



# NHS Health and Well-being

**Final Report**  
November 2009

## Foreword

I value the unique opportunity afforded by being asked to lead the review that has resulted in this report, and I acknowledge and am grateful to Royal Mail Group for releasing my time to undertake this work.

The NHS is one of the world's largest employers and the health and well-being of its workforce, which accounts for a significant proportion of the UK working population, is crucial to the delivery of the improvements in patient care envisaged in the NHS Constitution. NHS workers – via their families, friends, patients and contacts – touch millions of people every day and have significant opportunity to influence by example.

While important steps have already been made in raising awareness of the importance of staff health and well-being to high-quality patient care, and areas of excellent practice already exist in the NHS, as we highlighted with the publication of our interim findings in August, there remains much scope for improving staff health and welfare across the NHS as a whole. While the best NHS organisations already outperform private sector comparators, and we found clear examples of Trusts securing enhanced performance by targeting improved staff support, our research confirmed marked variations between NHS organisations and, worryingly, we received strong feedback that staff are not convinced that their health and well-being is seen as important to their employer.

It is important to emphasise here that staff health and well-being is more than just the absence of disease. Rather, it puts an emphasis on achieving physical, mental and social contentment. As our Interim Report made clear, there is a strong business case for investing in staff health and well-being. Organisations that prioritised staff health and well-being performed better, with improved patient satisfaction, stronger quality scores, better outcomes, higher levels of staff retention and lower rates of sickness absence. The business case is set out clearly in our Interim Report, but it is worth repeating the headlines here. We believe that the NHS can reduce current rates of sickness absence by a third, and doing so would mean:

- ▶ 3.4 million additional available working days a year for NHS staff
- ▶ equivalent to an extra 14,900 whole-time equivalent staff
- ▶ with an estimated annual direct cost saving of £555 million.

Our work, and previous studies, have highlighted concerns about reported levels of stress. Improving attendance carries the prize of reducing the pressure that highly committed teams experience in maintaining high standards of care.

The NHS faces significant challenges in the coming years and the health of those who deliver care to patients will increasingly play a key part in enabling it to meet its aspirations. It will be important that all NHS organisations address this issue. In particular,

it is clear that healthcare in future will have a stronger preventative emphasis than in the past, and if the NHS is to be seen to practise what it preaches it will be important that its own staff take action to reduce their own risk factors and are seen to champion lifestyle improvements.

While it may be easy to identify the failings in current arrangements, delivering change will be a significant challenge. Our work highlights a culture in which highly motivated staff do not always recognise the impact of their own health needs, and where early access to care is erroneously considered to risk disadvantaging patients in the wider population. Changing perceptions and approaches will require fresh thinking and a willingness to innovate, targeting prevention as a first priority and then ensuring trusted, high-quality care when needed – an agenda that should already be familiar to the NHS as it mirrors the wider public health need.

I must pay tribute to all those I have worked with in undertaking this work. Throughout I have been impressed with the willingness of all to contribute openly and frankly. Almost 11,500 staff responded during the short period of our staff perception survey, and since publishing our interim research findings nearly 1,000 NHS staff throughout England have participated in a series of consultation events to check and refine our conclusions. The Final Report published here will avoid simply repeating the recommendations in the Interim Report published in August. Our consultation suggests that these remain valid but would benefit from more concise summary, which is what I seek to achieve in this final document (but which I recommend is read in conjunction with the greater detail provided in the earlier work). These reports draw on a very rich vein of diverse contributions, and we are making all the information on which the reports are based freely available to all stakeholders.

I remain extremely grateful to a very hard-working and professional project team and associated expert researchers for ensuring that this work was completed to demanding timescales. I appreciate the guidance, support and expert advice given by many and collated as part of this review.

Finally, I hope that this work will serve as a catalyst for real change, and that those charged with implementing it will focus on the core issues rather than those that attract the most publicity. At its simplest, staff health and well-being is vital to enabling the NHS to deliver high standards of quality and good patient outcomes. Organisations that work with their staff to provide healthy and safe work combined with a caring environment perform better, and, importantly, by promoting the health of their workers rather than risking damage, they deliver reliably.

The NHS has the opportunity to become a powerful exemplar of the benefits such an approach can deliver, but only if it steps up to the challenge and seeks to change – the cobbler's children do not deserve bad shoes!



**Dr Steven Boorman**  
Lead Reviewer

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## Author's note

This Final Report is based on work summarised and published in our Interim Report in August 2009, supplemented by additional material provided during the consultation period on that report. All the material underpinning the two reports, including 50 case studies of good practice, are being published alongside this report (for details see Appendix 3).

The extensive consultation on our Interim Report provided widespread confirmation of, and support for, its findings and recommendations and this Final Report should be read in conjunction with the Interim Report. Expert views differed on the detail desired in this final summary. I have sought to keep this Final Report concise and clear, and the supporting detail appears in the Interim Report and in the summary material referred to above.

# Background





- 1.1 We published our Interim Report on the health and well-being of NHS staff on 19 August 2009. It contained a detailed analysis of the current state of the NHS workforce's health and well-being and made the case for investing in improving staff health and well-being services to the benefit of individual staff, patients and employers. It also made a number of recommendations for action at both national and local level to deliver change. The report was generally well received and there was support from national and local leaders for taking action to improve staff health and well-being.
- 1.2 Since the report was published, we have undertaken a major consultation exercise to test our findings and recommendations. We have held 10 regional events, one in each Strategic Health Authority (SHA) area, each attended by about 100 staff, as well as making consultation visits to Wales and Scotland. The SHA events have enabled some 1,000 NHS staff in England to:
- ▶ **hear at first hand the findings and recommendations of the report**
  - ▶ **comment on and prioritise the recommendations**
  - ▶ **develop initial planning for local implementation of the recommendations.**
- 1.3 In addition to the feedback from these events, we have received further submissions commenting on our proposals and providing additional evidence, including some 50 examples of good practice from NHS organisations. These examples provide evidence of the benefits already accruing to NHS organisations through good practice in supporting staff health and well-being. As well as formal written submissions, we have benefited from many telephone conversations, emails and discussions
- commenting on our Interim Report and making suggestions for the future. We have drawn on all this material in preparing our Final Report. Full details of the feedback from the regional events and other material submitted to us are being published alongside this report (see Appendix 3 for details of how to access this information).
- 1.4 The feedback we have received has broadly endorsed the recommendations in our Interim Report. We do not intend to repeat these recommendations, which remain valid, in this report but rather to bring together and emphasise those recommendations that have been seen as central to delivering real change by those who were consulted. In doing so we have also taken account of a number of suggestions for additional recommendations that we believe are well founded and important for achieving the changes in attitude to staff health and well-being we want to see. In developing our Final Report we have grouped our recommendations into three main areas:
- ▶ **recommendations aimed at improving organisational behaviours and performance**
  - ▶ **recommendations aimed at achieving an exemplar service**
  - ▶ **recommendations for embedding staff health and well-being in NHS systems and infrastructure.**
- 1.5 We welcome the widespread support for the recommendations in our Interim Report and the helpful and constructive response to it. It is clear that there is an appetite to deliver improvements to staff health and well-being and we believe that implementing the recommendations in our reports will make a real difference both to staff and, most importantly, to patient care.

# Improving organisational behaviours and performance



2.1 In our Interim Report, we made clear links between staff health and well-being and the three dimensions of service quality:

- ▶ patient safety
- ▶ patient experience
- ▶ the effectiveness of patient care.

We showed that there was a relationship between staff health and well-being and performance on such key issues as patient satisfaction, Annual Health Check ratings and meticillin-resistant *Staphylococcus aureus* (MRSA) rates and set out in detail the business case that supported improving staff health and well-being. We also made the point that effective support for staff health and well-being should not be seen as a separate initiative, divorced from other NHS priorities. Rather, it is integral to enabling the NHS to meet the quality and productivity challenge it faces, and to do so through a focus on innovation and prevention.

2.2 However, we also identified that, while there were areas of good practice, NHS organisations generally were not giving priority to staff health and well-being. Indeed, many NHS organisations displayed behaviours that were incompatible with delivering high-quality health and well-being services and support for staff. In particular, staff health and well-being services were often reactive rather than proactive, focused on responding to sickness and ill-health rather than actively promoting good health and well-being and a positive culture of workplace safety. There was a widely-held view that staff health and well-being was not seen as a

priority either at organisational or local management level. And staff health and well-being services were not always connected to, and integrated with, other health promotion services, with many ad hoc initiatives rather than a strategic approach.

2.3 We made a number of recommendations for tackling these issues in our Interim Report, and comments we have received reinforce the priority that needs to be given to them. It is essential that staff health and well-being is embedded in the culture of all NHS organisations and that its importance is consistently demonstrated through the way in which staff and managers behave if the NHS is to deliver on the commitment in the NHS Constitution to “provide support and opportunities for staff to maintain their health, well-being and safety”. A demonstrable commitment to, and delivery of, high-quality staff health and well-being services is also crucial to demonstrating NHS leadership in an area – improving and promoting health – that is central to its business.

2.4 Feedback on the Interim Report has suggested that there are two key areas where action is needed to deliver change. First,

**we recommend that all NHS organisations provide staff health and well-being services that are centred on prevention (of both work-related and lifestyle-influenced ill-health), are fully aligned with wider public health policies and initiatives, and are seen as a real and tangible benefit of working in the NHS.**

Second,

we recommend that all NHS leaders and managers are developed and equipped to recognise the link between staff health and well-being and organisational performance and that their actions are judged in terms of whether they contribute to or undermine staff health and well-being.

## Developing prevention-centred services

2.5 As proposed in our Interim Report,

we recommend that all NHS Trusts develop and implement strategies for actively improving the health and well-being of their workforce, and particularly for tackling the major health and lifestyle issues that affect their staff and the wider population.

Staff health and well-being priorities need to be fully aligned with the wider public health priorities of increasing exercise; tackling obesity; reducing smoking and excessive drinking; and improving mental health. There is a range of actions that Trusts can take to deliver improvements in these areas, and as a minimum we would expect to see them: committing to participating in national initiatives such as the Healthier Food Mark, by providing healthy choices of food in their restaurants, and implementing any outputs from the work of the Coalition for Better Health; ensuring staff have access to smoking cessation clinics and support to achieve and maintain a healthy weight;

and implementing effective strategies to reduce harmful drinking and developing active travel strategies to encourage and incentivise staff to walk or cycle to work. Trust strategies should take proper account of wider cross-government initiatives, such as the plans for an active transport strategy set out in *Building Britain's Future*, as well as the NHS's own carbon reduction strategy.

2.6 However, Trusts should be looking to go further than this. Working in partnership with staff and staff representatives, they should develop integrated prevention and promotion strategies that are responsive to staff concerns and enable staff to meet their duty, under the NHS Constitution, to “take reasonable care of health and safety at work for you, your team and others”. An example of such an integrated strategy is Addenbrooke's Life.

### Case study

Addenbrooke's Life is an initiative to promote health and well-being among staff at Cambridge University Hospitals NHS Foundation Trust through a varied programme of physical and non-physical activities, social events and clubs.

Staff enjoy physical health activities, including: a staff inter-departmental football tournament, supported by Cambridge United Football Club; Walk to Work, sponsored by Stagecoach and Cambridgeshire County Council; free stretch and Pilates classes for staff alongside a campaign to increase staff activity and exercise levels; and monthly de-stress days where, in partnership with Cambridge Regional College, staff can receive either a 20-minute manicure and hand massage or a relaxing back massage.



As well as providing electronic health information, the programme also includes specific health information events such as quarterly health testing days, which allow staff to have their body mass index (BMI)\*, weight, waist circumference and blood pressure measured, and to receive one-to-one dietician and exercise advice. As a direct result of these sessions, a small number of staff were advised to see their GP immediately due to extremely high blood pressure and many more advised to go to see their GP in the near future. Following the health testing days, the Trust then runs Weigh it Up, a comprehensive six-week weight management programme for staff with a BMI of 27 or more, with topics including exercise, healthy eating, behavioural change and reading food labels. This is run as a training course for staff.

The programme also offers a range of social activities to improve staff mental health and increase social integration. These include a staff poetry competition (judged by the Faculty of English at Cambridge University and the Cambridgeshire County Council Literacy Officer, and externally sponsored); five staff book clubs to increase social networks within the hospital and help staff develop new interests over lunchtime; a staff painting competition; and a free fireworks night for staff and their families, patients and visitors.

Crucially, Addenbrooke's has understood the importance of communicating with staff. Addenbrooke's Life has a 24-page site on the staff intranet ('Connect') informing staff of events, initiatives and public health campaigns running in the Trust. These pages include step-by-step guides to healthy eating, exercise regimes and well-being blogs and stories. The site gets up to 7,000 hits per month, is regularly updated, offers links to other national health websites and regularly profiles 'Addenbrooke's Life Champions', colleagues who have battled and overcome a health problem.

The feedback the Trust has received from staff has been very positive, and all initiatives have either been fully booked or very well attended. In the 2009 staff communications survey, nearly 85% of staff said they were aware of Addenbrooke's Life, and 70% of staff rated it as excellent or good, with a further 28% of staff rating it as adequate. The Trust is currently assessing the impact the programme is having on staff motivation and engagement, sickness absence, staff turnover, staff satisfaction and productivity.

\* A calculation derived from height and weight used to assess levels of obesity.

Such integrated strategies will need to draw on proper risk assessments that identify the key issues for individual organisations, and that reflect Trusts' statutory duties under the Health and Safety at Work etc. Act 1974 as well as under the NHS Constitution. Undertaking such assessments, and shifting the focus of staff health and well-being services towards prevention and health promotion, will require a remodelling of occupational health services in many places, and should provide a catalyst for looking critically at both the services that occupational health departments currently provide and the way in which they provide them. We return to this issue in Chapter 3. More generally, of course, such work will help staff to develop skills that can be used in working with the wider community.

- 2.7 A national mental health strategy will be published shortly, and the NHS should lead the way in taking this forward in the workplace. In particular, as part of their staff health and well-being strategies, Trusts should put in place arrangements to identify mental health issues affecting staff and ensure that these are tackled at an

early stage before they become debilitating. Our earlier report identified that some management practices contributed to stress and mental health problems among staff. These included reported high levels of bullying and harassment of staff; a deep-seated culture of long working hours that staff found difficult to challenge (but that was also, in some cases, the result of staff themselves not recognising the need to care better for their own health); and an apparent lack of managerial interest in, and support for, staff concerns about their health and well-being. There was also insufficient attention to job design or organisation in many places, and more attention needed to be paid to developing jobs into 'good jobs' with meaningful work that helped staff to feel valued.

- 2.8 In part, these issues can be tackled through training and education, and this is addressed more fully in paragraph 2.9 below. But, more fundamentally,

**all NHS Trusts should implement the guidance both from the National Institute for Health and Clinical Excellence (NICE) on promoting mental health and well-being at work and from the National Mental Health and Employment Strategy.**

This is part of their duty of care to their employees and will be important to showing how they meet their commitments under the NHS Constitution. Progress in implementation should be assessed through the monitoring and assessment processes outlined in Chapter 4. Trusts should work with local staff and their representatives to identify particular areas of concern within the Trust and develop clear action plans to tackle them. In particular, board members

and senior managers have a responsibility to model and champion behaviours that support mental well-being.

## **Developing and equipping leaders and managers**

- 2.9 Our earlier report made a number of recommendations that were intended to tackle the concerns expressed to us that staff health and well-being was not seen as central to the business of many NHS Trusts; that it did not command a high priority or significant resourcing; and that there was often no connection made between improving staff health and well-being and improving organisational performance. To help tackle these concerns,

**it is essential that all NHS Trusts put staff health and well-being at the heart of their work, with a clearly identified board-level champion and senior managerial support.**

Boards should receive regular reports on staff health and well-being and should ensure that issues of concern are tackled. But it is also vital that staff health and well-being reaches throughout the organisation and is seen as an organising principle for the way in which Trusts do business. This means that it must be taken seriously by staff and managers throughout the Trust. To help achieve this,

**training in health and well-being should be an integral part of management training and leadership development at local, regional and national levels and should be built into annual performance assessment and personal development planning processes.**

Health and well-being should form a key part of induction training for all staff and consideration should be given to including it in the Knowledge and Skills Framework for NHS staff. It should also be properly integrated into professional training and development.

- 2.10 We do not seek to prescribe what such training and development should consist of, and we see it as the responsibility of the leadership of the NHS to define this in more detail, using groups such as the NHS Leadership Council. However, we believe that it is important that all managers are clear about the links between staff health and well-being and organisational performance; are able to provide support to help staff improve their mental and physical well-being; and can respond effectively to staff presenting with physical and mental health problems. They should also be fully aware of the role of health and well-being services, including occupational health, as a core service to support and help staff.
- 2.11 We are aware that there are a number of toolkits and other training packages available to help support staff development, and the Health and Safety Executive (HSE) makes tools such as its line manager's competency tool freely available. In this context,

we believe that high priority should be given to ensuring that managers have the skills and tools to support staff with mental health problems.

This is particularly important, given that mental ill-health is a major source of absence in the NHS and an issue that many managers are not comfortable with. The following case studies show what can be achieved in this area.

#### Case study

In 2006/07, Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust had a sickness absence rate of 5.34% and was undergoing a significant amount of change. The occupational health unit also noted a marked increase in the number of employees who were presenting at clinics with work-related stress issues that were causing them to be unfit for work. The Trust's staff opinion survey indicated that the principal causes of stress in the workplace were excessive hours, restructuring, and bullying and harassment. At the same time, the HSE set out its expectations of the Trust in terms of meeting the HSE management standards for stress in the workplace.

The Trust fully committed to meeting the management standards and wanted to integrate the work with other existing improvement plans rather than taking it forward as a stand-alone project. The HSE welcomed this sensible and holistic approach. The Trust undertook a survey to explore in some detail the sources of stress in the workplace. Having identified the sources, a project team then made recommendations to reduce stress levels and develop a robust action plan that would ensure the implementation of all the key identified solutions.

The key targets for the project were to:

- ▶ reduce the levels of sickness absence across the Trust by over 10% in the first instance (a stretch target of 4.3% has been set for this year)
- ▶ reduce the number of employees presenting to occupational health due to work-related stress, reducing the ratio of psychological problems compared with musculoskeletal problems from 4:1 to 2:1 as a start.

The Trust established a Stress Management Group to oversee the project and also recognised the need for a comprehensive approach to tackling the underlying issues, engaging the Trust board, managers, trade unions and the workforce to identify those issues and develop and implement plans for tackling them.

Since the beginning of the project, sickness absence rates have improved by over 10%; there has been an almost 50% reduction in cases of workplace stress; employee grievances have reduced by over 50%; disciplinary action has reduced by nearly 25%; and rates of participation in appraisals have increased from 27% to 88%.

The Trust's staff opinion surveys have shown improvements for the last three years, and the most recent survey had a 61% participation rate, one of the highest in the NHS, and indicated that Blackpool, Fylde and Wyre is in the top 20% of Trusts. Notably, the scores for bullying and harassment by managers have reduced by 50% since 2006 and the figures for staff being unwell due to workplace stress have reduced by nearly 40%.

### Case study

A combination of Mind's innovative approach to mental health in the workplace and healthy work strategies designed to promote staff well-being and increase employment opportunities for people with mental health problems prompted Tower Hamlets Primary Care Trust (PCT) to commission Mind Workplace's Model Mental Health Employer project. The project assessed Tower Hamlets PCT's mental health needs as an employer, made recommendations on how to improve the mental well-being of staff, and provided bespoke initiatives to increase staff productivity and reduce financial costs due to staff sickness absence and presenteeism. The aim of the project is to promote staff well-being, manage mental health and evidence a decline in sickness absence, all of which will ultimately improve the quality of patient care.

Mind Workplace interviewed 10% of staff from identified departments, ranging from Band 8c to Band 3, on issues such as mental health awareness, work demands and support. Approximately 50% of employees in each department attended in-depth interviews. Some 70% of employees in each department received mental health training, to promote a mentally healthy workplace. The average increase in knowledge and confidence cited by each delegate was 50% following the training.



Organisational initiatives implemented included the following:

- ▶ PCT Executive to monitor mental health as part of the Healthy Workplace strategy.
- ▶ Mental health categories included within staff sickness absence monitoring systems.
- ▶ Revision of human resources policies, including the managing sickness absence and induction policies, and presentation to the unions for agreement and implementation.
- ▶ Senior management workshops on mental health to embed mental health within relevant strategies and practices.
- ▶ NHS Tower Hamlets signed up to the Mindful Employer charter.
- ▶ 25% of staff trained in mental health awareness.
- ▶ Managers trained on managing mental health.
- ▶ Mental health awareness included in staff induction and management development training.

The project ends in March 2010, and the legacy will be a PCT that:

- ▶ has active staff health and work strategies monitored by the PCT Executive
- ▶ implements revised policies that promote managerial support and encourage staff disclosure
- ▶ monitors diverse mental health problems as part of staff sickness absence reporting systems
- ▶ includes mental health training in the staff induction to counter the stigma of mental ill-health
- ▶ incorporates mental health in management development programmes to ensure that managers are equipped to manage mental health
- ▶ remains a Mindful Employer.

2.12 In summary, if staff health and well-being is to be seen to be taken seriously by NHS Trusts, it is vital that it sits at the heart of the way in which they do business; is aligned with wider public health and health promotion strategies; and is central to the training, development and appraisal of managers.

# 3

## Putting the right services in place



- 3.1 In our Interim Report we identified a number of concerns with the health and well-being services currently available to NHS staff. There were inconsistencies in the range of services offered by different NHS Trusts, and many services suffered from staff shortages and inadequate resourcing, with funding often historically based rather than related to current needs. There were varying service standards and specifications, and services were not always readily available to staff working unconventional hours, such as shift workers, and were sometimes only available on sites distant from the place of work. Very often there had been little or no consultation with staff about the services they saw as important and services were essentially reactive, responding to staff presenting with health problems. Occupational health services were often viewed by staff as a management tool, whereas they should be trusted to be responsive to both staff and management concerns. In some places the use of staff health and well-being services for income generation had been detrimental to the availability of the services to Trust staff. And, finally, many Trusts did not have, or did not make good use of, information on the effectiveness of their services or the return on investment.
- 3.2 We made a series of recommendations designed to tackle these shortcomings, and set out, in Chapter 7 of our Interim Report, our vision of what a high-quality NHS staff health and well-being service would look like and the actions that needed to be taken to make this a reality. At the heart of our vision was the concept of a comprehensive, proactive staff health and well-being service, commissioned and delivered to common standards and in consultation with staff and their representatives. We saw it as important that services were available consistently to all staff in a Trust, regardless of occupation or working pattern, and that they should allow for self-referral rather than just management referral – this is particularly important for ensuring prompt and early action where staff have mental health or other concerns that need to be handled sensitively and confidentially. There should be appropriate early intervention services to help staff return to work quickly. Effective care and support services should be simple to access, locally available and delivered in a way that negates the stigma, fear or guilt that sometimes encourages staff to hide their problems or seek less effective care through complex ad hoc arrangements. Services should be appropriately resourced and there should be routine monitoring and reporting of their effectiveness.
- 3.3 We also saw scope for re-engineering some aspects of routine occupational health service provision – such as pre-employment checks, call and recall systems and health surveillance programmes – to improve efficiency and to free specialist staff to tackle more complex cases. More generally, we believe that the development of a new pattern of staff health and well-being services centred on prevention provides a real opportunity to review and remodel occupational health services to ensure that they are both efficient and responsive to the needs of staff and managers.

3.4 Feedback on the Interim Report has endorsed the approach we set out but has put emphasis on two particular issues. First,

we recommend that, when drawing up a staff health and well-being strategy, Trusts undertake a proper assessment of key health priorities and risk factors, which should fully reflect their legal requirements in this area.

Second,

we recommend that there should be consistent access to early and effective interventions for common musculoskeletal and mental health problems in all Trusts, as they are the major causes of ill-health among NHS staff.

## Risk assessment and prioritisation

3.5 As set out in our Interim Report,

we recommend that, as well as providing core staff health and well-being services to nationally specified standards, all Trusts should provide a range of additional staff health and well-being services targeted at the needs of their organisation. To do this they will need both to assess the specific needs and requirements of their staff and to engage with staff to determine the services they wish to see provided.

In establishing their staff health and well-being strategies, Trusts should undertake a proper risk assessment both to assess the specific needs of their staff and to identify vulnerabilities and threats to staff health (both physical and mental) from

their activities. These assessments should be linked to the risk assessments that, as indicated in paragraph 2.6 above, will underpin priorities for prevention and health promotion programmes for staff. In carrying out such risk assessments, it will be important that Trusts take full account of the range of often specialised risks involved in working in the NHS, for example from exposure to disease or psychological or physical risks, and ensure that they maintain a proper focus on preventing such risks from occurring, through maintaining proper vaccination and other prevention programmes.

3.6 Such assessments will benefit from the input of a range of professionals outside traditional occupational health, including ergonomists, occupational therapists, physiotherapists, psychologists and other specialists. Assessments should look beyond what services should be provided and should also consider how they can be provided most cost-effectively, making use of email, telephone and internet advice as well as face-to-face contact. Trusts should also consider the scope for developing simple, consistent and commonly recognised protocols for routine work – such as pre-employment checks – so that different NHS organisations can rely on checks undertaken elsewhere, giving staff a form of staff health passport and reducing the resource wasted by duplication in current practices. Such protocols should be concerned with the outcomes of the checks and allow for different models of delivering them, such as the use of occupational health technicians, with effective information technology support.



### 3.7 It is clear that,

staff engagement will be critical to ensuring that both the range of services and the way in which they are provided are seen as credible and to addressing staff concerns. Trusts need to go beyond simply meeting their legislative obligations to embrace a wider concept of staff engagement.

Simple good management practices are a vital component of 'good work' and as much a part of effective health and well-being programmes as the clinical services provided. In this context we were impressed by the approach taken by Sandwell and West Birmingham Hospitals NHS Trust with its Listening into Action programme.

#### Case study

Sandwell and West Birmingham Hospitals NHS Trust introduced a comprehensive approach to staff engagement, Listening into Action (LiA),<sup>1</sup> in April 2008. The aim of this approach was to put staff at the centre of change and fundamentally alter the Trust's style of leadership. The Trust wanted to find a way of genuinely engaging with staff on the things that mattered to them, in order to achieve service improvements, better outcomes for patients and better working lives for staff.

The programme began with a number of 'staff conversations' hosted by the Chief Executive, which gave staff the opportunity to raise concerns. These were acted upon rapidly, and some very visible and tangible improvements were made to demonstrate real commitment to staff. These included a number of 'quick wins', such as introducing a long-service award for staff, a new two-way team briefing process, and widespread environmental improvements.

The Trust also embarked on a number of 'enabling projects' to work on some of the key themes identified by staff, including communication, customer care and time for learning and development. At the same time, a number of 'early adopter' teams were identified to use the approach at ward/department level.

The successes achieved by these teams were widely communicated and celebrated using a variety of methods. Other teams were invited to become involved and there are now over 50 teams using LiA across the Trust, including 22 wards. Over a third of the workforce has been involved to date. The emphasis of LiA is on staff working together to achieve improvements, not on managers fixing problems. It aims to achieve a different culture of empowering and engaging leadership.

While there have been numerous improvements for patients as a result of LiA work, there have also been some significant improvements for staff and positive impacts on the quality of their working lives. LiA has meant that staff have been able to try new working patterns and have been involved in their design from the start. They have improved their individual working environments and have spent time in improving their performance as a team. There have been significant shifts in the perceptions of staff as measured by the NHS Annual Staff Survey (using comparisons between the 2007 and 2008 survey results). A greater percentage of staff now agrees with the following statements:

- ▶ Senior managers encourage staff to suggest new ideas for improving services (increase of 26%).
- ▶ Senior managers try to involve staff in important decisions (increase of 16%).

<sup>1</sup> Listening into Action was created and developed by Optimise Ltd, which holds the intellectual property rights to the concept.

- ▶ Communication between senior management and staff is effective (increase of 14%).
- ▶ Care of patients/service users is my Trust's top priority (increase of 14%).

In addition, the Trust is in the top 20% of Acute Trusts in relation to the number of staff who feel that they work in well structured team environments.

Through the LiA process, staff have fed back that sickness should be more actively managed. This, combined with other initiatives such as proactive rehabilitation, has seen overall sickness absence fall from 4.78% in 2007/08 to 3.86% in 2009/10 (year to date). Standardised patient mortality has also fallen, from 100.2 in 2007/08 to 82.0 in 2009/10 (year to date). However, it is acknowledged that many factors may have influenced this trend.

3.8

It is essential that staff health and well-being services commissioned following the sort of risk assessment process we have outlined are then properly resourced.

As indicated earlier, budgets for such services have often been historically based and Trusts will need to review funding in the light of identified priorities. It is important to stress that in doing this Trusts should not see the provision of staff health and well-being services as primarily an income generation opportunity. The central purpose of such services is to help and support NHS staff, and any income generated from surplus capacity should be invested in the further enhancement and development of the service.

3.9 Spending on staff health is sometimes erroneously considered a poor use of scarce resources. As our earlier report made clear, we believe that investment in staff health and well-being services will more than pay for itself through reducing sickness absence and improving productivity. However, we believe that the use of tools such as that being developed from the original Business Healthcheck<sup>2</sup> model will help Trusts to take a common and accepted approach to cost-benefit assessment, as well as providing benchmarking information and supporting the sharing of best practice. This will need to be supported by routine monitoring and reporting of service effectiveness, looking not just at reduced sickness absence but more widely at the impact of improved staff health and well-being on service delivery.

## Early and effective interventions

3.10 As our Interim Report showed, a significant amount of staff ill-health stems from common musculoskeletal and mental health conditions that are susceptible to early, effective intervention, enabling staff to return to work quickly and benefiting the individual, the Trust and patient care. Case studies we have received show the effectiveness of such interventions, and while this Final Report contains only a few, for the sake of brevity, we will publish in concert some of the many we found in the course of this work.

<sup>2</sup> The Business Healthcheck model is a tool to help assess the cost of ill-health and the impact of wellness programmes.

**Case study**

West Suffolk Hospital NHS Trust introduced a system of priority treatment referrals to a local physiotherapist for injured staff. In the first nine months of operating the system, 104 staff were referred, the number of days lost to sickness absence was reduced by 40%, and the direct costs of musculoskeletal injuries to the Trust were reduced by more than £170,000. This was done at a cost of £21,000.

**Case study**

Gloucestershire Hospitals NHS Foundation Trust introduced an occupational health department-based physiotherapy musculoskeletal assessment service for NHS staff that aimed to provide advice about returning to work. This resulted in a reduction in sickness absence from 13.6 to 6.8 days, a decrease in waiting times for musculoskeletal appointments, and the majority of patients being assessed and managed by physiotherapists without the need for medical input, with significant cost savings for the Trust.

The challenge now is to ensure that effective early intervention services are put in place in all Trusts, and that they meet common and consistent standards.

3.11 To achieve this,

core early intervention services should form part of the minimum service specification for staff health and well-being recommended in our earlier report.

In paragraph 7.8 of our Interim Report, we recommended that a multidisciplinary expert group should be established to develop a national minimum service specification for staff health and well-being services and that the group should take this work forward as a high priority. Simple service-level agreements should ensure that all Trusts are clear on the services and standards expected of their providers.

There should also be nationally agreed service standards for early intervention.

We look to the relevant professional bodies, working with NHS partners and trade unions, to take forward the development and dissemination of such standards as a matter of urgency. It will also be important that early intervention features prominently in the education and training of occupational health practitioners of all professions.

3.12 In brief, the development of staff health and well-being services in NHS Trusts must be based on a proper assessment of need, and undertaken with the full involvement of staff and their representatives. Services need to be targeted at key issues for Trusts and to be properly resourced and effectively monitored to assess effectiveness. As recommended in our earlier report, locally determined services should be built round a common core of nationally specified services, which should include early intervention to tackle common conditions leading to sickness absence and reduced well-being.

# Embedding staff health and well-being in NHS systems and infrastructure



4.1 As indicated in our earlier report, it is essential that staff health and well-being is properly embedded as a priority in the NHS Operating Framework and is included in the Care Quality Commission and Monitor assessment and reporting frameworks. It is also important that other elements of the national infrastructure for healthcare delivery are fully aligned with the priority to be given to staff health and well-being services. Finally, it is important that there are routine and standard arrangements for monitoring and reporting on Trust performance. In this chapter we set out clearly the actions we believe need to be taken, nationally and locally, to embed staff health and well-being in governance structures and to ensure the effective delivery of local strategies.

## National structures

4.2 We made a number of recommendations in our Interim Report on the action that should be taken to ensure that staff health and well-being is properly embedded in NHS systems and processes.

**We now recommend that the NHS Operating Framework should clearly establish the requirement for staff health and well-being to be included in national and local governance frameworks to ensure proper board accountability for its implementation.**

To achieve the changes needed, the inclusion of staff health and well-being in the Operating Framework for 2010/11, and for future years, needs to be accompanied by a number of other actions.

4.3 First, at national level,

**we recommend that the Care Quality Commission's annual assessment of NHS organisations and their delivery partners should in future include standards and targets for staff health and well-being. Similarly, Monitor should consider support for staff health and well-being in its assessment process for Foundation Trust status as well as in its in-year monitoring arrangements.**

Staff health and well-being should, in time, feature in other board assurance and performance management frameworks such as local quality accounts and the Comprehensive Area Assessment. As part of this process, there should be proper monitoring of the implementation of NICE and other relevant guidance. In addition, questions on staff health and well-being should be included in future NHS staff surveys to enable national monitoring of performance and the identification of outliers.

4.4 Second, in order to ensure that staff health and well-being is reflected as a key priority across the whole NHS and the wider healthcare system, the current competencies for World Class Commissioning should be strengthened to include reference to effective delivery of staff health and well-being. NHS commissioning organisations should ensure that, in contracting with provider organisations – whether from within or outside the NHS, and including independent contractors – ensure that they receive clear evidence of commitment and action to improve staff health and

well-being. Primary care commissioning frameworks should incorporate support for the health and well-being of primary care providers' staff. SHAs have an important strategic role to play here, in leading by example, in ensuring that Trusts in their area have appropriate strategies in place, and particularly in ensuring that those Trusts that have not achieved Foundation Trust status are fully compliant with core standards. The SHA Assurance Framework should also incorporate staff health and well-being.

4.5 Finally,

**it is important that the approach to improving support for staff health and well-being is developed in consultation and partnership with staff and trade unions.**

We would expect to see this issue at the forefront of the work of all NHS social partnership groups, such as the national NHS Social Partnership Forum and the Partnership for Occupational Safety and Health in Healthcare – the health and safety subgroup of the NHS Staff Council.

4.6 We are aware from comments in the consultation on our Interim Report of the importance of ensuring that national provisions for sick pay and for meeting the costs of ill-health retirement are fully aligned with the proposals we have made for improving support for staff health and well-being. We do not believe that it is appropriate for us to propose specific changes in these areas beyond saying that it seems to us that the additional costs of ill-health retirement might appropriately be met by individual NHS organisations to encourage more direct understanding of the financial impact by local employers and to help incentivise improved early intervention and rehabilitation whenever possible. However, we do believe that the issues should be addressed by the relevant parties in order to ensure that there are no perverse incentives to either employers or employees that could undermine the proposals in our reports.

## **Local strategies**

4.7 As well as incorporating staff health and well-being in national systems and processes,

**we recommend that all NHS organisations put in place a staff health and well-being strategy developed with the full involvement of staff and staff representatives, and that its implementation is routinely monitored, reported and discussed with staff and their representatives.**



4.8 The need for NHS Trusts to develop a clear strategy to improve staff health and well-being, fully integrated with wider plans for service development and implementation, was set out in our earlier report and has been reinforced by subsequent feedback. Such local strategies should be supported by SHA strategies, which should initially be developed in 2010/11 following the direction set out in the NHS Operating Framework and fully aligned with regional public health strategies. SHA health and well-being teams should be closely involved in drawing up such strategies.

4.9 As indicated in our earlier report,

**it is essential that staff health and well-being strategies, and the services that are subsequently commissioned, are available to all staff on an equitable basis.**

There are two aspects to this. First, NHS organisations need to address health inequalities in their workforce when assessing needs and providing appropriate interventions. The Department of Health and the NHS have developed policies and practices to reduce the acknowledged health inequalities in the wider population, and these will be informed by the current Strategic Review of Health Inequalities in England Post-2010 (the Marmot Review). They should be no less vigorous in using similar approaches to tackle health inequalities in their workforce, specifically through undertaking an equality audit to assess how responsive staff health and

well-being services are to the diversity of the workforce. Second, just as the NHS is striving to improve public access to its services, so it should also ensure that staff can access health and well-being services at a time and in a place that suits their working patterns.

4.10 For effective performance management,

**it is also important that delivery of staff health and well-being services is properly monitored and regularly assessed and reviewed.**

The evidence we received suggested that there was variability in the way in which information from the Electronic Staff Record (ESR) and other sources was used by NHS organisations, and we believe that the Department of Health should agree and mandate a standard dataset to be routinely collected from the ESR by each NHS organisation to facilitate local, SHA and national monitoring of core information on sickness absence. ESR systems should also be developed to interface effectively with staff health and well-being and occupational health systems to help improve care for staff, for example by helping to manage referrals for necessary interventions.

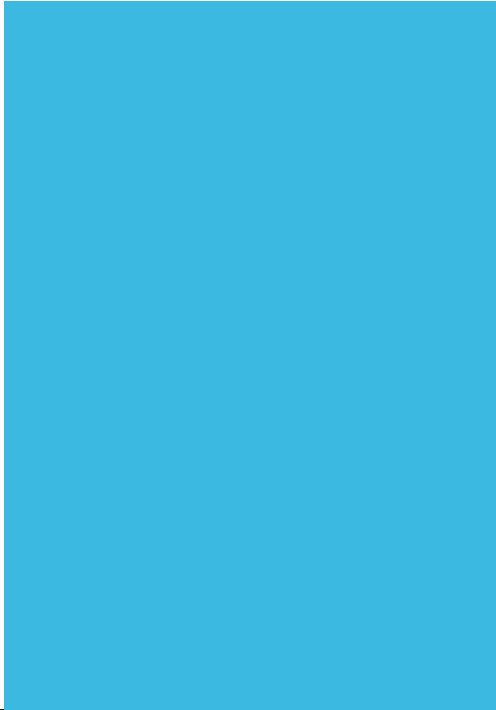
### Case study

By designing a comprehensive but simple way to present workforce and financial performance information to all managers across the PCT, NHS Plymouth used the ESR to help it produce accurate and realistic workforce plans. With financial data extracted from the general ledger and workforce performance data extracted from the ESR, NHS Plymouth has produced a scorecard containing 21 different measures on one side of A4. These include agency spend, sickness absence rates and turnover.

The scorecard is produced monthly and distributed to nearly 400 managers via an emailed PDF file, and each month an additional column is added to the scorecard to show managers how they are progressing against each of the parameters. This enables them to make timely alterations to processes to meet their year-end targets for financial and workforce performance.

The simple but comprehensive format of the scorecard helps managers to make appropriate decisions around service delivery priorities, and also to draw managers' attention to information about potentially problematic areas before they become critical.

- 4.11 This should be augmented by information to support local organisations in monitoring the effectiveness of services they commission. Such information should be integral to the tools available to the NHS to undertake the cost-benefit analysis of planned investment in health and well-being services referred to in paragraph 3.9 above. But NHS bodies also need to be able to draw on systematic evaluations of the effectiveness of interventions aimed at improving staff health and well-being, drawn from the sort of cohort study and additional research we called for in Chapter 3 of our earlier report. Action to improve staff health and well-being needs to be based on proper evaluation, audit and evidence, in the same way as we expect action to improve the health of the wider population to be.
- 4.12 In short, we see it as critically important in ensuring the sustained delivery of improved staff health and well-being that national, regional and local planning and monitoring tools are fully aligned and that routine comparable information on performance is made available across the NHS and to staff and the wider public.



# Conclusion



- 5.1 This report, and our earlier Interim Report, sets out a major change agenda for the NHS, designed to put staff health and well-being at the heart of its work. We believe that this is justified by the importance of this issue, both for staff themselves and for the delivery of high-quality patient care. We have been encouraged by the positive reception given to our Interim Report, but we are conscious that making the changes will not be easy. We look, therefore, to NHS leaders nationally and locally to commit themselves to delivering the changes we recommend, not least to ensure that all NHS organisations are seen as exemplar employers in this area. NHS organisations must invest in the health and well-being of their workforce if they are to deliver sustainable, high-quality services. By demonstrating their commitment to the NHS Constitution through effective staff engagement and ensuring that their staff have productive and rewarding jobs, they will be able to reduce sickness absence and increase productivity by increasing staff availability. Improving the health and well-being of staff is key to enabling the NHS genuinely to provide health and well-being services for all.
- 5.2 But, as we have stressed in our reports, making improvements in staff health and well-being services is not something that NHS leaders and managers can do alone. They need to work in close partnership with staff and staff representatives to design services that meet staff needs, and to reshape those services over time as needs change. And staff and trade unions themselves need to engage fully with this agenda, which we know is one dear to their hearts.
- 5.3 We believe that implementing the recommendations in our reports will lead to significant improvements in NHS staff health and well-being, and we shall follow progress with interest.

# APPENDIX 1: Summary of recommendations

The following provides a summary of the recommendations in this Final Report cross-referenced to the paragraph in which they appear.

## Improving organisational behaviours and performance

- ▶ We recommend that all NHS organisations provide staff health and well-being services that are centred on prevention (of both work-related and lifestyle-influenced ill-health), are fully aligned with wider public health policies and initiatives, and are seen as a real and tangible benefit of working in the NHS (paragraph 2.4).
- ▶ We recommend that all NHS leaders and managers are developed and equipped to recognise the link between staff health and well-being and organisational performance and that their actions are judged in terms of whether they contribute to or undermine staff health and well-being (paragraph 2.4).
- ▶ We recommend that all NHS Trusts develop and implement strategies for actively improving the health and well-being of their workforce, and particularly for tackling the major health and lifestyle issues that affect their staff and the wider population (paragraph 2.5).
- ▶ All NHS Trusts should implement the guidance both from the National Institute for Health and Clinical Excellence (NICE) on promoting mental health and well-being at work and from the National Mental Health and Employment Strategy (paragraph 2.8).

- ▶ It is essential that all NHS Trusts put staff health and well-being at the heart of their work, with a clearly identified board-level champion and senior managerial support (paragraph 2.9).
- ▶ Training in health and well-being should be an integral part of management training and leadership development at local, regional and national levels and should be built into annual performance assessment and personal development planning processes (paragraph 2.9).
- ▶ We believe that high priority should be given to ensuring that managers have the skills and tools to support staff with mental health problems (paragraph 2.11).

## Achieving an exemplar service

- ▶ We recommend that, when drawing up a staff health and well-being strategy, Trusts undertake a proper assessment of key health priorities and risk factors, which should fully reflect their legal requirements in this area (paragraph 3.4).
- ▶ We recommend that there should be consistent access to early and effective interventions for common musculoskeletal and mental health problems in all Trusts, as they are the major causes of ill-health among NHS staff (paragraph 3.4).
- ▶ We recommend that, as well as providing core staff health and well-being services to nationally specified standards, all Trusts should provide a range of additional staff health and well-being services targeted at the needs of their organisation. To do this they will need both to assess the specific needs and requirements of their staff and to engage with staff to determine the services they wish to see provided (paragraph 3.5).



- ▶ Staff engagement will be critical to ensuring that both the range of services and the way in which they are provided are seen as credible and to addressing staff concerns. Trusts need to go beyond simply meeting their legislative obligations to embrace a wider concept of staff engagement (paragraph 3.7).
- ▶ It is essential that staff health and well-being services commissioned following the sort of risk assessment process we have outlined are then properly resourced (paragraph 3.8).
- ▶ Core early intervention services should form part of the minimum service specification for staff health and well-being recommended in our earlier report (paragraph 3.11).
- ▶ There should also be nationally agreed service standards for early intervention (paragraph 3.11).
- ▶ It is important that the approach to improving support for staff health and well-being is developed in consultation and partnership with staff and trade unions (paragraph 4.5).
- ▶ We recommend that all NHS organisations put in place a staff health and well-being strategy developed with the full involvement of staff and staff representatives, and that its implementation is routinely monitored, reported and discussed with staff and their representatives (paragraph 4.7).
- ▶ It is essential that staff health and well-being strategies, and the services that are subsequently commissioned, are available to all staff on an equitable basis (paragraph 4.9).
- ▶ It is also important that delivery of staff health and well-being services is properly monitored and regularly assessed and reviewed (paragraph 4.10).

## Embedding staff health and well-being in NHS systems and infrastructure

- ▶ We now recommend that the NHS Operating Framework should clearly establish the requirement for staff health and well-being to be included in national and local governance frameworks to ensure proper board accountability for its implementation (paragraph 4.2).
- ▶ We recommend that the Care Quality Commission's annual assessment of NHS organisations and their delivery partners should in future include standards and targets for staff health and well-being. Similarly, Monitor should consider support for staff health and well-being in its assessment process for Foundation Trust status as well as in its in-year monitoring arrangements (paragraph 4.3).

## APPENDIX 2:

# Interim Report recommendations

Following stakeholder engagement and feedback, the recommendations in the Interim Report have been condensed into those shown in Appendix 1. However, the detailed recommendations included in the Interim Report are repeated below for ease of reference.

### Improving organisational behaviours and performance

- ▶ We recommend that the scope for the NHS setting itself an 'activity challenge' should be explored further.
- ▶ We recommend that NHS organisations should ensure that staff avoid obviously visible public areas when they smoke and should challenge their staff to reduce smoking next year, measuring progress against current national targets.
- ▶ We recommend that the NHS plays an active role in the Coalition for Better Health, to identify successful strategies to reduce harmful drinking by NHS staff and their families.
- ▶ We recommend that all NHS organisations should work to improve the healthiness of food served in their restaurants and staff awareness of healthy food choices, and should set a widely communicated target for reducing obesity among their own staff.
- ▶ We recommend that the Social Partnership Forum should continue to give high priority to addressing the underlying issues that may serve as risk factors for mental ill-health.
- ▶ We recommend that all NHS bodies should give priority to implementing the forthcoming National Institute for Health and Clinical Excellence guidance on promoting mental well-being at work as a sign of their commitment to staff health and well-being. We also recommend that all NHS bodies ensure that their management practices are in line with the Health and Safety Executive's management standards for the control of work-related stress.
- ▶ We recommend that further research should be undertaken into presenteeism to identify in more detail its causes, variations between occupational groups and impact on patient care and safety.
- ▶ We recommend that management training and induction should include material to ensure that managers are aware of the role of occupational health services, referral routes, information required for referral and the confidentiality issues involved.
- ▶ We recommend that individual Trusts should engage with their staff on the range of additional health and well-being services which they believe should be given priority in their organisation.
- ▶ We recommend that all NHS organisations should take active steps to raise the profile of staff health and well-being issues among managers and should ensure that managers are properly equipped to support staff and tackle their health and well-being issues. This should be a central part of national and local NHS management training, including for clinical staff with management responsibilities. Furthermore, management appraisals and incentives, such as bonus payments and consideration of managers for more senior appointments, should take full account of their support for staff health and well-being.

## Achieving an exemplar service

- ▶ We recommend that the Department of Health should put in place arrangements for independent evaluation of the effectiveness of the interventions recommended in our review.
- ▶ We recommend that continued priority is given to attracting doctors to pursue careers in occupational health medicine so as to ensure that sufficient consultant resource is available to enable all NHS employers to access specialist advice when needed. In the meantime, consideration should be given to establishing regional specialists in occupational health medicine who could provide input to units without access to consultant support.
- ▶ We recommend that there should be a regional consultant nurse in occupational health in each region to provide leadership to the function and advice to individual units.
- ▶ We recommend that all NHS Trusts should take action to draw up and publish strategic commissioning plans for staff health and well-being services that are fully integrated with wider service development plans and recognise the contribution which a healthy and engaged workforce can make to improving patient care and financial performance.
- ▶ We recommend rebranding occupational health services with a more positive well-being focus and a consistent identity, such as 'NHS Staff Health and Well-being'.
- ▶ We recommend that there should be a nationally specified minimum service specification for the staff health and well-being services to be provided by Trusts. The core service specification for NHS staff health and well-being services should prioritise effective proactive services and should include common, simple performance metrics (relating to standards of delivery, client and customer satisfaction, and quality of service through audited outcomes) to enable benchmarking and monitoring.
- ▶ We recommend that in future all NHS staff health and well-being services should have self-referral access as well as access through management referral.
- ▶ We recommend that service standards currently being developed by the Faculty of Occupational Medicine, in collaboration with other organisations including the Royal College of Nursing, should be adopted by NHS bodies when available and that relevant professional groups develop standards for their services.
- ▶ We recommend that an equality audit should be undertaken to assess how far current NHS staff health and well-being services are responsive to issues such as gender, age, sexual orientation, ethnicity and other aspects of diversity.
- ▶ We recommend that staff health and well-being services should be provided on an equitable basis for all Trust staff, wherever and whenever they work, and regardless of occupational group.
- ▶ We recommend that the Department of Health explores the scope for introducing and implementing intelligent protocols for handling routine issues such as pre-employment screening. We also recommend that steps should be taken to improve the transfer of information between occupational health services in order to avoid the need for repeat screening of staff moving between Trusts.

- ▶ We recommend that all NHS organisations should review their current funding for staff health and well-being services and ensure that:
  - adequate funding is provided to enable services to deliver both the minimum package of services recommended above and those additional services commissioned to meet priorities identified by staff
  - funding is based on an assessment of the costs of delivering services to the current staffing of the Trust and is regularly reviewed to ensure that it meets changing needs
  - income-generating external service provision is reviewed in order to be sure that marginal costing does not result in such services being delivered without profit and that NHS staff are aware of the benefits to them in terms of enabling high-quality health and well-being services
  - external service provision should not reduce the availability of consistent, high-quality support to NHS staff.
- ▶ We recommend that early intervention programmes be routinely available in all Trusts for illnesses and injuries that are common in the NHS, suitable for effective early treatment and liable to result in long-term or recurrent absence if not treated quickly. These should include musculoskeletal disorders and mental health conditions. They should also be available on a case-by-case basis for other illnesses or injuries where the benefit to the NHS Trust clearly outweighs the cost to the organisation.
- ▶ We recommend that there should be joint work between professional bodies to develop common training and educational support programmes for staff in order to ensure an integrated approach and broaden and deepen the skills base.
- ▶ We recommend that the evidence base on effective interventions be strengthened and we fully support the recommendations in the Black report on this.
- ▶ We recommend the establishment of an electronic health and well-being library for the NHS.

## **Embedding staff health and well-being in NHS systems and infrastructure**

- ▶ We recommend that the Department of Health should put in place arrangements to collect and publish annual data on sickness absence in the NHS, drawn from the Electronic Staff Record (ESR), to enable long-term monitoring of trends. To ensure comparability, all Trusts should collect and report ESR data in a consistent and comparable form.
- ▶ We recommend that specific questions on staff health and well-being be included in the NHS Annual Staff Survey to enable trends to be monitored over time.
- ▶ We recommend that a longitudinal survey of the health and well-being of a representative cohort of NHS staff should be established.



- ▶ We recommend that:
  - information on sickness absence from existing systems should be routinely collected and reported to Trust boards and should be capable of aggregation to regional and national level and of analysis by staff group and grade
  - work should be put in hand to agree routine metrics for monitoring service effectiveness and return on investment, which should again be used for local and national reporting, using the simplified Business Healthcheck or other, properly evaluated, models. These should include both process measures, such as waiting and response times, and measures of client/customer satisfaction and service quality
  - the concept of 'health and well-being accounts', linked to quality accounts, should be explored.
- ▶ We recommend that Trusts make use of ESR and other HR data to inform themselves of the effectiveness of local management in undertaking return-to-work interviews and completing staff appraisals properly given their impact on staff health and well-being.
- ▶ We recommend that each NHS board should appoint an executive director to champion staff health and well-being who should be charged, among other things, with reporting regularly to the board on progress with implementing a comprehensive staff health and well-being strategy. The board should ensure that such issues are discussed and that action is taken to tackle existing and emerging problems.
- ▶ We recommend that Trust boards identify a single senior manager to be responsible for co-ordinating the organisation's action in relation to staff health and well-being.
- ▶ We recommend that NHS commissioning organisations only commission services from NHS providers that are demonstrably committed to improving staff health and well-being, and that this be built into future contracts and monitored through normal contract management arrangements.
- ▶ We recommend that staff health and well-being be included as a priority in the NHS Operating Framework for future years. The Care Quality Commission and Monitor should be asked to include targets on, and measurement of, staff health and well-being in their monitoring processes to ensure that Trusts take action. The SHA Assurance Framework should also incorporate staff health and well-being.
- ▶ We recommend that questions about management performance should be included in the NHS Annual Staff Survey in future years in order for the position to be monitored over time.

## APPENDIX 3:

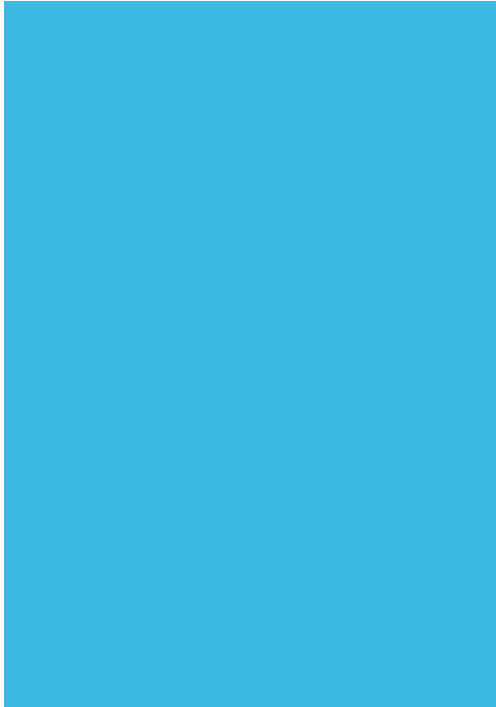
# Additional resources

As part of the review, a number of research reports were commissioned. These are listed below and can be found on our website at: [www.nhshealthandwellbeing.org](http://www.nhshealthandwellbeing.org).

- ▶ Staff Perception Research: Quantitative Research, RAND Europe, The Work Foundation and Aston Business School
- ▶ Staff Perception Research: Qualitative Research, Boorman Review Team
- ▶ Call for Evidence Summary, The Work Foundation and RAND Europe
- ▶ Literature Review, The Work Foundation and RAND Europe
- ▶ Benefit Evaluation Model, The Work Foundation and Aston Business School

During the course of the review, we have also developed other resources that have been published on the website. These include:

- ▶ Staff Health and Well-being Case Studies: submitted to the review by NHS organisations and other related stakeholders
- ▶ Engagement Workshop Summary: summarising the feedback received at the engagement events held around the country in August and September 2009



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