to complete this during Spring/Summer 2017.

1. **Buckinghamshire Recovery College Open Afternoons**

The Whiteleaf Centre in Aylesbury and Haleacre in Amersham were the venues for the recent successful open afternoons when patients, carers and staff came together to learn more about this new initiative. The College is aiming to start offering taster courses from April, in a number of different locations across the county and the project board are working hard on the recruitment campaign for this whilst ensuring the college follows its principles of “Hope, Control and Opportunity”.

These two afternoons generated lots of ideas and suggestions about the types of courses the college could offer such as peer support, social inclusion and understanding medication through to yoga, mindfulness and managing stress. There were further suggestions incorporating arts in mental health, understanding diagnoses as well as wanting to create a feeling of equality between patients and staff.

Catriona Canning, Clinical Project Manager, Adult Directorate, is taking a leading role in the development of the college. Catriona led on the development of the Recovery College in Oxfordshire, and during this time successfully engaged patients, family members, carers and staff groups to progress the college and the courses that are now well established.

The Project Board is central to the work of the college and governs all of its actions, and Project Board member Katy Blunt said “we were overwhelmed with the number of visitors who attended the open afternoons and came up with suggestions and offers of help”. Christopher Collier added “it seems like an excellent initiative and left a very positive feeling moving forward”.

If anyone (staff member, patient or carer) would like to be involved in the further development of the Recovery College then please contact Catriona Canning via email: [catriona.canning@oxfordhealth.nhs.uk](mailto:catriona.canning@oxfordhealth.nhs.uk) will be happy to discuss options as to how you can help us take this forward.

1. **Improving Staff well-being and continuity of patient care: Physio Pilot for staff**

In the NHS, sickness absence due to musculoskeletal disorders (MSDs) accounts for around 40% of all sickness absence with an estimated cost to UK plc of £4.8 million per year. In Oxford Health NHS Foundation Trust (OHFT) Older People’s directorate has the highest rate of MSK-related staff sickness absence in the Trust (av. 25%), reflecting in part the “hands-on” nature of much of the care provided.

Staff sickness absence has three impacts on service delivery:

* Patient continuity of care.
* Staff – both directly (those who have the sickness absence) and indirectly (impact on team of staff sickness absence).
* Use and cost of agency staffing to maintain safe staffing levels.

The Boorman Review in 2009 found that organisations that prioritised staff health and well-being performed better, with improved patient satisfaction, stronger quality scores, lower staff turnover and better outcomes. Government initiatives have therefore focused on fitness to work and health and wellbeing promotion in the workplace with the intention of preventing and reducing sickness absence.

Within the Trust a staff health and well-being co-ordinator and action group have been implemented as one of the strategies recommended in the Boorman Review. A key recommendation of the report was consistent access to early and effective interventions, such as physiotherapy, for common musculoskeletal (MSK) and mental health problems as they are the major cause of ill-health among NHS staff.

Below are summarised the findings and outcomes of the MSK pilot scheme in the Older People’s Directorate. This invested circa 40K from charitable funds into a six month pilot offering clinical staff rapid and local access to musculo-skeletal advice and treatment. The aims were to reduce sickness rates due to MSK injuries amongst staff; thereby improving continuity of patient care and reducing use (and therefore cost) of agency staffing to maintain safe staffing levels.

The pilot set out to explore whether the national evidence indicated in the Boorman report could be replicated for staff working in the Older People’s Directorate. This pilot would then inform future investment in such a scheme, dependent on the pilot outcomes.

The pilot reported significant positive impact on reducing staff sickness and improving staff morale, including:

* A reduction of 50 episodes of sickness relating to back and other MSK problems with 356 episodes in 2014 and 306 in 2015.
* A reduction of 875 WTE days lost due to sickness absence with a total of 2979 WTE days lost in 2014 and 2104 WTE days lost in 2015.
* A reduction of 1.4 days on the average duration of absence where 8.3 days was the average duration in 2014 and 6.9 days was the average in 2015.
* A saving of £36,743 in the cost of days lost due to sickness absence (using the mid pay-point of each pay band) with the cost based on actual salary of staff members absent in 2014 being £183,043 and £146,300 in 2015 (these figures exclude the cost of agency/locum staff to cover absences, but based on use of agency and associated costs can be estimated to equate to a similar figure again, i.e. a further £36,000 cost reduction).

Staff feedback was very positive, including comments such as:

* *[It] has made a huge difference to my back, mental state and outlook on recovery.*
* *I felt very supported and I have really benefited from being able to access the service. I would definitely not have been able to work if I had not been seen.*
* *Very quick referral to appointment prevented time off work – Great!*
* *I believe the fast track physiotherapy service enabled me to continue working whilst being treated, thus avoiding sick leave.*

These outcomes are positive, although a longer period of provision of this intervention is required to fully quantify the benefits of increased continuity of care achieved through reduced staff sickness absence.

Further consideration into how this intervention might be offered on a sustainable basis to all staff, incorporating both primary prevention (advice and education to staff to reduce the risk of MSK injuries) and physiotherapy treatment where required.