Staff Health and Wellbeing Framework

David Russell, NHS England
May 2018
We have worked with 12 sites over 2 years

- We worked with 12 sites in 16/17
- We focused our work with 6 in 17/18
- We have also worked with PHE, NHS Employers, NHS Improvement, NICE...
- ….and a range of advocacy organisations including MIND and ARMA...
- …as well as an expert advisory board with figures such as Carol Black and Steve Boorman
- Our ambition was to create a practical framework all NHS organisations could use to help them improve their support offer to staff
Framework development process

- Advisory Board
- Demo sites
- Clinical leads
- Specialist organisations

- Co-design & Coproduction

- Research and evidence
  - Desk top research
  - Qualitative research

- 6 Demo sites
- Collaboration events
- Site visits and calls
Using the Health and Wellbeing framework to enable improvement

**Diagnostic Tool**

- Answer 42 questions (RAG)
- Provides a dashboard view of your organisation's current status against the framework
- Identify priority areas for improvement plan

**Interactive Framework**

- For each element contains descriptions of ‘what good looks like’, case studies and implementation guidance
- Resource to support development of improvement plan
- Interactive with clickable elements
Working with the system

- Sickness absence and wellbeing programme and retention programme

- Engaging key influencers
  - New workforce Team
  - CQUIN

- Host on website and promote through networks
Improving the Health and Wellbeing of our people; reducing sickness absence

Louise Pratt, Project Lead – Health and Wellbeing, NHS Improvement

14th May 2018
Caring for our people will improve retention and wellbeing and reduce sickness absence

- NHS staff are one of our greatest investments, with 2/3 of NHS provider expenditure going on their workforce.
- NHS staff are the solution.
- Optimising and improving the well-being of staff will not only lead to improved efficiency but can also lead to improved clinical outcomes.
- That the line manager relationship has been shown to be four times more influential than other factors of engagement such as their job, their organisation or their team.

In his blog, ahead of speaking at NHS Employers health and wellbeing mental health conference Dr Justin Varney, national lead for adult health and wellbeing, Public Health England (PHE) wrote:

“...staff health and wellbeing is one of the fundamental pillars of productivity, recruitment and retention and delivering high quality and safe services.”

At the Chief Nursing Officer’s summit in Liverpool on 7th March Simon Stevens made reference to the recently published Kings Fund paper “Employee engagement, sickness absence and agency spend in NHS trusts” (Dawson and West) by saying:

“This research shows that there is indeed a ‘virtuous circle’—where hospitals and community services involve and engage their frontline staff, sickness absence is low and expensive temporary agency costs are lower. That’s a win for nurses, who are the largest group of health professionals. But it also benefits patients and taxpayers.”
Programme Aims

• Improve staff experience and engagement in a way which positively contributes to their health and wellbeing

• Optimise and improve the well-being of staff, which can lead to improved clinical outcomes for service users

• Support the consistent implementation of good people management practices, which contribute to a helpful, supportive and continuously improving culture

• Staff feel well led and supported which will in turn lead to patients who report respect, care and compassion*

*Dawson, J.F et al. (2011), Department of Health, London*
Our approach

• Learning from post-Boorman implementation; non-target setting approach.

• Learning from successful improvement methodology established by the NHSI Retention Programme.

• Working in collaboration with NHS England; **NHS Healthy Workforce Framework** provides minimum offer to all Trusts.

• 12 Accelerator sites will focus on **fast-track Occupational Health** services and implementation of evidence-based best practice from the Healthy Workforce Framework including, identifying the top 10 high impact actions.

• We will work with **73 Trusts** in 4 cohorts:

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Number in cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trusts with &gt;6mths continuous decline in the last year</td>
<td>15</td>
</tr>
<tr>
<td>Accelerator sites</td>
<td>12</td>
</tr>
<tr>
<td>Ambulance Trusts</td>
<td>10</td>
</tr>
<tr>
<td>Retention Programme Cohort 3 (less duplicates in the groups above)</td>
<td>36 – launched April 18</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>73</strong></td>
</tr>
</tbody>
</table>

In line with the Stevenson/Farmer Review’s focus we will work with Trust leaders at all levels to further develop:

• positive and supportive workplace cultures,

• good people management practices and

• improved staff engagement and wellbeing that will reduce sickness absence levels caused by mental ill health.
We know data validity is a concern

At 4.01% (July 17) the average sickness rates equates to approx. 13 days per year. HSCIC recognises that this figure is likely to be conservative given (a) data is sourced from ESR which relies on accurate recording of sickness absence (b) calculation based on a 365 day denominator rather than the number of days lost as a proportion of the individual’s total working capacity.

Example Sickness Absence Pattern

<table>
<thead>
<tr>
<th></th>
<th>Rostered work</th>
<th>Sickness absence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Day off</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>7am – 3pm (7.5 hours)</td>
<td>12pm – 3pm (3 hours)</td>
</tr>
<tr>
<td>Wednesday</td>
<td>7am – 3pm (7.5 hours)</td>
<td>7am – 3pm (7.5 hours)</td>
</tr>
<tr>
<td>Thursday</td>
<td>Day off</td>
<td>Day off – still unwell</td>
</tr>
<tr>
<td>Friday</td>
<td>1pm – 9pm (7.5 hours)</td>
<td>1pm – 9pm (7.5 hours)</td>
</tr>
<tr>
<td>Saturday</td>
<td>Day off</td>
<td>Day off – still unwell</td>
</tr>
<tr>
<td>Sunday</td>
<td>8.30pm – 7.30am (10.5 hours)</td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td>Day off</td>
<td></td>
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</tr>
<tr>
<td>Sunday</td>
<td>Day off</td>
<td></td>
</tr>
<tr>
<td>Total Hours</td>
<td>72 Work Hours</td>
<td>38 hours of work missed (53.8% of total hours in this period)</td>
</tr>
</tbody>
</table>

ESR
Reports 7.5 hour working days or less

Trust A
Capture individual days

Trust B
Captures all days
**Fast-Track Occupational Health Services**

NHS Employers* define rapid access, often referred to as fast tracking, as a system which secures rehabilitation and occupational health treatment for NHS staff. This enables staff to remain in the workplace or enable a return to work which is fast, practical, and reasonable.

Alongside the results of existing schemes there is strong evidence that early intervention and a facilitated return to work has a positive impact on staff with musculoskeletal (MSK) or mental health issues. This can significantly reduce the likelihood of staff having extended absence or further health issues developing. Adults that have been off work for long periods have a high prevalence of depression and anxiety irrespective of the initial cause of absence. Depression and anxiety can set in as early as six weeks after first becoming sick and are often the cause of extended absence.

Early and reliable access to a physiotherapist has been shown to be one of the most effective forms of intervention to deal with MSK conditions within the workplace.

There are three common rapid access models in operation:

1. Providing access to bought-in rehabilitation/psychological services for staff with the aim of returning frontline staff to work sooner than waiting for appointments via another route.

2. Expanding or investing in rehabilitation/psychological services within occupational health units to provide dedicated services for staff accessed via GP referral, manager referral or by self-referral (staff referring themselves directly).

3. GP refers staff member via the usual patient route and rapid access is requested and applied to both outpatient appointments and hospital admissions for treatment. This does not necessarily entitle staff to preferential appointments or include private facilities and treatment.

We will work with our 12 Accelerator Sites in order to assess, select and prepare to implement from September 2018 fast-track service.

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**Measuring success**

### Health and Wellbeing Improvement – Indicative Programme Cycle

<table>
<thead>
<tr>
<th>Pre-launch</th>
<th>Day 1 - 30</th>
<th>Day 31 - 60</th>
<th>Day 61 - 90</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Invitation to programme launch event for Trusts</strong></td>
<td><strong>Day 1 – Launch Event</strong></td>
<td><strong>Site visits to Trust with Improvement Leads from NHSI</strong></td>
<td><strong>Provide support for development of Health and Wellbeing plans</strong></td>
<td><strong>Submit Plans</strong></td>
</tr>
<tr>
<td><strong>Data pack circulated to cohort</strong></td>
<td><strong>Introduction phone call with Improvement Leads from NHSI</strong></td>
<td><strong>Local work to set up a project board, implement a multi-disciplinary working group and seek partnership engagement in order to respond to feedback</strong></td>
<td></td>
<td><strong>Assess plans, provide feedback and on-going implementation support</strong></td>
</tr>
<tr>
<td><strong>NHS Healthy Workforce Framework made available</strong></td>
<td></td>
<td><strong>Local work to understand the data better e.g. interviewing/surveying staff, completing the Healthy Workforce Framework assessment etc.</strong></td>
<td></td>
<td></td>
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</tbody>
</table>

**Provision of QI skills and methodology, Board and Management development, scale and spread interventions proven to work in those with most improved performance e.g. standardised sickness absence policy.**

**Assess plans, provide feedback and on-going implementation support.**

**Supporting the health and well being of NHS staff and reducing sickness absence**
Some good practice we are already aware of:

Wrightington, Wigan and Leigh NHS Foundation Trust
“Go Engage”

Imperial College Healthcare NHS Trust
Personalised absence reporting

Norfolk and Norwich University Hospitals NHS Foundation Trust
“Knowing Your Staff”

West Midlands Ambulance Service NHS Foundation Trust
Health and Wellbeing Strategy

Work to improve staff engagement led to unintended consequences of “over-engagement”, highlighting the need for focused health and wellbeing support for the workforce.

Reporting on working hours as a percentage of contracted hours results in a higher sickness absence rate than the standard ESR calculation, at approximately 0.50 percentage points.

A focus on good management conversations has helped to improve staff experience and reduce sickness absence rates to a level which equates to 37 more staff at work each day.

Lead in the Ambulance sector, centred around supportive line managers, developing a caring culture and proactively responding to traumatic situations...

...Interested to hear more
“NHS leaders should investigate the importance of nurturing positive, trusting cultures within which staff have high levels of wellbeing; where they feel valued, respected and supported; where they have high levels of influence in their workplaces; and where they are consequently more highly engaged.” Dawson and West, Kings Fund 2017

“Engaged staff think and act in a positive way about the work they do, the people they work with and the organisation that they work in.” NHS Employers