Health and Wellbeing Strategy

1. Introduction/Strategy Statement

Health and wellbeing is now recognised as more than a matter for individual attention – successful organisations have recognised that good health is a key enabler to good business. The health, safety and wellbeing of staff directly contribute to organisational success and poor workforce health has a high cost.

The NHS workforce is large, and improving the health of NHS staff and their families has enormous potential in preventing future ill health not only for them but also for the wider community. Lord Darzi’s Review “High Quality Care for All” stresses that “we all have a part to play in making ourselves and our communities healthier” and this is even more pertinent given the resource constraints facing the NHS as a whole.

For the purposes of this strategy health and wellbeing is seen as embracing the whole person – physical and mental health both inside and outside of the workplace and is greater than simply an absence of ill health and disease, it is a feeling of physical, emotional and psychological wellness.

As part of Europe’s largest employer the NHS has an opportunity to be an exemplar of good practice and should be seen as a role model in relation to the health and wellbeing of its staff and promoting health and wellbeing amongst the wider population.

2. Vision

Buckinghamshire Healthcare NHS Trust is committed to being the employer of choice within Buckinghamshire and recognises that an important aspect to achieving this is the promotion and maintenance of the physical and psychological health and wellbeing and safety of its entire workforce.

Our vision is clear, to be the first choice healthcare for the people of Buckinghamshire and beyond, a place which puts their needs first. In order to deliver this vision we need a highly skilled, motivated, engaged and healthy workforce.

Staff engagement and health, safety and wellbeing is a priority and will be delivered in an environment where staff are well managed, valued for their contribution and are developed within available resources. This will be delivered by:

- Implementing our clinical and staff engagement strategy in partnership with our consultative committees
- Equipping managers to better manage staff, including safety, health and wellbeing and staff satisfaction
- Providing an occupational health and wellbeing service which are focussed not only on intervention but on prevention
- Implementing a strong, management of sickness absence and attendance policy with the support of a case manager.
Furthermore building a reputation as an employer that cares about the wellbeing of its employees can attract and retain staff – reducing recruitment and associated costs - and achieve one of our HR strategic aims of being recognised as an employer of choice.

Investing in staff health and wellbeing can bring benefits for both patient care; by having strong and consistent teams of staff, and financially because healthier and happier staff are likely to be more productive and motivated and deliver safe patient care.

3. Aims

The NHS has a duty of care to its staff, which is enshrined in the NHS Constitution and commits the Trust to providing support and opportunities to enable staff to maintain their health, wellbeing and safety at work.

The aim of this strategy is to set out how the Trust will manage staff health, wellbeing and safety in the workplace and how it will measure and evaluate the success of its wellbeing programmes.

4. Background / Context

a. Impact of work on health and the cost of sickness absence

Dame Carol Black’s review of the health of Britain’s working age population (Working for a healthier tomorrow) makes the point that work can be good for health and that the workplace can have a key role in promoting the health and wellbeing of its employees. But the environment in which one works can also lead to ill health too.

Evidence suggests that the healthcare environment can be inherently more challenging to health than other non-health sectors and NHS staff are more prone to work related injury and illness, being 1.5 times more likely to fall ill and 1.7 times as likely to sustain injury, according to Dr. Steve Boorman’s 2009 NHS Health and wellbeing report. But whilst health and safety measures and infection control measures may curb exposure to many of the potential hazards, the healthcare environment is a highly pressurised environment; constantly under public scrutiny and the workload is considerable and both physically and psychologically demanding. And there is evidence too that there is a link between physical and mental health and wellbeing.

It is unsurprising then that the three largest contributors to ill health in the NHS is related to musculoskeletal injury, mental health/stress and skin complaints and sickness absence among the public sector employees averages 10.7 days per year and it is estimated that this costs the NHS £1.7b in sickness absence, every year (some £1.3b is estimated to be attributed to mental health problems).

Absence due to sickness has a significant impact on the Trust each year; on staff, on services and financially. In addition to the impact on the health and wellbeing of individuals and their families, sickness absence puts added pressure on those colleagues who undertake additional duties during absence of staff and impacts on our ability to deliver services to patients and clients. And when locum or agency staff are used this has a significant financial cost too. In 2005 the former Healthcare Commission found that levels of patient dissatisfaction correlated with the use of bank and agency nurse staff which could be associated with sickness cover.
Although health professionals are well informed on how to maintain good health and the consequences if they do not, according to a MORI poll carried out in 2009, health professionals are just as vulnerable as the general public to the unhealthy lifestyles.

b. Presenteeism

Presenteeism, defined as coming to work and performing at less than full capacity as a result of ill health, is as much of an issue for health care as absenteeism and the costs of Presenteeism has a significant impact on productivity and efficiency. Presenteeism among staff with mental health problems is thought to cost 1.5 times the amount of working time lost through absenteeism. Darzi’s next stage review, published in 2008 emphasised that a healthy workforce is integral to ensuring the highest quality of care possible for patients and that patients needed to be treated by health professional who are in good health themselves.

A Swedish study of 4000 people found that people in the caring professions were among those most likely to go to work when ill and research by the Sainsbury Centre for Mental Health would seem to suggest that Presenteeism was particularly prevalent in the NHS where staff are encouraged to remain at work when they are ill and among more senior staff and those with mental health issues.

A long working hours culture, having a senior role, working in a small unit, guilt about taking time off for ill health and fear of repercussions, especially for mental health problems all increase the likelihood of Presenteeism.

c. Health and wellbeing programmes

Health and wellbeing programmes in the commercial sector show that these can cut the amount of sick leave taken and speed up return to work after illness. Healthy employees are three times more productive than those with poor health and the evidence suggest they are also likely to be safer employees too.

Given the cost to the NHS and the potential impact of poor health on quality of care and patient safety, investing in health and wellbeing programmes and adequately resourced services for preventing ill health and managing ill health promptly can save money and improve patient care.

The workplace is an effective location to address the challenges to the health of NHS staff and their families and the wider community, after all the average person spends a third of their waking ours in the workplace, and up to 40 years of their life at work and so the workplace offers the opportunity to educate and support staff to exercise more, smoke less, eat more healthily and provide to provide access to health and wellbeing services to target those areas of high risk. It is clear that a greater focus on workplace health over the coming years has the potential to deliver benefits for employees, their families, the wider community and the organisation through improved employee productivity and wellbeing.

Occupational health services have a key role not only in managing health issues in the workforce, for example support staff who return to work after periods of sickness absence, but also in proactive prevention and health promotion. With an aging workforce health professionals, in line with the general population, will be more vulnerable to long term conditions associated with aging, such as diabetes, arthritis, heart disease and declining cognitive function.
Workplace can either promote or undermine mental health and wellbeing depending on how work is organised and managed. Good relationships at work with colleagues and managers are protective. Poor communication, lack of role clarity or departmental objectives can increase work related stress. However high levels of job satisfaction and feelings of accomplishments can stave off burnout.

5. Responsibilities

This section provides an overview of the responsibilities the organisation, managers and supervisors and the individual has in relation to health and wellbeing:

a. Responsibilities of the Trust:

The NHS Constitutions commits the Trust, by law, to providing support and opportunities to enable staff to maintain their health, wellbeing and safety at work.

- Developing and implementing effective policies and procedures
- Providing training and information and guidance for managers and staff
- Providing access to occupational health and wellbeing and other advisory services
- Reporting on the status of employee wellbeing, including performance, activities, initiatives and opportunities
- Establish effective monitoring so as to be able to evaluate the impact of health and wellbeing programmes

b. Responsibilities of senior managers:

Senior managers influence the culture in the areas they are responsible for. Their specific responsibilities include:

- Setting an example as a role model by adopting and promoting the strategy
- Promoting behaviours contributing to positive staff wellbeing
- Ensuring effective communication between management and staff, particularly through organisational change
- Ensuring that bullying, harassment and discrimination are not tolerated
- Working with managers and the Trust’s HR and OH functions to initiate local wellbeing initiatives

c. Responsibilities of the line manager/supervisor

Line managers and supervisors have a responsibility to look after the health and wellbeing of their staff. This includes:
o Setting an example as a role model by adopting and promoting the strategy

o Take the health and wellbeing of their staff seriously, listening and responding to their needs and helping them alleviate, as far as reasonably practicable, workplace stressors

o Seek advice from HR professionals around the implementation of relevant policies, e.g. management of sickness absence, whilst ensuring effective measures are in place to monitor sickness absence.

o Seek appropriate advice and support when dealing with complex staff health problems

o Encourage staff with health problems to seek help through occupational health and wellbeing services, e.g. counselling, physiotherapy, stress, smoking cessation etc.

o Consider whether there may be an underlying health problem when there is concern about an individual’s performance

o Ensuring that bullying, harassment and discrimination are not tolerated

o Promote behaviours contributing to positive staff wellbeing

o Promote the health and wellbeing strategy and support wellbeing initiatives and activities, enabling reasonable access for staff

o Ensure staff are fully trained to discharge their duties

o Ensure staff are provided with development opportunities

o Attend relevant training as required including management, mandatory training and health and safety training

o Ensure effective measures are in place to monitor and manage sickness absence

d. Responsibilities of the individual

All staff have a responsibility to look after their own health and wellbeing. This includes:

o Registering with a GP

o Taking advantage of vaccination programmes for infectious diseases

o Seeking advice promptly about fitness to work when symptoms arise

o Seeking professional advice about ill health, managing illness and accessing appropriate treatment, advice and support

o Not coming to work when ill, unless part of a managed recovery programme.

o Taking advantage of the occupational and health and wellbeing services provided by the Trust

o Taking advantage of health promotion and advice, guidance and information provided by the Trust
1. Name of Committee
   a. (Boorman) Health & Wellbeing Action Group

2. Purpose of the Committee
   a. To provide a forum for the development and implementation of good health and wellbeing across the organisation and sharing of best practice and a consistent approach to the management of health and wellbeing in the workplace

3. Objectives and Key Tasks
   a. Define what health and wellbeing looks like at Buckinghamshire Hospitals
   b. Define the roles of various stakeholders in terms of their role in the overall process
   c. Consider national best practice, informed guidance and the implications of legal cases
   d. Promote health, safety and wellbeing across Buckinghamshire Hospitals
   e. Provide effective communication of strategy, policy, preventions, interventions and facilities
   f. Identify and build on existing good practice and initiatives within divisions
   g. Make recommendations for action to address patterns and deficiencies in practice, which may be contrary to health and wellbeing at work
   h. Advise on the provision of training and development opportunities for managers and staff and integrate best practice into learning activity
   i. Make recommendations for the development of performance standards and mechanisms for monitoring health and wellbeing at work at a divisional and an organisational level
   j. Champion health and wellbeing within each division
   k. Promote health and wellbeing specifically in regard to organisation transformation

4. Membership
   a. Membership will comprise champions from each division of the Trust.

5. Frequency of Meetings
   a. To be agreed

6. Quorum
   a. Chair
   b. Human Resources
6. Delivering the Trust’s Health and Wellbeing programme

The Trust’s HR and Workforce Committee, chaired by the Director of HR, monitors activity. The health and wellbeing project team, made up of representatives of the HR and occupational health and wellbeing team drives the programme forward and the health and wellbeing action group, with representatives from across all of the divisions are responsible for championing health and wellbeing, promoting and sharing good practice in the areas in which they work.

The Trust’s Health and wellbeing Action Plan is based on priorities identified through Boorman’s national NHS health and wellbeing review, national public health agenda, as well as areas identified through our surveying of staff and workforce information and highlight the individual, team and organisational factors that promote wellbeing and how these factors are being addressed:

- **Physical health and wellbeing** – gyms, exercise, weight management, smoking cessation, fast track physiotherapy (promotion of physical and nutritional health)
- **Mental and emotional wellbeing** – promotion of our fast track counselling services, stress management workshops, information for managers
- **Health promotion** – health checks/assessments, linking to national campaigns (e.g. alcohol and drugs, change for life), vaccines, health sheets, valuing staff wellness days
- **Advice and signposting** – policy advice, employment law, communication, e.g. intranet, corporate induction (drawing attention to principles and policies)
- **Organisational wellbeing and people management** – case manager, health summits, leadership and management training so that managers are confident in supporting health and wellbeing, for example; in managing change, workplace stressors – recognising that effective leadership is vital to building and sustaining an organisational culture where staff can thrive.
- **Economic wellbeing** – promoting opportunities to have fun and save money; we have a robust staff benefits and offers page on the intranet.
- **HR intervention** – identify trends in sickness and develop appropriate interventions as informed by our workforce information and surveys, e.g. fast track services, stress hotspots (stress management workshops)

This strategy supports the recommendations from Boorman, NHS Future Forum and the Public Health Responsibility Deal, Healthy Lives – Healthy People.
7. Embedding health and wellbeing

It is our intention to develop engagement mechanisms to identify other areas where the Trust can support the health and wellbeing of its entire workforce making it accessible for all. Already we have:

- Leadership and representation at Executive and Board level
- Engaged our consultative committees, providing regular updates at JMNC, JCNC and HR and Workforce Governance meetings.
- Staff side representatives are active in our Health and wellbeing Action Group
- Established a project and action group; all staff groups across the organisation are represented, to drive health and wellbeing through the organisation
- Consulted with staff - carrying out an online and paper survey across the entire workforce and review the findings as well as responses to the NHS national staff survey. Using our project and action groups to review the findings and act upon the key findings
- We have a robust and well defined intranet available to all staff with two specific areas promoting health and wellbeing and staff resources
- Health and wellbeing is part of the annual appraisal and pdp review of the organisation

We will continue to foster relationships and work with the local NHS authority, other public sector employers in Buckinghamshire through the Healthier Communities Strategy framework. We will leverage our membership of Robertson Cooper Business Wellbeing Network Group and NHSEmployers best practice to develop and inform our strategy and deliver the following:

- Early intervention to encourage early return to work for people who are off sick
- Empowering and enabling staff to better understand and address their own health risks
- Active communication about healthy, safety, information activities and services available
- Reducing sickness absence levels

8. Key Indicators

Experience shows that organisations which adopt a positive approach to improving health and wellbeing across the organisation may achieve substantially reduced costs associated with

- Absenteeism
- Reduction in bank and agency usage
- Staff turnover
- Risk management
- Staff and patient satisfaction
- Improved productivity and performance

The measures by which we will assess whether our interventions have been successful include:

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<th>Metric</th>
<th>Source</th>
<th>Notes</th>
<th>Monitoring period/interval</th>
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<tr>
<td>Sickness absence</td>
<td>ESR</td>
<td>% of FTE lost overall and by medical cause (may also be broken down into staff category)</td>
<td>Month, Annually</td>
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Incidence of long term (>4 weeks) and short term sickness absence | ESR | We will use Bradford Score to identify no. staff who score 0-299, 300 – 999 and 1000+ (this is a rolling figure) | Quarterly, Annually

Prevalence of zero sickness absence | ESR | Taking out leavers, we will see the number of staff with Bradford score of 1+ and subtract this from our total number of staff | Annually

Incidence of ill-health retirement | Finance Dept and NHS Pensions Agency | Number and per 1000 staff employed | Year, annual 5 year moving average

Staff turnover | ESR | Numbers of joining and leavers expressed as a % of average number of employees during measurement period (remove redundancy and junior doctors) | Annually

Agency and locum costs | Workforce Reports | Numbers of shifts and cost of agency nurses and doctors | Monthly, Annually

The Trust will monitor the response rates in relation to questions on health and wellbeing in staff surveys and produce corporate and divisional action plans on sharing the improvements and addressing the concerns these raise.

| Self-rated health | NHS staff survey | KF score and number and % of responders | Year
| Disability from poor mental health | NHS staff survey | KF score and number and % of responders | Year
| Perceived managerial interest in personal health and wellbeing | NHS staff survey | KF score and number and % of responders | Year
| Adequacy of adjustments at working for long-standing illness/disability | NHS staff survey | KF score and number and % of responders | Year
| Job satisfaction | NHS staff survey | KF score and number and % of responders | Year
| Enjoyment of work | NHS staff survey | KF score and number and % of responders | Year
| Violence at work | NHS staff survey | KF score and number and % of responders | Year
| Harassment at work | NHS staff survey | KF score and number and % of responders | Year
Metrics to monitor activities of our occupational health and wellbeing services:

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<th>Metric</th>
<th>Source</th>
<th>Monitoring period/interval</th>
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<tr>
<td>Numbers of referrals from managers</td>
<td>OH records</td>
<td>Month, year</td>
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<tr>
<td>Numbers of self referrals</td>
<td>OH records</td>
<td>Month, year</td>
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<tr>
<td>Numbers of telephone enquiries handled</td>
<td>OH records</td>
<td>Month, year</td>
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<tr>
<td>Number of email enquiries handled</td>
<td>OH records</td>
<td>Month, year</td>
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<tr>
<td>Number of sharps injuries managed</td>
<td>OH records</td>
<td>Month, year</td>
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<tr>
<td>Number of vaccinations given</td>
<td>OH records</td>
<td>Month, year</td>
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<tr>
<td>Number of workplace visits</td>
<td>OH records</td>
<td>Month, year</td>
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<tr>
<td>Number of health surveillance assessments made</td>
<td>OH records</td>
<td>Month, year</td>
</tr>
<tr>
<td>Numbers of training/lectures delivered</td>
<td>OH records</td>
<td>Month, year</td>
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<tr>
<td>Number of fast track physiotherapy referrals</td>
<td>OH records</td>
<td>Month, year</td>
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<tr>
<td>Number of fast track counselling referrals</td>
<td>OH records</td>
<td>Month, year</td>
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9. Policies and other related documents and initiatives

The organisation exercises a duty of care through this strategy and through the following related policies, guidelines and initiatives (this list is not exhaustive)

- Occupational Health and Wellbeing Policies
- Bereavement guidance
- Dignity and respect at work policy
- Equal opportunities policy
- Health and safety policy
- Flexible working policy
- Management of sickness absence and annual leave policy
- Stress management policy and risk assessment
- Whistleblowing and Raising Concerns in the Workplace
- Fast track counselling
- Fast track physiotherapy
- Stress management workshops
- Leadership and management programme
- HCA induction and development programme
- Valuing staff – health days
- Health promotion activities
- Cycle to work scheme
- Onsite exercise and promotion of county wide services
• Staff benefits and offers
• Eyecare International
• NHS National staff survey
• Health and wellbeing survey
References

NHS Health and Wellbeing  Boorman Review November 2009
http://www.nhshealthandwellbeing.org/

‘Working for a healthier tomorrow’, March 2008, Dame Carol Black’s review of the health of Britain’s working age population

High quality care for all: NHS Next Stage Review final report, June 2008, Professor the Lord Darzi of Denham KBE

Robertson Cooper Business Wellbeing Network Group
http://www.robertsoncooper.com/business-well-being-network

NHS National Staff Survey
http://www.nhsstaffsurveys.com/cms/

Sainsbury’s Centre for Mental Health
http://www.centreformentalhealth.org.uk/employment/presenteeism.aspx

NHSEmployers
http://www.nhsemployers.org/HealthyWorkplaces/Pages/Home-Healthy.aspx

Public Health Responsibility Deal
http://www.dh.gov.uk/en/Publichealth/Publichealthresponsibilitydeal/index.htm

The NHS’s role in the public’s health, a report from NHS Future Forum 2012

Healthy Lives, Healthy People White Paper, November 2010