Improving working lives in the NHS

- a framework developed by the NHS Staff Council

July 2009
Important note: This framework, published in 2009, is designed to maintain the principles of the original Improving Working Lives (IWL) Standard and enable organisations to develop good HR practice in partnership at local level. It will be reviewed and updated periodically and revised guidance will be available for download from the NHS Employers website at www.nhsemployers.org
The Improving Working Lives Standard (IWL) was developed in 2001 as the central platform of the human resources (HR) performance framework. Its aim was to ensure that all NHS employers were committed to improving the working lives of all staff.

To help organisations to be employers of excellence, the NHS Staff Council, working in partnership, has produced this document ‘Improving Working Lives in the NHS – a framework’. It maintains the principles of the original standards for both Improving Working Lives (IWL) Practice and Practice Plus; and also takes into account recent changes to the NHS, new working practices and UK Government initiatives and legislation.

Who is this framework for and how should it be used?

The aim of this document is to be a reference point for all healthcare organisations in the UK who are committed to the principles of an employer of excellence. It is a practical tool, providing examples of good practice that can be used as a checklist locally and references to further information.

This framework is for employers to use:

- to measure the performance of their organisations
- to develop joint action plans in partnership
- to identify areas for improvement and to support them in working towards becoming a model employer
- to develop good human resources (HR) policies, that will not only improve the working lives of staff, but will lead to improved outcomes for service users.
- to assist them in meeting standards laid down by the Department of Health (DH) and regulatory bodies such as the Equality and Human Rights Commission (EHRC) and the Care Quality Commission (CQC).

How does Improving Working Lives support key NHS objectives?

Improving Working Lives and its principles of good HR practice underpins all of the current government initiatives and assists with the delivery of your organisation’s objectives. For example, it will help organisations to meet their obligations under the NHS Constitution (England) which embodies staff rights to representation, fair treatment, flexible working opportunities, and a safe and healthy workplace. Other overarching Government initiatives are set out in Annex A. The Improving Working Lives agenda will help you to deliver on all of these.

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1 For a full list of stakeholders please see acknowledgements on page 42.
The NHS Staff Council commitment to Improving Working Lives

In January 2008 staff side of the NHS Staff Council expressed concerns that despite the success of the IWL initiative, it was evident that momentum for achieving a healthy working environment in some organisations had stalled.

Staff Council members did not want a prescriptive national direction on any of the areas covered by IWL, but felt that producing this framework document was a good way of supporting organisations to take forward further work on healthy working lives.

The NHS Staff Council issued the following statement in June 2008:

“The NHS Staff Council is committed to the principles of partnership working and staff involvement. Partnership underpins and facilitates the development of sound and effective employee relations throughout the NHS. The national partners recognise that the participation of trade union representatives in the partnership process can contribute to delivering improved services to patients and users.”

The NHS Staff Council recognises that a modern NHS should offer staff a better deal in their working lives. Improving the working lives of staff contributes directly to better patient care through improved recruitment, retention, manageable workloads and motivation\(^2\); because patients want to be treated by well-motivated fairly rewarded staff.

The NHS Staff Council also:

- recognises that modern health services require modern employment practices
- understands that staff work best for patients when they can strike a healthy balance between work and other aspects of their life outside work
- encourages joint responsibility with staff to develop a range of working arrangements that balance the needs of patients and services with the needs of staff
- encourages the valuing and support of staff and the contribution they make to patient care and meeting service needs
- encourages personal and professional development and training opportunities that are accessible and open to staff irrespective of their working patterns

\(^2\) [www.nhsemployers.org/EmploymentPolicyAndPractice/staff-engagement/Pages/Healthcare-Commission-research.aspx](www.nhsemployers.org/EmploymentPolicyAndPractice/staff-engagement/Pages/Healthcare-Commission-research.aspx)


[www.rcn.org.uk/newsevents/press_releases/uk/hand_hygiene_alone_will_not_reduce_healthcare_associated_infections_warns_rcn](www.rcn.org.uk/newsevents/press_releases/uk/hand_hygiene_alone_will_not_reduce_healthcare_associated_infections_warns_rcn)
• encourages the development of a range of policies and practices that enable staff to manage a healthy balance between work and their commitments outside work.

UK wide development

Measurement of progress to implement healthy working practices has been carried out in different ways in England, Scotland, Wales and Northern Ireland and this will continue to be the case in the future.

Whilst signing up to the national statement quoted above, it will be for individual countries to decide how to implement the principles of IWL in partnership with their trade union representatives.

It is expected that issues such as linking IWL to the NHS staff survey and consultation results will be taken forward individually by each country.
The seven areas of activity

The framework sets out areas of activity under seven key headings:

1. Human resources and strategy
2. Equality and diversity
3. Partnership working
4. Flexible working
5. Healthy workplace
6. Training and development
7. Support for carers and childcare
Human resources and strategy

The human resources and strategy section looks at four key areas and sets out examples of good practice within each:

- good people management practices and a workforce development strategy
- recruitment processes
- retention strategies and partnership working principles
- staff feel enabled to raise concerns.

Good people management practices and a workforce development strategy

Examples of good practice:

- the organisation’s activities meet what is set out in the local operating plan, business or workforce plan
- effective plans are in place to deliver workforce targets in support of the local operating plan
- workforce targets are underpinned by the Primary Care Trust’s strategic plans, joint strategic needs assessments and local commissioning arrangements
- staff are involved in service planning and in the development of the workforce development plan
- human resources (HR) activities and key HR management indicators are reported and discussed at executive board, trust board and joint staff consultative committee (or equivalent) at regular intervals
- recruitment processes are undertaken in line with NHS Employers guidance on pre-appointment checks; see the guidance on the NHS Employers website www.nhsemployers.org/recruitmentandretention/employment-checks/Pages/Employment-checks.aspx
- the organisation can provide evidence of developing people management skills in line managers and HR practitioners; staff has personal development plans, appraisals and mid-year reviews at timely intervals throughout the year
- the organisation can provide evidence that equality and diversity is mainstreamed
- when using commercial agencies to provide temporary staff, employers have ensured that the agency used is operating under the nationally procured Purchasing and Supplies
Agency (PASA) framework agreement; NHS Professionals is also an alternative provider of medical locum staff. In the primary care setting, a joined up approach to GP recruitment and retention is evident.

Retention strategies and partnership working principles

Examples of good practice:

• retention strategies are in place, which include a range of benefits for staff such as key worker housing strategies, bike loans, cash points
• strategies are in place, which enable staff to have options for working flexibly and staff know how to apply for these.

Recruitment processes

Examples of good practice:

• staff recruitment adheres to the current employment law legislation and policies.
• the organisation has evidence of improvements in vacancy and turnover rates; these are shared with staff and their representatives and discussions take place in both formal and informal forums
• data exists demonstrating that the organisation has a fair and open recruitment process
• data monitoring systems are in place to record race, gender, age, disability of staff
• international recruitment is undertaken in line with the latest Government guidelines
• the organisation has applied to become a registered body and has a sponsor licence before undertaking international recruitment exercises; more information at www.ukba.homeoffice.gov.uk/employers/points/
• organisations recruiting from overseas have taken into account the Migration Advisory Committee’s recommended list of shortage occupations, using the point based system; more information can be found at www.nhsemployers.org/recruitmentandretention/internationalrecruitment/Pages/Homepage.aspx
• overseas staff are made aware of the legislation which applies to their recruitment and any extensions to their contract.

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3 See Managing Gaps in gaps in medical staff cover – a operational framework for employers: www.nhsemployers.org/SiteCollectionDocuments/Managing%20gaps%20in%20medical%20staff%20cover.pdf
Staff feel enabled to raise concerns

Examples of good practice:

- the organisation promotes a climate of openness and dialogue in which staff feel free to raise concerns in a reasonable and responsible way, without fear of victimisation

- staff are aware that processes exist which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management issue which they consider to have a detrimental effect on patient care, the delivery of services or staff welfare; staff representatives can advise them on this or they can contact Public Concern At Work on 020 7404 6609 or email helpline@pcaw.co.uk

- the employer has developed a policy for whistleblowing with staff representatives, which complies with the Public Interest Disclosure Act 1998 www.opsi.gov.uk/acts/acts1998/ukpga_19980023_en_1.

- staff are aware of the whistleblowing policy and understand how it applies to them; see the NHS Employers website for more details www.nhsemployers.org/EmploymentPolicyAndPractice/Pages/Whistleblowing.aspx
Equality and diversity

The following section looks at equality and diversity, under these key headings:

- promoting equality and diversity
- dignity and respect
- understanding how equality of opportunity impacts on service delivery
- promoting race equality
- supporting disabled staff
- supporting lesbian, gay, bisexual and transgender staff
- promoting gender equality

Promoting equality and diversity

For more information on promoting equality and diversity see the NHS Employers website www.nhsemployers.org/employmentpolicyandpractice/equalityAndDiversity/Pages/Home.aspx

Examples of good practice:

- the organisation has a robust action plan and policies to promote equality and tackle discrimination on the grounds of age, disability, gender, race, sexual orientation, religion or belief; these have been developed in partnership with the trade unions and representatives from the local community
- all staff and managers receive appropriate training in diversity awareness, the causes of prejudice and discrimination, the nature and extent of all forms of harassment and handling difficult and sensitive situations
- recruitment data is monitored and analysed for trends
- appraisal reports and training records demonstrate fairness of opportunity for all staff
- staff grievances, complaints and disciplines are monitored and reported to the board and joint staff consultative committee or equivalent; trends are monitored, analysed and where necessary acted upon
- all NHS organisations and other healthcare organisations encourage and practice good equality and diversity policies and practices.
Dignity and respect

Examples of good practice:

• the board gives a clear message that the organisation is committed to promoting dignity and respect and providing a working environment free from harassment and bullying, where discrimination at any level will not be tolerated at any level

• the organisation, its board and managers work in partnership with staff groups to ensure that staff and service users are treated with dignity and respect

• the organisation is pro-active in eliminating harassment and has effective mechanisms to record and monitor the extent of the problem

• staff and managers are aware of the policies and procedures around harassment and bullying and have received training to help them understand the nature, extent and causes

• the organisation evaluates the effectiveness of policies and practices on a regular basis in partnership with staff representatives

• exit interviews with staff are conducted and results analysed.

Understanding how equality of opportunity impacts on service delivery

Examples of good practice:

• managers understand how equality of opportunity for all staff enhances service delivery and as part of their role, ensure that staff are treated with dignity and respect

• the organisation can demonstrate that cultural, racial, sexual orientation, gender, disability, age, nationality, different working patterns and religious differences are accepted, accommodated and understood by managers

• managers are accountable for delivering fair employment practice and equality of opportunity in line with the:
  - The Sex Discrimination Act 1975 (Amendment) Regulations 2008
  - Employment Equality (Age) Regulations 2006
  - The Equality Act 2006 (Gender Equality Duty)
  - The Work and Families Act 2006
  - Disability Discrimination Act 1995 and 2005
  - The Carers (Equal Opportunities Act) 2004
  - Employment Relations Act 1999 and 2004
  - Gender Recognition Act 2004
- Equality in Employment Regulations (Religion or Belief) 2003
- Equal Pay Act 1970 as amended 1984
- Equality in Employment Regulations (Sexual Orientation)
- Race Relations (Amendment) Act 2000
- Knowledge and Skills Framework Core Dimension 6

*This list is not exhaustive.*

**Promoting race equality**

For more information see the NHS Employers website [www.nhsemployers.org/employmentpolicyandpractice/equalityanddiversity/the-eight-strands-of-equality/Race/Pages/Race-and-ethnicity.aspx](http://www.nhsemployers.org/employmentpolicyandpractice/equalityanddiversity/the-eight-strands-of-equality/Race/Pages/Race-and-ethnicity.aspx)

**Examples of good practice:**

- the organisation can demonstrate compliance with the Race Relations (Amendment) Act 2000 and the public duty
- the organisation encourages and supports a network for black and minority ethnic staff
- the organisation can demonstrate partnership working with stakeholders from the local community, in particular in developing its equality strategy for staff and service users
- initiatives are in place, which ensure that the views and comments from marginalised, discriminated against and excluded communities are involved in service planning.

**Supporting disabled staff**


**Examples of good practice:**

- organisations can demonstrate compliance with the Disability Discrimination Act and the code of practice; see the Equality and Human Rights Commission website for more information [www.equalityhumanrights.com](http://www.equalityhumanrights.com)
- ‘return to work interviews’ are conducted with staff who have been on sick leave; staff who require support to return to work or remain in work are made aware of the help available; see the NHS Employers website
staff are aware of occupational health services and how to access them

rehabilitation and redeployment policies are implemented and have been developed in partnership with staff side representatives

staff are aware of the organisation’s commitment to make reasonable adjustments to the workplace.

Supporting lesbian, gay, bisexual and transgender staff

For more information see the NHS Employers website

www.nhsemployers.org/EmploymentPolicyAndPractice/EqualityAndDiversity/Pages/Developing-Positively-Diverse.aspx

Examples of good practice:

- the organisation has policies and strategies to eliminate discrimination and harassment of gay, lesbian, bisexual and transgender people and staff are aware of these
- the organisation encourages and supports network groups for these staff groups and works in partnership with them to update policies and tackle problems.

Promoting gender equality

For more information see the NHS Employers website

www.nhsemployers.org/employmentpolicyandpractice/equalityanddiversity/the-eight-strands-of-equality/Gender/Pages/Gender.aspx

Examples of good practice:

- the organisation has policies which promote equal treatment of staff whatever their gender, male, female or transgender
- gender equality is promoted throughout the organisation, for example:
  - equal pay policies in line with Agenda for Change are implemented
  - gender impact assessments on major new legislation and policies are carried out
  - progress reports are monitored and published on a three yearly basis
- staff who are transgender or transsexual are given full legal recognition of change of gender in line with the Gender Recognition Act 2004; see the website of the Office of Public Sector Information www.opsi.gov.uk/acts/acts2004/ukpga_20040007_en_1
Partnership working

This section looks at partnership working under the following key headings:

- effective partnership working practices
- active promotion of the IWL Framework
- contractors providing NHS services, Primary Care providers and their staff are included in decisions that have an impact on the working practices of the organisation
- good communication strategy.

Effective partnership working practices

Examples of good practice:

- the organisation has a staff charter and a locally agreed joint statement of staff rights and responsibilities
- a partnership agreement between the organisation and the staff representatives is in place, staff are aware of this and understand it
- a staff involvement policy is developed and implemented with the input of clinical and non clinical teams on a range of Improving Working Lives issues
- managers, at all levels actively promote trade union membership and involvement
- the organisation recognises trade unions, provides facilities, time away from work and suitable cover arrangements for staff side representatives, including the development of union learning representatives.

Active promotion of the Improving Working Lives framework

Examples of good practice:

- an active Improving Working Lives (IWL) multi-disciplinary team is in place to promote the IWL framework as a key part of organisational culture; the team has a nominated board member with lead responsibility
- all staff understand and are aware of how the IWL framework can help them balance their work and personal lives while still delivering services
- all NHS organisations and other healthcare sector organisations encourage good HR practices within general practice by promoting the Improving Working Lives principles.
Contractors providing NHS services, Primary Care providers and their staff are included in decisions that have an impact on the working practices of the organisation

**Examples of good practice:**

- the local partnership body has representatives from all service providers in the organisation whether employed directly or from the private/voluntary sector
- service level agreements reflect and promote the ethos of the IWL framework
- non NHS staff working in the organisation can access IWL benefits and facilities.

**Good communication strategy**

**Examples of good practice:**

- a communication strategy is in place that is accessible to all staff groups and is regularly reviewed
- the organisation can provide evidence that it actively seeks out barriers to accessing information, and works towards removing them
- the organisation is aware that different staff have different levels of literacy and language ability and this is built into communication activities
- the organisation can provide information on the numbers of staff are receiving training in basic IT skills and share this information with staff groups
- the organisation has evidence that they communicate with hard to reach groups, for example, night duty staff, staff working part time
- the organisation has evidence that all staff have access to and can make appropriate use of the communication and learning technology
- there is good communication between staff and managers; staff are confident that their opinions are listened to and acted upon at an organisational, departmental, team and individual level; the organisation holds regular information briefings for staff
- effective planning takes place at a local level which takes forward the outcomes of staff survey results, this is regularly communicated to all staff
- the organisation makes changes based on staff suggestions where they are deemed to be of benefit to the staff, the employer and are practical and cost effective.
Flexible working
This section looks at promoting work/life balance for all staff throughout their working lives the NHS.

- flexible working is making a positive difference to service delivery
- staff can work flexibly
- a partnership approach to the review of working patterns
- flexible careers
- night workers, mobile workers, young workers.

Employers need to be aware of the Working Time Regulations. A revised Working Time Directive (WTD) was negotiated in June 2008 and is being considered by European Parliament. For the latest information on this and working time limits for all UK workers go to: www.berr.gov.uk/whatwedo/employment/employment-legislation/working-time-regs/index.html

Flexible working is making a positive difference to service delivery

Examples of good practice:

- evidence is available which demonstrates that working patterns reflect service delivery and staff needs, for example through improved access to services and low staff turnover
- there is a comprehensive flexible working policy that has been agreed in partnership; benefits are available for all staff groups, and promoted using inclusive language
- recruitment and retention data and literature is available
- training records and take up of flexible careers scheme data is available.

Staff can work flexibly

Examples of good practice:

- there is evidence that managers are putting flexible working policies into practice, such as, examples of different rosters, workforce planning systems
- organisations adhere to legislation on the right to apply for flexible working patterns
- monitoring processes are in place demonstrating improved recruitment and retention and the take up of flexible working for all staff
- flexible job plans are available.
A partnership approach to the review of working patterns

Examples of good practice:

- the organisation is committed to an ongoing review of working patterns and to a review as part of the performance appraisal processes.

Flexible careers

Examples of good practice:

- there is positive encouragement for all medical grades (including GPs) approaching retirement to take up flexible working patterns/flexible retirement
- workforce planning takes into account staff choice in relation to flexible retirement, training and working schemes
- age profiling is part of the business planning process and there is evidence that the organisation understands the guidance in the code of practice on age
- flexible training posts are established and are allocated and reviewed accordingly
- the organisation monitors the take up of grades and specialties accessing flexible training, flexible careers, flexible working and flexible retirement
- support systems are in place for flexible trainees, such as, providing childcare arrangements for on call staff
- pension issues are communicated to all staff at induction and at appropriate career stages and regular pension promotion workshops.

Night workers, mobile workers, young workers

For more information visit the Department for Business Innovation and Skills website www.berr.gov.uk/whatwedo/employment/employment-legislation/employment-guidance/page28978.html#working_at_night

Examples of good practice:

- employers have applied the special daily and weekly time limits in the Working Time Directive (WTD) to the appropriate staff members, staff are aware of this and understand how it affects their working hours and terms and conditions
- organisations have a timetable to phase in the WTD for doctors in training, staff are aware of this and how it applies to their working hours, terms and conditions; see the Department for Business Innovation and Skills website for more information at www.berr.gov.uk/whatwedo/employment/employment-legislation/employment-guidance/page28978.html#working_at_night
• employers take all reasonable steps to ensure that staff are not required to work more than an average of 48 hours a week, unless they have signed an opt-out agreement

• night workers are offered a health assessment before starting to work a regular night shift pattern. An annual health check is also recommended.
Healthy workplace

This section looks at

- comprehensive workplace health strategy and good human resource policies
- a safe working environment and culture
- reducing accidents and levels of sickness absence
- occupational health services and safety strategies
- staff suffering mental illness are supported
- training in health and safety
- changing the long hours culture
- expectant and returning mothers
- staff subject to working time limits are supported.

Comprehensive workplace health strategy and good human resource policies

More information is available from the NHS Employers website at www.nhsemployers.org/HealthyWorkplaces/Pages/Home-Healthy.aspx

Examples of good practice:

- the organisation has a sickness absence policy which has been developed with staff side representatives and takes into account current best practice and government legislation; see the Health and Safety Executive (HSE) website for more information at www.hse.gov.uk/sicknessabsence/gettingstarted.htm
- the organisation provides staff with access to an occupational health service to which they can self refer
- a confidential counselling service is available for staff to access; see the Department of Health’s website for more details at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4007087
- the organisation has a policy on tackling stress in the workplace and staff are aware of it and know how to seek help; visit the NHS Employers website for more information at www.nhsemployers.org/healthyworkplaces/workplacestress/Pages/2WorkplaceStressMainPageFinal.aspx
- the organisation has a health and safety policy and a management system proportionate to the risks and hazards within the organisation; see the NHS Employers website
www.nhsemployers.org/healthyworkplaces/healthandsafety/Pages/HealthandSaf

- employers provide advice and support to staff wishing to apply for flexible working, training and retirement opportunities, staff are aware these; see the NHS Employers website www.nhsemployers.org/HealthyWorkplaces/Pages/FlexibleWorking.aspx and the Department of Health’s website at www.dh.gov.uk/en/index.htm

- doctors are aware of the legislation, policies and strategies which apply to their working lives and contracts of employment - see Annex B for more details.

- employers support staff who have been on sick leave (long or short term) to return to work, employing best practice for the rehabilitation of staff back into work where necessary; see the Health and Safety Executive website for more information www.hse.gov.uk/sicknessabsence/index.htm

- staff who suffer musculoskeletal injuries have access to fast track treatment and support to return to work as soon as possible, for example, put on light duties if this will facilitate a speedy return to work and make good use of their skills; see the Health and Safety Executive website www.hse.gov.uk/msd/backpain/ and NHS Employers website www.nhsemployers.org/HealthyWorkplaces/HealthAndSafety/Pages/HealthAndSafety-ManualHandling.aspx for further information

- employers have developed and implemented a policy for tackling workplace bullying and harassment in partnership with staff representatives; staff are aware of the policy and know where to get help; see the NHS Employers for more details www.nhsemployers.org/HealthyWorkplaces/BullyingAndHarassment/Pages/TacklingBullyingAndHarassmentPlusEmployersVicariousLiability.aspx.

A safe working environment and culture

Examples of good practice:

- the organisation actively encourages staff to report all physical and non physical incidents in line with the requirements of NHS Security and Counter Fraud Management Services strategy, see their website for more details www.nhsbsa.nhs.uk/fraud; see the Health and Safety Executive website for more information www.hse.gov.uk/violence/hslcasestudies/birmingham.htm

- the employer can provide evidence that it is addressing issues in relation to physical and non physical assaults, and reviewing policies and procedures in partnership with staff side representatives

- patients are made aware, through a high profile communications campaign, that violent and aggressive behaviour towards staff will not be tolerated
the organisation ensures that its front line staff are trained in the National Conflict Resolution training (CRT); see the NHS Security and Counter Fraud Management Services website for further information [www.nhsbsa.nhs.uk/fraud](http://www.nhsbsa.nhs.uk/fraud)

• the organisation’s staff survey includes questions about incidences of violence and aggression against staff and acts on the survey results.

Reducing accidents and levels of sickness absence

**Examples of good practice:**

• the employer has evidence that a policy is in place to address accidents and sickness levels. The policy is regularly reviewed against best practice and figures show year on year improvements

• the organisation works in partnership with, and supports local safety representatives to undertake their functions, for example, quarterly inspections and participation in health and safety committees; see [www.nhsemployers.org/healthyworkplaces/healthandsafety/Pages/HealthandSafety.aspx](http://www.nhsemployers.org/healthyworkplaces/healthandsafety/Pages/HealthandSafety.aspx)

• the organisation’s policy statements have goals to reduce muscular skeletal disorders, stress, slips, trips and falls, that are in line with the latest advice from the Health and Safety Executive, see their website for more details [www.hse.gov.uk](http://www.hse.gov.uk)

• the employer is working towards compliance with the Health and Safety Executive’s target of replacing all hospital beds where practicable with electronic profiling beds by 2012.

Occupational health services and safety strategies

**Examples of good practice:**

• the occupational health service is supportive, visible, approachable and proactive in promoting staff health and welfare; the service instigates, supports and promotes the messages of the Health, Work and Wellbeing initiative (see Annex A for more details on the initiative)

• staff have confidence in the confidentiality of the occupational health service and are aware of and understand its role in the organisation

• occupational health, human resources and health and safety managers/representatives work in partnership to provide staff with a safe and healthy working environment as is reasonably practicable

• staff are aware of their responsibilities under the Health and Safety at Work Act 1974 - see the Health and Safety Executive’s website [www.hse.gov.uk/legislation/hswa.pdf](http://www.hse.gov.uk/legislation/hswa.pdf)

• staff are aware of the availability of counselling services and these are in keeping with the cultural mix of the organisation.
Staff suffering mental illness are supported

Examples of good practice:

- the employer is actively working towards becoming an exemplar employer by seeking to increase the proportion of socially excluded adults in employment in line with the Government’s Public Sector Agreement Target 16; see NHS Employers website for further information
  www.nhsemployers.org/HealthyWorkplaces/MHEmployment/Pages/MentalHealthFacts_FINAL.aspx

- the organisation should encourage and support staff with mental health problems to remain in work wherever possible and ensure that they are treated with sensitivity and are not discriminated against; see NHS Employers website for more details
  www.nhsemployers.org/HealthyWorkplaces/MHEmployment/Pages/MentalHealthFacts_FINAL.aspx

- staff and managers, especially those with line management responsibility receive training in how to support staff with mental health problems.

Training in health and safety

Examples of good practice:

- the Health and Safety committee actively influences and develops the policies on health, safety and well being of staff, making regular reports to the board. Responsibility for health and safety is clearly defined and organisational responsibilities are clear

- the employer ensures that staff receive appraisal interviews and regular reviews throughout the year

- the occupational health service is regularly reviewed against current frameworks and benchmarks.

Changing the long hours culture

Examples of good practice:

- the organisation undertakes regular reviews of work loads at all levels and takes appropriate action to curb excessive working hours

- the employer is actively working towards the implementation of Working Time Directives (WTD) for all staff within appropriate time scales; see the Department of Health’s website
  www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/Modernisingworkforceplanninghome/Europeanworkingtimedirective/index.htm and the Department of Business, Innovation and Skills for more information
• compliance reports and board statements are available to be viewed on request

• flexible working options and part time working options are available and staff are aware them.

Staff survey

Examples of good practice:

• organisations results from their staff survey show an improvement year on year

• availability of and access to out of hours catering services; staff have the opportunity and means to raise issues about staff facilities and effect change

• the organisation provides healthy eating options and accommodates special diets (for example, vegetarian options, gluten free) and culturally appropriate food

• the employer has policies to support travel to work plans, green transport principles, bicycle schemes

• there is effective planning at a local level to deliver improvements.

Expectant or returning mothers

More information is available from the business link website at www.businesslink.gov.uk/bdotg/action/layer?r.l1=1073858787&r.l3=1077460344&topicId=1077460344&r.lc=en&r.t=BLTTOOL&r.i=1077460437&r.l2=1080898061&r.s=m

Examples of good practice:

• the organisation has a policy for new and expectant mothers which has been developed in partnership with staff representatives and is in line with current legislation

• on being given notice that any employee is pregnant, the employer carries out a health and safety risk assessment and ensures that she will not face any risks or hazards in her daily duties which may harm her or the baby

• the employer has a policy for flexible working and staff are aware of this and how to apply for it.

Staff subject to working time limits are supported

Examples of good practice:

• the organisation applies the current Working Time Directives in line with the guidelines set out on the Department for Business, Innovation and Skills

• the employer has evidence that health and risk assessments are carried out in a timely manner and any issues identified are quickly addressed.
Training and development

This section looks at training and development opportunities under the following key headings:

- leadership and management development
- career progression and personal development
- improvements in literacy and numeracy
- supported learning
- lifelong learning opportunities.

Leadership and management development

More information is available from the Department of Health’s website www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085814

Examples of good practice:

- a clear strategy for leadership and management development is in place, linked to succession planning
- the chief executive and board demonstrate a firm commitment to leadership development
- in England, organisations observe the NHS Constitution pledge ‘to provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed’
- the organisation is accredited to host NHS graduate trainees.

Career progression and personal development

Examples of good practice:

- training and development policies are in place and are known and understood by all staff
- the Knowledge and Skills Framework (KSF) is fully operational for all eligible staff with effective appraisal and personal development programmes in place; see the NHS Employers website for more information www.nhsemployers.org/PayAndContracts/AgendaForChange/KSF/Pages/Afc-KSFHomepageFINAL.aspx
- training and development programmes are accessible to all staff, they are relevant to individuals, posts and service delivery, cover all staff groups and take into account staff working patterns
monitoring and analysis of staff accessing learning opportunities takes place. This looks at the types of learning or qualification achieved, the type of occupations and pay bands accessing learning programmes.

the organisation has realistic funded outcomes that are linked to appraisal process and Personal Development Plans (PDPs), and include funded and agreed time for individual and team learning development programmes.

Improvements in literacy and numeracy

Examples of good practice:
- the organisation has a Partnership Workplace Learning Agreement
- the organisation can provide evidence that staff without professional qualifications, and staff who do not have standard working patterns are actively encouraged to access Skills for Life apprenticeships, NVQs and other vocational qualifications
- monitoring and analysis of the numbers of staff with NVQs and/or other vocational qualifications is undertaken.

Supported learning

Examples of good practice:
- the organisation can provide evidence of agreed local policies to provide ‘time to learn’ and appropriate cover for all staff undertaking development and learning opportunities
- the organisation provides opportunities for on the job coaching, mentorships, learning sets, job rotation, secondments, project work and sabbaticals in conjunction with, and supporting, formal education and training programmes
- all Quality Assurance Assessment Reports/ Royal College reports have been completed where appropriate
- the organisation has accredited union learning representatives
- union learning representatives and other local expertise is accessible to staff who wish to take advantage of them
- a recognised management process exists which relates to services such as the European Foundation for Quality Management (EFQM) excellence model; see www.efqm.org
- staff have access to library services and learning resources appropriate to their learning and development requirements.
Lifelong learning opportunities

Examples of good practice:

- there is a corporate induction programme that provides an introduction to the KSF and lifelong learning opportunities
- links are in place with the Strategic Health Authority (SHA) and affiliated learning providers
- there is a quality assurance review process or audit data available on practice placements.
Support for carers and childcare

This section looks at supporting staff with childcare or carer commitments under the following key headings:

- access to good quality childcare
- support for staff that are carers.

Access to good quality childcare

**Examples of good practice:**

- the organisation has a childcare strategy which supports flexible working patterns, for example, availability of childcare facilities which have extended opening hours, before and after school clubs, holiday and play schemes

- recommended childcare providers are culturally competent and accommodate the needs of Black, Minority and Ethnic (BME) families, and ensure that children with disabilities or special needs are catered for

- staff should have access to a childcare co-ordinator or personnel officer who can advise them on the local availability of childcare and childcare issues. See the NHS employers website for more details at [www.nhsemployers.org/healthyworkplaces/childcareandcarercoordinators/Pages/ChildcareAndCarerCoordinatorsHome.aspx](http://www.nhsemployers.org/healthyworkplaces/childcareandcarercoordinators/Pages/ChildcareAndCarerCoordinatorsHome.aspx)

- the organisation contributes to the childcare strategy across the local health economy; new builds within the local health economy should provide, where practically possible, on site nursery facilities

- staff undertaking on-call rotas should be supported in their requirements for unsocial hours childcare, the organisation should monitor take-up and sustainability of such schemes

- organisations should have in place keep in touch schemes for staff that are on maternity/adoption/paternity leave.

Support for staff that are carers

**Examples of good practice:**

- the organisation has implemented a carers policy; staff are aware of the policy and how it applies to them

- the organisational culture and staff understand the flexible needs of carers

- the organisation can provide evidence of changes to working patterns, time off with pay, counselling referrals, access to information via the intranet and support networks to assist staff in coping with the demands of being a carer.
• the organisation collects data, monitors and analyses the staff uptake of policies and services to support carers
• interviews are conducted with staff that wish to access or already are receiving support from the organisation in their role as a carer.
Overarching government initiatives

Since the launch of the original Improving Working Lives Standard there have been a number of legislative and strategic developments in the NHS. The following pages give a brief background and introduction to the various developments, which have been taken into account when updating this framework.

Health work and wellbeing

Health Work Wellbeing is a Government-led initiative to improve the health and wellbeing of working age people. Founded on a growing evidence base that working is good for health, it brings together employers, unions and healthcare professionals in helping more people with health conditions to find and stay in employment. This cross Government programme was launched in 2005 and is sponsored by five Government partners:

- the Department for Work and Pensions
- the Department of Health,
- the Health and Safety Executive
- the Scottish Executive
- the Welsh Assembly Government.

More information is available from the health, work and wellbeing website at www.workingforhealth.gov.uk/About-Us/Default.aspx

Working for a healthier tomorrow – Dame Carol Black’s review of the health of Britain’s working age population.

Dame Carol Black, National Director for Health and Work, was commissioned in March 2007 by the Secretaries of State for health and work and pensions to undertake a wide-ranging review of the health of Britain’s working age population. The purpose of this commission was to develop a baseline understanding of the health of working age people and the impact this has on government, the economy and society; and to make recommendations to Government and wider stakeholders on how to improve the health of the working age population. More information and the report can be found at the health, work and wellbeing website www.workingforhealth.gov.uk/Carol-Blacks-Review

The Government response to the review was published in November 2008.
What matters to staff in the NHS

This research was undertaken on behalf of the Department of Health in 2007, with the aim of understanding what matters to staff working in the NHS today. The added purpose was to increase understanding of how staff experience relates to patient care and to inform the development of NHS values. A number of factors and key issues have emerged from the research, questions from the what matters to staff research were incorporated into the 2008 staff survey. More information is available from the NHS Employers website www.nhsemployers.org/EmploymentPolicyAndPractice/staff-engagement/Pages/What-matters-to-staff.aspx

NHS Next Stage Review – A quality workforce

Lord Darzi launched the Next Stage Review – A Quality Workforce report in June 2008. The report sets a new foundation for a health service that empowers staff and gives patients choice. It ensures that health care will be personalised and fair and include the most effective treatments within a safe system, and help patients to stay healthy. The report will give patients more say through initiatives such as care plans for those with long term conditions, a guarantee that the most effective drugs will be available to all, and provide the right to choose care providers. Front line staff will be enabled to initiate and lead change that improves quality of care for patients.

More information and copies of the report can be found from the Department of Health’s website

NHS Constitution

The NHS Constitution was published in January 2009, it was one of a number of recommendations in Lord Darzi’s report ‘High Quality Care for All’ which set out a ten year plan to provide high quality care and service for all NHS patients in England.

The purpose of the Constitution is to establish the principles and values of the NHS in England and the rights and responsibilities of patients, the public and NHS staff. Subject to Parliamentary approval, all NHS bodies, private and third-sector providers supplying NHS services in England will be required by law to take into account of the Constitution in their decisions and actions. The Government has a legal duty (contained within the Health Bill, introduced into Parliament in January 2009) to renew the Constitution every ten years, and it will not have the power to change it without the full involvement of staff, patients and the public. More information, including a copy of the NHS Constitution can be found here:

Agenda for Change

Agenda for Change (AfC) is the single pay system in operation in the NHS. It applies to all directly employed NHS staff with the exception of doctors, dentists (see Annex B) and some very senior managers. Three core elements make up AfC:

- job evaluation
- harmonised terms and conditions
- the Knowledge and Skills Framework (KSF).

Agenda for Change provides NHS organisations with the necessary tools to enable them to deliver the workforce changes that are needed in order to successfully implement current policy, and achieve large scale system reform. More information is available from the NHS Employers website at www.nhsemployers.org/PAYANDCONTRACTS/AGENDAFORCHANGE/Pages/Afc-Homepage.aspx

Knowledge and skills framework

The Knowledge and Skills Framework (KSF) defines and describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services. It provides a single consistent, comprehensive and explicit framework on which to base review and development for all staff. This framework and its associated development review process lie at the centre of the career and pay progression strand of AfC. They are designed to apply across the whole of the NHS for all staff groups who come under the AfC Agreement. Staff groups not covered by the AfC National Agreement are doctors, dentists and some board level and senior management posts who have separate agreements for their development and review. More information can be found at www.nhsemployers.org/payandcontracts/agendaforchange/KSF/Pages/Afc-KSFHomepageFINAL.aspx

NHS Operating Framework

The Department of Health has published its Operating Framework for 2009/10 which sets out the priorities for the NHS in England during the next year. In this year’s Operating Framework, there are five priority areas for Primary Care Trusts (PCTs) to focus on, working with providers and their local partners, these are:

- improving cleanliness and reducing health care associated infections
- making it easier to access GP services at evenings and weekends
- reducing waiting times through meeting the 18-week referral to treatment target; keeping adults and children well and reducing health inequalities
- improving patient experience and staff satisfaction.
More information and copies of the report can be found here: 

The Care Quality Commission (CQC)

- the Care Quality Commission (CQC) was established in England by the Health and Social Care Act 2008 to regulate the quality of health and adult social care and look after the interests of people detained under the Mental Health Act; it brings together:
  - the Commission for Social Care Inspection
  - the Healthcare Commission
  - the Mental Health Act Commission.

The CQC became a legal entity on 1 October 2008 and took up its responsibilities for the quality of health and adult social care on 1 April 2009. See the Care Quality Commission for more details at www.cqc.org.uk

Until April 2009 the Healthcare Commission (HCC) was the independent inspection body for both the NHS and the private and voluntary healthcare sectors. It existed to promote improvements in the quality of healthcare in England and Wales, the Healthcare Inspectorate Wales (HIW) has the same role in Wales. The CQC and the HIW have a memorandum of understanding which will ensure the continuation of the partnership previously forged by the HCC and the HIW. See the Healthcare Inspectorate Wales website for more information www.hiw.org.uk

In Scotland this role is undertaken by NHS Quality Improvement Scotland see their website for more details www.nhshealthquality.org

Northern Ireland has the Health and Personal Social Services, Regulation and Quality Improvement Authority visit their website for more information www.rqia.org.uk

Links to other UK Government websites:

Department of health, social services and public services Northern Ireland: www.dhsspsni.gov.uk

Welsh Assembly Government, Health and Social Care: www.wales.gov.uk/?skip=1&lang=en
Scottish Government Health Directorates: www.sehd.scot.nhs.uk/aboutus.html
General legislation relevant to the Improving Working Lives (IWL) framework

Disability Discrimination Amendment Act 2005

Introduces a positive duty on public bodies to promote equality for disabled people.

More information is available from the Office of Public Sector Information’s website www.opsi.gov.uk/acts/acts2005/ukpga_20050013_en_1

Employment Act 2002

The Employment Act covers work and parents, dispute resolution in the workplace, improvements to employment tribunal procedures, including the introduction of an equal pay questionnaire, provisions to implement the Fixed Term Work Directive, a new right to time off work for union learning representatives, work focused interviews for partners of people receiving working-age benefits and some data sharing provisions.

Further information is available from the Office of Public Sector Information’s website www.opsi.gov.uk/Acts/acts2002/ukpga_20020022_en_1

Employment Equality (Age) Regulation 2006

Protects against discrimination on grounds of age in employment and vocational training. Prohibits direct and indirect discrimination, victimisation, harassment and instructions to discriminate.

Further information is available from the Office of Public Sector Information’s website www.opsi.gov.uk/si/si2006/20061031.htm

Employment Equality (Religion or Belief) Regulation 2003

The directive protects against discrimination on the grounds of religion and belief in employment, vocational training, promotion and working conditions.

Further information is available from the Office of Public Sector Information’s website www.opsi.gov.uk/si/si2003/20031660.htm

The Employment Equality (Sex Discrimination) Regulations 2005

Introduces new definitions of indirect discrimination and harassment, explicitly prohibits discrimination on the grounds of pregnancy or maternity leave, sets out the extent to which it is discriminatory to pay a woman less than she would otherwise have been paid due to pregnancy or maternity issues. For more information visit Office of Public Sector Information’s website www.opsi.gov.uk/si/si2005/20052467.htm
Equal Pay Act 1970 (Amended)

This gives an individual a right to the same contractual pay and benefits as a person of the opposite sex in the same employment, where the man and the woman are doing: like work; work rated as equivalent under an analytical job evaluation study; or work that is proved to be of equal value.

More information is available from the Office of Public Sector Information’s website www.opsi.gov.uk/si/si2003/20031656.htm

Equality Act 2006

Establishes a single Commission for Equality and Human Rights by 2007 that replaces the three existing commissions. Introduces a positive duty on public sector bodies to promote equality of opportunity between women and men and eliminate sex discrimination. Protects access discrimination on the grounds of religion or belief in terms of access to good facilities and services.

More information is available from:
- the Office of Public Sector Information’s website www.opsi.gov.uk/acts/acts2006/ukpga_20060003_en_1
- the Government Equalities Office website www.equalities.gov.uk/

Race Relations Act 1976 (Amendment) Regulation 2003

Introduced new definitions of indirect discrimination and harassment, new burden of proof requirements, continuing protection after employment ceases, new exemption for a determinate job requirement and the removal of certain other exemptions.

More information is available from the Office of Public Sector Information’s website www.opsi.gov.uk/si/si2003/20031626.htm

The Sex Discrimination Act 1975 (Amendment) Regulations 2008

The Act makes it unlawful to discriminate on the grounds of sex. Sex discrimination is unlawful in employment, education, advertising or when providing housing, goods, services or facilities. It is unlawful to discriminate because someone is married, in employment or advertisements for jobs.

More information is available from:
- the Press for Change website www.pfc.org.uk/
- the Office of Public Sector Information’s website www.opsi.gov.uk/si/si2008/uksi_20080656_en_1
Working Time Regulations

In October 1998 the working time regulations came into force in the UK.

Guidance for all staff is provided in health service circulars HSC/1998/204, HSC 2000/205 and HSC 2003/001. More information is available from:

- the Department of Health’s website
  www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4003843
- the Office of Public Sector Information’s website
  www.opsi.gov.uk/si/si1998/19981833.htm

In August 2004 the Working Time Directive (WTD) came into force to protect the health and safety of doctors in training by restricting hours worked (to a maximum of 58) and imposing minimum rest requirements (with a maximum of 13 hours of work in any 24 with at least 11 hours of rest between shifts). The next challenge will be WTD 2009, which takes the maximum working hours down to 48.

More information is available from the Office of Public Sector Information’s website
www.opsi.gov.uk/si/si2003/20031684.htm

Work and Families Act 2006

The Work and Families Act 2006 is the first step towards delivery of some of the measures set out in the Government response to the consultation,

Work and Families: Choice and Flexibility, which was published in October 2005. It aims to establish a balanced package of rights and responsibilities for both employers and employees, in line with the Government’s better regulation agenda.

More information is available from the Office of Public Sector Information’s website

Employment Act 2008

The Employment Act 2008 strengthens, simplifies and clarifies key aspects of UK employment law. The Act brings together several elements of the Government’s employment relations strategy – increasing protection for vulnerable workers and lightening the load for law-abiding business and giving employees the right to request flexible working. It was introduced to Parliament on 6 December 2007 in the House of Lords and received Royal Assent on 13 November 2008.

More information is available from the Office of Public Sector Information’s website
www.opsi.gov.uk/si/si2008/uksi_20083232_en_2
The Employment Relations Act 2004

The Employment Relations Act 2004 is mainly concerned with collective labour law and trade union rights. It implements the findings of the review of the Employment Relations Act 1999, announced by the Secretary of State in July 2002. The centrepiece of the 1999 Act was the establishment of a statutory procedure for the recognition of trade unions by employers for collective bargaining purposes.

More information is available from the Department for Business, Innovation and Skills website at www.berr.gov.uk/whatwedo/employment/employment-legislation/era/index.html

The Employment Right Act 1996

The Employment Right Act 1996 deals with rights that most employees can get when they work, including unfair dismissal, reasonable notice before dismissal, time off rights for parenting, redundancy and more.

More information is available from the Office of Public Sector Information’s website www.opsi.gov.uk/acts/acts1996/ukpga_19960018_en_1

The Fixed Term Employees (Prevention of Less Favourable Treatment) Regulations 2002

Fixed Term Work - a guide to the regulations
The Regulations transpose the EC Directive on Fixed Term Work into UK legislation.

The Regulations prevent fixed term employees being treated less favourably than similar permanent employees, and limit the use of successive fixed term contracts.

More information is available from the Department for Business, Innovation and Skills website at www.berr.gov.uk/whatwedo/employment/employment-legislation/fixed-term-employees/page26335.html

Part-Time Work

The Part-time Workers (Prevention of Less Favourable Treatment) Regulations 2000 introduced new rights for part-time workers. The regulations ensure that part-time workers are not treated less favourably in their contractual terms and conditions than comparable full-timers unless it is objectively justified.

More information is available from the Office of Public Sector Information’s website www.opsi.gov.uk/si/si2000/20001551.htm
Parental Leave

Parental leave is the right to take time off to look after a child or make arrangements for the child’s welfare. The right to parental leave entitles all eligible employees who have completed one year’s qualifying service to take a period of unpaid leave to care for each child born or adopted on or after 15 December 1994 (on or after 15 December 1981 in the case of a disabled child). The right applies to mothers and fathers and to a person who has obtained formal parental responsibility for a child under the Children Act or its Scottish equivalent.

More information is available from the Office of Public Sector Information’s website www.opsi.gov.uk/si/si2002/20022789.htm

Further information

The following websites also contain information on the above legislation

- the Equality and Human Rights Commission (EHRC) website www.equalityhumanrights.com
- the equality and diversity section of the NHS Employers website www.nhsemployers.org/EmploymentPolicyAndPractice/EqualityAndDiversity/Pages/Home.aspx
- the equality pages on the ACAS website www.acas.org.uk/index.aspx?articleid=1363
- the Government Equalities Office website www.equalities.gov.uk/
Legislation and guidance specific to medical staff

Consultants and dental consultants

NHS Employers plays a leading role in modernising pay and conditions, having assumed from the Department of Health the responsibility to negotiate with the BMA. As a result, negotiations are now led by employers in the NHS which should ensure that those areas of greatest concern to the service, on contractual issues, are addressed and workable solutions put in place. NHS Employers also offers guidance and advice on the implementation of contracts, on-line and in response to specific enquiries see the NHS Employers website for more details

www.nhsemployers.org/PayAndContracts/ConsultantsAndDentalConsultants/Pages/Consultants-Homepage.aspx.

Specialty and associate specialist doctors

Pay, terms and conditions of service for non-consultant career grade doctors and doctors working in community hospitals can be found on the NHS Employers website at


Junior doctors/dentists/GP registrars

Pay, terms and conditions of service for junior doctors, dentists and GP registrars can be found on the NHS Employers website at www.nhsemployers.org/PayAndContracts/JuniorDoctorsDentistsGPReg/Pages/DoctorsInTraining-Homepage.aspx.

Salaried dentists contract

Pay, terms and conditions of service for salaried dentists can be found on the NHS Employers website at www.nhsemployers.org/PayAndContracts/SalariedDentistsContract/Pages/SalariedDentists-Home.aspx.

Salaried GPs

Pay, terms and conditions of service for salaried GPs can be found on the NHS Employers website at www.nhsemployers.org/PayAndContracts/Pages/SalariedGps.aspx.

Working time regulations – junior doctors

From 1 August 2004, doctors in training will be subject to weekly working time limits, which will be phased in as follows:
• 58 hours from 1 August 2004 to 31 July 2007
• 56 hours from 1 August 2007 to 31 July 2009
• 48 hours from 1 August 2009.

Their average weekly working time is calculated using a 26-week reference period, for more details visit the Department for Business, Innovation and Skills website at www.berr.gov.uk/whatwedo/employment/employment-legislation/employment-guidance/page28978.html#working_at_night
Acknowledgements

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