

## Staff Health and Wellbeing Strategy

### 1. Background

Dr Steve Boorman undertook a review of NHS health and wellbeing during 2009 (The NHS Health and Wellbeing Review). He gathered a wealth of evidence of the state of health and wellbeing in the NHS, its impact on quality of care, and cases of best practice. His interim report, published in August 2009, made the case for taking action on health and wellbeing in the NHS workforce – currently 10.3 million days are lost to sickness per year, at a cost of £1.7billion.

The review reported that a reduction in sickness absence by a third would bring about the benefits of a gain of 3.4 million working days a year which is equivalent to 14,900 extra WTEs with an estimated annual direct cost saving of £555 million.

Supporting the health and well-being of NHS staff improves service quality and productivity in addition to the health of a significant proportion of London's working population. A healthy workforce is more productive and so performs better, presenting the NHS with an opportunity to herald significant financial benefits through improved staff health and wellbeing. This commitment is also one of the four pledges in the NHS Constitution which states "to provide support and opportunities for staff to maintain their health, wellbeing and safety".

In addition to this and inspired by the 2012 Olympics Games, David Nicholson, NHS Chief Executive has challenged the NHS to encourage NHS organisations to use the inspirational power of the 2012 Olympics to get 2,012 NHS employees actively engaged in sport or physical activity as part of, or associated with, their NHS employment, by the time the Olympics arrive in 2012.

There is evidence that patient care and outcomes are positively influenced by good morale and motivation, which was supported by the Boorman Review which reported that 80% of staff surveyed considered that their state of health and wellbeing affected patient care. Other benefits of good staff wellbeing range from reduced staff turnover and reduced sickness absence to improved patient satisfaction ratings and decreased MRSA rates.

The NHS Health and Wellbeing Review established that the majority of absence was due to musculoskeletal and mental health issues, yet the review could not find evidence of clear treatment pathways to quickly support staff with these problems back to work.



Amongst the findings of the review there appeared to be inconsistency of occupational health provision across the NHS. He made recommendations for local reviews of occupational health provision, to ensure that occupational health teams are able to focus on preventative activity to support staff in healthy life-choices as well as providing a gateway to early treatment of musculoskeletal and mental health problems, which is not reliant on manager referral.

To support this recommendation, as part of an action plan the Trust will circulate a questionnaire to a number of staff members throughout the Trust to consult with staff on the current provision of Occupational Health services and any changes in the provision of services they may wish to be considered.

The report also recommended that Occupational Health team staffing should be reviewed to ensure that staff are able to deploy their expertise effectively. This is currently being taken forward as we move towards integration of Croydon Community Health Services (CCHS) and Mayday Healthcare NHS Trust (Mayday) with a new integrated OH Service.

NHS London recently published a framework document entitled "*Health Promotion in the NHS Workplace: A Framework for Action in London*". This guidance aims to help Trusts take forward the recommendations from the report and includes best practice principles to assist with tackling six specific lifestyle issues ie healthy eating, physical activity, breastfeeding, drug and alcohol misuse, smoking cessation and mental health. These principles will be developed into an action plan by the Health and Wellbeing Group.

## **2. Current Organisational Health & Well-being Status**

The figures below relate to the financial year 01.04.09 to 31.03.10 for both Mayday and CCHS. The sickness absence target for 2009/2010 for Mayday was 4% and 3.5% for CCHS.

The actual overall NHS sickness absence rate for Acute Medium Trusts for 2009/2010 was 4.42% and for PCTs 4.41% (information received from the NHS Information Centre).

The Trust has approved a 3.5% KPI target for sickness absence for 2010/2011 and will consider further reductions in line with the Boorman Review for 2011/2012.



<b>Sickness absence rate</b>	Average % NHS Acute Medium Trusts: 4.42% Mayday: 3.83% Average % PCTs: 4.41% CCHS: 4.32%
<b>Sickness absence WTE</b>	Mayday:33793.77 CCHS: 10514.95
<b>Sickness absence direct cost</b>	Mayday:£3.997M CCHS: £889K
<b>Staff Turnover</b>	Mayday:12.3% CCHS: 12.70%
<b>No. staff off sick for more than [20] days with musculoskeletal</b>	Mayday:55 CCHS: 7
<b>Cost of staff off sick more than [20] days with musculoskeletal</b>	Mayday:£550 K CCHS: £17K
<b>Number of staff receiving physiotherapy via OH</b>	Mayday: During the past 12 months 60 staff have been referred to physiotherapy. CCHS: During the past 12 months 62 staff have been fast tracked for physiotherapy.
<b>No. staff off sick with mental health problems for more than [10] days</b>	Mayday:64 CCHS: 12

<p><b>Cost of staff off sick more than [10] days with mental health problems</b></p>	<p>Mayday:£319 K CCHS: £65K</p>
<p><b>No. staff receiving counselling / CBT via OH or HR</b></p>	<p>Mayday: From January - December 2009 OH advised 227 staff they may benefit from staff counselling, and from January -March 2010 OH advised 118 staff they may benefit from staff counselling. From 1 January – June 2010 the staff counsellor has had 38 appointments from staff for counselling.  CCHS: During the past 12 months 55 staff have been referred for counselling/CBT</p>
<p><b>Number of recurring short term sickness episodes</b></p>	<p>Mayday:4940 CCHS: 958</p>

**3. Current Health & Well-being activity in Trust**

In 2009 the staff survey results reported that 37% of CCHS staff and 30% of Mayday staff were suffering from stress. This is reflected by relevant absence rates and the reasons for both self and management referrals to the Occupational Health (OH) department, although it is important to understand that more staff had stress, anxiety and depression which were not directly caused by work. In response to this OH delivered some pilot personal stress management workshops which had positive feedback. More staff have an inability to cope with daily/life stressors than an actual clinical illness which often leads to other ill-health and absence from work.

In CCHS a walking club has been successful although often staff find it clashes with meetings booked in their lunch time. Wherever possible cultural changes need to take place to protect lunch break time which would allow staff time to take exercise and reduce their stress from work activity improving the work-life balance and ability to cope with the daily pressures of work. This would not have any direct cost for the organisation to implement and aims to increase staff fitness/general health. At Mayday current staff benefits include yoga, relaxation, belly dancing, staff gym and Cycle to Work Scheme. These are generally at some cost to staff. The staff counsellor has a contact, at Croydon College for students to “practise” therapy on staff eg massage under supervision.



At CCHS the Trust has a fast track referral process to Physiotherapy and the Smoking Cessation Team. At Mayday the smoking cessation counsellor attends OH once a week, holding a clinic in the department and also has a dedicated health promotion board in the OHD to promote. Staff can self refer to smoking cessation, OH and the counselling service. Staff are referred via OH to physiotherapy.

Currently a trial is taking place in CCHS Lennard Road site for a weight loss programme in which a group of staff supported by OH are individually losing weight but sharing their recommendations and supporting each other.

Bike racks were installed in most CCHS bases last year as part of the Staff Survey Action Plan.

OH at Mayday write health promotion articles on their dedicated page in the Mayday Magazine. The new intranet OH site has a dedicated Wellbeing page with links. A Wellbeing board including lifestyle leaflets and displays are located in the OH Department to reflect national campaigns.

As an integrated OH service we will look to build on these activities in line with the Health and Wellbeing Action Plan including tackling the six specific lifestyle issues; healthy eating, physical activity, breastfeeding, drug and alcohol misuse, smoking cessation and mental health identified in the *Health Promotion in the NHS Workplace: A Framework for Action in London*".

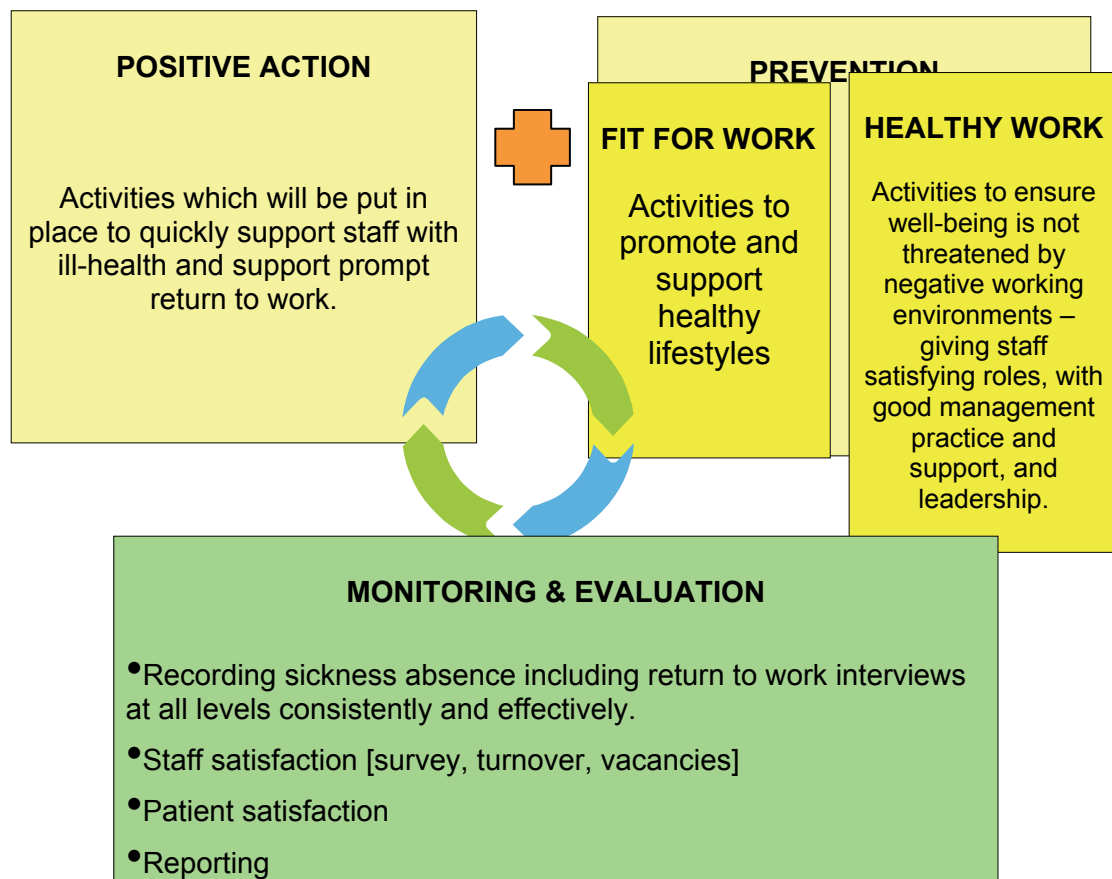


#### **4. Strategic Approach**

To embed a culture of health and wellness within the organisation with health an integral part of Trust development with senior managers taking an active role in supporting the agenda.

The diagram below simplifies the strategic approach to embedding this culture into our Trust : –

- Positive action that will help support those with ill-health return to work as soon as possible;
- preventative activity to reduce ill-health and poor well-being, split into “Fit for Work” activity (lifestyle improvements) and “Healthy Work” activity (to improve well-being through quality work and management practice; and
- evaluative activity that will help the Trust monitor progress.
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#### 4a. A Strong “Health and Wellbeing” Brand

The motivating force of this strategy is effective communication – grabbing attention and enthusing staff into action. A strong visual identity is necessary for consistent use on all communications to help embed and gain recognition of what the “brand” stands for.

#### 4b. Leadership

It is essential that the Trust puts staff health and wellbeing at the heart of its work, with a clearly identified board-level champion and senior managerial support. The Director of HR and OD has overall responsibility for the implementation of the health and wellbeing programme and will provide update reports to the Board and People and Organisational Development (POD) Committee on a 6 monthly basis including the reporting of key workforce metrics. Sickness absence reports will be published and discussed monthly at Directorate meetings and Trust Management Group.

#### 4c. Well-being & Productivity

There is considerable evidence that health and wellbeing programmes produce business benefits across different sectors and sizes of business. These benefits include:-

- Reduced sickness absence
- Reduced staff turnover
- Reduced accidents and injuries
- Higher employee satisfaction
- Increased productivity
- Improved patient satisfaction rating
- Decreased MRSA rates
- Improved annual health check ratings

The Workforce KPIs, Staff Survey and Patient Surveys are monitored on an on-going basis and presented to the Board.

#### 4d. Staff Engagement

For health and wellbeing to become a successful reality, staff must be fully engaged in the process. We will do this in a number of ways including the creation of a new Health and Wellbeing Group reporting into POD, distribute a health and wellbeing questionnaire to a sample section of the workforce, regular communications in Team Briefing, consultation and information sharing with the JSCC, posters, dedicated wellbeing notice boards, the intranet and regular promotion of health promotion and other health activities.



#### 4e. Management Practice

Embedding good management practice across the Trust is key to staff feeling valued, motivated and happy in their workplace. This in turn leads to increased satisfaction and a feeling of wellbeing. Management practice across the Trust is being reviewed in line with the “Patient Revolution” work including objectives, appraisals, PDPs, 360 degree feedback, talent management and succession planning, training for managers in coaching, performance management and sickness absence management. The Trust is also rolling out the Staff Survey action plans and the “Respect at Work” initiative to embed the principles of treating people with dignity and respect at work to counter instances of bullying and harassment.

#### 4f. Occupational Health

As stated earlier, to establish if the current OH provision meets the needs of the workforce a questionnaire will be made available to staff members throughout the Trust asking their views on the current provision of Occupational Health services and any changes in the provision of services they would like to see.

The OH staffing structure is currently being reviewed as we move towards a new integrated OH service, in line with the Association of National Health Occupational Physicians (ANHOPS) recommendations on staffing, the Boorman Recommendations of which counselling services is a key element and the OH Standards from the Faculty of Occupational Medicine (newly developed standards of performance for occupational health services.)

#### 4g. Public Health Links

The Trust will liaise with NHS Croydon’s Public Health Lead for Wellbeing and link in with any initiatives being rolled out locally and / or nationally including for example [Change4Life](#), [Healthier Food Mark](#), slimming clinics, [smoking cessation](#) and Cycle to Work .

#### 4h. Reporting of sickness absence and well-being

Workforce reports including sickness absence, turnover and vacancy rates for Directorates / teams to be developed into a Wellbeing performance dashboard and RAG rated (red/amber/green) against targets and reported to POD and quarterly to the Board.





The policy and process for managing sickness absence including return to work (RTW) interviews, trigger points and sickness absence review meetings will be publicised throughout the Trust with managers being reminded of their responsibilities in managing sickness absence.

HR, OH and line managers will hold regular case conferences to discuss and agree the management of individual sickness absence cases. Identified trends in reasons for absence and areas of absence will be discussed in detail at the Wellbeing Group meetings.

Directors will receive monthly high level sickness reports for their Directorate with equivalent WTE and costs.

Assistant Directors and line managers will be sent reports for their area of work with trigger points identified for each member of staff. Human Resources Business Partners (HRBPs) will work with their managers to agree next steps and monitor that the actions take place.

### **5. Monitoring & Evaluation**

A Health and Wellbeing Action plan will be developed which will be monitored by the POD Committee.

Progress will be measured with the uptake of health and wellbeing activities and on-going monitoring of sickness absence data and costs, agency usage and costs, turnover rates, vacancy rates, Staff Survey results and staff seasonal flu vaccination uptake.

The Trust has approved a 3.5% KPI target for sickness absence for 2010/2011 and will consider further reductions in line with the Boorman Review for 2011/2012.

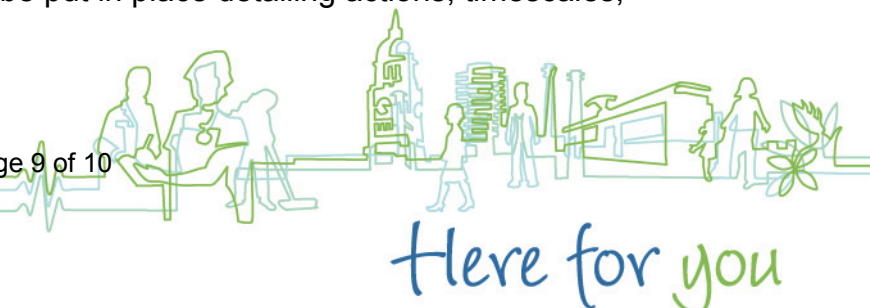
### **6. Partnership working**

The Wellbeing Group will be chaired by a Clinical Director of the Trust and include representatives from HR and Workforce Development, Occupational Health, Health and safety, Communications, Staffside, Physiotherapy and a manager from each operational Directorate. Terms of Reference will be developed and approved by POD.

The Trust Wellbeing lead will also liaise with NHS London, DoH Health and Wellbeing Lead for London, London Health and Wellbeing Coordinator, Croydon Council and NHS Croydon's Public Health Wellbeing lead.

### **7. Action Plan**

A comprehensive action plan will be put in place detailing actions, timescales, desired outcomes and cost.



Immediate actions will be:-

- Formation of the Health and Wellbeing Group and agreed terms of reference (TOR)
- Review of Stress/Mental Wellbeing policies
- Circulation of Wellbeing questionnaire to staff to ask their opinion of what services they would like to see which would enable them to become healthier
- Wellbeing branding
- Communications
- Promotion of health promotion and wellbeing activities including on-site staff gym at Mayday.
- Review of process for managing sickness absence including RTW interview, trigger points and sickness absence review meetings to be publicised throughout the Trust with managers being reminded of their responsibilities in managing sickness absence.
- Workforce reports including sickness absence for Directorates / teams to be developed into a performance dashboard and RAG rated against targets.
- Monthly Wellbeing article in Team Briefing including Top 10 best and worst sickness absence rate.
- Line management training on stress management.
- The Department of Health and SHAs have been working with sports governing bodies, including the [London Organising Committee of the Olympic Games](#) (LOCOG) and Olympian Jonathan Edwards, to develop a package of materials. OH to explore ways to set up initiatives at little cost and make contact with organisations that can offer help with different physical activities and local competitions in touch rugby, netball, tennis and basketball from the [NHS Sport and Physical Activity website](#).

