Health, work and well-being in the NHS

In the July 2010 health white paper, *Equity and Excellence: Liberating the NHS*, the Government committed to continuing to implement the recommendations from Steve Boorman’s report on NHS health and well-being. The white paper also set out a major programme of change over the next four years – change that will require engagement and partnership with staff if it is to be delivered effectively.

### QIPP and staff health and well-being

The improvements to staff health and well-being recommended in the Boorman Review and supported by NICE can help with both meeting the staff pledge in the NHS Constitution and delivering the four elements of the quality, innovation, productivity and prevention (QIPP) programme.

**Quality** – healthier, more motivated staff have been shown to deliver better, safer, higher-quality care on a more consistent basis.

**Innovation** – staff-driven health and well-being initiatives have the potential to begin the culture change needed to encourage innovation at all levels within the NHS.

**Productivity** – reducing sickness absence will mean more staff are at work, improving morale and reducing stress. Coupled with better staff engagement, this is a powerful way to improve patient care and productivity.

**Prevention** – raising staff awareness of how to prevent ill-health in their own lives and introducing innovative models for staff well-being in the workplace will encourage staff to become strong advocates for prevention, passing on ideas and practice to patients.

This *Briefing* aims to help senior managers in the NHS make staff health and well-being part of their organisation’s culture and embed it into their organisational policies. It outlines the important role of staff health and well-being in delivering quality, innovation, productivity and prevention (QIPP) and in meeting responsibilities to staff under the NHS Constitution.

This *Briefing* also examines the business case for improving staff health and well-being and sets out what trusts need to do to help meet the challenge of achieving £555 million in savings on sickness absence.

### Background

Evidence from the Black and Boorman reviews and earlier research1 shows that staff health...
and well-being and engagement are closely linked – each improves the results of the other. Boorman also makes the point that staff health and well-being supports QIPP (see box on page 1). To take forward the changes set out in the white paper, trusts will need to ensure that they have the best possible health and well-being services for staff and that they are fully engaged in the process of improving and delivering those services.

**Background to the well-being agenda**

In 2008 Dame Carol Black undertook a review of the health of the working age population, making a number of recommendations which included a review of the health and well-being of the NHS workforce.

The Department of Health commissioned Dr Steve Boorman to review the health and well-being of NHS staff and to report back with recommendations for how the NHS could become an exemplar employer. Conclusions from Dr Boorman’s report are listed below.

Good staff health and well-being relies on:

- board commitment, leadership from top management and staff engagement
- making staff health and well-being part of the core business of the organisation
- properly resourcing staff health and well-being services, with a clear understanding that this represents investment that will deliver both long-term savings and improved patient care
- agreed and consistent measures of the effectiveness of staff health and well-being programmes, which can be used for board and national reporting.

He also found, in common with Dame Carol Black’s report, that occupational health services were failing to deliver the range and quality of services that were needed in the modern NHS.

**The essential role of senior managers**

The Boorman report identifies the attitude of local management as one of the key factors affecting the implementation of staff health and well-being initiatives. Research with staff for the report found that staff did not, on the whole, believe that senior managers were interested in their health and well-being. Only 40 per cent believed that their employers listened to staff concerns about their working environment.

Staff health and well-being was not seen to command any priority at board or senior manager level, where there were few champions for it.

There was also a perception that participating in staff health and well-being activities was counter-cultural and inappropriate for the NHS and that time at work should be devoted to caring for patients rather than improving staff health.

The Department of Health accepted Dr Boorman’s recommendations, agreeing that this attitude must change and that all NHS staff and managers must give priority to staff health and well-being.

The report’s recommendations included the following.

- All NHS trusts must put staff health and well-being at the heart of their work, with a clearly identified board-level champion and senior managerial support.
- Training in health and well-being should be an integral part of management training and leadership development at local, regional and national levels and should be built in to annual performance assessment and personal development planning.

A major task for trusts implementing Boorman’s recommendations is collating and monitoring the reports and data to identify problems and progress. Good use of the Electronic Staff Record (ESR) will enable trusts to record and report on sickness absence. Making reports on sickness absence trends available to the board is essential to gaining their understanding of the organisational efficiency costs associated with staff health and well-being.

NHS Employers is committed to
continuing to support boards with advice and tools to help them implement health and well-being plans. We have now launched the NHS well-being at work resource and early in 2011 we will be publishing guidance on managing well-being in the NHS, which will include a line manager’s tool for managing absence.

The role of HR directors and teams

HR directors and their staff have an essential role liaising with line managers, occupational health and staff. As well as managing sickness absence they will need to ensure that the organisation takes a holistic approach to well-being and to make links between all the policies that contribute to staff health and well-being. HR will also need to take the lead on engaging with staff to develop and shape a range of well-being policies, including what is required of the occupational health service.

Finally, they will have a pivotal role in collecting and presenting data to show their progress.

High impact actions

The Department of Health’s Well-being Delivery Group has developed a set of five high impact actions that it believes will make the greatest difference to embedding staff health and well-being within NHS organisations. The group consists of the health and well-being leads and champions from each strategic health authority (SHA), together with representatives from NHS Plus and NHS Employers.

1. Ensure your health and well-being initiatives are backed with strong leadership and visible support at board level. Producing an annual report of the organisation’s well-being will help to communicate commitment and progress.

2. Develop and implement an evidence-based staff health and well-being improvement plan to meet your organisation’s needs. This should be prepared and agreed in partnership between management, staff and unions and progress monitored regularly.

3. Build the capacity and capability of management at all levels to improve the health and well-being of their staff. This will include recognising and managing presenteeism, conducting return to work interviews and supporting staff with chronic conditions.

4. Engage staff at all levels with improving their own health through education, encouragement and support.

5. Use an NHS occupational health service that offers a targeted, proactive and accredited support system for staff and organisations.

NHS Constitution

In March 2010 the Government published an updated version of the NHS Constitution which set out the contract between the NHS and its patients and staff in terms of rights and duties on all sides. It makes a number of pledges referring to the health and well-being agenda.

The Health and Safety and Welfare Pledge commits the NHS to:

Staff engagement

High-performing NHS organisations often tend to have good staff engagement policies. Staff engagement is also associated with other positive staff indicators such as lower levels of absence. A number of NHS trusts have linked improving staff experience with better experience for patients and users. High levels of staff disengagement can damage the quality of patient care.

The importance of staff engagement is recognised by its inclusion in the staff pledges which are part of the NHS Constitution and require NHS organisations to:

“engage staff in decisions that affect them and the services they provide….all staff will be empowered to put forward ways to deliver better and safer services”.

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“provide support and opportunities for staff to maintain their health, well-being and safety”.

Implementing the recommendations in the Boorman report and taking the high impact actions will help to ensure that trusts are complying with the NHS Constitution.

The business case
In his report, Dr Boorman set out the business case for improving staff health and well-being and made the case for investment of time and resources, even at a time when the service is looking for financial savings, because of the savings in costs that they would deliver. These are not savings which can only be achieved over a long period, although those will be made as well, but savings on investment that can be made back within the year and continue to deliver into the future for as long as the investment and effort are continued. (See good practice example below.)

Absence costs
Dr Boorman identified the potential for the service to make £555 million of efficiency savings by reducing current sickness absence levels by one third. He argued that this could be achieved through a preventative approach to health and well-being, addressing the major causes of sickness absence including poor leadership, unhealthy lifestyle choices and poor line management; and providing support to those suffering from common complaints such as musculo-skeletal disorders and mental health conditions (including stress).

Reducing current levels of absence by one third would deliver:
- a gain of 3.4 million working days a year
- equivalent to 14,900 extra whole time equivalents.

Additional, indirect, costs of sickness absence and poor health and well-being have been identified as:
- £1.45 billion a year in agency and temporary staff to cover absence
- £4,500 per vacancy in recruitment costs to replace staff who leave due to illness or stress (CIPD), although this is likely to be substantially higher for senior clinical and managerial staff
- £150 million per year in estimated ill-health retirement costs (NHS Employers Partnership Review of Ill-Health Retirement)
- overtime costs and the costs of employing staff for additional discretionary hours, with the associated risks of stress on staff working long hours.

Contribution to wider savings agenda
Evidence from the private sector shows that organisations that take the health and well-being of their staff seriously have considerably reduced turnover of staff and enjoy an improved reputation both with their customers and within their local communities.

Properly managed and resourced health and safety and occupational health services will contribute to a safer and healthier working environment and the consequent reduction in litigation and insurance costs.

Research carried out at Aston University shows that effective human resources, occupational health and health and safety services have a direct impact on reducing patient morbidity.

Good practice example: Tackling musculo-skeletal disorders
Gloucestershire Hospitals NHS Foundation Trust introduced an occupational health department based, physiotherapy assessment for musculo-skeletal disorders in their NHS staff. This resulted in a reduction in sickness absence from 13.6 to 6.8 days, a decrease in waiting times for musculo-skeletal disorder appointments, and the majority of patients assessed and managed by physiotherapists did not need medical input, with significant cost savings for the trust.
Staff engagement in delivery

To deliver the improvements needed to staff health and well-being, it is essential that senior management engage staff in every stage of devising and delivering their well-being agenda.

Staff engagement is crucial to identify improvements needed to current services to make them more effective and to identify what new services would further improve things.

For more information on effective staff engagement, including a practical toolkit, please visit www.nhsemployers.org/staffengagement

The role of occupational health

The Department of Health has established a task and finish group to make recommendations on the future direction for NHS occupational health services. The group aims to resolve existing misconceptions among managers and staff about the role of occupational health. It will set a clear future direction for the role of NHS occupational health services and produce tools to help the NHS implement any changes. The task and finish group is due to engage with key stakeholders in November and December 2010 and NHS Employers will keep you informed of its progress through our website and NHS Workforce bulletin.

Next steps

All NHS organisations were asked in the 2010-11 Operating Framework to put in place a health and well-being strategy for their staff, which included identification of local well-being issues and steps to support and monitor improvement. The involvement of HR, occupational health, health and safety, staff side, and management representatives in developing these strategies is crucial. The Department of Health has provided a template for a health and well-being strategy, which can be tailored to the specific requirements of each organisation and is available from www.dh.gov.uk/nhswellbeing

NHS well-being at work resource

A wide number of organisations, provide advice, toolkits and good practice to help employers with implementing the well-being agenda. All of these can be accessed online.

To make it easy for employers in the NHS to identify and access those resources that will be most useful to them, NHS Employers has developed NHS well-being at work. It brings together reports, guidance, case studies and toolkits from a range of different organisations with expertise in this area.

The new resource is a one-stop-shop for employers to help their organisation respond to the health and well-being challenge.

Access NHS well-being at work at www.nhsemployers.org/wellbeing

Top tips for creating and implementing a health and well-being strategy

- Understand the needs of both staff and management – what are the key issues relating to health and well-being in your organisation?
- Monitor and analyse the sickness absence data for different staff groups in your organisation.
- Identify the key issues affecting your organisation and target specific activities to address them. This should include preventative activity to prevent ill health and reactive activity to reduce the time needed off sick for people with common conditions.
- Ensure that the strategy is agreed at board level and that you have a board-level champion.
- Put mechanisms in place to monitor progress and report regularly to the board.
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NHS Employers represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work. The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda. We work with employers to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

NHS Employers is part of the NHS Confederation.

Contact us

For more information on how to become involved in our work, email getinvolved@nhsemployers.org

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References


2. Black C. (2008), Working for a healthier tomorrow: review of the health of Britain’s working age population. TSO