Royal College of Physicians

fom
Faculty of Occupational Medicine

Report

Implementing NICE public health guidance for the workplace: Overcoming barriers and sharing success

Report
Part of the HWDU Staff Health Improvement Project

Acknowledgements

This report was co-authored by Jude Williams, project lead and Sarah Jones, project manager.

The project lead and project manager, members of the project development group and staff of the Health and Work Development Unit (HWDU) would like to thank all interviewees and staff involved in our visits to trusts for their time, thoughts, and willingness to share interesting observations and examples of their work. We hope that the findings published here support the development of staff health and wellbeing (H&WB) initiatives within those trusts involved in the project and others throughout the country.

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The following trusts were involved in the phase one interviews: Barking, Havering and Redbridge University Hospitals NHS Trust, Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham Women's NHS Foundation Trust, Camden and Islington NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust, Dorset County Hospital NHS Foundation Trust, Frimley Park Hospital NHS Foundation Trust, Gateshead Health NHS Foundation Trust, Hampshire Hospitals NHS Foundation Trust, Mersey Care NHS Trust, Northumbria Healthcare NHS Foundation Trust, Plymouth Hospitals NHS Trust, Portsmouth Hospitals NHS Trust, Rotherham NHS Foundation Trust, Royal Free London NHS Foundation Trust, South Essex Partnership University NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, Stockport NHS Foundation Trust, Sussex Partnership NHS Foundation Trust, Tees, Esk and Wear Valleys NHS Foundation Trust, The Walton Centre NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust.

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The Faculty of Occupational Medicine (FOM) aims for healthy working lives through:

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- providing support to the Faculty's membership to raise the standard of OH practice.

Health and Work Development Unit

The Health and Work Development Unit (HWDU) is a partnership between the RCP and the FOM. HWDU is hosted by the RCP's Clinical Standards Department. The unit aspires to be known as a national centre of excellence for health, work and wellbeing quality improvement work. HWDU's remit is to contribute to improving the health of the workforce by supporting the implementation of evidence-based guidance. The unit carries out national clinical and organisational audit, facilitates change management work with participants and develops evidence-based guidelines.

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Foreword

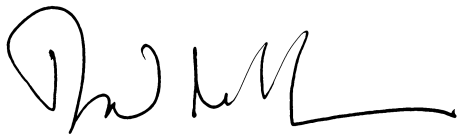
The NHS workforce continues to be our most vital resource. Maintaining and improving their health is crucial for meeting the increasing demand for safe, high quality patient care. This implementation guidance (and accompanying board briefing) demonstrates to organisations how to improve staff health and engage their workforce by implementing NICE public health guidance for the workplace.

To ensure the NHS has a committed, compassionate workforce that is as healthy and productive as possible, NHS organisations must address staff health and wellbeing. They have a responsibility, both to their employees, and to meet the important national requirements of the NHS Constitution, the NHS Operating Framework and the NHS Outcomes framework. The findings and best practice examples in this report provide a major practical step towards helping trusts place staff health improvement high on the agenda.

This report presents the findings of the *Staff health improvement project,* which assessed how NHS trusts have successfully implemented the NICE public health guidance for the workplace. The project team took a systematic approach, selecting 22 mental health and acute trusts around the country to learn from their practical experience. Interviewing board members and staff wellbeing leads, the team built up a picture of how NHS trusts can successfully implement the NICE guidance, irrespective of their progress to date.

The evidence-based NICE recommendations and the experiences of NHS trusts and examples of best practice shared in this report can be used together to provide guidance for prevention and management of a wide range of health problems affecting our workforce.

I urge all boards to use the barriers, enablers and themes identified in this report to drive forward their activities around staff health and engagement.



Sir David Nicholson KCB CBE
NHS Chief Executive

Contents

How to use this report

This report is intended to be used as a toolkit by:

- chief executives
- board members with responsibility for staff health and wellbeing
- senior members of staff leading on the Boorman recommendations
- human resources directors
- public health leads
- occupational health leads
- staff health and wellbeing leads
- staff side and their representatives.

The report may also be of interest to:

- clinical commissioning groups and commissioners when making contracting arrangements with healthcare providers
- district and county councils in their new role as public health leads for their areas and for their own staff's health and wellbeing
- other statutory and private sector organisations concerned with improving their staff's health.

The interpretation of the information presented rests with the reader, who is best placed to understand the local context and to formulate effective strategies as a result.

Glossary of terms

BMI	body mass index
CCG	clinical commissioning group
CQC	Care Quality Commission
ESR	electronic staff record
GP	general practitioner
H&WB	health and wellbeing
HWDU	Health and Work Development Unit
HR	human resources
IT	information technology (department)
MECC	Making Every Contact Count (a national patient initiative)
MRSA	methicillin-resistant staphylococcus aureus
NICE	National Institute for Health and Clinical Excellence
NICE workplace guidance	the six pieces of NICE evidence-based guidance which include recommendations for employers: managing long-term sickness absence, promoting mental wellbeing, obesity, promoting smoking cessation and promoting physical activity in the workplace and the built environment.
NHS	National Health Service
OH	occupational health
OD	organisational development
PCT	primary care trust
SHA	strategic health authority
TA	Territorial Army

“We’re in the healthcare business. If we can’t take care of staff health there isn’t much hope for anybody.”

Board lead, acute foundation trust

1 Executive Summary

Background

- Staff are the main healthcare delivery vehicle for the NHS.
- Staff are your most valuable asset, accounting for at least 40% of your NHS Budget.[1]
- Staff health influences patient experience, patient safety and clinical outcomes.[2]
- A healthy workforce is crucial for delivering sustained improvements in patient care.

In 2009 Dr Steve Boorman led a review of the health of NHS staff.[2] He found associations between better staff health and wellbeing (H&WB) and improved patient outcomes including reduced MRSA rates, lower standardised mortality rates and better patient satisfaction. Dr Boorman emphasised the need for the NHS to be an exemplar employer. He recommended that NHS trusts provide effective and proactive interventions and called for a strengthening of the evidence base.

The National Institute for Health and Clinical Excellence (NICE) has published evidence-based guidance for all employers on how to improve the health of their staff. Topics covered are: management of long-term sickness absence, mental wellbeing, obesity, smoking cessation and physical activity in the workplace.[3, 4, 5, 6, 7, 8] NICE economic modelling shows that these recommendations are cost-effective.

In 2010 the Health and Work Development Unit (HWDU) measured in a national organisational audit how well trusts across England were implementing the NICE workplace guidance. Results showed wide variation with areas of poor compliance.[9] The figure on page two shows the median summary score (and range from lowest to highest score) achieved in each topic area by the 282 (63%) trusts in England that participated in the audit.[10]

Approach

In 2012 HWDU identified 22 acute and mental health trusts from the national audit with results suggesting good progress in implementing the NICE workplace guidance. HWDU held 41 structured telephone interviews with the board lead and implementer for staff health and wellbeing (H&WB) in these trusts, to elicit information about organisational barriers to, and enablers for, implementing the guidance (phase one). We selected a range of trusts in terms of size, number of sites, financial performance, sickness absence rates, location (rural, urban), teaching and non-teaching.

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[1] The Kings Fund (2010) General Election 2010: frequently asked questions. [online]. Available from http://www.kingsfund.org.uk

[2] Department of Health. *NHS Health and Well-being. Final Report.* Crown copyright, 2009. (www.nhshealthandwellbeing.org/FinalReport.html)

[3] National Institute for Health and Clinical Excellence. *Management of long-term sickness and incapacity for work (PH19)*. London: NICE, 2009.

[4] National Institute for Health and Clinical Excellence. *Promoting mental wellbeing through productive and healthy working conditions (PH22)*. London: NICE, 2009.

[5] National Institute for Health and Clinical Excellence. *Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children (CG43)*. London: NICE, 2006.

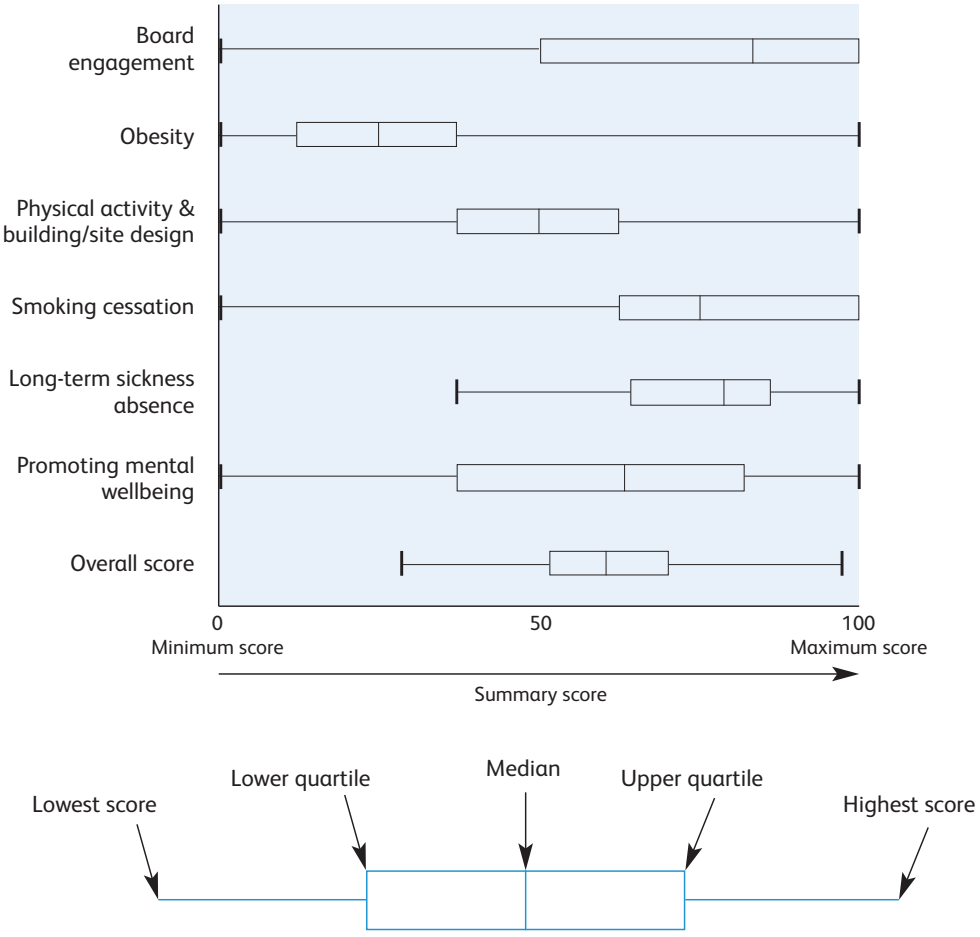
[6] National Institute for Health and Clinical Excellence. *Workplace interventions to promote smoking cessation (PH5)*. London: NICE, 2007.

[7] National Institute for Health and Clinical Excellence. *Promoting physical activity in the workplace (PH13).* London: NICE, 2008.

[8] National Institute for Health and Clinical Excellence. *Promoting and creating built or natural environments that encourage and support physical activity (PH8).* London: NICE, 2008.

[9] Health and Work Development Unit. *Implementing NICE public health guidance for the workplace. A national organisational audit of NHS trusts in England*. London: RCP, 2010.

[10] A summary score was calculated for each trust that participated in the national audit based on their responses to the audit questions. Further information on the calculation can be found in the audit report referenced above.



Each quartile contains 25% of scores; the median is the middle score.

Subsequently, HWDU facilitated tailored action planning workshops with 40 mental health and acute trusts in England (phase two). The workshops were used to brief participants on the themes that emerged from the interviews, support board engagement and progress implementation of the NICE workplace guidance.

This report is based on the learning from the phase one interviews. We have identified:

- overarching themes that are key to success; these require board attention
- common barriers to, and enablers for, implementing the guidance
- imaginative solutions trusts have developed for this work.

These findings are relevant to trust boards, senior managers, specific trust departments (eg catering, communications) and staff H&WB groups.

A board briefing has been published summarising the findings from phase one and the action that senior stakeholders can take to support the development of their staff H&WB work.

This report summarises the wealth of knowledge and expertise gained during both phases of the project and includes the detail of the phase one interviews, the barriers and enablers identified and activities that have been implemented. The report is recommended for H&WB groups and it can be used by any organisation that would like to develop its staff H&WB work. This report is available electronically at http://www.rcplondon.ac.uk/staffhealth.

Project findings – overarching themes

The following overarching organisational enablers were identified as supporting the implementation of the NICE workplace guidance and the development of an effective programme of work to support staff H&WB.

- **Values:** make the link in your organisational values between patient outcomes and staff H&WB (including respecting and engaging staff).
- **Board involvement:** demonstrate strong board involvement and support for the H&WB agenda by:
  - nominating a board lead with responsibility for staff H&WB who can develop and facilitate the links between different departments (eg communications, estates) that play a role in supporting the delivery of H&WB work
  - requesting updates on H&WB activity and regular reports on workforce metric data that integrate staff H&WB measures
  - ensuring feedback is provided to the board lead, implementer or H&WB steering group.
- **Governance:** ensure your board lead for staff H&WB is proactive, supported by an implementer and leads a H&WB steering group that has an effective reporting line to the board.
- **Staff engagement:** frequently assess staff H&WB needs using a wide range of methods (eg NHS Staff Survey, counselling reports) and involve staff and their representatives in planning and delivery of H&WB programmes.
- **Data:** use data from a variety of sources as intelligence to plan interventions and target organisational hotspots.
- **H&WB strategy:** use a H&WB strategy and corresponding action plan to set direction, maintain momentum and hold individuals to account for delivery. The recommendations in the NICE workplace guidance can be used as a framework to describe the evidence base for effective action.
- **Resources:** make a small, dedicated budget available for staff H&WB activities. Consider the benefit of a coordinator role depending on the size of your organisation. Additional resources can be made available through:
  - making patient facilities and services available for staff (eg gyms, mental wellbeing and smoking cessation services)
  - developing strong relationships with external organisations (eg local councils) and securing local sponsorship
  - using profit-making activities, year-end unspent funds and charitable funds
  - making a business case to the board for specific programmes (such as case management)
  - developing a network of staff H&WB champions throughout the trust.
- **Involving managers:** involve, train and convince managers that supporting staff H&WB is an integral part of their job. Incorporate aspects of H&WB into staff recruitment and managers' objectives, supervision guidance and appraisals.

Project findings – implementing the 5 NICE guidance topics

The following generic enablers were identified to support the implementation of the five NICE workplace guidance topic areas (obesity, physical activity, smoking cessation, mental wellbeing and long-term sickness absence):

- articulating to staff the link between their H&WB and the quality of patient care they deliver
- putting in place a broad range of initiatives so that there is 'something for everyone'
- using clear communication methods to promote services, events and activities to staff
- engaging staff in decisions about services and activity choices and ensuring these are available at a convenient time for staff
- inviting staff to lead or become involved in the delivery of H&WB initiatives
- monitoring uptake, for example by gender, occupational group and pay band and responding quickly to changes in demand for H&WB initiatives
- building links with external organisations to support delivery of initiatives.

The following provides a summary of the specific barriers and enablers identified by the phase 1 trusts for each topic area:

> **Obesity:** NICE recommends policies and working practices, building design, physical activity, workplace food provision, education and promotion (including diet clubs), and health checks as areas for action to support staff in losing weight.

Barrier:

- perception that this was a sensitive issue for staff members and could be an awkward topic for dialogue.

Enablers:

- taking a sensitive and supportive approach
- demonstrating a belief that by educating staff about healthy eating and weight management, patient health would benefit as all staff could pass on this knowledge to patients.

'*This is such a sensitive topic. We did shy away from it, but we're now in discussions with our catering team to establish a number of changes, including adding a traffic light system to our menus.*' Board lead, acute trust

> **Physical activity:** NICE recommends developing a trust-wide, multi-component programme or policy to support employees to be more physically active, encourage employees to walk, cycle or use another mode of transport involving physical activity to travel part or the whole way to and from work (for example, by developing a travel plan).

Barriers:

- concerns about the safety implications of extracurricular physical activity in the workplace
- inflexibility of managers preventing staff accessing activities.

Enablers:

- careful planning and risk assessments to allow staff use of patient facilities eg gyms and local walking routes
- promoting flexible working policies with managers
- consulting staff about activity choices and schedules
- monitoring uptake to ensure access for staff with low levels of fitness.

'*We came across some opposition when requesting access to our patient gyms, but close working with the ward matrons meant we were able to at least trial the option, and ensuring all staff receive a thorough gym induction helped mitigate the safety concerns.*' Implementer, mental health trust

> **Smoking cessation:** NICE recommends employers develop a smoking cessation policy in collaboration with staff and their representatives, be responsive to individual needs and preferences and where feasible provide on-site smoking cessation support. Staff should be able to attend smoking cessation services during working hours without loss of pay.

Barriers:

- belief that staff don't want to give up smoking
- fear that staff see smoking cessation support from the employer as an unwelcome imposition
- prevalent smoking culture within the local community.

Enablers:

- promoting a clear smoking cessation policy and procedure
- simultaneous focus on smoking cessation within the community
- senior trust managers demonstrating a commitment to being a 'smoke free' site.

'*It's been tough getting staff to stop smoking but we've managed it with persistence, manager support and targeting our activities at certain staff groups.*' Implementer, acute trust

> **Mental wellbeing:** The NICE guidance recommends taking a strategic and coordinated approach to promoting employees' mental wellbeing, assessing opportunities for promoting employees' mental wellbeing and managing risks, allowing flexible working and strengthening the role of line managers in promoting the mental wellbeing of employees.

Barrier:

- managers lacking the confidence and skills to talk to staff about their mental wellbeing, particularly when not work related.

Enablers:

- regularly assessing and monitoring staff needs, using a variety of tools
- using the trust board to set an expectation that all managers will receive training
- manager training taking a holistic view of mental wellbeing including financial and relationship stressors.

'*We're in the healthcare business. If we can't take care of staff health, there isn't much hope for anybody.*' Board lead, acute trust

> **Long-term sickness absence:** NICE recommends that employers make an initial enquiry, early in a period of sickness absence, into their employee's health in relation to their work, and if required conduct a more detailed assessment using a suitably trained case worker. Trusts should coordinate and support the delivery of any planned health, occupational health or rehabilitation interviews or services and develop a return to work plan.

Barriers:

- lack of access to, and coordination of, relevant data for monitoring
- lack of certainty around causes of absence
- lack of awareness of potential cost savings that can be achieved through the reduction of sickness absence.

Enablers:

- frequently reviewing and reporting absence data
- clear communication with OH
- implementing rigorous line manager training on trust policy.

'*Our monthly sickness absence monitoring by directorate has been crucial in facilitating clear communication between staff member, manager, HR and OH.*' Board lead, acute trust

Conclusions

From our interviews with a range of trusts we conclude that all trusts are capable of implementing the NICE workplace guidance. Many interviewed trusts had addressed and overcome the predictable barriers of finance, geographical distribution, head count and organisational change. Some trusts have extended their H&WB work beyond the NICE workplace guidance and these examples are included in the report.

The workforce is the NHS's most crucial and costly asset. Making staff health and engagement a central trust value will increase productivity, avoid financial waste and contribute to better patient care.

All H&WB implementers, board members with responsibility for staff H&WB and H&WB steering groups will find the *Implementing NICE public health guidance for the workplace: Overcoming barriers and sharing success* report useful when implementing, or reviewing and revitalising, their staff health agenda.

2 Introduction and method

Background

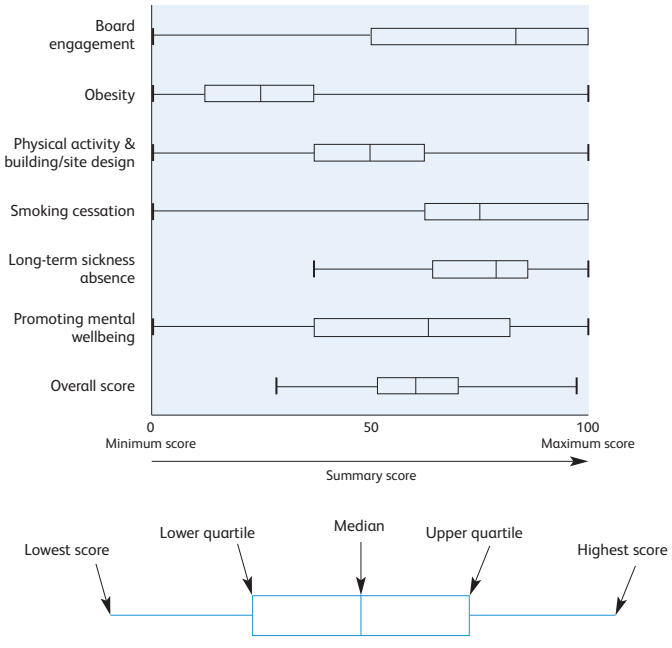
In 2009 Dr Steve Boorman led a review of the health of NHS staff and found associations between better staff health and wellbeing (H&WB) and improved patient outcomes (including reduced MRSA rates, lower standardised mortality rates and increased patient satisfaction).[11] He concluded:

> *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.*

Dr Boorman emphasised the need for the NHS to be an exemplar employer. The government has also called for the NHS to be an exemplar employer providing effective and proactive interventions to support staff H&WB.

The National Institute for Health and Clinical Excellence (NICE) has published six pieces of evidence-based guidance which include recommendations for employers. In this document we refer to these as 'NICE workplace guidance'. These cover: management of long-term sickness absence, mental wellbeing, obesity, smoking cessation and physical activity in the workplace.[12, 13, 14, 15, 16, 17] Economic modelling shows that the recommendations are effective and cost-effective.

In 2010 the Health and Work Development Unit (HWDU) measured how well trusts across England were progressing with implementing these six pieces of NICE workplace guidance with a national organisational



Each quartile contains 25 % of scores; the median is the middle score.

[11] Department of Health. NHS Health and Well-being. Final Report. Crown copyright, 2009. (http://www.nhshealthandwellbeing.org/FinalReport.html)
[12] National Institute for Health and Clinical Excellence. *Management of long-term sickness and incapacity for work (PH19)*. London: NICE, 2009.
[13] National Institute for Health and Clinical Excellence. *Promoting mental wellbeing through productive and healthy working conditions (PH22)*. London: NICE, 2009.
[14] National Institute for Health and Clinical Excellence. *Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children (CG43)*. London: NICE, 2006.
[15] National Institute for Health and Clinical Excellence. *Workplace interventions to promote smoking cessation (PH5)*. London: NICE, 2007.
[16] National Institute for Health and Clinical Excellence. *Promoting physical activity in the workplace (PH13)*. London: NICE, 2008.
[17] National Institute for Health and Clinical Excellence. *Promoting and creating built or natural environments that encourage and support physical activity (PH8)*. London: NICE, 2008.

audit.[18] Results showed wide variation in activity across the 282 participating NHS trusts and found many were not complying with the guidance.

The Coalition Government's white paper *Equity and Excellence: Liberating the NHS* includes a commitment to implementing the Boorman recommendations, and the 2011/12 and 2012/13 *NHS Operating Frameworks* expects implementation of the NICE workplace guidance.

The NHS Constitution commits the NHS to providing support and opportunities for staff to maintain their health, wellbeing and safety, and the NHS Future Forum report (January 2012) recommends that:

> *NHS organisations and their delivery partners should design and implement a strategy for improving staff mental and physical health and wellbeing. They should report annually on their progress against this strategy and hold their chief executive, or other senior responsible officer or partner, to account against it.*[19]

The Department of Health has developed a pathway of five high impact changes to help NHS organisations focus on staff health (appendix one) and ensure that there are policies and processes in place to implement the NICE workplace guidance.

The newly published NHS mandate expects the NHS, as the country's largest employer, to make an important contribution to helping the population stay in good health 'by promoting the mental and physical health and wellbeing of its own workforce'.[20]

Approach

The project was divided into two phases.

Phase one: The project team carried out 41 telephone interviews with staff from 22 trusts in England. Selected trusts had made good progress with implementing the NICE workplace guidance and included a range of trusts based on size, number of sites, financial performance, sickness absence rates, location (ie rural or urban), teaching and non-teaching. Interviews included board leads, HR directors and H&WB implementers. The interview questions were based on a theoretical framework for investigating the implementation of evidence-based practice.[21] The framework includes domains such as knowledge, skills, beliefs about outcomes, anticipated consequences and resources. The full set of questions used can be found in appendix two.

Through these interviews we built up a picture of what enables, and what prevents, implementation of the NICE workplace guidance and common overarching characteristics of these trusts. The findings were captured in an interim report that informed our work in phase two of the project.

Phase two: The project team visited 40 mental health and acute trusts in England to facilitate tailored action planning workshops. These workshops were used to brief participants on the themes that emerged from the phase one interviews, support board engagement and progress implementation of the NICE workplace guidance. The workshops lasted three hours and trusts were invited to choose the attendees from a recommended list. Number of attendees ranged from two to fourteen, and most often included the board lead for staff H&WB (usually the Human Resources (HR) Director), other members of the HR team and OH team (usually the OH consultant or senior nurse manager). Other staff invited included physiotherapists, dieticians, public health leads, smoking cessation leads, medical directors, community links, representatives from facilities and estates, representatives from catering, and union and other staff side representatives.

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[18] Health and Work Development Unit. *Implementing NICE public health guidance for the workplace. A national organisational audit of NHS trusts in England*. London: RCP, 2010.
[19] Department of Health. The NHS's role in the public's health. A report from the NHS Future Forum. Crown copyright. 2012.
[20] Department of Health. The Mandate. A mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015. Crown Copyright, 2012. (http://mandate.dh.gov.uk)
[21] Michie S, Johnston M, Abraham C, Lawton R, Parker D, Walker A, on behalf of the "Psychological Theory" Group. Making psychological theory useful for implementing evidence based practice: a consensus approach *Qual Saf Health Care* 2005;14:26–33.

3 Project findings – overarching themes

This section of the report presents the following overarching themes:

- values and approach of the trust
- knowledge and NICE guidance
- board involvement
- assessing staff needs and promoting staff involvement
- governance
- collecting and reporting metrics to the board
- resources
- involving managers
- communications
- sustainability

A Values and approach of the trust

Strong organisational values underpinned successful H&WB work. These values appeared to be critical in determining the robustness of the work and also influenced the detail of the H&WB programmes.

The strong organisational values included:

- articulating the link between improved staff health and improved quality of patient care
- respecting and engaging staff
- making the trust a desirable place to work.

Articulating a strong connection between improved staff health and improved quality of patient care.

This included placing an emphasis on improved continuity of patient care (in relation to reduced sickness absence) and staff being better able to carry out their duties. A few trusts also found it helpful to make the link with the Making Every Contact Count (MECC) initiative, frequently owned by the Director of Nursing. In this way they found staff could provide good role models for their patients.

> ***'We saw a step change to our staff health work when we explicitly linked it to our organisational value on quality of patient care. Our new chief executive helped make this change.'*** Implementer, acute trust

> ***'Staff H&WB is seen as key to engagement; happy well staff mean better care and are an integral part of how the trust delivers it.'*** Board lead, acute trust

Respecting and engaging staff

Within H&WB programmes there was strong staff participation and ownership. Staff were given some support to come up with ideas and then run initiatives independently. Some trusts had developed ways of engaging and supporting networks of staff in delivering this agenda.

A few trusts had developed a values and behaviours agreement document with their staff.

Tees, Esk and Wear Valleys NHS Foundation Trust has developed a statement of values and behaviours that includes commitment to quality, respect, involvement, wellbeing and teamwork. This is a contract between staff member and employer and outlines:

- behaviours staff can expect from the trust as a healthcare institution and employer
- values and behaviours the trust can expect from its staff.

This was seen as an effective way of engaging staff.

Making the trust a desirable place to work.

Many trusts saw their H&WB work as a unique selling point. This supported maintaining good recruitment and staffing levels and, as a result, avoiding using expensive temporary staff, who were unable to offer continuity of care to patients.

In addition to organisational values, a few trusts also:

- actively described themselves as competitive and responsive to change
- shared and extended services and facilities between patients, staff and their families
- extended the organisation's focus beyond staff and patients to the health of the surrounding population and the profile of their patient population, often supported by public health expertise.

Key findings

- All interviewed trusts used their organisational values to:
  - demonstrate the link between improved staff health and improved patient outcomes
  - engage staff
  - make the trust an attractive place to work.
- A few of the trusts had found it helpful to link to the MECC initiative.

B Knowledge and NICE guidance

Trusts based their H&WB work on a number of sources including:

- the six pieces of NICE workplace guidance
- HWDU national organisational audit of the implementation of NICE public health guidance[22]
- guidance from the Royal Society of Public Health[23]
- Boorman report *NHS Health and Well-being*[24]
- Dame Carol Black report *Working for a healthier tomorrow*[25]
- Health and Safety Executive management standards for work related stress[26]
- schemes such as Investors in People and Mindful Employer.[27, 28]

[22] Health and Work Development Unit. *Implementing NICE public health guidance for the workplace. A national organisational audit of NHS trusts in England*. London: RCP, 2010.
[23] www.rsph.org.uk.
[24] Department of Health. *NHS Health and Well-being. Final Report.* Crown copyright, 2009. (http://www.nhshealthandwellbeing.org/FinalReport.html)
[25] HM Government. *Working for a healthier tomorrow. Review of the health of Britain's working age population*. London: TSO, 2008.
[26] www.hse.gov.uk
[27] www.investorsinpeople.co.uk
[28] www.mindfulemployer.net

NICE guidance

> ***'The audit helped focus and make our H&WB work more streamlined. It was really helpful as we didn't use the [NICE] guidance to develop our work.'***
> Implementer, acute trust

The level of familiarity with the guidance varied greatly. Implementers were particularly well informed. Board leads generally had less detailed knowledge, but demonstrated a broad understanding of the content. Several interviewees mentioned that the RCP audit had increased their knowledge of the guidance.

Nearly all board leads and implementers found the guidance helpful, describing it as:

- a useful framework for development of a H&WB strategy
- providing confidence and reassurance of the effectiveness and cost effectiveness of interventions
- helpful for engaging clinicians
- a source of implementation ideas and providing a checklist of evidence-based activities that could be used for prioritising work at the outset.

> ***'I found the guidance really helpful. It helped to set a standard and provide a direction… the areas are quite specific but they are evidence-based and do align with national public health initiatives.'***
> Implementer, mental health trust

When trusts were not as positive about the guidance they described it as 'dry', 'difficult to use' and believed that they or their staff knew how to develop this work without the guidance.

Some interviewees thought that the guidance could include more implementation tools. They mentioned that sharing ideas and networking with colleagues was useful when developing their H&WB work.

> ***'The guidance is very useful. It provides some good aspirations and a strategic direction. In terms of a practical element though it can be difficult to see where improvements can be made. It doesn't really give the 'how' to do it and this is the area we find most difficult. It would be helpful to have more details on the 'how'.***
> Implementer, acute trust

Missing knowledge areas: alcohol

Several of the trusts with a formal workplace policy on alcohol identified that NICE workplace guidance on alcohol would be helpful. Many trusts were including general public health education on alcohol in staff H&WB fairs.

Key findings

- All interviewed trusts welcomed the existence of the NICE workplace guidance and most had used the guidance to some extent to shape their H&WB work.
- A few of the trusts had followed the guidance in detail, in most cases resulting in very strong programmes.
- A few of the trusts were not very familiar with the guidance and had not used the guidance to develop their work.
- Several of the trusts thought that NICE workplace guidance on alcohol would help their work.

C Board involvement

Nearly all of the interviewed trusts had strong board support and involvement. This sometimes came from a particular passion for the agenda by one or more board members or as a result of a persuasive argument or presentation from the staff member leading on the H&WB agenda.

Boards demonstrated their commitment to the H&WB agenda in a number of ways.

- **Conveying the importance of the agenda.** One way this was demonstrated was through the identification of a strong board lead by the chief executive and allocation of resources. Refer to section H for further information on resources.
- **Requesting regular update reports** on a range of qualitative and quantitative information in relation to the H&WB agenda, showing an interest in the information and ensuring that the board's discussion was fed back to the H&WB lead and group. Refer to section G for further information on collecting and reporting metrics to the board.
- **Providing regular and effective communications to staff** that contain updates on staff H&WB and signposts the range of H&WB activities and services available within the trust. Refer to section J for further information on communications.
- **Participating in a challenge or activity.** We found examples where whole boards participated in a trust wide challenge. These challenges were sometimes marketed as 'Beat the Board'. In several other cases, board members had joined in physical activity classes eg yoga or zumba. As well as offering good role modelling in terms of improving health, participation in staff physical activity classes was seen as a 'leveller' in the organisation with the chief executive or other senior staff exercising alongside junior staff. Other examples included board members joining weight management courses and mental health programmes.

A note on the board lead: The range of roles and responsibilities of the H&WB lead on the board was less important than the passion and commitment of that individual. Leads with enthusiasm for this work would encourage whatever functions they had within their remit to contribute to the H&WB agenda and gather support from other departments. Staff engagement and communications were two functions that were frequently mentioned as supporting the H&WB agenda.

Key findings

- Nearly all boards from the interviewed trusts were engaged and supportive of the H&WB agenda. This support was often amplified when a strong case for investment was made by the H&WB board lead or implementer.
- Passionate and committed board leads appeared to be the most effective.
- In addition to ensuring H&WB was resourced, some boards demonstrated commitment by:
  - requesting regular reports and giving feedback to the H&WB group
  - communicating to staff on the H&WB agenda
  - taking part in activities.

D Assessing staff needs and promoting staff involvement

All the interviewed trusts had a strong interest in increasing staff involvement and many saw it as vital to involve unions to achieve this. This engagement took various forms.

- questioning staff about their H&WB needs
- involving staff in the delivery of programmes
- staff side and/or staff representation on the H&WB steering group
- making links with other staff groups.

Questioning staff about their H&WB needs. These questionnaires enabled:

- a baseline of smoking, body mass index (BMI) and physical activity levels to be established
- staff to indicate what they would like implemented to support their H&WB.

Completion of the questionnaire was sometimes incentivised (eg free gym pass or gift voucher) and usually anonymous. Questioning was undertaken using a variety of means including:

- additional questions being added to the staff survey
- a stand-alone questionnaire and/or focus groups, sometimes coinciding with a staff H&WB event eg a H&WB fair
- requesting submission of ideas through a H&WB intranet page
- using a lifestyle questionnaire in a staff member's OH induction.

Please see chapter 5 for further information on H&WB fairs.

Involving staff in the delivery of programmes. This 'staff-ownership' approach was taken by a number of organisations and included:

- informal staff involvement when an individual might set up a walking or cycling group with minimal support or a group might offer peer support (eg an email support group for losing weight).
- more formal programmes where staff were trained by the trust to fulfil a specific role. For example, some trusts had developed a network of H&WB champions who had received basic training in health promotion and other trusts had established a network of trained staff who could act as mediators.

Staff involvement was seen to help build sustainability for the H&WB work and a few trusts had merged their staff engagement and H&WB planning work together.

> ***'We thought at first there wasn't a lot going on but it all adds up. Find out what's going on – then tell the staff and ask what else they might want.'***
> Implementer, acute trust

Staff side and/or staff representation on the H&WB steering group. Many of the interviewees had union representation and/or other staff representatives on their H&WB steering group. This appeared to support staff involvement and these trusts believed it encouraged staff to access some of the more sensitive initiatives eg weight management. Union support of the H&WB agenda also gave management a positive platform when negotiating in relation to staff sickness absence and organisational change.

Making links with other staff groups. One trust had union representation as well as representatives from their diversity, gender, race and disability staff groups on the H&WB steering group.

Key findings

- All interviewees had a strong interest in engaging staff in this agenda and their practice included:
  - finding out from staff what they wanted using a range of methods
  - involving staff in delivering the programmes
  - having staff and/or union representatives on the H&WB steering group.
- A few trusts had merged their staff engagement and H&WB agendas together.

E Governance

Nearly all the trusts had a H&WB steering group and a wide range of governance models was found.

The most common governance model was a dedicated H&WB steering group that reported directly to the trust board (chaired by either the chief executive, board lead or the implementer) and whose remit was solely staff H&WB. Sometimes sub-groups were in place that focused on implementation of specific topic areas.

Other models included:

- a staff H&WB group that reported to three committees (HR/workforce development board sub-committee, staff engagement steering group (that incorporated the H&WB agenda) and directly to the board)
- an HR or workforce development steering group (incorporating the H&WB agenda) that reported directly to the board
- a public health preventative medicine group (staff and patient health) and a parallel HR group that focused on sickness absence within the trust
- a staff health, wellbeing and safety group with a H&WB sub-group.

The ways in which these groups formed and their reporting structures varied enormously. However, they all accommodated the availability and enthusiasm of leaders within a trust.

One aspect, that reportedly made a positive difference to the effectiveness of the H&WB steering group, was the level of seniority of the chair. Most of the H&WB steering groups were chaired by either the H&WB board lead or the chief executive. The seniority of the chair also appeared to have a positive impact on the status of the group and the agenda.

Board leads

The board leads had a range of responsibilities that commonly included workforce, organisational development (OD), HR and OH. Some of these leads had additional responsibilities that included corporate services, staff engagement, employee services, marketing, information technology (IT), communications, patient partnership, training and development and nursing therapies. These leads believed that some of these additional responsibilities played a significant role in supporting the H&WB agenda; particularly when they included staff engagement and communications.

The interviews revealed that the most important qualities of the board lead were that they were dynamic, enthusiastic, had a broad approach to the agenda, fostered support from various parts of the trust and were persistent. These qualities, alongside inspiring confidence, trust and a 'can do attitude' in their implementer(s) seemed to carry more importance as to their effectiveness than their job title. However, those that were particularly effective brought all their other areas of responsibility to support the H&WB agenda.

H&WB steering groups

The few organisations that didn't have a permanent H&WB steering group:

- didn't have a very comprehensive or complex programme of work
- had a simple organisational structure
- had integrated the agenda into another agenda(s).

The trust with a staff H&WB steering group that reported to three committees (HR/workforce development board sub-committee, staff engagement steering and directly to the board) seemed to benefit significantly from these multiple reporting lines, particularly in terms of engaging line managers on the workforce development subcommittee.

The combination of staff engagement with staff H&WB as a steering group was adopted by a few trusts and seemed to offer a strong model for planning and delivery.

One trust had a public health preventative medicine group for both staff and patient health, and a parallel HR group for sickness absence. This model appeared to work well. This trust had a strong focus on assessing the needs of the local population, patients, carers and staff, in order to deliver prevention programmes in the trust for both staff and patients.

In general, there was a very close relationship between the board lead and the implementer. They were often sitting close to each other in the organisation, which enabled good communication. If not sitting near to each other there was frequent contact through e-mailing, phone calls and meetings. In a few cases the contact was less regular but with a strong sense of the implementer 'being left to get on with it' and being trusted by the board member to contact him or her if necessary. In a few cases, the implementer seemed to have formed an effective relationship with the chief executive with whom he or she could informally discuss particular programmes or issues on an ad hoc basis.

Key findings

- A range of governance arrangements appeared to be effective and these were related to the structures, values and cultures within the trusts.
- H&WB steering groups (or similar) were considered more effective when chaired by a very senior post or chief executive.
- The board leads who were particularly effective fostered a 'can do' attitude in the implementer for this work, were dynamic and enthusiastic, had a broad approach to the agenda, fostered support from various parts of the trust (including from their own areas of responsibility) and showed persistence.
- Those trusts without a H&WB group tended to have less developed and complex programmes of H&WB work.
- There was a very close professional relationship between the board lead and the implementer and in a few cases between the implementer and the chief executive.

F Health and wellbeing strategies

Most of the interviewed trusts had developed a strategy for their H&WB work and believed this was an important tool for driving work forward in a systematic way. Trusts also found it helpful to have an accompanying action plan which was often seen as a 'live document' and updated regularly. Strategies that spanned over several years were thought to add sustainability to the programmes.

'Our H&WB approach is part of our workforce strategy. It is relatively high level and we are currently in the process of refining it. However, it has really helped to crystallise staff thinking around H&WB and made our approach much broader than just flu and sickness absence. Creating the strategy was also a valuable educational exercise for the broader agenda for the board.' Board lead, acute trust

We found wide variation in the approach trusts used to develop a strategy or action plan.

- A few trusts interviewed were about to start developing a strategy but had an action plan in place from which they were working.
- Two further trusts had decided against writing a strategy as they thought it might stifle the spontaneity and flexibility of some of their work. However, they did have an action plan.
- A few trusts had successfully integrated the strands of their H&WB work into a range of other strategies and plans. For example, one trust had embedded their H&WB work, along with their workforce strategy, into five key strategic programmes: workforce planning, talent management, performance management, employee engagement and leadership development.

> ***'Staff really appreciate the tangible things going on and won't notice the written document.'*** Board lead, acute trust

Common topics in the H&WB strategies included:

- a trust overview
- a summary of the national and local drivers for the staff H&WB agenda
- a summary of the organisation's key priorities, drivers and strategic aims
- an overview on the consultation that took place during development of the strategy
- an overview of the leadership responsibilities ie how the trust board, corporate support and clinical business units will lead the implementation of the strategy
- how monitoring and evaluation will be undertaken
- how the strategy will be communicated through the organisation
- how any relationships with partners will be implemented eg OH contracts, district and local council provision
- a summary of the current H&WB activities and initiatives at the trust
- key action areas
- the H&WB action plan as an appendix document.

Key priorities, drivers and strategic aims commonly identified include:

- achieving a reduction in sickness absence rates
- achieving a reduction in the number of staff who smoke
- identifying support for staff to reduce harmful drinking
- reducing staff obesity and providing nutritional advice
- increasing staff physical activity levels
- supporting staff with mental health problems, promoting awareness and reducing stigma
- increasing staff awareness of public health topics
- supporting the provision of core OH services.

Key findings

- A majority of the interviewed trusts had developed a strategy and saw it as useful for setting direction and sustaining momentum of the H&WB work.
- All but one organisation had an action plan. These were seen as key to holding people to account and delivery.

G Collecting and reporting metrics to the board

Workforce dashboards were seen as a key tool to engage the board and managers with the H&WB agenda and to highlight that the agenda is broader than managing absence. Some of the trusts interviewed were only reporting a minimum data set on sickness absence to their board or relevant sub-committee. Others had developed a much more comprehensive reporting mechanism and included benchmarking metrics for monitoring and evaluating H&WB activities as standard.

Some of the trusts with rigorous reporting to the board included the following metrics:

- Care Quality Commission (CQC) NHS staff survey H&WB questions
- electronic staff record (ESR) data including sickness absence by department, ward and discipline
- cost metrics (eg sickness absence direct cost, agency spend, ill-health retirement, OH spend)
- HR metrics (eg number of staff reporting 'stress/workload' as a reason in an exit interview and the number of ill-health retirement cases)
- OH metrics (eg number of staff being referred to physiotherapy and counselling via OH and the nature of the referral).

Trusts that had developed a strong link between staff engagement and their H&WB work ensured that the NHS staff survey results were a strong feature in their reporting. Many had developed an additional H&WB questionnaire to expand on their NHS staff survey findings and enable a staff needs assessment.

Gateshead Health NHS Foundation Trust has developed a large set of additional questions to support the national NHS Staff Survey. These include (measuring on a five point scale of agreement):

- the trust has a culture of learning rather than blame
- the trust is a good place to work compared with others that I know about
- the culture of the trust is open and honest
- the trust has set out a clear vision and values
- I feel I can identify with the trust's vision and values
- colleagues' achievements are recognised
- people can challenge the way things work
- there is a sense of ownership and pride in working for the organisation
- I believe efforts are being made by the trust to reduce work related stress
- if I were suffering from symptoms of stress I would feel able to say so openly
- I feel that the level of stress in my job affects my health
- my immediate manager is effective in supporting my H&WB needs
- the trust takes seriously the H&WB needs of staff
- people where I work are valued for their difference (diversity)
- I feel able to be myself in the workplace
- my organisation is inclusive of lesbian, gay and bisexual people.

Have you in the last 12 months seen your GP for symptoms of either anxiety or depression?

If you have suffered from work related stress in the last 12 months, have any of the following risk factors contributed?

- work pressures/demands
- lack of involvement
- relationships at work
- change and how it is managed and communicated

- lack of role clarify or role conflict
- lack of training and/or support needed to perform well in your job

In the last 12 months, have you looked after or given support to your spouse/partner or a friend/relative because of long term ill health, a disability or problems related to old age?

If you answered 'yes', please indicate the average time you spend/spent caring per week:

If you answered 'yes', to what extent do you agree with the following statements:

- I feel I can discuss my situation with my line manager.
- I have been able to work flexibly at times to meet the demands of my caring role.
- I have been able to use special leave at times to meet the demands of my caring role.
- I have been able to take short term carer/compassionate leave at times to meet the demands of my caring role.
- I have been able to take long-term carers leave at times to meet the demands of my caring role.

Northumbria Healthcare NHS Foundation Trust used the following additional questions for their NHS staff survey.

- To what extent do you agree with the statement: 'the trust helps me to look after my health and wellbeing'? (5 point scale)
- Are you looking to make changes to your lifestyle to improve your health and wellbeing? (yes/no)
- How would you like to receive information about health and wellbeing opportunities support? (tick box list)
- Do you have any additional suggestions on how the trust can support staff to have a healthy lifestyle? (free text box)
- Do you engage in activities outside of work to promote your own personal health and wellbeing? (yes/no)
- Are you aware of the health and wellbeing initiatives/support provided for staff? (yes/no)
- If yes, which of these are you aware of? (tick box list of initiatives)

Making Every Contact Count

Some trusts were working to implement the national MECC initiative. These trusts tended to combine their reporting on staff H&WB work with their MECC reports. If the reports were not formally combined, the areas of overlap were identified and cross reporting between steering groups commonly took place.

Key findings

- There were various levels and styles of data recording and reporting to the board with the most developed programmes tending to report more data, more frequently and including both quantitative and qualitative data on H&WB initiatives.
- Additional H&WB questions were being added to the NHS staff survey.

H Resources

The following aspects of resourcing the H&WB work are discussed in this section:

- financial support for coordination
- H&WB budgets
- fund raising
- embedding the agenda within the organisation and with partners
- maintaining resources
- links with external organisations

Financial support for H&WB coordination

A few organisations had secured a full time H&WB implementer post but many incorporated this role into one, or several, posts. Having a lead coordination role was crucial when the role was divided between post-holders.

H&WB budgets

Nearly all trusts recognised that the ideal situation was to have a dedicated financial resource on top of any staff resource but also acknowledged the current budget constraints in the NHS. Many interviewees mentioned a sum of between £10,000 and £30,000 (depending on the size and complexity of the organisation) as being extremely helpful to support this work and a *'drop in the ocean compared with the savings that can be made through reducing staff absence'*. Several trusts had already established a H&WB budget and occasionally combined it with staff support monies awarded by charitable funds.

Fund raising

Many trusts had discrete financial support for specific projects but several trusts had to put significant time into fund raising. A few implementers said that they could ask their chief executive or board member for money for particular projects when they needed it and were always successful. Other implementers said they had to find small amounts of money from a range of budgets. A few implementers, who found sourcing money difficult, had to spend a lot of their time fostering relationships with local private companies to get incentives and prizes for this work. They thought that they could do much more if they had a budget. One organisation in this position was working in partnership with other nearby trusts to negotiate staff concessions on sport equipment from major stores. Several organisations emphasised that the sums of money needed to be effective were often quite small.

> ***'We have struggled with resources – we have a very small budget for H&WB. The budget for our Mini- Olympics was created by a bid to the SHA to promote physical exercise and the trust match funded this. We spent it very easily. Funding isn't fully a barrier but it is challenging to find out where the funding is available – we have lots of really good ideas so it would be nice to have a small pot of money to play around with.'***
> Implementer, acute trust

Many of the trusts described putting in a business case for particular resources on a 'spend to save' basis. One such example was for an in-house physiotherapist.

One organisation said that they thought that pump priming projects on temporary money (for example through external funding applications and Pathfinder status) was important to give an opportunity to

demonstrate the project's worth and develop a business case for longer term permanent funding eg funding from Cycle England.

Year-end money was used in several organisations for one-off projects such as life coaching, staff training or sports equipment.

Embedding the agenda within the organisation and with partners

Organisations with strong coordination were embedding this agenda into a range of roles eg human resources, physiotherapy, OH, health promotion specialists and psychological support services.

> ***'People from other departments like dietetics, physiotherapy are very generous with their time.'*** Board lead, mental health trust

Strong links with OH were mentioned as important in organisations where the lead coordination was in a different department.

Many areas suggested fostering good relationships with external agencies such as the council, primary care trusts (PCTs), general practice surgeries, the forming clinical commissioning groups and local gyms to secure resources in terms of access to their facilities and services.

> ***'It's all about networking – the council is good on certain things and can cheaply provide access or contacts.'*** Board lead, acute trust

Several organisations encouraged staff to access patient facilities eg gyms, psychologists and smoking cessation.

One area had established a private gym and pool that was being offered to the local population as well as being offered to staff at a reduced entrance fee. The project was running at a profit and this income was being used to fund other staff H&WB work. It was generally concluded by many interviewees that staff didn't mind paying for some H&WB activities as long as the organisation wasn't making a profit that was being spent elsewhere. One organisation was using income generated by providing OH services to external clients to support both their OH service and H&WB work.

A few exceptional organisations had developed a network of champions throughout their organisation, allowing the agenda to be incorporated in other departments' agendas and, to an extent, their budgets. Linking staff and patient health seemed to be key in this more inclusive approach.

Maintaining resources

Board support for the H&WB work was thought to be important in maintaining resources. Some trusts believed it would be harder to remove resources where the work was linked to other strategies (eg employee engagement) or organisations (eg using a forum of several hospitals to consider public health, including staff health, across a broader geographical area).

Links with external organisations

- Public health and local councils: were able to provide support with staff surveys and other data issues, signpost to health promotion activity (eg smoking cessation) and provide links to other council provision (eg leisure facilities or their own workforce H&WB work).
- Universities and colleges: this ranged from students delivering physical activity classes or making available gym facilities during holidays, evaluating an intervention and discrete research projects on aspects of H&WB to beautician colleges requiring practice models.
- Neighbouring acute and mental health trusts: a few trusts shared plans and appropriate resources especially around mental wellbeing, or designed an inter-trust competition.
- Strategic health authorities (SHA): were a source of funding commonly cited when discussing year end funds.

Key findings

- Almost all trusts had resources to recruit or fund some co-ordination and this was seen as key in establishing this work.
- An additional dedicated budget of between £10,000 and £30,000 to incentivise the H&WB work can make a big difference.
- Many had additional resources for particular projects and programmes raised in a number of ways:
  - through making a business case to the board
  - contributions from a range of departments
  - using year-end money for one-off projects
  - external funding bids to pump prime work and then demonstrate its worth
  - fostering sponsorship from private companies.
- Several trusts had made their patient facilities and services available to staff eg gyms, psychologists and smoking cessation.
- A few trusts were using profit-making activities to support H&WB work eg staff lottery, profits from cash dispensers.
- In general interviewees felt that staff did not mind paying for classes/gym as long as the trust was not making a profit out of them.
- Many trusts had developed strong relationships with external organisations (such as the council and PCT), and were accessing their services for staff.
- Some trusts had developed a network of staff H&WB champions. These networks meant that the staff resource to support implementation and delivery of a H&WB programme was shared between a number of departments.
- There was some concern that the need for budget savings would reduce H&WB resources, but trusts with strong board involvement, links to staff engagement and a more strategic public health approach across several organisations thought their budget would be protected.

I Involving managers

Managers' involvement in any H&WB programme was seen as key to its success. Those organisations that had made the most progress in developing a H&WB programme had made the strong link between staff H&WB including sickness absence, and the quality of patient care. As a result, H&WB of staff was seen as core business for the organisation and therefore integral to the manager's role.

Managers were engaged with the H&WB agenda by:

- making a strong link between staff H&WB and high quality patient care
- convincing them that the H&WB agenda was an integral part of their job and supporting them in their delivery

- supporting staff to be trained in the MECC initiative
- including a question on supporting staff health and wellbeing when recruiting new managers
- setting team or department targets for reducing sickness absence
- setting individual staff H&WB objectives for managers, particularly within OH and HR
- nominating health champions and/or staff support leads amongst their staff and supporting them in undertaking some of these additional duties by reallocating workload
- participating in rigorous management training, particularly in relation to managing sickness absence and managing stress.

Sussex Partnership NHS Foundation Trust run leadership conferences twice a year for between 150 and 200 leaders. They have included sessions on their three year H&WB strategy and their 'better by experience' organisational piece of work regarding their trust values. In addition, they hold monthly leadership sessions which regularly spend time on the staff health and wellbeing. The monthly live sessions are viewed simultaneously at three key locations and rotate around the sites as the host location. The sessions are also filmed and available for managers to run their own sessions locally. Their H&WB strategy was formally agreed by the board of directors and is monitored through the monthly HR report received by the board.

Key findings

- Involvement of managers in the H&WB agenda was seen as a key enabler for successful implementation of a H&WB programme.
- Linking organisational values and objectives, especially delivering good quality care and MECC, to staff H&WB makes staff H&WB core business for managers.
- Staff H&WB was included in managers' objectives and appraisals.

J Communications

Close working relationships with communications departments was seen as a crucial enabler for succeeding with this agenda. Board leads with a communication department within their remit had maximised the advantages of this close proximity between H&WB work and communications' staff.

There were several ways trusts were using communications to support their H&WB work.

- Developing a website or page on the trust intranet was seen as a key way to communicate with many staff, especially across multiple sites.
- Embedding H&WB opportunities and news into trust wide communications eg staff team briefings, weekly newsletters or a chief executive's briefing.
- Providing a range of written information such as leaflets and posters for staff who do not use a computer or have access to the intranet. These materials can be distributed through managers or H&WB champions, and placed on ward and/or staff area notice boards.
- Using a wide variety of communications methods.
- Developing a bespoke brand for staff H&WB.

'Using the intranet for H&WB seemed a good solution as we are operating from over 100 sites.'
Implementer, mental health trust

Gateshead Health NHS Foundation Trust Health and Wellbeing team has been working closely with the trust communications team and developed a strong brand that is now on all their materials and instantly recognised by staff.

Key findings

- Nearly all trusts saw a close relationship with a communications department as a key factor in their success.
- Using a wide range of communication methods (eg intranet, team briefings, staff newsletters and using H&WB champions to distribute leaflets and information) and having a strong H&WB brand, were seen as key enablers.

K Sustainability

There were several ways trusts believed they had made their H&WB work sustainable including:

- having a strategic plan that spanned several years
- regularly reviewing and evaluating the work, often in conjunction with a strategy and action plan
- demonstrating the effectiveness of the interventions and wherever possible linking them to sickness absence, staff recruitment, staff retention and cost savings
- embedding staff H&WB into the organisational values of the trust
- engaging the board
- demonstrating improvements in the NHS staff survey results
- drawing on national initiatives (eg Dame Carol Black's report *Working for a healthier tomorrow*, the Boorman *NHS Health and Wellbeing Final Report* and the RCP audit on NICE workplace guidance)[29, 30, 31]
- embedding the work into managers' roles and responsibilities
- having a dedicated resource or coordinator post
- demonstrating the effectiveness of other related posts dedicated to supporting staff eg physiotherapists, employment support officers, mental wellbeing support (including psychotherapists, counsellors and clinical psychologists)
- encouraging staff engagement and ownership of the H&WB work.

Key findings

- There were several factors that supported the H&WB agenda to become sustainable including:
  - building up a history of H&WB work locally
  - having a strategy that spanned several years and regularly reviewing an action plan
  - demonstrating the effectiveness of the interventions and wherever possible linking them to sickness absence, staff recruitment and retention and cost savings
  - having dedicated funding for the H&WB coordinator and other posts in the organisation
  - having good staff engagement with, and ownership of, the H&WB agenda
  - using the staff survey results and other national initiatives to nudge the agenda forward locally and keep it in the forefront of people's minds.

[29] HM Government. *Working for a healthier tomorrow. Review of the health of Britain's working age population*. London: TSO, 2008.
[30] Department of Health. *NHS Health and Well-being. Final Report.* Crown copyright, 2009. (http://www.nhshealthandwellbeing.org/FinalReport.html)
[31] Health and Work Development Unit. *Implementing NICE public health guidance for the workplace. A national organisational audit of NHS trusts in England*. London: RCP, 2010.

L Peer to peer advice: interviewees' advice to colleagues embarking on this agenda

All trusts were asked what they would do if starting to work on this agenda in a new trust. Their advice mainly fell into the following categories:

- Secure commitment from board members using persuasion (eg a presentation to the board), information (eg potential cost savings, the NICE guidance) and linking to the organisation's objectives.
- Confirm existing staff H&WB activity and confirm what people want.
- Establish a H&WB steering group, appoint a dynamic coordinator, engage staff side and foster champions.
- Establish a H&WB strategy and action plan.
- Find a systematic way to engage all managers and convince them that supporting staff H&WB is a core part of their job.
- Access resources and establish support from local external organisations.
- Secure some quick wins (eg establish a H&WB webpage).
- Share good practice and learn from others.

4 Project findings – implementing the NICE guidance

Notes to the reader

This section of the report presents the barriers to, and enablers for, implementing the six pieces of NICE public health guidance. These were identified through interviews with 22 trusts that had made progress with implementation.

For the five topic areas, we have included a summary of the recommendations included in the NICE guidance. Where possible we have taken this from the relevant NICE quick reference guide. However, we strongly encourage readers to consult the original full guidance for further details.

Case studies are included in boxes throughout this section. These are often excerpts from more comprehensive programmes. The studies were chosen to reflect the range of ideas and activity identified through the interviews, the perceived or measured effectiveness and the potential for implementation and adaptation by other trusts.

M Management of overweight and obesity in the workplace

The interviews explored trusts' implementation of the NICE guidance on the management of overweight and obesity in the workplace (CG43).

This section describes:

1 A summary of who should take action (as recommended by NICE)
2 The main barriers to implementation
3 A summary of the NICE guidance on the management of overweight and obesity in the workplace and the main enablers for successful implementation
4 Case examples
5 Key findings

We would encourage reviewing this section in conjunction with section N on the implementation of the physical activity guidance.

> ***'We haven't done as much as we could in terms of implementing the NICE guidance for this area [obesity]. It's such a sensitive topic and we've shied away from it a little bit while concentrating on other areas.'*** Implementer, acute trust

Trusts felt that this guidance was the hardest to implement and frequently identified it as an area where 'not much work has been done'. However, all of the interviewed trusts had initiatives in place to encourage healthy eating and weight management amongst staff. This work frequently formed part of a wider staff H&WB action plan.

1 NICE guidance

NICE states that action should be taken by:

> senior managers
> health and safety managers
> OH staff
> unions and staff representatives.

Following our interviews we believe that action could also be taken by:

> catering representatives
> facilities and estates representatives
> representatives from a dietetics service.

2 The main barriers to implementation

The main barriers to implementation included:

> a perception that this was a sensitive issue for staff members and would be an awkward topic for dialogue
> poor staff uptake of interventions
> a large geographical distribution of staff across multiple sites making it hard to get sufficient numbers for some external schemes eg diet clubs
> no in-house resource to support the set up and maintenance of an initiative
> staff not understanding the benefit for themselves and their patients
> a lack of healthy food and physical activity options on site for staff
> high cost of healthy food options
> the profit that can be generated from vending machines.

3 A summary of the NICE guidance on the management of overweight and obesity in the workplace and the main enablers for successful implementation

The recommendations below are taken from the quick reference guide 2 (for the NHS). Please refer to guidance CG43 for a full set of recommendations. You can download the guidance from www.nice.org.uk.

NICE recommendation: policies and working practices	Ensure policies encourage activity and healthy eating; for example, travel expenses should encourage walking and cycling to work and between work sites.

Enablers:

- **Promoting and embedding promotion of physical activity in a trust-wide transport policy** was one way to encourage employees to walk, cycle or use other modes of transport involving physical activity to travel to and from work.
- **Encouraging staff to use other modes of transport as part of their working day** ie travelling by bike between meetings on different sites.
- **Linking to other policies across a trust** embedded the agenda and made it seem more sustainable.

Please refer to the section on physical activity for further information on how this was achieved.

NICE recommendation: building design	Provide showers and secure cycle parking to encourage active travel. Improve stairwells to encourage use of stairs.

Enablers:

- **Inviting a representative from the facilities and estates team** to relevant H&WB steering group meetings.
- **Placing posters to encourage stair use by lifts or in stairwells** eg explaining number of calories that can be burnt and other health benefits.
- **Running a competition based on stair climbing** eg 'Climb the Tower' events were run in a few organisations and these were often well supported by the board and promoted widely by communications teams.

NICE recommendation: physical activity	Support out-of-hours activities such as lunchtime walks and the use of local leisure facilities.

Enablers:

- **Asking staff what activities they would like** by wide canvassing of views (eg a survey from OH, a paper based survey distributed at a H&WB staff fair, an electronic survey run via a trust intranet).
- **Ensuring access to activities is at a convenient time for staff** by using general surveys and post event feedback forms, to ask about timing.
- **Signposting to local facilities** (eg council-run gyms, cycling routes, walking routes) **and event schedules** (ie gym class schedules) via a H&WB intranet page.
- **Incentivising gym use and promoting physical activity.**

Please refer to the section on physical activity for further information on how this was achieved.

NICE recommendation: workplace food provision	Actively promote healthy choices in restaurants, hospitality, vending machines and shops for staff and clients, in line with Food Standards Agency advice. For example, use signs, posters, pricing and positioning of products to encourage healthy choices.

Enablers:

We found a wide range of catering provision from in-house to external catering, facilities solely for staff and trusts where staff, patients and the public all shared the same facilities. It was also common for facilities to vary between sites within a trust.

- **Inviting a representative from the catering team** to relevant H&WB steering group meetings.
- **Inviting a representative from the dietetics service** to relevant H&WB steering group meetings. This was more common in acute trusts.
- **Working with the catering provider** to ensure healthy menu options are available.
- **Signposting healthy menu options** eg using calorie information or a red-amber-green traffic light system. Some trusts had implemented the WeightWatchers point system on their menus.
- **Signing a joint declaration with a catering provider for a** commitment to providing healthy food and pricing options.
- **Using the layout and marketing of the canteen to** promote healthier eating. For example:
  - placing healthier foods at the front of a restaurant so that they are the first available option, for example, salad bars
  - removing salt from tables and placing at a far corner of a restaurant so staff have to go out of their way to retrieve it
  - only providing reduced fat mayonnaise and other condiments
  - placing information sheets on the restaurant tables with tips on nutrition and cooking to educate staff, patients and their families
  - developing a lunchtime programme of staff workshops around healthy eating, cooking, food and mood
  - aligning with national health promotion days, for example, to coincide with the British Heart Foundations 'Red for Heart' campaign, one canteen only sold red food
  - organising 'Free Fruit Fridays' with the catering teams where fruit is given free with the healthy menu option
  - developing a pricing structure that allows an offer of free vegetables with main meal options.
- **Making funds available to subsidise healthier options within staff restaurants.** Catering teams were often concerned that the cost of producing healthy food was higher, with a lower profit margin, than the less healthy options. Some trusts overcame this by allocating funds to subsidise healthier options. Alternatively, some catering teams were encouraged to review their pricing models to accommodate the additional cost of producing a healthy option.

- **Promoting healthy options in vending machines** by ensuring they contain more healthy sandwiches, bottles of water, yoghurt, salad and cereal bars, than chocolate and crisps. Close working with estates departments who tended to manage the contract was recommended.
- **Promoting healthy options within on-site shops** by identifying the low calorie drinks (with posters), ensuring fruit is always available for purchase and removing chocolate adjacent to payment tills.
- **Ensuring any healthy meal deal option offered by canteens or shops is the same price as any other deal** ie providing a sandwich, bottle of water and piece of fruit for the same price as a sandwich, chocolate bar and can of sweet fizzy drink.

NICE recommendation: education and promotion	Any incentive schemes should be sustained and part of a wider programme to encourage healthy eating, weight management and physical activity. Examples of schemes include: • travel expenses policies • policies on pricing food and drink • contributions to gym membership. Offer tailored education and promotion programmes to support any action to improve food and drink in the workplaces (including restaurants, hospitality and vending machines). To be effective, schemes need: • commitment from senior management • an enthusiastic catering department • a strong occupational health lead • supportive pricing policies and heavy promotion.

Enablers:

- **Adopting a sensitive and supportive approach** given the sensitivities of discussing weight with staff members.
- **Providing staff with information on health eating** by placing information leaflets in staff canteens, OH departments and on a H&WB intranet page. This information related to healthy lifestyles, diet options and weight loss and was often promoted in trust wide communications eg newsletters.
- **Developing a healthy recipe book.** We found examples where staff (and service users within a mental health trust setting) were asked to contribute healthy recipe suggestions. The resulting recipe book was sold to generate funds for additional H&WB work. The recipe books could be tailored to specific themes eg healthy microwave options for shift workers.
- **Providing access to a diet club** by either opening up a patient resource to staff via a dietetics service, or bringing in an external provider (eg WeightWatchers). Some public health teams were also available to provide advice on diet and weight reduction.
- **Incentivising diet club membership** through reduced fees or prizes, especially when target weight loss goals were achieved. With external corporate providers, a reduced membership cost was negotiated on behalf of staff as meeting facilities were provided by the trust. In a few cases, the trust subsidised membership so staff were making a very reduced financial contribution. Where this was the case funds were made available from departmental budgets and/or trust charitable funds.
- **Offering a virtual weight loss group to educate staff on nutrition, exercise, food labelling and cooking.**
- **Signposting to local weight management resources available in the community** eg diet clubs.
- **Building links with external organisations.** Local NHS community support services played a crucial role in delivering some of the support for improving diet and weight loss. Community 'Healthy eating' teams were cited as a resource often used to provide one-to-one coaching.

NICE recommendation: health checks	If employee health checks are offered, they should address weight, diet and activity, and provide ongoing support.

Enablers:

- **Using occupational health to strategically and opportunistically raise awareness with staff.** In some cases OH undertook targeted work in departments where staff were perceived as being more overweight. Some of the facilities provided by OH include:
  - taking a body mass index (BMI) measurement during consultations to signpost staff to weight loss resources
  - using the flu vaccination programme as an opportunistic way to address BMI with staff

- staff road show visits to departments and wards to promote weight management opportunities, self-referral for weight checks and frequent weigh-ins
- exercise referrals
- weight management drop-in session where trained nurses can deliver advice.

Other useful enablers:

> **Using websites and other methods of communication to promote awareness of healthy behaviours, facilities for staff, individual staff successes and patient benefit.** Examples include:
  - using a trust screensaver to promote healthy eating options in the canteen, diet tips and offers to staff
  - making patient web resources available to staff (eg diet tips)
  - promoting success stories throughout an organisation, including in staff bulletins, and in some cases, the Chief Executive's bulletin.
> **Conducting a needs assessment of staff.** None of the interviewed trusts had conducted a formal needs assessment for their staff and as a result did not have a confident view on the obesity levels amongst their staff. A few trusts had used uniform size as a proxy for a needs assessment.

4 Case examples

10% club

Plymouth Hospitals NHS Trust has worked collaboratively with community public health practitioners to jointly run a 10 week healthy lifestyle/weight management programme for staff. The 10% Club aims to help participants work towards losing 10% of their body weight by improving their diet and increasing physical activity levels; the programme covered topics including nutrition, understanding food labelling and factors that trigger unhealthy behaviours of over eating or not being sufficiently active.

The initial programme was run as a pilot for a department that contacted the OH service enquiring about support that was available for staff. Members were encouraged to set weekly, realistic and achievable personal goals.

Feedback on the programme indicated that lifestyle changes had been embedded for many participants and in addition, the group was still supporting each other since the formal programme finished. The Trust is hoping to run this programme again.

WeightWatchers

The WeightWatchers group at the Royal Free London NHS Foundation Trust has over 62 members who have between them, lost 72 stone between January and November 2012. In addition to WeightWatchers, these staff were given a 3-month gym membership and access to dance classes on site to encourage an increase in their physical activity levels (refer to Fit at the Free case example in physical activity section).

Get on Track

South Essex Partnership Trust has developed an email focus group, 'Get on Track'. This campaign was set up after Christmas for any employee who wanted to start a programme of improving their health. It was named 'Get on Track' to follow on from the themes of the NHS Challenge and the Olympics. The distribution list is currently 80–90 people, all of whom want to stop smoking/eat more healthily/take up a sport or physical activity. A key challenge for South Essex Partnership University NHS Foundation Trust is its geographical spread across two counties and multiple sites. The email group was established, and is coordinated, by the Employee Engagement Team. The team email information regularly, with tips on healthy eating and diet, and general updates on trust activities that may be of interest. Feedback from the group has been very positive but a more rigorous evaluation still needs to take place.

Body composition analyser
Portsmouth Hospitals NHS Trust has a body composition analyser within its Oasis Health Centre. This is a professional fitness and healthcare product and it informs the user on their distribution of fat and muscle. Every user is registered in the software to monitor changes over time and the results are explained to the client. The printed results are emailed directly to the client for their own records, to show to other health professionals (or just their friends).

MOT service
Rotherham NHS Foundation Trust OH service run an 'MOT' service for staff. The focus of this service is on weight checks and BMI scores. Staff are offered fortnightly weigh-ins to plot weight loss. It is run by an OH technician and nurses who can also advise on nutrition and exercise. The uptake within the trust has been good with up to 100 people taking part in a 6 month period.

5 Key findings

> The main barrier to implementing the NICE guidance was a perception that this was a sensitive issue for staff members and could be an awkward topic for dialogue.
> Key enablers include:
  - taking a sensitive and supportive approach
  - demonstrating a belief that patient health would benefit.
> Key initiatives in place to support implementation include:
  - engaging with trust caterers (restaurants, shops, vending machines)
  - arranging and subsidising diet clubs
  - educating staff on health benefits.

N Promoting physical activity in the workplace

The interviews explored trusts' implementation of the NICE guidance on promoting physical activity in the workplace (PH13 and PH8).

This section describes:

1 A summary of who should take action (as recommended by NICE)
2 The main barriers to implementation
3 A summary of the NICE guidance on promoting physical activity on the workplace and the main enablers for successful implementation
4 Case examples
5 Key findings

We would encourage reviewing this section in conjunction with section M on the implementation of the obesity guidance.

Nearly all trusts had initiatives in place to promote physical activity and this often formed part of a broader H&WB strategy.

1 Who should take action

NICE states that action should be taken by:

> employers and their representatives, for example, HR directors and senior managers
> people responsible for buildings and facilities
> trade unions, other employee representatives, employees
> public health professionals, occupational health professionals, workplace health promoters.

2 Barriers to implementing the guidance

The main barriers to implementation included:

> poor staff engagement and uptake
> staff not understanding the benefit of physical activity for themselves and their patients
> only reaching already active staff
> staff based on multiple sites
> cost of implementation and no dedicated budget
> no dedicated staff gym on site
> safety concerns about staff accessing patient physiotherapy gyms
> stand alone initiatives not seen as sustainable
> lack of flexibility by managers in allowing staff to attend events.

3 A summary of the NICE guidance on promoting physical activity in the workplace and the main enablers for successful implementation

Please refer to guidance PH13 for a full set of recommendations. You can download the guidance from www.nice.org.uk.

NICE recommendation 1: policy and planning	Develop an organisation-wide plan or policy to encourage and support employees to be more physically active. This should: • include measures to maximise the opportunity for all employees to participate • be based on consultation with staff and should ensure they are involved in planning and design, as well as monitoring activities, on an ongoing basis • be supported by management and have dedicated resources • set organisational goals and be linked to other relevant internal policies (for example, on alcohol, smoking, occupational health and safety, flexible working or travel) • link to relevant national and local policies (for example, on health or transport).

Enablers:

- **Consulting staff and/or their representatives about what physical activity initiatives they would like the organisation to provide** eg a survey from OH, a paper based survey distributed at a H&WB staff fair, an electronic survey run via a trust intranet.
- **Timing events to accommodate the broadest possible range of work/shift patterns and ensuring they are season appropriate.**
- **Linking with organisation transport policies to encourage employees to walk, cycle or use other modes of transport involving physical activity to travel to and from work.** The policies also encouraged staff to use other modes of transport as part of their working day eg travelling by bike between meetings on different sites. By linking to other policies across a trust the agenda is also seen as more sustainable.
- **Linking to national events and other local initiatives** eg national bike or walk to work week, summer sports day, Olympics, Territorial Army.

- **Signposting physical activity initiatives and resources in the local community** especially when trusts are spread over large geographical areas. Interviewed trusts believed staff found it easier to access resources closer to home as they could integrate the activity into their daily routine.
- **Inviting board members to take part in events.** These may be one-off challenges or a physical activity class eg zumba.
- **Inviting feedback on the initiatives including the venue, numbers attending, and promotional materials.**
- **Monitoring uptake of initiatives, for example by gender, occupational group and pay band, and evaluating impact.**
- **Securing a small budget to allow staff to set up and run their own groups was** one way of making physical activity more sustainable.
- **Educating staff on different ways of exercising.**

NICE recommendation 2: implementing a physical activity programme	Introduce and monitor an organisation-wide, multi-component programme to encourage and support employees to be physically active. This could be part of a broader programme to improve health. It could include: • flexible working policies and incentive schemes • policies to encourage employees to walk, cycle or use other modes of transport involving physical activity (to travel to and from work and as part of their working day) • the dissemination of information (including written information) on how to be more physically active and on the health benefits of such activity. This could include information on local opportunities to be physically active (both within and outside the workplace) tailored to meet specific needs, for example, the needs of shift workers • ongoing advice and support to help people plan how they are going to increase their levels of physical activity • the offer of a confidential, independent health check administered by a suitably qualified practitioner and focused on physical activity.

Enablers:

- **Providing a wide range of different activities** when introducing an organisation-wide, multi-component programme. This supports access by all staff groups (eg men and women) and staff with different levels of fitness. Activities in the interviewed trusts included classes (eg zumba, kickboxing, tai chi and yoga), organised team sports (eg touch rugby teams, netball, 5-a-side football teams, rounders), running clubs, 5 or 10km challenges, longer bicycle rides. Pedometer challenges were seen as particularly helpful for engaging staff members with a low level of fitness.
- **Providing clear and accurate information about initiatives clearly identifying where and when classes are being held.**
- **Promoting flexible working policies directly to managers** so they are able to encourage their staff to attend.
- **Publicising extraordinary challenges undertaken by staff and success stories to motivate staff**.
- **Using a H&WB fair to** run taster sessions for staff.
- **Using competition to increase staff participation** eg between divisions/departments or between trusts. Retail store vouchers, medals and certificates were provided to staff in recognition of their participation. Local businesses may sponsor events, prizes and awards.
- **Providing gym access by negotiating competitive corporate discounts with local private gyms or council run gyms and advertising these to staff.**
- **Opening patient gym resources to staff outside of core business hours.** Some trusts charged staff a minimal fee for membership at their in-house patient gym and sometimes this income was reinvested in staff H&WB work. Concern for the safety of staff exercising in patient gyms was cited by a few trusts as a barrier, since the gym would most commonly be unsupervised. To mitigate this risk these trusts ensured that all staff who joined the gym received a thorough induction.

NICE recommendation 3: components of the physical activity programme	Encourage employees to walk, cycle or use another mode of transport involving physical activity to travel part or all of the way to and from work (for example, by developing a travel plan). Help employees to be physically active during the working day by: • where possible, encouraging them to move around more at work (for example, by walking to external meetings) • putting up signs at strategic points and distributing written information to encourage them to use the stairs rather than lifts if they can • providing information about walking and cycling routes and encouraging them to take short walks during work breaks • encouraging them to set goals on how far they walk and cycle and to monitor the distances they cover. Take account of the nature of the work and any health and safety issues. For example, many people already walk long distances during the working day, while those involved in shift work may be vulnerable if walking home alone at night. For further recommendations on how to encourage people to walk, cycle or use the stairs, see 'Promoting and creating built or natural environments that encourage and support physical activity' (NICE public health guidance 8).

Enablers:

- **Linking with trust transport policies to encourage employees to walk, cycle or use other modes of transport involving physical activity to travel to and from work.**
- **Placing signs in stairwells to encourage stair use.** For example explaining the number of calories that can be burnt.
- **Providing links to council or other local information sources that detail walking and cycling routes.** Some trusts included information that is targeted at families.
- **Running a pedometer or walking challenge** was seen as a successful way to encourage staff to set goals on how far they are walking eg Barking Havering and Redbridge University Hospitals NHS Trust ran the Global Corporate Challenge and described good levels of board and staff participation, and competition between departments..
- **Supporting a Bicycle User Group (BUG) with a webpage and or webforum so members can easily share information.**
- **Signposting staff to mobile phone apps that allow them to monitor how far they run or cycle.**

Other useful enablers:

> **Using a broad range of communication methods to promote what's on offer and ensuring that all staff groups and representatives are aware** eg DVD, intranet sites, newsletters, chief executive bulletins, H&WB specific updates, team briefings and flyers. This broad range was considered crucial to ensure that all staff groups and departments received information.

> **Inviting a member of a communications department** (particularly one with a personal interest in physical activity) to help advise and coordinate messages to staff.

4 Case examples

Fun Challenge Day with the Territorial Army

In collaboration with the local Territorial Army (TA), Stockport NHS Foundation Trust held a trust 'Fun Challenge Day'. 108 members of staff in 12 teams from both hospital and community services took part in events testing strength, stamina, speed, coordination and teamwork across the hospital site. Organised by the 207 Manchester Field Hospital Volunteers, the challenge day was a fun, team building and bonding exercise for staff, and a way of strengthening community ties between the trust and the local TA medical unit.

It was an enjoyable day out for the families of staff members too, with zumba dancing, taster sessions, stalls and a tombola, with money raised going to hospital and community charities. The winning team was a real cross-trust success story, and included staff from the Tree House children's unit, the surgery administrative waiting list team, and the Tameside and Glossop community podiatrists.

This was the first time that the 207 Manchester Field Hospital Volunteers had collaborated with a local hospital in this way. Local businesses provided materials and provisions to help ensure there was no cost to the trust for the event.

Chief executive Chris Burke said *'we have a good relationship with the TA, and this is a great way of strengthening those ties. We have teams of staff here working in both the hospital and the community. It's not often they all get the chance to come together for a lively community event like this, and it's been wonderful to observe the enthusiasm of everyone involved.'*

Fit at The Free

The Royal Free London NHS Foundation Trust launched the Fit at The Free (FATF) programme in late autumn 2011. It is part of the trust's H&WB strategy and brings together a range of activities. The aim of the programme is to 'improve the health of staff by providing easily accessible H&WB programmes across the Trust'. The programme's executive sponsor is the chief executive and the trust executive committee received reports of progress and results.

FATF includes rugby classes, dance classes, 5-a-side football, Beat the Board 5k run challenge and exercise on prescription (which is aimed specifically at reducing at sickness absence through physical activity). A link has also been made to their WeightWatchers diet club to promote healthy eating and increased physical activity to support weight management.

Although the focus for Fit at The Free is trust wide, they are particularly interested in targeting staff who are from lower pay grades and those who are currently in-active. As part of their equality and diversity agenda they are also measuring uptake in terms of age, gender and ethnicity. This information will be collected at the time of registration for the programme.

Wii Olympics

South Essex Partnership University NHS Foundation Trust organised a Wii Olympics where members of the Employee Engagement Team visited key sites to host an event. These included a series of demonstrations from fitness professionals and competitions using exercise bikes and rowing machines. The facilitation from fitness professionals allowed staff to answer any questions and provide advice. The event was marketed alongside the Olympics and was scheduled to coincide with the Olympic torch visiting Essex. The events were closed with an awards ceremony.

NHS North West Corporate Games

The NHS North West organised a regional Corporate Games in September 2011 open to all 19 NHS organisations and staff based in the North West. The event was part of the NHS Sport and Physical Activity Challenge which aimed to get as many NHS staff as possible involved in physical activity during the build-up to the London 2012 Olympics. The games had something for everyone, with eight competitions plus fun activities aimed at the serious and not-so-serious athlete. Sports included football, netball, basketball, badminton, touch rugby, and fun sports such as egg and spoon races and 'welly wanging'. Local radio personalities and celebrity guests presented prizes to competitors.

Lead organiser Amanda Oates at The Walton Centre NHS Foundation Trust, said: *'It was a fantastic event involving around 20 of the North West's heath trusts and bringing together some experienced athletes along with a great number who have not taken part in sport for many years.'*

Go Gateshead

Gateshead Health NHS Foundation Trust introduced subsidised gym membership in April 2010 under the umbrella branding of 'Go Gateshead'. The trust pays £1 subsidy to the local council for each member of staff it employed, to provide staff members with unlimited access to council-run leisure facilities, including swimming, gym, fitness classes and sauna facilities.

To evaluate the scheme, an online questionnaire was circulated to the registered Go Gateshead members, via Survey Monkey and a total of 32 members of staff responded.

Staff were asked the following questions:

- How did you hear about the Go Gateshead scheme?
- How long have you been a member of the Go Gateshead scheme?
- How many times per week do you use this service?
- Government guidelines suggest that people should do at least 5 half hour sessions of moderate physical exercise per week. Before you joined the Go Gateshead scheme, how many half hour sessions of exercise did you do?
- Since joining the Go Gateshead scheme, how many half hour sessions of exercise do you now do per week?
- Which of the available services do you access as part of your Go Gateshead membership? (A list of services was provided)
- Which of the following benefits, if any, have you felt as a result of using this service? Please select all applicable answers. (A list of options was provided)
- It is important to ensure that we are making the Go Gateshead membership available to all groups of staff. Would you tell us which pay band you are in?
- The full cost of Go Gateshead membership is normally £27 per month, but the cost that you pay is £19 per month. Would you still use these facilities if the cost was not subsidised by Gateshead Health NHSFT?
- Do you have any other comments that you'd like to make about your subsidised membership of the Go Gateshead scheme?

Eight week walking programme

Stockport NHS Foundation Trust have organised a free eight week walking programme for staff that offers short health walks to build up confidence and stamina for people who do no or very little physical activity. The walks take a gentle to moderate pace and last 30 minutes.

'Walking Works' project

South London and Maudsley NHS Foundation Trust have worked in conjunction with Living Streets on a Walking Works project (funded by the London Councils). The project comprised of three distinct phases.

1. Initial data gathering, assessment (using data from the staff travel survey) and planning.
2. Short term walking promotion which focussed on the preparation for and the promotion of Walk to Work week with a second less intensive campaign continuing through the summer to coincide with the London Olympics 2012. The theme for Walk to Work Week encouraged staff to increase the amount of time they spent walking during their daily commute by either getting off their bus one or two stops earlier or parking slightly further away from their place of work.
3. Development of a three year sustainable walking strategy to coincide with the trust's H&WB (Workfit) strategy and travel plan to ensure continuity in walking promotion and initiatives.

Netball

Gateshead Health NHS Foundation Trust has a competitive netball team within their trust. The Health and Wellbeing team service asked staff what provision for physical activity they would like and netball was one of the requested sports. The trust subsidised an initial small set up cost of some balls and team bibs and the team is now self-managed and self-sustaining.

Exercise and general wellbeing DVD

South Essex Partnership University NHS Foundation Trust (SEPT) covers a large geographical area. A key challenge for trusts that occupy multiple sites is ensuring equal access for all staff. SEPT has produced an exercise and general wellbeing DVD for all staff that promotes exercise away from the gym. One of the fitness instructors, who normally works with patients, demonstrates exercises that can be done in the office or at home. The DVD is produced internally at minimal cost. The DVD also educates staff on their broader health and wellbeing.

5 Key findings

> All trusts interviewed had a broad range of initiatives in place to promote physical activity and this often formed part of a wider health and wellbeing strategy.
> The main barriers to implementing the NICE guidance were:
  - poor staff engagement and uptake
  - staff based on multiple sites
  - concern about the safety implications of holding physical activity classes on site and opening patient gym facilities for staff out of hours
  - lack of flexibility by managers preventing staff accessing activities.
> Key enablers identified were:
  - consulting staff about activity choices and schedules
  - promoting flexible working policies with managers so they are able to support staff to make the most of initiatives
  - conducting careful planning, risk assessments and inductions for physical activity classes and the use of patient gym facilities
  - facilitating a wide range of physical activity classes and reduced gym membership
  - putting in place a variety of cycle initiatives and linking to green travel plans
  - promoting initiatives using national campaigns.

O Workplace interventions to promote smoking cessation

The interviews explored trusts' implementation of NICE guidance on smoking cessation in the workplace (PH5). This section describes:

1 A summary of who should take action (as recommended by NICE)
2 The main barriers to implementation
3 A summary of the NICE guidance on workplace interventions to promoting smoking cessation and the main enablers for successful implementation
4 Case examples
5 Key findings

All trusts interviewed had a smoking policy for staff that clearly laid out the trusts' approach to smoking and the support available to staff wishing to stop smoking.

1 A summary of who should take action

NICE states that the guidance is for all those who are directly or indirectly involved in the implementation of smokefree workplaces and the provision of smoking cessation support in the workplace ie

> employers
> employees and their representatives

2 The main barriers to implementation

Main barriers to implementation include:

- not knowing what proportion of staff smoke and therefore the amount of support required
- a belief that staff do not want to give up smoking and see smoking cessation support from the employer as an unwelcome imposition
- no resource to deliver smoking cessation support on site
- poor success rate
- prevalent smoking culture within the local community
- complaints from neighbours following removal of smoking shelters
- staff not wanting to confront other staff members and patients who are smoking on site.

3 A summary of the NICE guidance on workplace interventions to promoting smoking cessation and the main enablers for successful implementation

Please refer to guidance PH5 for a full set of recommendations. You can download the guidance from www.nice.org.uk.

NICE recommendation 1	Publicise the interventions identified in this guidance and make information on local stop smoking support services widely available at work. This information should include details on the type of help available, when and where, and how to access the services. Be responsive to individual needs and preferences. Where feasible, and where there is sufficient demand, provide on-site stop smoking support. Allow staff to attend smoking cessation services during working hours without loss of pay. Develop a smoking cessation policy in collaboration with staff and their representatives as one element of an overall smoke-free workplace policy.

Enablers:

- **Having a clear smoking cessation policy and promoting it widely.**
- **Ensuring the policy is easily accessible on the trust intranet.**
- **Re-launching the smoking policy frequently**. A number of trusts re-launched this policy on an annual or bi-annual basis.
- **Promoting smoking cessation support to coincide with national initiatives** eg national Stop Smoking Day and Stoptober.
- **Placing health promotion notice board in smoking shelters.** Of the 21 trusts interviewed 13 were 'smoke-free', however, of these, many had reinstated smoking shelters due to complaints from local residents. A handful of trusts that had reinstated smoking shelters had:
  - engaged with estates and facilities to ensure that the smoking shelters were not visible from the main patient building
  - placed health promotion notice boards within the shelters to raise awareness of the smoking cessation support services available either within the trust or locally.
- **Not allowing the sale of tobacco products on trust premises, including in vending machines.**
- **Making links with other trust policies (eg violence and aggression policies) and offering assertiveness training for staff who are 'out and about' on site eg porters and estates staff who need to confront smokers.**
- **Building links with community smoking cessation teams.** Smoking cessation services were commonly available through in-house teams that also provided patient support, via a council smoking cessation team, or a local PCT team. Trusts that made patient provision available to staff tended to hold staff only sessions, as staff preferred to receive support separately from their patients.

NICE recommendation 4	Offer one or more interventions that have been proven effective. Ensure smoking cessation support and treatment is delivered only by staff who have received training that complies with the standard for training in smoking cessation treatments (www.nice.org.uk). Ensure smoking cessation support and treatment is tailored to the employee's needs and preferences, taking into account their circumstances and offering locations and schedules to suit them.

Enablers:

- **Providing multiple routes to accessing smoking cessation support.** NICE recommends brief interventions, individual behavioural counselling, group behaviour therapy, pharmacotherapies, self-help materials, telephone counselling and quit help-lines to support smoking cessation. We found instances of these in all trusts.
- **Using OH to opportunistically encourage smoking cessation** in general consultations and signposting to available support.
- **Using H&WB fairs to promote smoking cessation services.**

Other useful enablers:

> **Conducting a needs assessment to determine what proportion of staff smoke.** A few of the interviewed trusts had calculated the proportion of staff who smoke and those who intend to stop, in order to develop a needs based service (see example in long-term sickness absence section). Alternatively some trusts had assumed a rate based on the local population demographic data (eg South London and Maudsley NHS Foundation Trust). We found a number of different ways staff had been consulted including a survey from OH, a paper based survey distributed at a H&WB staff fair and an electronic survey run via a trust intranet. Questions focussed on smoking status, immediate or long term intention to quit. This enabled trusts to develop a longer-term strategy.

4 Case examples:

Smoking cessation launch
Dorset County Hospital NHS Foundation Trust have just re-launched their smoking cessation steering group and services, and become a non-smoking site. They launched their services on national No Smoking Day with a board walk-round reinforcing the new status. The local Mayor and press also attended the launch to promote awareness as it affects both staff and patients. The high profile nature of this launch was believed to help promote the policy and involve staff.

Entrance CCTV
Gateshead Health NHS Foundation Trust has CCTV at the hospital entrance along with a loud speaker so that patients who smoke outside the front door can be asked to stop smoking, and reminded of the trust wide 'smoke-free' policy, without staff needing to confront patients in person. Other trusts use a recorded message.

OH and smoking cessation support
Yeovil District Hospital NHS Foundation Trust run a weekly drop-in clinic and appointment scheme for staff and patients that is provided by the smoking cessation community team. The OH department staff are also trained by the smoking cessation community team and provide an additional opportunity for staff to access information and a 12 week support programme. Information is provided to staff about all the cessation products available and OH work with the staff members to determine what will suit each individual best. Occupational Health is now able to provide staff with a voucher for nicotine replacement therapy patches. The trust is also implementing a patient group directive (PGD) for nicotine replacement therapy patches for inpatients to enable the ward nurses to start therapy as soon as a relevant patient is admitted.

5 Key findings

> All trusts interviewed had a smoking policy for staff that clearly laid out the trust's approach to smoking and the support available to staff to stop smoking.
> There were three main barriers to implementation:
- a belief that staff don't want to give up smoking
- a fear that staff see smoking cessation support from the employer as an unwelcome imposition
- a prevalent smoking culture within the local community.

> Key enablers identified were:
- having a clear smoking cessation policy and procedure
- educating staff on the health risks of smoking and the benefits of cessation
- promoting a 'no smoking site' culture within a trust and senior trust managers demonstrating a commitment to being a 'smoke-free' site
- a simultaneous focus on smoking cessation within the community
- building links with services in the community and other national campaigns.

P Promoting mental wellbeing at work

The interviews explored trusts' implementation of the NICE guidance on promoting mental wellbeing within the workplace (PH22). This section describes:

1 A summary of who should take action (as recommended by NICE)
2 The main barriers to implementation
3 A summary of the NICE guidance on promoting mental wellbeing in the workplace and the main enablers for successful implementation
4 Case examples
5 Key findings

The degree of implementation of the NICE guidance and the amount of support required by staff varied by trust type. Mental health trusts felt that their staff demographic and the nature of their patient care made the staff more self-aware of mental health concerns. Mental health trusts generally reported more implementation activities in relation to this guidance than other trust types.

1 A summary of who should take action

NICE states that action should be taken by:

> employers including chief executives and board members, human resources directors and senior managers
> trade unions and other employee representatives.

2 Barriers to implementation

Main barriers included:

> not knowing what mental wellbeing support staff require
> poor uptake of counselling services
> lack of feedback from counselling providers

> managers lacking confidence and skills to discuss mental health issues with staff
> staff being hesitant to contact OH or HR due to fear of impact on their job
> conflict between staff within a team acting as a contributing factor to work related stress
> staff being negatively affected by stressors outside the workplace.

3 A summary of the NICE guidance on promoting mental wellbeing in the workplace and the main enablers for successful implementation

Please refer to guidance PH22 for a full set of recommendations. You can download the guidance from www.nice.org.uk.

NICE recommendation 1: strategic and coordinated approach to promoting employees' mental wellbeing	• Adopt an organisation-wide approach to promoting the mental wellbeing of all employees, working in partnership with them. This approach should integrate the promotion of mental wellbeing into all policies and practices concerned with managing people, including those related to employment rights and working conditions. • Ensure that the approach takes account of the nature of the work, the workforce and the characteristics of the organisation. • Promote a culture of participation, equality and fairness that is based on open communication and inclusion. • Create an awareness and understanding of mental wellbeing and reduce the potential for discrimination and stigma related to mental health problems. • Ensure processes for job design, selection, recruitment, training, development and appraisal promote mental wellbeing and reduce the potential for stigma and discrimination. Employees should have the necessary skills and support to meet the demands of a job that is worthwhile and offers opportunities for development and progression. Employees should be fully supported throughout organisational change and situations of uncertainty. • Ensure that groups of employees who might be exposed to stress but might be less likely to be included in the various approaches for promoting mental wellbeing have the equity of opportunity to participate. These groups include part-time workers, shift workers and migrant workers.

Enablers:

- **Inviting staff side representation to join the H&WB steering group meetings.**
- **Providing resilience or mindfulness training for staff** to train staff to manage day to day stressors more effectively. The interviewees believed that a by-product of such training may be a reduction in sickness absence.
- **Running a campaign to reduce the stigma associated with mental health conditions.**
- **Inviting external organisations and charities who are authoritative on this area to brief staff** eg Mind.
- **Building a question into recruitment interviews that assesses how an interviewee copes with stress and/or how they would identify and support a colleague who appears to be struggling with stress.**

NICE recommendation 2: assessing opportunities for promoting employees' mental wellbeing and managing risks	• Adopt a structured approach to assessing opportunities for promoting employees' mental wellbeing and managing risks. This approach involves: • Ensuring systems are in place for assessing and monitoring the mental wellbeing of employees so that areas for improvement can be identified and risks caused by work and working conditions addressed. This could include using employee attitude surveys and information about absence rates, staff turnover and investment in training and development, and providing feedback and open communication. In small organisations systems may be more informal. It is important to protect employee confidentiality and address any concerns employees might have about these processes of assessment and monitoring. • Making employees aware of their legal entitlements regarding quality of work and working conditions. Employees should be made aware of their responsibilities for looking after their own mental wellbeing. For example, employees need to identify concerns and needs relating to support or improvements in the working environment. • Using frameworks such as Health and Safety Executive management standards for work-related stress to promote and protect employee mental wellbeing. • Responding to the needs of employees who may be at particular risk of stress caused by work and working conditions, or who may be experiencing mental health problems for other reasons. Well-implemented

policies for managing employee absence are important for ensuring that employees who are experiencing stress can be identified early and offered support. Support could include counselling or stress management training provided through occupational health and primary care support services. Interventions for individual employees should be complemented by organisation-wide approaches that encompass all employees.

(Employers may also wish to refer to 'Managing long-term sickness absence and incapacity for work' NICE public health guidance 19).

Enablers:

- **Conducting a needs assessment to determine what support staff want or need.** A few trusts triangulated several data sources and found it helpful to include these metrics in board workforce reports for example:
  - **NHS Staff Survey:** used by trusts to monitor staff experience of the workplace and conduct subsequent focus groups to further investigate findings. Several trusts have a discrete action plan to address the findings of the NHS staff survey while others have embedded this within their broader H&WB work.
  - **stress risk assessment** (eg the Health and Safety Executive Management Stress Risk Assessment) used regularly (annual or bi-annual) and systematically across departments
- **Adopting a holistic approach to mental wellbeing** by addressing some of the other main causes of stress eg relationship and financial stressors.
  - **Relationship counselling.** A few trusts had investigated the causes of frequent short term absences and identified that staff were experiencing stress within their relationships. As a result these trusts offered individual training focussed on assertiveness and personal coaching that aim to support staff in their personal relationships.
  - **Financial counselling.** A number of trusts have implemented financial training courses as money concerns were commonly identified by staff as a cause of stress.
- **Offering psychological interventions to 'at risk' teams eg** a psychologist for staff working in the neonatal ward.
- **Requesting regular reports on the nature of referrals into a counselling service in order to identify hotspots within the organisation.**
- **Using a network of staff members from different departments to act as mental wellbeing champions.** The role of general health champions are described in chapter 5 in more detail.

NICE recommendation 3: flexible working

- If reasonably practical, provide employees with opportunities for flexible working according to their needs and aspirations in both their personal and working lives. Different options for flexible working include part-time working, home-working, job sharing and flexitime. Such opportunities can enhance employees' sense of control and promote engagement and job satisfaction.
- Promote a culture within the organisation that supports flexible working and addresses employees' concerns. Managers should respond to and seek to accommodate appropriate requests from employees for flexible working and should ensure consistency and fairness in processing applications. Managers' ability to manage teams with flexible working patterns may need to be developed.
- Consider particular models of flexible working that recognise the distinct characteristics of micro, small and medium-sized businesses and organisations.

Enablers:

- **Promoting flexible working arrangements directly to staff and managers.**

NICE recommendation 4: the role of line managers

- Strengthen the role of line managers in promoting the mental wellbeing of employees through supportive leadership style and management practices. This will involve:
  - promoting a management style that encourages participation, delegation, constructive feedback, mentoring and coaching
  - ensuring that policies for the recruitment, selection, training and development of managers recognise and promote these skills
  - ensuring that managers are able to motivate employees and provide them with the training and support they need to develop their performance and job satisfaction
  - increasing understanding of how management style and practices can help to promote the mental wellbeing of employees and keep their stress to a minimum

- ensuring that managers are able to identify and respond with sensitivity to employees' emotional concerns, and symptoms of mental health problems
- ensuring that managers understand when it is necessary to refer an employee to occupational health services or other sources of help and support
- considering the competency framework developed by the Chartered Institute of Personnel and Development, the Health and Safety Executive and Investors in People as a tool for management development.[32]

- **Providing confidential telephone helpline support for staff and managers** eg via the OH department or external corporate Employee Assistance Programme (EAP).
- **Providing a mediation service and promoting it widely to managers, emphasising how it can be used to diffuse conflict within teams and to facilitate dialogue between colleagues.**
- **Engaging and training managers on how they can promote mental awareness.** Trusts were:
  - providing training during induction on promoting and supporting the mental wellbeing of staff
  - encouraging managers to complete stress risk assessments and plan actions accordingly
  - enabling OH to promote their role and services directly to managers
  - encouraging clear communication between HR and OH
  - introducing mandatory training for managers on stress
  - delivering stress reduction and/or resilience training for managers.

  Manager training was sometimes developed and delivered internally, while other trusts arranged for external companies to come and deliver training.
- **Identifying and preventing workplace bullying.** A few trusts reported problems with bullying between staff members and this was contributing to stress related absence. Management teams identified bullying behaviour systematically by:
  - analysing NHS staff survey results by department
  - examining OH referrals by department

  Work to address bullying included:
  - raising awareness of bullying behaviours, the symptoms experienced and what staff can do to reduce it
  - raising awareness of EAP help lines and what confidential support they can offer.
- One trust had just put in place a network of bullying and harassment advisors available for staff to consult if they were in a bullying situation and not sure of the best way to handle it.

Other examples:

> **Ensuring timely access to psychological interventions.**
> **Working closely with a counselling provider to understand the nature of referrals occurring.**
> **Using other resources that promote and support the mental wellbeing of staff.**
  - **Mindful Employer initiative** run by Devon Partnership NHS Trust. This initiative is aimed at increasing awareness of mental health at work and providing support for businesses to recruit and retain staff. The scheme provides information, advice and practical support for people whose mental health affects their ability to find or remain in employment.
  - **Investors in People Health & Wellbeing Good Practice Award** which aims to support improved employee engagement and productivity to enable the workforce to embrace change.
> **Extending patient faith networks to staff.**

[32] Chartered Institute of Personnel and Development, Health and Safety Executive, Investors in People (2009) Line management behaviour and stress at work [online]. Available from www.cipd.co.uk

4 Case examples

Count me in survey

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) launched a trust wide 'Count me in' survey in 2009. This was launched specifically to improve and develop services for staff, de-stigmatise mental health issues and answer three fundamental questions:

1 What are the mental health needs of the workforce?
2 How many staff care for someone with a mental health need?
3 What services do staff currently access and what do they want by way of support?

Encouraging staff to take part in the survey was an important part of the work and this was done via an in-house publicity campaign linked to local and national initiatives including the trust's already established 'Challenging Stigma Campaign' and the national campaign 'Time to Change', for which CWP became the first mental health trust to sign up to nationally.

Staff badges and posters were created with the intention of promoting the survey and encouraging staff to get involved. The posters featured a range of staff from consultant psychiatrists to administrators who had mental health needs and were keen to be 'counted in'. The survey was set up on the intranet with paper copies available for those who preferred this option.

The range of services available to support staff, and the numbers currently accessing each service, provided insight into where staff went to for support.

CWP is now investing in training and resources for line managers and staff including self help tools. It is also reviewing its occupational health services and considering other support mechanisms for staff including a 'Resilience Plus' programme.

> *"As a mental health trust we are able to bring our staff's specific expertise to these issues in a way that other NHS organisations may not be able to. Given the prevalence of mental health issues in the workplace, and the clear and proven benefits of a happy and healthy workforce – both physically and mentally – not least on productivity in these challenging financial times, there is a clear need for sharing learning in this area."* Avril Devaney, Director of Nursing and Patient Partnerships.

Stress hotspot tool

Northumbria Healthcare NHS Foundation Trust has implemented a stress hotspot tool to review the stress risk assessments within departments. This tool has the following data inputs by department:

- headcount
- sickness absence rate
- mental health related sickness absence
- turnover
- stress counselling and OH referrals
- disciplinary actions
- conflict (yes/no)
- grievance, bullying and harassment investigation
- change within the team (yes/no)
- violent incidents
- high stress risk status (3 or more = red, 2 = amber)

Stress risk assessment
Frimley Park Hospital NHS Foundation Trust has developed an in-house dedicated stress risk assessment. For those departments where high stress levels were identified funding from the 'Improving Working Lives' budget was made available to commission a private company to conduct an in-depth stress risk assessment. Risk reports were provided to each department manager including comments about clinical/operational strengths and weaknesses. The reports enabled each department manager to see the root causes of issues adversely affecting their team and put an action plan in place. Stress risk factors were reduced across the board and stress related incidents were down by 6% in the year following the introduction of the system.

Financial training
Mersey Care NHS Trust have partnered with the Consumer Financial Education Body (CFEB) to offer a free, hour long seminar to help staff make the most of their money, find out more about budgeting, borrowing, saving, investing and protecting their family and possessions.

OWLS network
Birmingham Women's NHS Foundation Trust has recently trained 8 staff members as part of an OWLS (Offering Wisdom Learning and Support) programme. These are staff members acting as workplace advisors who signpost policies and procedures or refer staff to a more involved support service ie their OH department or counselling. The advisors were trained by the staff support counsellor. The scheme was launched in March 2012 and has yet to be reviewed, however anecdotally the HR department think that it is having a positive impact.

Resilience training
The Walton Centre NHS Foundation Trust has put all leaders through resilience training as part of their leadership development. Their aim is to use resilience training as a tool to address stress within the staff population, whether this stress is work related or not.

Two-day 'Resilience Plus' workshop
Cheshire and Wirral Partnership NHS Foundation Trust offer staff a two-day 'Resilience Plus' development workshop. This programme was started as the organisation was undergoing a period of significant change and merging with another organisation. They introduced the 'Resilience Plus' programme for staff who were affected by the changes to try to promote individual and team resilience. The programme has also been written into their H&WB strategy. The staff who attend are referred by managers through the usual training and development route, or by OH and HR.

The course that Cheshire and Wirral have selected contains the following aspects:

- introduction to resilience and a personal measure questionnaire
- approach developing Resilience Plus
- how Resilience Plus fits with current thinking
- personality and style
- positive thinking
- visualisation
- anxiety control
- attention control
- goal setting
- bio-feedback

- coaching team members to develop Resilience Plus
- developing your Resilience Plus
- producing a specific action plan for developing your own Resilience Plus
- supporting others to produce an action plan

Mindfulness Based Cognitive Therapy

Sussex Partnership NHS Foundation Trust has implemented a Mindfulness Based Cognitive Therapy training course for staff. The course is based around:

1. Self-compassion scale (SCS)

The self-compassion scale is a self-report measure which aims to look into the three main dimensions of self-compassion: self-kindness, a sense of common humanity and mindfulness. Self-compassion has been significantly correlated with positive mental health outcomes such as a reduction in depression and anxiety and greater life satisfaction.

2. Perceived stress scale (PSS)

The perceived stress scale measures the perception of stress. The items aim to look into how unpredictable, uncontrollable, and overloaded respondents find their lives.

95% of participants thought the course had been important or very important to them and 78% of participants thought the course had been helpful or very helpful for managing stress at work.

Advice line

Plymouth Hospitals NHS Trust started an advice line 6 months ago for both staff and managers. The phone line is staffed by the OH nurses but the entire OH team, including the Employee Assistance Service (counselling, mediation and mental health nurse practitioner) are available at some point in the day to take calls and signpost staff and managers where appropriate.

Mediation

Mersey Care NHS Trust runs a mediation service via their Staff Support Service and the trust has a coordinator for mediation (based in the workforce directorate) as there are several service managers, HR and support staff who offer and deliver mediation. The trust encourages staff to consider mediation when both parties would like a resolution and are willing to try a new form of communication. Managers are encouraged to use the service when staff within their team are in conflict and their usual ways of coping with tension in the team have been exhausted. If a disciplinary or grievance procedure is underway, mediation is not appropriate course of action.

In establishing the service the following key issues were addressed:

- improving information about the mediation process and how to access the service
- agreeing a formal process for the mediation sessions
- agreeing the standard of training and qualifications for mediators
- purchasing mediation training for a wide range of staff and establishing a 'pool' of mediators
- supporting mediators and recognising the skills and responsibilities of the role alongside the 'day job'
- developing the mediation coordinator to be the point of contact in arranging all practical aspects of the mediation
- setting up a rota to allow each trained mediator to offer 6 days per year for mediation sessions (thereby protecting mediation sessions throughout the year should the need arise)

Benefits for the mediators include; working alongside someone who is trained to the same standard, advance knowledge of when they may be called upon, support and recognition.

Benefits for staff and managers include; swifter access to the mediation service, single point of contact, and enhanced provision of services including reasonable adjustments for disabled employees.

Manager training

Northumbria Healthcare NHS Foundation Trust have implemented a series of training courses for managers. They include:

1 A 'Mental health awareness training course for managers' run by two clinical psychologists from the OH team for all staff in a management or supervisory role. The course is designed to provide managers with the necessary skills to recognize and respond to mental health issues in the workplace. The objectives of the course are to:
   - understand stress and mental health at work
   - learn about different types of mental health conditions and their potential impact
   - understand how to support staff and make reasonable adjustments
   - increase confidence in talking to employees with mental health problems.

2 A 'Dealing with conflict, bullying and harassment at work' course for all those in a management position. The objectives of the course are to:
   - understand about what conflict is and how it impacts on individuals and teams
   - understand what constitutes bullying and harassment and its effects
   - learn about tools, techniques and strategies for dealing with conflict, bullying and harassment
   - increase awareness of how mediation can help and how to use the staff mediation service effectively

3 A 'Preventing and managing stress at work' course for all those in a management position. Each course can hold between 20–25 managers at one time and lasts half a day (3 hours). The objectives of the course are to:
   - understand the causes of workplace stress and how these can affect managers, their teams and the organisation
   - gain awareness of the Health and Safety Executive stress management standards
   - learn about stress risk assessments: how and when to do them
   - learn about coping strategies for managing stress as well as being able to identify and respond appropriately to colleagues in distress.

All the training courses are linked to The NHS Knowledge and Skills Framework, Dimensions and Levels.

'Mental Health First Aid'

Mersey Care NHS Trust has devised a 'Mental Health First Aid' training programme. The aim of this programme is to work with managers to develop skills to support staff who may experience periods of stress or anxiety. The objectives of the course are to encourage managers to spot the early signs of a mental health problem, feel confident helping someone experiencing a problem, provide help on a first aid basis, guide people towards the right support and reduce the stigma of mental health. All staff with a supervisory or line management role are recommended to attend. The course has a fee of £10 for each attendee but this cost includes a resource book and a nationally recognized Mental Health First Aid certificate of attendance. The training is facilitated by a pool of four Mersey Care staff members and they train up to 20 managers at a time. It is a very specific training course but is very popular with managers. 60 managers have been through the training already.

Spiritual Care team
Birmingham and Solihull Mental Health NHS Foundation Trust have a Spiritual Care team open to service users, carers and staff. The team includes qualified representatives from a number of world faiths and those working from a non-faith perspective. The Trust recognises that both service users and staff may have a wide range of spiritual and/or faith care needs in support of their recovery and well-being. The service is confidential and it is acknowledged that measuring and reporting outcomes is challenging. However in a recent survey about the services staff are offered either by or through Staff Support (counselling service), spiritual care was identified as being one of the most beneficial.

Faith networks
Mersey Care NHS Trust is investigating establishing a faiths network within their trust. The aims of such a network are foster peer support among staff, celebrate the contribution made to the trust by people of many different faiths, and enable the trust to engage with faith groups among staff.

5 Key findings

> In addition to complying with the NICE guidance, a few trusts had signed up to schemes including Investors in People and Mindful Employer.
> The key barrier to implementation was managers lacking confidence and skills for engaging staff.
> Key enablers identified by the interviewed trusts include:
- conducting regular staff needs assessments and monitoring, using a variety of tools
- using the trust board to set an expectation that all managers will receive training
- managers training taking a holistic view of mental wellbeing including financial and relationship stressors.

> Key initiatives in place to support staff include:
- assessing staff need using stress and staff experience surveys
- providing counselling services for staff (face to face and telephone help lines)
- addressing bullying within the workplace
- utilising health champions and health coaches
- providing resilience training
- providing mediation training
- training managers on mental wellbeing
- extending patient faith networks to staff.

Q Managing long-term sickness absence and incapacity for work

The interviews explored trusts' implementation of the NICE guidance on the management of long-term sickness absence (PH19). This section describes:

1 A summary of who should take action (as recommended by NICE)
2 The main barriers to implementation
3 A summary of the NICE guidance on managing long-term sickness absence and the main enablers for successful implementation
4 Case examples
5 A summary of key findings

The NICE guidance in this area is clear, systematic and explicit on the steps that can be taken to manage long-term sickness absence. Many trusts have moved away from referring to 'sickness absence management' towards 'attendance management'. All of the interviewed trusts had a sickness absence policy in place which enabled a systematic, consistent, cross organisation approach, with all staff and managers aware of their responsibilities in the management process.

> ***'Some of the sickness absence guidance states the obvious but it is the obvious that people struggle with.'*** Board lead, acute trust

The interviewed trusts had a wide range of sickness absence rates despite their implementation of the guidance. Two of the interviewed trusts had achieved a sickness absence rate below 3% and were working to maintain this. Nearly all trusts felt that in order to reduce absence within their organisation a cultural shift was required amongst staff.

Mental health and musculoskeletal disorders were the most common causes of long term absence in the interviewed trusts. Interpersonal relationships both within and outside the workplace and financial concerns were thought to be important causes of short term absence.

1 A summary of who should take action

NICE states that action should be taken by:

- employers (this may be devolved to line managers, HR professionals or occupational health specialists).
- case workers (if appointed).

2 Barriers to implementation

The main barriers to implementation include:

- lack of access to, and coordination of, relevant data for monitoring
- lack of certainty around causes of absence
- lack of understanding by staff and managers of the potential cost savings that can be achieved through the reduction of sickness absence
- indifferent attitude by staff regarding the impact of absence on the wider team
- poor engagement with managers
- poor engagement with trade unions
- unfamiliarity with the support services on offer for staff
- poor staff awareness of healthy lifestyle choices
- no case workers to coordinate actions for absent staff
- managers being unwilling to consider alterative job roles for staff to facilitate a return to work
- poor quality of return to work interviews
- unclear recommendations from GPs when issuing a fit note

3 A summary of the NICE guidance on managing long-term sickness absence and the main enablers for successful implementation

Please refer to guidance PH19 for a full set of recommendations. You can download the guidance from www.nice.org.uk.

A note for the reader: The NICE recommendations below include advice on the content of an 'initial enquiry' and a 'detailed assessment'. We did not cover the content of these activities in our interviews and so have not identified barriers and enablers to asking the specific questions listed. This section covers the more general overarching enablers that trusts identified as supporting absence management.

NICE recommendation 1: initial enquiries	Identify someone who is suitably trained and impartial to undertake initial enquiries with the relevant employees. As an example, they could be an occupational health physician or nurse or a human resource specialist. Before 12 weeks (ideally after 2–6 weeks) after sickness absence began (or following recurring episodes of sickness absence) discuss with the employee: • the reasons for sickness absence • whether they have received appropriate treatment • how likely it is that they will return to work • any perceived (or actual) barriers to returning to work (including • the need for workplace adjustments) Consider the employee's age, sex/gender and the type of work they do. These factors may affect their speed of recovery and ability to return to work Consider any incentives or financial issues which may encourage or discourage a return-to-work (for example, any impact on pay) Decide on the options for returning to work and jointly agree what, if any, action is required to prepare for this. If action is required, consider if: • a detailed assessment is needed to determine what interventions/services are required and to develop a return-to-work plan • a case worker/s is needed to coordinate the detailed assessment and any further action If necessary, appoint a case worker/s (after the initial assessment a case worker may need to be appointed to coordinate a detailed assessment, deliver any proposed interventions or produce a return-to-work plan. Case workers do not need a clinical or occupational health background but should have the skills and training to act as an impartial intermediary. (The person's line manager may not be appropriate.)

Enablers:

- **Ensuring access to accurate sickness absence data.** All interviewed trusts were using the Electronic Staff Record (ESR) or an e-rostering system. Trusts reported that when there were inaccuracies in the data it alienated managers and reduced their engagement in the process. Close working with the system manager was crucial.
- **Actively monitoring short-term absence to identify patterns eg in duration or days of the week absent.** 'Live' data on absence was seen as particularly supportive for active monitoring of absence patterns.
- **Investigating the 'other' causes of reported absence**. Many of the interviewed trusts had undertaken a targeted piece of work to try to understand better what absences were falling into this reporting category. A few trusts had removed this as a selection option and others that had retained it were reviewing it regularly and contacting managers directly to query the actual cause of absence. If necessary they then amended the list of causes that staff and/or managers could select from.
- **Providing rigorous and mandatory line manager training on the sickness absence policy and management procedure, referral timescales and the support that OH can offer.**
- **Providing specific guidance to managers on the Fit Note.**
- **Proving a script for managers to guide them when asking staff about reasons for their absence and if any support is required from the organisation.**
- **Providing an OH or HR telephone support line** so managers can receive advice on how to approach a staff member who they are concerned about.
- **Holding monthly absence data reviews** to identify all staff who are absent, whether on short- or long-term absence. The benefits of this process were described as:

- giving each absence episode a name and a 'face' which in turn helped to engage managers
- picking up cases that are falling behind recommended timescales
- identifying more complicated issues and supporting a referral to OH where appropriate
- giving accountability to the manager for coordinating support activities
- allowing each absence to receive a red-amber-green status which in turn enables HR to monitor how well departments are managing absence and to target managers who need extra support
- helping department leaders to understand the patterns of absence within their team
- ensuring that absent staff, or staff with frequent absences, are referred to OH in a timely fashion.

- **Proactively sharing OH activity reports with managers to raise awareness of the support OH can provide for managing absence.**
- **Clearly communicating to staff the support that is on offer within the trust,** either via OH or HR. Trusts made good use of internal communication teams, newsletters, bulletins, notice boards and intranet pages. A few trusts used a health champion network (see chapter 5) to support this awareness raising.

NICE recommendation 2: detailed assessment	If indicated by the initial enquiries, arrange for a more detailed assessment to be undertaken. The assessment could be coordinated by a suitably trained case worker/s. The case worker does not necessarily need a clinical or occupational health background but should have the skills and training to act as an impartial intermediary (note: it may not be an appropriate role for the person's line manager). Arrange for the relevant specialist/s to undertake the assessment (or different components of it) in conjunction with the employee. It could include one or more of the following: • referral via an occupational health adviser (or encouragement to self-refer) to a GP with occupational health experience or another appropriate health specialist (such as a physiotherapist). The aim is to diagnose and treat the employee and determine any need for further tests or sick leave • use of a screening tool to determine the prognosis for returning to work • a combined interview and work assessment by one or more appropriate specialists (such as a physician, nurse or another professional specialising in occupational health, health and safety, rehabilitation or ergonomics). This assessment should also involve the line manager • a return-to-work plan. If a combined interview and work assessment is needed it should evaluate: • the person's health, social and employment situation, any barriers to returning to work (for example, work relationships) and their perceived confidence and ability to overcome these barriers • their current or previous rehabilitation experiences • the tasks they carry out at work – and their functional capacity to perform them (dealing with issues such as mobility, strength and fitness) • any workplace or work equipment modifications that are needed in line with the Disability Discrimination Act (including ergonomic modifications). If a return-to-work plan is needed it should determine the level, type and frequency of interventions and services needed, including any psychological support (see recommendation 3). A return-to-work plan could also identify if any of the following is required: • a gradual return to the original job using staged increases in hours and days worked (for example, starting with shorter hours and/or less days and gradually increasing them) • a return to partial duties of the original job or temporary/permanent redeployment to another job. Ensure those assessing which psychological support or interventions to offer are trained in psychological assessment techniques.
NICE recommendation 3: interventions and services	Coordinate and support the delivery of any planned health, occupational or rehabilitation interventions or services and any return-to-work plan developed following initial enquiries or the detailed assessment. People who have a poor prognosis for returning to work are likely to benefit most from more 'intensive' interventions and services; those with a good prognosis are likely to benefit from 'light' or less intense interventions and services. Liaise with everyone involved (such as line managers and occupational health staff). Where necessary, arrange for a referral to relevant specialists or services. This may include referral via an occupational health adviser (or encouragement to self-refer) to a GP, a specialist physician, nurse or another

professional specialising in occupational health, health and safety, rehabilitation or ergonomics. It could also include referral to a physiotherapist.

Where necessary, employers should appoint a case worker/s to coordinate referral for, and delivery of any required interventions and services. This includes delivery of the return-to-work plan, if required (including modifications to the workplace or work equipment). The case worker/s does not necessarily need a clinical or occupational health background. However, they should have the skills and training to act as an impartial intermediary and to ensure appropriate referrals are made to specialist services.

Ensure employees are consulted and jointly agree all planned health, occupational or rehabilitation interventions or services and the return-to-work plan (including workplace or work equipment modifications).

Encourage employees to contact their GP or occupational health service for further advice and support as needed.

Consider offering people who have a poor prognosis for returning to work an 'intensive' programme of interventions. For example, offer a programme of multi-disciplinary interventions over several weeks combined with usual care and treatment. Examples may include one or more of the following:

- cognitive behavioural therapy (CBT) or education and training on physical and mental coping strategies for work and everyday activities (this may be combined with exercise programmes)
- counselling about a return-to-work
- workplace modifications
- referral to physiotherapy services or vocational rehabilitation (including training).

Consider offering more intensive, specialist input when there is recurring long-term sickness absence or repeat episodes of short-term sickness absence.

Consider offering 'light' or less intense interventions, along with usual care and treatment, to those with a good prognosis for returning to work. Examples might include short sessions providing one or more of the following, as appropriate:

- individually tailored advice on how to manage daily activities at home and at work (this could include advice on the benefits of being physically active and on relaxation techniques);
- encouragement to be physically active;
- referral to a physiotherapist or psychological services.

Ensure psychological interventions and services are evidence-based. Also ensure they are delivered by suitably trained and experienced practitioners. These may be health professionals (such as physicians, nurses or others specialising in occupational health, rehabilitation or ergonomics); social workers; clinical or occupational psychologists; specialist counsellors or therapists.

Consider helping people to develop problem solving and coping strategies using evidence-based psychological interventions. The aim is to overcome any barriers they have to returning to work and to support them to return. Examples which have been proven to be effective for certain groups and conditions are provided within the guidance.

Consider providing a multi-disciplinary back management programme to help employees with this condition return to work. It could be delivered by a GP with occupational health experience, a specialist professional (such as a physiotherapist) or a combination of others specialising in occupational health, health and safety, rehabilitation or ergonomics. As an example, a programme could comprise:

- one intensive session covering attitudes to health, structure and function of the back and posture and the link to symptoms, stress and coping strategies, posture exercises and relaxation training
- optional sessions to recap on learning and to discuss the experience of putting it into practice.

Please refer to the mental wellbeing section for further discussion around enablers for psychological interventions, problem solving and coping strategies.

Enablers:

- **Acknowledging that sickness absence levels for stress can be seen as a broad measure of organisational H&WB.** A few trusts had started to offer education seminars and training programmes for staff on a wide range of lifestyle issues to prevent sickness absence. The courses included: listening skills, assertiveness training, managing stress and anxiety, insight into bereavement, group working skills, 30 hour counselling skills, and resilience training.

- **Identifying specific roles in each department/directorate that can be used for temporary redeployment to assist rehabilitation and earlier return to work.**
- **Engaging with local GPs** to raise awareness of the information that is most helpful in a Fit Note and what support is available via the trust. A crucial component of this conversation with GPs was to ensure that the messages received by the staff member were consistent between OH and the GP.
- **Educating staff who are exposed to specific risk factors about preventative measures and simple management strategies, in advance of any exposure or injury eg for back pain**.

Overarching enablers:

> **Ensuring return-to-work interviews are high quality and routine** by training managers on what to cover and how to hold the interview, making support available when interviews may be particularly difficult, and reviewing the interview paperwork for quality. Regular interviews gave line managers an opportunity to identify the possible underlying cause(s) of frequent absences at an early stage.

> **Reporting to the board the direct cost of absence as well as the whole time equivalent (WTE) impact** provided a powerful argument to support the business case for a dedicated case manager.

> **Cascading absence data and targets through an organisation by department/directorate to multiple levels of management** eg heads of service, ward managers and individual line managers in monthly news bulletins and meetings. Sharing the data more widely across an organisation was seen as helpful for engaging all staff and there was a perception that it helped it to become a more widely shared responsibility.

> **Raising healthy lifestyle choices with potential employees at recruitment.**

> **Using an initial assessment appointment with OH to promote healthy lifestyle choices, raise awareness of health promotion and screen staff for health conditions** (eg looking at BMI, activity levels, diet and smoking). This was sometimes achieved using a H&WB screening questionnaire and enabled referrals or signposting to occur straight away where necessary.

> **Engaging managers.** Most trusts supported managers by providing:
  - information at trust induction on current absence performance, policy and procedure
  - flow-charts and other visual representations of the entire sickness absence management procedure and/or policy
  - draft scripts to help managers ask the appropriate questions to enquire about a staff member's health and broader wellbeing
  - a H&WB question for inclusion in the performance appraisal process or regular supervision meetings eg 'how is your general health and wellbeing?' and depending on the answer, 'is there anything we can do to support you?'
  - mandatory training for all managers on the sickness absence management procedure; either as an online training module, delivered in a group session, or on an individual basis by a case manager.

> **Engaging trade unions and staff side representatives so that they can** articulate the case to staff that lower sickness absence levels increase staffing levels and reduces the overall demands on staff. Support from trade union or staff side representative helped to demonstrate that the sickness absence management approach being adopted by a trust was supportive rather than punitive. Engagement was achieved by:
  - inviting representation on a H&WB steering group
  - actively seeking participation from representatives when consulting staff and asking for their feedback on a sickness absence policy
  - having frequent review meetings examining the data and the support available
  - explaining the evidence-based approach of the NICE guidance.

> **Ensuring a prompt referral to OH by auditing timing of referrals made by managers.**

> **Adopting a case management based approach.** Nearly all trusts used a local case management review process (operating most commonly within directorates). The aim was to provide assurance that appropriate monitoring and progress against action plans of both short-term and long-term absences were being undertaken. The case managers provided regular reports to heads of service and operational directors who were ultimately accountable for ensuring the appropriate processes were being undertaken.

> **Using a wide range of metrics to monitor and report on sickness absence, its impact and hotspots within an organisation** eg sickness absence rate (long-term and short-term), days lost due to absence, direct costs, agency spend, staff turnover. These data could also be reported alongside other workforce metrics (eg appraisal rates, employee retention rates, vacancies, training and OH referrals).

4 Case examples

Sickness absence board reporting

Gateshead Health NHS Foundation Trust report the following sickness absence measures to the Board:

- overall sickness absence rate
- short-term absence rate
- long-term absence rate
- days lost due to sickness (full time equivalent)
- sickness absence direct costs
- bank/agency/locum spend (will also cover vacancies and other non sickness related absence)
- staff turnover
- number of staff off sick for 28 calendar days or more with musculo-skeletal problems
- number of days taken off sick with musculo-skeletal problems
- cost of staff off sick with musculo-skeletal problems
- number of staff off sick for 28 calendar days or more with mental health conditions
- number of days taken off sick with mental health conditions
- cost of staff off sick with mental health conditions

Behavioural recruitment interview questions

Sussex Partnership NHS Foundation Trust has developed a series of behavioural recruitment interview questions asking for specific examples and experiences from the candidate's past. These are based on the Trust's "Better by Experience" values. Interviewers can then determine whether or not candidates have demonstrated the required competencies by the examples they use. For example:

Give an example where you underestimated the impact of what you said or did on other people's feelings – to demonstrate that the individual understands the impact of what they say and do on how others feel

H&WB lifestyle screening questionnaire

Stockport NHS Foundation Trust OH department conduct a H&WB lifestyle screening questionnaire. Questions include:

Weight

What is your weight?
Is your weight: steady/losing/gaining?
Are you currently trying to lose weight? Yes/No

Smoking

Do you smoke? Yes/No/Ex
If yes, how many daily?
When did you start smoking?
Have you ever attempted to give up smoking? Yes/No
What was the outcome?
Would you like to give up smoking? Yes/No

Exercise

Do you exercise regularly? Yes/No/Sometimes
What type of exercise?
Frequency

Diet

Would you regard your diet healthy/unhealthy/variable
Are you trying to change your diet? Yes/No
Is there any aspect of your health/lifestyle you would like to change/seek advice about?

Alcohol
Do you drink alcohol? Yes/No
If yes, what is your average consumption per week?

'Back Rehab' course
Stockport NHS Foundation Trust host a six week 'Back Rehab' course within their sports centre. This course is aimed at people suffering with chronic lower back pain. Sessions are held twice a week and combine educational topics to help manage and overcome back pain, with exercises designed to strengthen the core stabilizing muscles and improve posture. The course costs £3 per session or £15 for the full 6 week course. Numbers are limited to 10 people per course but it is held on a rolling basis.

Self-Care at Work
Hampshire Hospitals NHS Foundation Trust has implemented a Self-Care at Work Course which aims to provide the skills and advice to help people to engage in self-care. The trust sees this as crucial to empowering people to improve their lifestyle and develop positive health behaviours.

The course is made up of six flexible activities. Each activity is designed to introduce participants to a variety of ways to self-care and outlines theories relevant to self-care. The short activities and discussions help individuals to apply their new learning to their own personal experiences and help them make the necessary changes to their health behaviours.

These activities are:

1. Self-care, self-empowerment and health beliefs – exploring the process of change and looking at changing lifestyles.
2. Motivation and behavioural change – exploring 'what is' health and self-care?
3. Social aspects of health and wellbeing – confidence building
4. Psychological aspects of health and wellbeing – exploring the prevention and management of stress
5. Physical aspects of health and wellbeing – eating
6. Physical aspects of health and wellbeing – exercise and also including the management of minor ailments

After experiencing the course, the participants report feeling more confident to manage short-term conditions and minor health problems. The course encourages participants to be actively engaged with their own health and wellbeing and use health and social services appropriately. An evaluation of this project is underway and will be reported on by the trust soon.

Alternative job roles
Northumbria Healthcare NHS Foundation Trust has designed two roles for staff who are capable of coming to work in a reduced or alternative capacity to their normal role. The roles are designed for a temporary basis only (no longer than 3 months).

1. A nutrition support role where employees assist with feeding patients who do not have full capacity to feed themselves. This role is available on many wards throughout the trust. Some non-clinical members of staff are considered for this role (although training may be required).

2. A maternity audit role which is administrative and primarily office based (although staff may be required to go to the wards to collect notes). The role involves working with audit and governance leads to help with audit activity.

Engaging GPs

Northumbria Healthcare NHS Foundation Trust has written to local GPs to raise awareness of the role OH can play in supporting staff with a stress related illness and offering a more collaborative approach to treatment in order to support staff remaining in work where appropriate.

5 Key findings

- All trusts interviewed had a sickness absence policy which provided guidance for staff and managers on the timelines for reporting and when action needed to happen.
- Key barriers identified by the interviewed trusts include:
  - access to, and coordination of, relevant data for monitoring
  - lack of certainty around causes of absence
  - lack of awareness of potential cost saving that can be achieved through the reduction of sickness absence.
- Key enablers identified by the interviewed trusts include:
  - frequent review and reporting of absence data trust wide
  - clear communication with OH
  - rigorous line manager training on the trust policy.
- Key initiatives in place to support staff include:
  - raising healthy lifestyle choices with potential employees at recruitment
  - using an initial assessment appointment with OH to promote healthy lifestyle choices and raise awareness of health promotion
  - educating staff on back pain management
  - ensuring prompt referral to OH
  - adopting a case management based approach
  - providing individual solutions for return to work
  - providing high quality return to work interviews
  - engaging with GPs in the local area.

5 Health and wellbeing champions and health fairs

Staff health fairs

Half of the trusts interviewed had organised health promotion fairs or H&WB days for staff. These were run several times a year in some organisations. H&WB days were typically organised by an HR department, OH department or staff H&WB lead, and were a way of promoting the H&WB services and activities available to staff.

These days were an opportunity for:

> physical activity taster sessions
> H&WB lifestyle assessment taster sessions
> health checks – these were sometimes provided by OH departments and involved a blood pressure, weight and cholesterol check, or were provided by community health resources
> eye checks
> competitions
> health presentations
> awards ceremony for other initiatives taking place within the trust
> finding out what H&WB initiatives staff wanted through questionnaires or suggestion boxes available on the day
> external teams (eg community smoking cessation) to promote their services.

Staff were sometimes incentivised to attend by being entered into a free prize draw.

Camden and Islington Mental Health NHS Foundation Trust run a popular staff H&WB day. The event includes H&WB exhibitors and activites (eg zumba) running throughout the day. Attendance at the event was incentivised to staff by offering attractive prizes, which were donated by local businesses.

The event was also used to collect staff feedback and the board lead and implementer had an 'ideas machine' that others could contribute to on the day.

H&WB champions

Nearly all of the interviewed trusts had a network of H&WB champions. These champions were volunteers who had an interest in health and wellbeing.

Gateshead Health NHS Foundation Trust developed the following role profile for a H&WB champion which outlines principal duties.

To actively champion H&WB within the organisation by:

- placing information in a H&WB area where colleagues can access this
- providing advice and support on H&WB related issues and signposting colleagues to appropriate information and contacts
- passing information about H&WB to colleagues at relevant opportunities, for example, staff meetings
- supporting the trust's H&WB strategy by attending and supporting events when possible and encouraging colleagues to do likewise
- seeking feedback and suggestions about H&WB activities and feeding these back to the H&WB leads.

Frimley Park NHS Foundation Trust and Hampshire Hospitals NHS Foundation Trust have developed a Health Trainer Initiative based on the National Health Trainer Program and embedded this into the organisation as a workplace intervention focussed on promoting and improving the H&WB of staff. The initiative is specifically promoted to those who may experience health inequalities.

As part of this initiative the trusts have adapted the Royal Society of Public Health (RSPH) Understanding Health Improvement qualification (level 2) to fit an acute hospital environment. This qualification provides training in how to increase awareness of H&WB, signpost others to interventions and services, and to support individuals to choose and adopt healthier lifestyles. The concept for this health champion initiative is 'by staff, for staff' which means staff lead the H&WB initiatives wherever possible.

In addition to the adapted training qualification a comprehensive delegate workbook, a slideshow and a suite of learning and support resources which includes a website for easy signposting has been produced.

The website provides information on increasing physical exercise, healthy eating, stopping smoking and reducing alcohol consumption. A page on emotional wellbeing is currently under development. It also provides useful tools and resources (eg 10 minute workout videos; fitness tips; alcohol, exercise and food trackers; self-assessment resources; links to other websites, downloads and podcasts). All the details and contacts for the staff health and wellbeing initiatives are advertised. This website is also available to patients.

Between the 2 trusts the team have had a 99% pass rate for the adapted RSPH qualification. 90% of staff wanted to make a health behaviour change following the training and 50% of staff went on the make a change, predominately in the areas of increasing physical exercise, healthy eating and reducing alcohol consumption.

As part of the sustainability a comprehensive Train the Trainer package has been produced so that other acute trusts can also roll out Health Champion training and this is now being cascaded across the South Central region.

Over the duration of the project success has been measured in a number of ways including:

- corporate indicators eg staff survey responses and sickness absence rates
- training course evaluation eg number of staff trained, exam pass rates, feedback from delegates
- health champion activity eg number of referrals, events
- health champions self-reported changes in health behaviours.

6 Conclusions

It is possible, even in the difficult climate of the NHS today, to implement NICE public health workplace guidance. Making staff health and engagement a central trust value will avoid financial waste and contribute to better patient care.

The key overarching themes and enablers identified during phase one interviews were recognised by phase two trusts as very important.

The absence of the following key enablers was seen as hampering progress:

- Establishing the link between a trust's organisational values, staff H&WB (including respecting and engaging staff) and patient care. This was seen as a key enabler for engaging managers and convincing them that supporting the H&WB of their staff is an integral part of their job.
- Establishing a link between staff health improvement work and patient health promotion work (eg MECC).
- Nominating a board lead with responsibility for staff H&WB who can develop and facilitate the links between different departments and with the board, chair the H&WB group and is supported by a proactive implementer.
- Accessing and triangulating workforce and staff H&WB data to assess staff needs, identify hotspot areas and plan activity to address workforce health inequalities.

Organisational change has been challenging for many of the trusts in both phases of the project, and implementation is much harder in larger sites that have recently merged. A few trusts have used their H&WB work to keep staff engaged and supported during difficult periods of change.

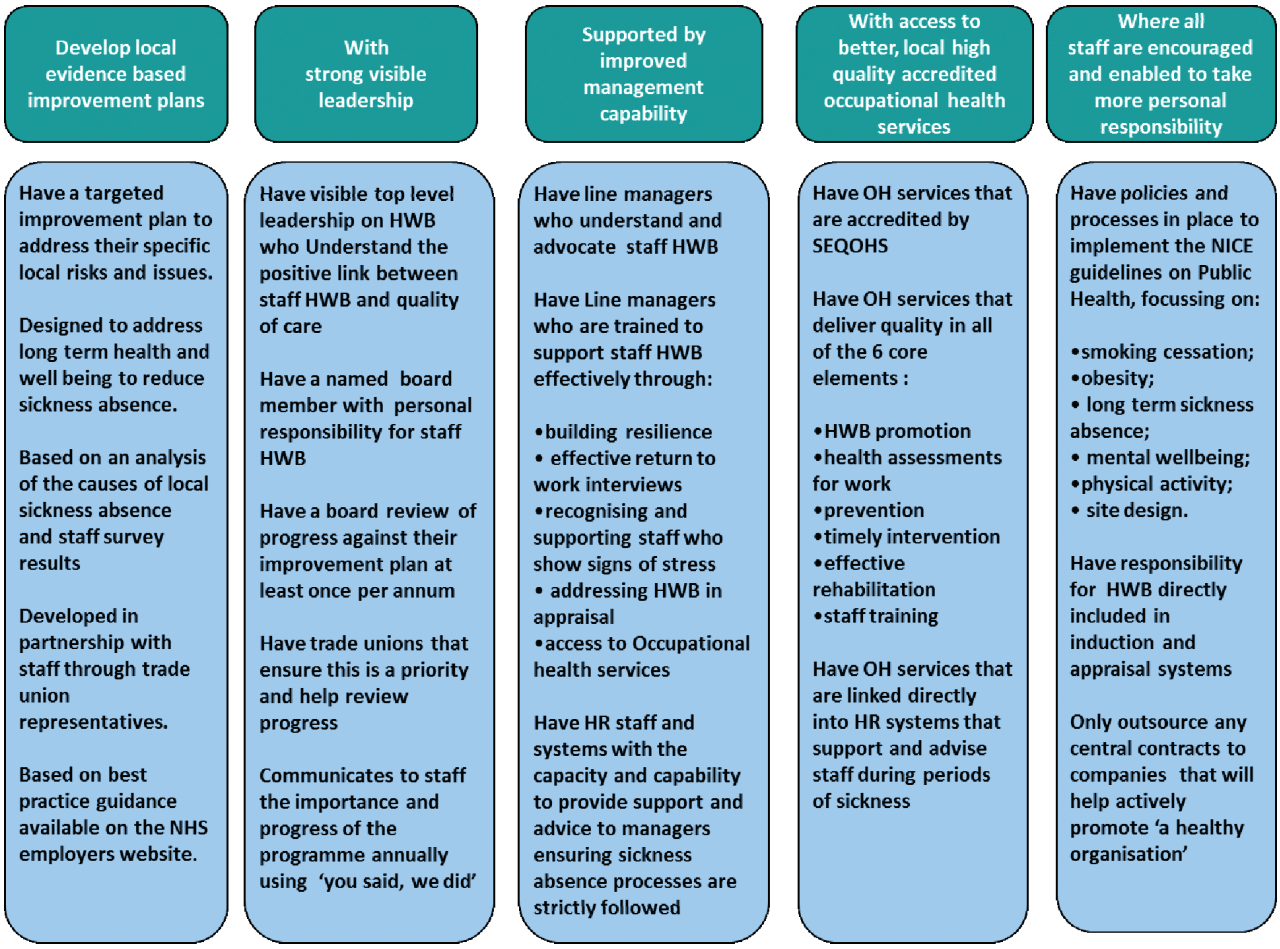
The methodology used for this project was evaluated highly by participating organisations. We recommend that all trusts use the findings and case studies in the full report to inform their own action planning workshops.

7 Appendices

Appendix 1 – Five high impact changes

The Department of Health has developed a pathway of five high impact changes that every NHS organisation can focus on to give their staff a healthy and positive experience of working in the NHS. The five high impact changes are:

1 develop local evidence-based improvement plans
2 with strong visible leadership
3 supported by improved management capability
4 with access to better, local high quality accredited OH services
5 where all staff are encouraged and enabled to take more personal responsibility.



The 5 high impact changes

Appendix 2: Interview questions

Questions asked to the board lead

1 What is your role in the organisation? What areas do you lead on and how many people/functions do you manage?
2 Can I clarify that you are the trust named board member with specific responsibility for health and wellbeing? If not who is it? If no-one, is there a particular reason why not and are there plans for appointing someone?
3 (As board member with specific responsibility for health and wellbeing) – How does your role in the organisation support this responsibility?
4 How familiar are you with the NICE guidance for health and wellbeing in the workplace?
5 Can you tell me what your role is in relation to implementing this guidance/staff health and wellbeing?
6 What is your approach to staff health and wellbeing?
7 What is your view about these NICE guidelines
8 What difference does implementing the guidance make?
9 Can you summarise what the trust has done so far to implement these guidelines/staff wellbeing agenda in terms of –
   - obesity
   - physical activity (including the built environment)
   - smoking cessation
   - mental wellbeing
   - management of staff sickness absence
10 Are there any other areas you have taken action on not covered by the NICE guidance? If so what?
11 What is the motivation for you/the board to put resources into implementing this guidance/staff wellbeing agenda?
12 What do you think has worked well from all the work you have developed? What do you think are the reasons for this?
13 What do you think hasn't worked so well? What do you think are the reasons for this?
14 What steps have been taken to ensure that implementation is maintained over the long term
15 How do you work with managers to ensure that the implementation is part of their work? For example, in staff objectives/appraisals
16 Has the organisation set aside resources for work in this area?
17 What led to the appointment of a board member with responsibility for staff health and wellbeing?
18 What enabled the appointment – what were the drivers?
19 How are you/is s/he held to account?
20 How often do you/s/he present plans to the board and are there regular opportunities for review/amendments?
21 Do you have a strategy/policy for staff health and wellbeing? When was it last updated?
22 Does the trust have a steering group for health and wellbeing? If not, what alternative arrangement is in place? How effective is the arrangement and why/why not?
23 Does the rest of the board think that this is a priority for the trust and how supportive are they?
24 How is this demonstrated?
25 What difference does this make?
26 What sort of influences from within or outside the organisation have made/or would make the board see this as higher priority?
27 How does the board demonstrate its commitment to the workforce?
28 What data/key metrics are reported to the board?
29 What additional data would help implementation.
30 Are there any tools that would help implementation?
31 One of the things we are interested in is what is it about organisations that helps implementation of national guidelines. Thinking about your organisation, do you think there are any specific characteristics of your organisation that have allowed implementation to go well?

32 Thinking of your organisation now, how would you describe its capacity for change? Is it reactive, bureaucratic or proactive for example? Why do you say that? Can you think of an example of when a new policy was introduced, what happened internally?" And thinking to the future how do you think your organisation will respond to the findings of the Mid Staffs enquiry
33 If you were to go into an organisation with a much lower level of implementation, what are the key steps you would take to increase their level of implementation?
34 Is there anything more that would help your organisation to achieve this work in the future?

Questions asked to the implementer

1 Can I clarify that you are the person with specific responsibility for implementing the trust staff health and wellbeing agenda? If not who is? If no-one, is there a particular reason why not and are there plans for appointing someone?
2 What led to your/the appointment of lead for implementing the NICE public health guidance/health and wellbeing agenda?
3 What enabled the appointment – what were the drivers? Why were you chosen? What was the process?
4 Can you tell me what your role is in relation to implementing this guidance/staff health and wellbeing?
5 Is this combined with other parts of your job?
6 What is your approach to staff health and wellbeing?
7 How familiar are you with the NICE guidance for health and wellbeing in the workplace?
8 From your perspective, can you briefly tell me what they cover?
9 What is your view about these guidelines?
10 What difference does implementing the guidance make?
11 Can you summarise what the trust has done so far to implement these guidelines/staff health improvement? in terms of the 5 areas of NICE guidance –
   - obesity,
   - physical activity, (including the built environment)
   - smoking cessation,
   - mental wellbeing
   - management of staff sickness absence
12 Are there any other areas you have taken action on not covered by the NICE guidance? If so, what?
13 Out of all your staff health and wellbeing work, what do you think has worked well?
14 What are the things that have allowed you to achieve your successes?
15 What have been the key barriers to success?
16 What do you think hasn't worked so well?
17 What are the reasons for this?
18 Have you been allocated resources for work in this area?
19 Do you have a strategy/policy for Staff Health and Wellbeing? When was it last updated?
20 Does the trust have a steering group for health and wellbeing? If not, what alternative arrangement is in place? How effective is the arrangement and why/why not?
21 How are you held to account?
22 Do you present your activities/progress to the board? How often and what kind of feedback/support do you get?
23 What data/key metrics are reported to the board?
24 What additional data would help implementation of the guidance?
25 One of the things we are interested in is what is it about organisations that helps implementation of national guidelines. Thinking about your organisation, do you think there are any specific characteristics of your organisation that have allowed implementation to go well?
26 If you were to go into an organisation with a much lower level of implementation, what are the key steps you would take to increase their level of implementation?
27 Tell me about how the board member with responsibility for HW communicates to you in your role as having responsibility for implementing the guidance

28 Tell me how you communicate up to the board – what is your relationship with the board member with responsibility for health and wellbeing?
29 Do many people have roles that contribute to this agenda? If yes, how many and how do they co-ordinate?
30 Do you think that the staff in general believe that senior management at the trust take this seriously? If yes, what have they done to cause this impression? If not what do you think they could be doing?
31 How are managers engaged in health and wellbeing?
32 Do you think that managers see H&W as a core part of their role? If yes, how did that happen/what encouraged that to happen?
33 What steps have been taken to ensure that implementation is maintained over the long term
34 Thinking of your organisation now, how would you describe its capacity for change? Is it reactive, bureaucratic or proactive for example? Why do you say that?
35 What staff health improvement work does your organisation plan to do or would like to do in the future? Do current NICE guidance cover this work?
36 Is there anything more that would help your organisation to achieve this work in the future?