# Strategy for Health-promoting Hospitals

## Step 1: A framework for promoting staff health and well-being

**Barts and The London** **NHS**
NHS Trust

# Strategy for Health-promoting Hospitals

**Written by the Marmot Review Team for Barts and The London NHS Trust**

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# Note from the Chair
## of the Strategic Review of Health Inequalities in England post-2010

Three major reviews in the last two years – Carol Black's review of the health of Britain's working age population, *Working for a Healthier Tomorrow* (2008), the Boorman Review of NHS Health & Well-being (2009) and the Marmot Review's *Fair Society, Healthy Lives* (2010) – have advocated a new approach to well-being through active well-being and health strategies at work. I am delighted that Barts and The London NHS Trust (BLT) have taken on the challenge posed by these three reviews and responded by drawing up a strategy for actions which will improve the health and well-being of their workforce.

The Marmot Review described the extent and perseverance of health inequalities in our society. It set out evidence showing that these health inequalities exist within workforces and in fact are often worsened and deepened by experiences at work. The Review advocated concerted action from all sectors of society to address health inequalities, including from employers. BLT is taking forward and leading the agenda as one of the first NHS Trusts to set out to implement the recent reviews' recommendations. I said that the Marmot Review, *Fair Society, Healthy Lives*, was the beginning, not the end, and I am pleased to be involved in the BLT strategy that is a testament to this.

The NHS is the largest employer in the country, so it is crucial that each Trust acts as a model employer and takes the lead in health promotion. This will only happen by first engaging staff and then engaging the community. I look forward to the implementation stage of the strategy, and hope that it is successful in bringing benefits to the Trust, its staff, patients and the wider community.

Sir Michael Marmot

# Acknowledgements

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# Contents

# Executive Summary

## Introduction

The aim of this strategy is to improve the health and well-being of staff at Barts and The London NHS Trust (BLT). These improvements can be made by improving the quality of work in all jobs at the Trust, engaging staff and responding to their needs, widening and improving access to preventive occupational health services, and supporting staff with their wider needs.

   This strategy is the first step in implementing the Boorman Review's recommendations[1] to improve the health and well-being of NHS staff across Trusts. The Trust wishes to go further in its health-promoting role and embrace new models of care which are important for a low carbon economy. These include the aspiration to lead the way as a health promoting hospital and this strategy sets the premises for the Trust to act as health promoter to its patients and the local community, as well as playing a role in addressing wider health inequalities.

## Recommendations

In order to achieve the aims and objectives set out in this strategy, we recommend:

— **Reviewing the Occupational Health (OH) policy with a focus on prevention and early intervention.**
— **Progressively increasing the rate of response to the staff survey over the next three years to reach 75 per cent cover.**
— **Ensuring appropriate mechanisms are in place to retain staff and improve their well-being.**

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- Changing induction practices to ensure focus on quality of work and improve understanding about what a difference this makes.
- Improving the psychosocial work environment.
- Dealing with bullying and harassment effectively.
- Developing the focus of Occupational Health and Human Resources towards prevention, communication, and accessibility.
- Developing an effective active travel strategy.
- Developing a healthy food strategy.
- Proactively engaging with private sector partners to improve the health and well-being of contracted staff.
- Developing and sustaining wider health promotion programmes.

## Delivery and monitoring

We have set out an organisational structure to deliver the strategy, which should have at its core a visible health and well-being champion who is responsible and accountable for the delivery strategy. The strategy advocates greater input from staff and a health and well-being lead to implement the strategy, closely supported by the communications division.

In order for the strategy to be effective, priorities need to be set through staff consultation and services regularly reviewed to adapt to changing circumstances. An improved understanding of staff needs and efficient delivery systems are also essential.

The Trust should aim to provide integrated services through a single point of information access and delivery of on-site services, as well as improving its internal communication strategy and enhancing online access to service information. This provision should include highly visible policies, easily accessible to staff, and feedback on actions taken by the Trust as a response to staff needs and concerns.

Improvements in the recording of sickness absence will be fundamental to the reliability of the data to monitor improvements in staff health as well as service delivery. The Trust should ensure that ad hoc information is collected to evaluate specific interventions and that wider dimensions of health and well-being should also be monitored to ensure a comprehensive information base to assess performance improvement.

## The action plan

Chapter 6 lists our recommendations and sets the monitoring framework with specific indicators as well as the timeline for deliverables. Implementation of the recommendations and the action plan will revolve around addressing the main conditions causing sickness absence (musculoskeletal disorders and mental ill-health) and staff concerns about their work environment.
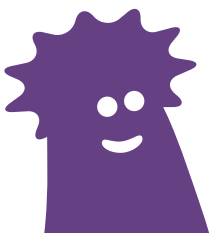
# Chapter 1
## Introduction

Barts and The London NHS Trust (BLT) comprises three hospitals: the Royal London Hospital in Tower Hamlets, the London Chest Hospital, also in Tower Hamlets near the border with Hackney, and St Bartholomew's Hospital in the City of London. The hospitals together deliver acute and specialist services, which include the UK's largest heart centre, a children's hospital, a new cancer centre and London's air ambulance service. The Trust also delivers a variety of services in other NHS premises and community settings and it employs a workforce of around 7000 and contracts around 1000 private sector staff.

The geographical area served by the Trust is characterised by an ethnically diverse and young population with stark differences in wealth and health. Tower Hamlets and Hackney are among the most deprived local authorities in England, while the City of London is one of the most affluent.

The Marmot Review team were asked by BLT to develop a health and well-being framework for the Trust as the first step to developing a wider health promotion strategy. This framework leads on from the publication of the Boorman Review of NHS Health and Well-being[2], published in November 2009, which advocates that NHS Trusts act as a model employer in addressing workforce health and well-being.

The Trust does not have an existing strategy, and this framework is the first step in addressing the recommendations made by Boorman to improve staff health and well-being, and consequently service delivery and productivity. The Trust wishes to go further in its health promoting role and embrace new models of care key for a low carbon economy. These include the aspiration to lead the way as a health promoting hospital and this strategy sets the premises for the Trust to act as health promoter to its patients and the local community, as well as playing a role in addressing wider health inequalities.

The Trust should work in partnership with local service commissioners in order to focus on the cost-benefit of improving staff health and well-being within the Trust and to then address wider public health issues.

## 1.1    Aims and objectives

The aim of this strategy is to improve the health and well-being of the Trust's staff and their families, including contract staff, and to build staff capacity across the workforce to act as health promoters in their community, by achieving the following objectives:

- **Providing an occupational health service focused on prevention of ill health and early interventions to reduce severity or recurrence of illness.**
- **Reducing sickness and turnover rates.**
- **Increasing staff engagement and their awareness of health and well-being.**

In order to achieve these objectives, BLT needs to implement the recommendations relating specifically to NHS Trusts proposed by the Boorman Review of health and well-being in the NHS. These should be complemented by recommendations around fair employment and good quality work set out by the Marmot Review[3], to ensure that BLT counteracts the negative impact the recession is currently having on health inequalities in London. These two reviews set high-level principles to improve health and well-being at work and, more specifically, across the NHS workforce and provide case studies as well as sets of recommendations for different NHS stakeholders. Those which apply to Trusts are:

- Implement measures to improve the quality of work across job grades
- Implement guidance on stress management and the effective promotion of health and well-being at work
- Develop greater security and flexibility of employment and retirement age
- Provide jobs that are suitable for lone parents, carers and people with mental and physical health problems
- Develop a health and well-being strategy with the full involvement of staff representatives

- Routinely monitor and report the strategy to all staff, management team, HR committee and the Board
- Make health and well-being services available to all staff, including contract staff, on an equitable basis
- Implement new services that allow self-referral and are easily accessible
- Establish clear lines of management responsibility and accountability for staff health and well-being
- Ensure that staff health and well-being are at the heart of management training, development and appraisal
- Improve communication about the importance of health and well-being to all staff
- Improve communication about health and well-being services to staff and engage actively with staff on areas for health and well-being service development and improvement
- Foster an organisational culture which encourages dispersed leadership throughout the Trust and develops conditions where staff have control over their working lives.

This framework is the first step in the development of a long-term strategy to implement health and well-being at BLT and builds upon Boorman's recommendations and on the Marmot Review of health inequalities to provide an insight into the current situation of BLT's staff, detail on how to implement such recommendations and an action plan to implement the strategy over three years.

## 1.2    Profile of the workforce

This section outlines the demographic profile of staff at BLT and, where available, makes comparisons with the local population, the wider London population, and the demographic profile of NHS staff in England. Inequalities in health, and the distribution of negative health outcomes across a population, relate to age, gender and ethnicity, as well as socio-economic status. Consideration of these workforce characteristics is a pre-requisite to planning for improved health and well-being and reducing health inequalities within the workforce.

## Age

BLT has a very young workforce in comparison to the wider NHS in England, as shown in Table 1. This is to be expected as the population of London as a whole is generally younger than the rest of England and the local population is also younger than the London average: 67.4 per cent of the local population are under the age of 40, compared to 58.1per cent of the London population.

The age structure of the BLT workforce has implications for staff health and the planning of health and well-being services. The majority of the BLT workforce is under 40 years of age: this may cause higher turnover rates as younger staff tend to be more mobile. However, it also means that sickness rates should be lower than the average for NHS Trusts. For example, 11 per cent of staff report having a long-standing illness, health problem or disability,[4] lower than the average for acute NHS Trusts in England (14 per cent). After taking account of age structure and reported rates of disability, BLT should be expecting lower sickness absence than the average for acute trusts – these rates are discussed further later in this report.

## Gender

Male staff are significantly under-represented in the Trust in comparison to the local population and wider London population, as Table 2 illustrates. However, the Trust does have a higher proportion of males – 28 per cent – than the NHS as a whole, which has 22 per cent. These rates also have an impact on rates of absence.

The gender imbalance in the NHS is mostly dictated by the nursing profession, which is predominantly female – an important consideration when planning health and well-being services for staff. The proportion of female medical and dental NHS staff across England amounted to 39 per cent of total staff in 2007,[5] while non-medical female staff, including support staff, nurses and ambulance services, amounted to 81 per cent.[6]

This is particularly significant as research has shown important patterns in relation to sickness absence in the NHS: absence rates are higher among women.[7] It is likely that the higher incidence of absence for female staff is influenced by caring responsibilities rather than sickness. Individual work-time control such as flexitime or time banking was shown to reduce absence, specifically among employed women.[8]

**Table 1.** Age breakdown of BLT staff compared to NHS staff across England

| Age Group (yrs) | BLT Headcount % | NHS England Headcount % |
|---|---|---|
| Under 30 | 25.5 | 14.5 |
| 30–34 | 18.4 | 11.5 |
| 35–39 | 16.2 | 13.0 |
| 40–44 | 12.8 | 14.8 |
| 45–49 | 11.1 | 14.6 |
| 50–54 | 7.7 | 12.0 |
| 55–59 | 5.7 | 9.3 |
| 60–64 | 2.0 | 4.6 |
| 65 + | 0.8 | 0.9 |
| Unknown | NA | 4.7 |
| | | |
| *Total* | *100%* | *100%* |

Sources: Care Quality Commission (2009) National NHS Staff Survey 2009. Results from Barts and The London NHS Trust; The NHS Information Centre (2010) NHS Staff 1999–2009.

**Table 2.** All male and female staff/population

| | CoL[1], LBTH[2] and LBH[3] population % | London population % | BLT % | NHS staff, England % |
|---|---|---|---|---|
| Male | 50.2 | 49.5 | 27.9 | 22.1 |
| Female | 49.8 | 50.5 | 72.1 | 77.9 |
| | | | | |
| *Total* | *100%* | *100%* | *100%* | *100%* |

1. City of London; 2. London Borough of Tower Hamlets; 3. London Borough of Hackney
Sources: Office for National Statistics (2009) Population Estimates by Ethnic Group Mid-2007; Care Quality Commission (2009) National NHS Staff Survey 2009. Results from Barts and the London NHS Trust; The NHS Information Centre (2010) NHS Staff 1999–2009.

**Table 3.** Ethnicity of local and London populations and BLT staff

| Ethnicity | London population % (ONS estimates mid-2007) | CoL, LBTH and LBH population % (ONS estimates mid-2007) | BLT % (2009 figures) |
|---|---|---|---|
| White British | 57.7 | 46.8 | 36.6 |
| White Irish | 2.4 | 2.0 | 2.3 |
| Any other white | 8.9 | 9.7 | 9.9 |
| White & black Caribbean | 1.1 | 1.1 | 0.3 |
| White & black African | 0.5 | 0.6 | 0.3 |
| White & Asian | 1.0 | 0.9 | 0.4 |
| Any other mixed | 1.0 | 1.0 | 0.8 |
| Asian/British Indian | 6.6 | 3.3 | 6.3 |
| Asian/British Pakistani | 2.4 | 1.4 | 1.4 |
| Asian/British Bangladeshi | 2.3 | 16.0 | 5.2 |
| Other Asian/British Asian | 2.0 | 1.0 | 4.5 |
| Black/British Caribbean | 4.3 | 5.2 | 4.3 |
| Black/British African | 5.5 | 6.2 | 9.1 |
| Other black/black British | 0.8 | 1.3 | 4.5 |
| Chinese | 1.5 | 2.0 | 1.6 |
| Any other ethnic group | 2.0 | 1.5 | 3.5 |
| Filipino | NA | NA | 6.1 |
| Not stated | NA | NA | 2.9 |
| | | | |
| *Total* | *100%* | *100%* | *100%* |

Sources: Office for National Statistics (2009) Population Estimates by Ethnic Group Mid-2007; Care Quality Commission (2009) National NHS Staff Survey 2009. Results from Barts and The London NHS Trust. The table is comparing 2009 Barts and The London NHS Trust data with 2001 census data for the three boroughs and wider London.

Ethnicity

Table 3 shows the ethnicity of staff from the BLT compared to the population within the three local London boroughs – the City of London, Tower Hamlets and Hackney – and to the population of London.

It is clear from Table 3 that minority ethnic groups are significantly over-represented within the Trust compared to the general population. Only 37 per cent of Trust staff are 'White British' compared to 47 per cent of the local population and 58 per cent of the population in England. Compared to the local population, the Trust also has fewer people of Bangladeshi origin (5 per cent compared to 16 per cent). Groups over-represented in the Trust are those of black origin (other than from the Caribbean) and Asian origin (other than the Indian subcontinent and China). This includes a substantial number of Filipino staff, who are often recruited specifically to work in the NHS, while their numbers are low in the general population. Comparison with the NHS as a whole in Table 4, although based on broader ethnic categories, suggests a similar pattern of over and under-representation, which should be considered when planning for staff health and well-being services as well as equality training.

**Table 4.** Ethnicity of BLT NHS staff compared to England's NHS staff

| Ethnicity | BLT NHS % | England NHS % |
|---|---|---|
| White | 48.8 | 68.4 |
| Mixed | 1.8 | 1.6 |
| Asian/Asian British | 17.4 | 15.6 |
| Black/black British | 17.9 | 4.1 |
| Chinese | 1.6 | 1.2 |
| Filipino | 6.1 | Not included |
| Other | 3.5 | 2.7 |
| Unknown | 2.9 | 6.2 |
| | | |
| *Total* | *100%* | *100%* |

Sources: Care Quality Commission (2009) National NHS Staff Survey 2009. Results from Barts and The London NHS Trust; The NHS Information Centre (2010) NHS Staff 1999-2009.

## 1.3    Work patterns

This section examines some of the features of working patterns that typically correlate strongly with worker well-being – retention rates, length of service and shift patterns.

### Length of service and staff turnover

Those who have worked in the NHS for more than 15 years have higher rates of absence than others:[9] 16 per cent of Barts and The London staff have served for 15+ years with the Trust and the proportion may be higher for length of service within the NHS. This is higher than in the neighbouring Homerton NHS trust (11 per cent), but significantly lower than the average for NHS acute trusts in England (25 per cent),[10] partly because of the younger make-up of the workforce. This should again favourably impact absence rates at BLT. For shift workers, negative health effects are contingent on the duration of shift work, with marked increases after more than 10 years of continued exposure.[11]

### Sickness absence and turnover

The following analysis of levels of health and well-being within the Trust is based on sickness rates and trends from 2008 and 2009 and on the results of the 2009 staff survey. The Boorman Review demonstrated that there are clear relationships between a range of outcome measures and staff health and well-being: those Trusts which had lower rates of sickness absence, turnover and agency spend nearly always scored

**Table 5.** Rates of absence, turnover and agency spend in different Trusts

|  | Trust A % | Trust B % | Trust C % | Trust D % | BLT '09 % |
|---|---|---|---|---|---|
| Absence | 4.21 | 4.04 | 4.58 | 4.70 | 3.47 |
| Turnover | 10.5 | 9.79 | 11.65 | 17.02 | 16.04 |
| Agency spend | 1.7 | 2.96 | 1.71 | 4.57 | 5.4 |

Sources: Boorman S (2009) NHS Health & Well-being. http://www.nhshealthandwell-being.org/pdfs/NHS Staf H&WB Review Final Report VFinal 20-11-09.pdf; Care Quality Commission (2009) National NHS Staff Survey 2009. Results from Barts and The London NHS Trust.

better on measures of patient satisfaction, quality of care and use of resources.[12] Table 5 shows how these three indicators in BLT compare to the sample of four Trusts used in Boorman's analysis.

BLT is performing poorly in terms of turnover and agency spend. However, the rate of absence seems low compared to other trusts. There are a number of reasons for this: turnover rates tend to be higher in London generally because of a younger and more mobile labour force than the rest of the country, while the demographic factors mentioned above – the fact that the make up of the BLT workforce includes a higher proportion of groups that have generally lower absence rates – partly explains the low numbers. However, these turnover rates do not seem to relate to absence rates as much as in other trusts and agency spend is higher and does not fit with the levels of absence. A number of issues need to be addressed to fully understand absence rates at BLT and their causes:

1    Under-recording of absence through failings in the recording process or through managerial pressure to ensure that rates are shown to be low. Managers at BLT have reported a level of under-recording within the Trust, but its extent is not fully known. Absence recording procedures and systems need to be reviewed and improved.

2    The level of presenteeism due to work pressure felt by staff (in the 2009 staff survey, 68 percent reported going to work despite feeling unwell – a little above average), and whether this partially causes higher turnover rates, either through staff developing long-term illness due to lack of early intervention or deciding to leave because they feel unable to go on sick leave when needed.

High use of agency staff for any reason can undermine staff engagement and morale as well as service delivery because it affects team building and agency staff often lack organisational knowledge. The Trust should investigate this issue further through staff surveys and consultation: the 2009 staff survey[13] shows that presenteeism at BLT is higher than the average for other acute Trusts, as is pressure to go to work from managers and colleagues. However, self-imposed pressure to go to work when feeling unwell is very high among staff. Presenteeism can be a risk to both staff and patients, as ill-health affecting performance is not only a matter of reduced productivity or service quality, but can pose a serious risk through infection or mistakes affecting the health of patients.[14] [15]

## Shift work and long working hours

As with all other acute Trusts providing 24-hour services, shift work forms a significant proportion of work at all levels within the Trust: 46 per cent of all staff at BLT are shift workers, while 41 per cent work at night time.[16]

The results of several epidemiological studies suggest that the risk of cardiovascular disease in shift workers is increased by about 40 per cent compared to daytime workers.[17] Similarly, an increased risk of developing a metabolic syndrome was observed among shift workers,[18] and additional investigations demonstrate an elevated risk of accidents, particularly among evening and night shift workers.[19] Night shifts are particularly relevant as a potential source of work accidents, cardiovascular and gastro-intestinal problems and eventually cancer.[20]

People who work more than eight hours per day for any number of days in a month have much higher absence rates than those who never work for more than eight hours per day: long working hour cultures in organisations also have an impact on attendance rates.[21] Moreover, working more than 11 hours a day is associated with a threefold risk of myocardial infarction,[22] and a fourfold increased risk of type two diabetes.[23]

BLT's 2009 staff survey reports that 30 per cent of staff work additional paid hours and 54 per cent work additional unpaid hours.[24] This issue should be investigated through consultation and surveys to understand how paid and unpaid overtime is distributed across divisions and across job grades. Most importantly, the length of overtime worked should be recorded and analysed as this can have seriously detrimental effects on health – this could be done through analysis of HR data for paid overtime or through a workplace health needs assessment for unpaid overtime.

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# Chapter 2
# The relationship between good quality work, health and well-being
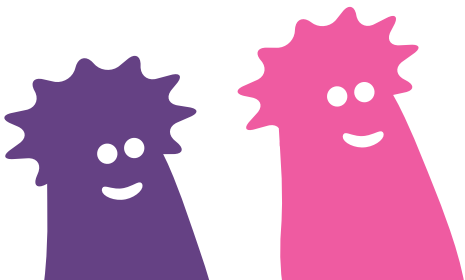
## Summary

In order to implement good quality work and to develop greater security and flexibility in employment, it is vital that organisations should:

– Adhere to equality guidance and legislation
– Implement guidance on stress management and the effective promotion of well-being and mental health at work
– Create and adapt jobs that are suitable for lone parents, carers and people with mental and physical health problems
– Provide for flexible work and adapt jobs for senior people who wish to continue working after the age of 65
– Reduce physical and chemical hazards and injuries at work.

The development of this Barts and The London NHS Trust Health and Well-being Strategy comes following the publication of recent reviews around work and health, NHS staff health and the social determinants of health inequalities. In particular this strategy draws on the work of the Boorman Review of NHS Health and Well-being (2009)[25], on the findings of Carol Black's Review of the health of Britain's working age population, *Working for a Healthier Tomorrow* (2008)[26] and the Marmot Review's findings around work, employment and health inequalities (2010).[27]

Evidence around employment shows that employment is better for health than unemployment and work can play a positive part in recovering

from ill health. Supporting staff to return to work as soon as possible after illness, possibly on reduced hours or with adjustments to work, can help prevent long-term illness and aid a full and speedy recovery from ill health. However, the evidence shows that while employment is good for mental and physical health, poor quality work does not have the same beneficial effect.[28]

Being in good employment is protective of health. To protect health, jobs need to be of a certain quality. Good work is characterised by a living wage, having control over work, in-work development, flexibility, protection from adverse working conditions, ill health prevention and stress management strategies, and support for sick and disabled people that facilitates a return to work:[29]

– Both the psychosocial and physical environments at work are critical.
– Lack of control and lack of reward at work are critical determinants of a variety of stress-related disorders and are more prevalent among lower occupational status groups.
– Combining work environment change with healthy lifestyle interventions in employees increases the probability of them adopting health-promoting behaviour.
– Preventive and rehabilitative efforts need to be strengthened, as health-promoting work environments improve return to work.
– 'Good work' is linked to positive health outcomes, whereas insecure, low-paid jobs that fail to protect employees from stress and danger are associated with worsening physical or mental health. People's health can be damaged at work by factors including exposure to physical hazards, physically demanding or dangerous work, long or irregular working hours, shift work, health-adverse posture, repetitive injury and extended sedentary work.[30]

Evidence that clearly shows that a workforce in good health is also beneficial to employers has developed in recent years: 175 million working days were lost to illness in 2006 and the cost of worklessness and ill health across all industries is estimated to be higher than the NHS annual budget.[31] Successful organisations recognise that good health is important to good business. The good health and well-being of NHS staff directly contribute to organisational success while poor workforce health and well-being undermine organisational success and are expensive.

## Health inequalities

There is a socio-economic gradient in security and quality of employment and their related health outcomes: health inequalities need to be considered and evaluated when addressing health in the workplace and providing occupational health services. There is a relationship between a person's status at work and how much control and support they have. These factors, in turn, have biological effects and are related to increased risk of ill health.

The lowest grade workers suffer most and have higher rates of absence, specifically those in 'precarious jobs', where exposure to multiple stressors (from low wages to job instability to lack of control over strenuous tasks) results in unhealthy work.[32] A range of research relates issues such as job security,[33] job satisfaction[34] and support networks[35] to various psychological and physical health impacts, such as depression, cardiovascular and coronary heart disease and musculoskeletal disorders.[36] It has been shown that effective leadership improves sickness and absence rates and that leadership styles impact on the psychological well-being of employees: the quality of an individual's relationship with their manager can also predict employee turnover.[37]

There is a social gradient in early and preventable ill health, with health problems in organisations generally greater in lower employment grades. In order to reduce sickness absence and improve the health of the workforce significantly, employers will gain the most benefits by addressing the ill health gradient in a proportionate way, that is, by focussing attention and effort increasingly down the social scale.

Evidence suggests that policies to reduce the social gradient in working conditions should be focused on two interrelated aims:

– To reduce the adversity of working conditions and employment; and
– To target interventions proportionally towards lower socio-economic groups.
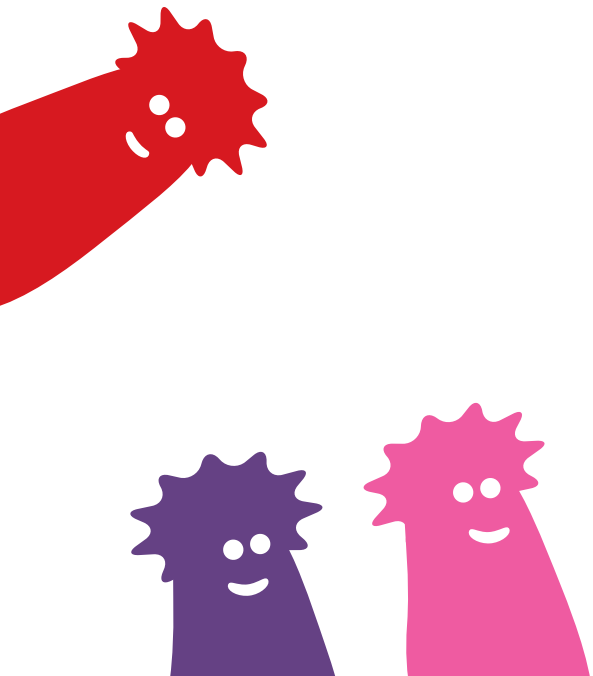
# Chapter 3
## The evidence base relevant to the health and well-being of BLT staff

Boorman's review showed clear links between workforce well-being and key measures such as patient satisfaction and Trust performance.[38] The NHS loses over 10 million working days each year due to sickness absence alone. Staff health and well-being need to be at the heart of the NHS mission and operational approach. According to a Department of Health report, 14 evaluation studies in the USA found that health promotion measures led to a 12–36 per cent reduction in sickness absence and a 34 per cent saving in absenteeism costs.[39] Further, every $1 spent on promoting health in the workplace could lead to a $2.50 saving for businesses.[40] Such cash savings would be seen in reduced agency staff costs, turnover costs, reduced sickness records and administration costs.

There are financial costs associated with the focus on maintaining a functioning workforce, as well as social costs and risks associated with presenteeism. Presenteeism is high in the NHS: many NHS workers are working when they feel unwell. This poses a risk to health and safety both of staff and patients as well as financial costs: presenteeism costs £605 per employee per year, compared with absenteeism which costs £335 per employee per year.[41] A focus on improving people's general health will lead directly to reduced presenteeism and absenteeism and therefore improved performance.

### 3.1   Health and well-being in the NHS

The NHS provides a round-the-clock service, the work is often physically and psychologically demanding, and a significant proportion of staff are involved in activities with risks particularly associated with caring professions: lifting and carrying for many staff as well as the psychological

strain of caring for people affected by illness or death. All of these may play a part in the high absence rates; such risks should be reduced through a comprehensive health and well-being and safety policy.

The staff survey carried out on behalf of the Boorman Review showed that NHS staff in general believe they are quite healthy: they report that they drink in moderation, exercise regularly and have good social networks.[42] 20 per cent report that they smoke, a marginally lower proportion than the general population (21 per cent at its lowest in 2007).[43] Although this might at first seem a positive result, the make-up of the NHS workforce is not exactly representative of the socio-economic make-up of the general population: it comprises a significant proportion of highly paid professional classes, who tend to have lower rates of smoking. If socio-economic distribution within the NHS is accounted for, smoking rates would be expected to be 20 per cent, therefore they are no lower than for the general population despite the health information that NHS staff are exposed to. The workforce also reports that they enjoy their work, although they find it pressured: over 80 per cent of respondents stated that they find their work interesting, yet around 50 per cent reported feeling more stressed than usual at the time of the survey, around 43 per cent felt some form of pressure to return to work when ill (the greatest proportion of this being pressure from self), and 10 per cent reported that work had a negative impact on their health and well-being.[44] Moreover, NHS employees have high levels of sickness

**Summary**

Becoming an exemplar employer in terms of staff health and well-being will:

–  Benefit levels of health and well-being of staff
–  Reduce absenteeism and presenteeism
–  Support the drive to deliver high-quality healthcare services
–  Reinforce the Trust's image as a caring and committed employer
–  Produce real benefits to the Trust's financial position
–  Reinforce and support public health promotion and prevention initiatives made by staff.

absence (10.7 days per staff member) in comparison with both the average for the public sector (9.7 days) and the private sector (6.4).[45]

There are associations between lifestyle and sickness absence: staff who smoke six or more cigarettes a day have higher incidence of absence and longer absences. Staff with poor general physical health reported more absence and for longer periods of time than those in good health, while staff who undertook physical activity outside work had a lower incidence of absence and mental health problems than those who did not.[46]

In the same way that poor working conditions are socially graded, it is also to be noted that there is a social class gradient in behaviours that negatively affect health: drinking, smoking, over-eating. These gradients will be replicated in staff at all levels of the workforce – effective preventive interventions will have to address health inequalities and be aimed at relevant staff groups. This is why understanding further the socio-economic composition of staff in relation to their health and well-being is fundamental to developing an effective strategy. The main causes of sickness and ill-health retirement among NHS workers are similar to other employment sectors, the most commonly arising problems being musculoskeletal disorders and low-level mental health problems (stress, depression and anxiety). These two main causes of sickness are amenable to improvement via improved health and well-being strategies. Both Carol Black's report and the Boorman Review argued that management attitudes and practices have an impact on mental health and changes in management practices can help prevent stress and mental ill-health. The two main conditions causing sickness absence can be effectively treated and rates reduced if they are tackled at an early stage: early interventions are vital to prevent long-term sickness.[47]

### 3.2    Health and well-being at BLT

Staff survey
A yearly NHS staff survey is carried out by the Trust, in line with wider NHS requirements for comparison between Trusts and monitoring by the Care Quality Commission. In 2009, the Trust scored below average on 24 of 40 key findings (KF), with 14 indicators in the bottom 20 per cent of NHS acute Trusts in England, while it scored above average on 11 indicators, with six in the top 20 per cent of trusts.[48]

The analysis of the 2009 staff survey showed much improvement from the previous year in areas such as staff intention to leave jobs, the

proportion of staff working in a well-structured environment, the number of well-structured appraisals carried out, the quality of job design, and the percentage of staff suffering from work-related injuries.

The Trust has also improved, though less significantly, in other areas, including staff training and development, availability of hand washing materials, commitment to work-life balance, and levels of work pressure felt by staff. However, the Trust continues to score below average in many of these areas compared with other NHS acute trusts in England. Additionally, staff experience had deteriorated or not improved in other areas, including the ability of staff to contribute to improvements at work.

The rate of response to the staff survey was extremely low in 2008: just 33.5 per cent, which put BLT in the lowest 20 per cent of acute trusts in England for survey response rate. Great progress was made by the 2009 survey, which had a 55.9 per cent response rate.

The 2009 staff survey[49] showed that many of the elements of good quality work set out in Chapter 2 above were lacking within BLT:

– Job satisfaction was low and intention to leave the Trust was high (in the worst 20 per cent of acute trusts): staff were dissatisfied with support from line managers in recognition of good work and help with work/life balance , which were all below average for acute trusts.
– Reported bullying and harassment from both staff and patients had improved from the 2008 staff survey, but it is worrying that bullying and harassment from colleagues were higher than from patients, and higher than acute trusts' average (worst 20 per cent). Reported bullying and harassment from managers were also higher than average, and tendency to report it was low and had declined since 2008.
– Staff believed that poor performance and bad behaviour within the workforce were not well-managed in comparison to other Trusts.
– Staff felt that they had little control over their working lives: they felt they were not involved in decision making that affects their work and communications were largely on a command and control basis rather than a two-way mechanism (40 per cent reported that their team was not well structured and communication was ineffective); the use of flexible working options was low.
– A substantial proportion of staff either had not had an appraisal in 2009 (41 per cent), or had found the process not well structured and/or unsupportive (60 per cent of those who had an appraisal). Moreover, the Trust scored badly in terms of access to learning and development opportunities, and in equality and diversity training.

The proportion of staff intending to leave jobs at the Trust had decreased from 2008, but remained one of the worst scores across acute NHS trusts in England. This is a matter for particular concern given the already high turnover rates of the Trust.

Staff self-reported good health was just above the average of acute Trusts. However, 5 per cent of respondents reported suffering from poor health in the previous four weeks – which represents around 380 employees at BLT – and 38 per cent reported that they had difficulty doing their work because of their physical health. BLT scored below average for indicators of well-being with 44 per cent reporting that they had, to a certain extent, been kept from doing their work because of personal or emotional problems, and 32 per cent stating that they had suffered injuries or felt unwell because of work-related stress.

### Needs assessment

A needs assessment for workplace health for BLT was produced under the Healthy Workplace Initiative run by the London Borough of Tower Hamlets. The assessment was based on a survey conducted in June 2010; there were 377 respondents, around 6 per cent of BLT employees. There was no aim to recruit a diversity of respondents and it is thus likely that the respondents are staff already keen to be engaged with workplace health issues. Given the low proportion of respondents and the recruitment method it is unlikely that the results of the survey are representative of BLT staff needs as a whole. However, they are an indication of the main trends and needs in workplace health – in the future it would be useful to record respondents' job roles and grades in order to better plan for health and well-being interventions. The results of the needs assessment can be summarised as:

– 85 per cent of respondents rated their health as good to excellent. However 13 per cent of respondents have clinical anxiety disorder, 16 per cent borderline anxiety disorder, 2 per cent clinical depression and 6 per cent borderline depression.
– 8 per cent reported having a disability of some kind. Interventions need to cater for and take into account these staff members and their needs. The needs assessment concludes that there is a need for a mental health programme.
– A low percentage of respondents use a car to get to work (14 per cent) and a high number use public transport (73 per cent). Cycle use could be encouraged, as 40 per cent reported using bicycles for

trips under 5 miles not including the journey to work, whereas only 10 per cent cycle to work.
– There are low rates of intense physical activity levels – only 17 per cent of respondents are getting the recommended amounts of intense exercise, although 56 per cent think that they are. However 38 per cent intend to become more physically active and staff are keen to encourage physical activity support options provided by the workplace (71 per cent would like on-site facilities, such as a gym and 58 per cent would like on-site activity classes).
– The survey found good fruit and vegetable consumption (43 per cent consuming five pieces per day) but it was felt that these were overpriced in hospital food outlets. 56 per cent of respondents do not take lunch breaks, and 24 per cent of staff are overweight.
– Approximately 10 per cent of respondents reported smoking, and just under half of these wanted to give up in the next three months. 66 per cent said they binge drink sometimes; 23 per cent binge drink once or twice a week. 22 per cent of respondents stated they wanted to reduce their alcohol consumption.

## 3.3    Improvement: existing policies and gaps

BLT has a number of policies that directly affect staff experiences at work and their health. Of particular relevance are the occupational health policy, the learning and development policy and the availability of staff benefits.

### Occupational health policy

The current occupational health policy[50] is aimed at managers as a framework for managing sickness and non-attendance. It was last issued in 2008, is due for review in 2011 and applies to staff only directly employed by the Trust and not by independent contractors.

The policy sets out responsibilities for managers and staff in relation to sickness and absence as well as setting out the role of occupational health and human resources.

The purpose of the policy is to:
– Provide fair, non-discriminatory and consistent procedures for managing unsatisfactory attendance at work
– Promote and maintain a healthy workplace
– Support staff who are unwell in their timely return to the workplace.

The policy places a responsibility on managers to deal with attendance/sickness problems sensitively and early, as well as providing a safe work environment. However, the policy is responsive rather than proactive and preventive: it focuses on responding to long-term (4+ weeks) or frequent absence and there is no provision for self-referral to occupational health. There is no framework for prevention and early intervention for the most common conditions. The role of occupational health is defined as:

– To provide advice to management on dealing with long-term sickness absence and chronic conditions and provide support to staff during illness or long-term absence and on their return to work
– To identify with staff how to regain their health and return to work as quickly and safely as possible
– To advise both managers and staff on reasonable adjustments in support of rehabilitation and retention
– To work within agreed timescales for provision of advice.

### Recommendations

The occupational health policy should be reviewed with a focus on:

– Staff health and well-being at its heart
– Prevention and early intervention
– Provision for staff self-referral
– Acknowledging different levels of health across different work grades
– Expanding and redefining the role of human resources
– Sustainable funding
– Preventive and early intervention programmes
– Systematically carrying out return to work interviews
– Systematically carrying out exit interviews

The role of human resources is limited, and defined as a consulting role to management and staff in response to attendance management needs and problems. The health-promoting role of human resources is not sufficiently covered in this policy in terms of the benefits that human resources can provide to staff on aspects of their lives that directly affect their health, including housing, childcare and financial difficulties.

Development and expansion of the role of occupational health services and human resources, and the implementation of early intervention programmes should be supported by appropriate long-term sustainable funding to implement programmes focusing on prevention and early intervention for mental health problems and musculoskeletal disorders. This funding will be recouped in the longer term through organisational efficiency, lower turn-over, absence rates and agency spend.

Return to work interviews are required by the policy to be practiced systematically, though informally, regardless of the length of absence, in order to embed a culture of mutual accountability within a supportive framework. The return to work interviews aim to prevent the recurrence of sickness absence, update staff on developments at work during absence and consider referral to Occupation Health. Managerial training is vital for return to work interviews to be effective and systematic. These should be recorded even when informal and analysed to match absence records in order to monitor performance. Exit interviews should also be implemented systematically as a way to record and analyse reasons for turnover, and as a basis to address the current high turnover at BLT.

Occupational Health Services can now work towards a voluntary accreditation programme implemented by the Faculty of Occupational Health Medicine by raising their standards according to criteria defining high quality occupational services published in January 2010.[51]

## Staff benefits

Work is an important determinant of health, and the highest priority for employers aiming at improving the health of their workforce is to improve working conditions within their organisations. However, there is a great deal that employers can do to support staff in other aspects of their lives which affect their health. The Barts and The London Trust already has many benefits in place.

The Trust provides:

– A service offering staff advice and support to find affordable accommodation.
– Chaplaincy and a free and confidential counselling service.
– Financial services which comprise the NHS pension scheme, interest-free season ticket and bicycle purchase loans and the Giving to Charity (GAYE) scheme.
– Provisions for flexible working and the childcare voucher scheme.
– Provision for health, fitness and healthcare discounts, including membership to local gyms and fitness centres.
– Other services include on site libraries, a free minibus service between hospital sites, discounted food at hospital canteens, an arts club organising a programme of activities for staff and their families, season ticket loans, sports facilities, parties and discounts in shops, restaurants and theatres.

### Summary

In order for all these benefits to have a positive impact on the health of staff they need to:

– Be made known and easily accessible to all staff, both physically in terms of location and hours of service, and taking care that information about benefits is included in the induction process, reaches all staff, including those who do not easily or often access email services.
– Be taken up by a significant proportion of staff progressively across the social gradient, with the aim to raise the proportion of take up of benefits by those in lower grades.
– Be reviewed, enhanced and improved regularly according to staff needs and only following consultation with staff.

The Trust has a dedicated learning and development team, which offers training and support to departments to ensure that staff have the right skills for healthcare provision and that they develop to progress in their career.

Although a yearly appraisal system, which provides the opportunity for staff to discuss work and draw up a personal development plan, is part of the Trust's procedures, 42 per cent of staff stated in the yearly survey that they had not had an appraisal the previous year[52]. This was an improvement on previous years, in particular considering that the majority of the staff who undertook the appraisal found it helped them in their job in some form or other, significantly more than the average for acute trusts where response rates are higher. However, there is still progress to be made: most staff who undertook the appraisal found it unsupportive (70 per cent of those who undertook it). A similar problem exists for access to training: while access has improved, the Trust scored badly in relation to various forms of learning and development, in particular equality and diversity and health and safety training.

## Other policies

This strategy aims to improve the health and well-being of the BLT workforce. However, its implementation will ultimately form the basis of the Trust's role in promoting wider health and well-being and addressing health inequalities in its community. Providing good local employment, fostering the good health of employees, and developing wider health promotion strategies to address the social determinants of health in line with the recommendations outlined in Chapter 4 will set the pace for promoting health more widely.

The Regeneration and Sustainability Strategy developed in 2004 in view of the redevelopment of Trust facilities states that the strategic aim of the Trust as an employer is to achieve a staff complement that is progressively more representative of the Trust's diverse locality and that provides the opportunity to attain career progression.[53] Since 2004 the Trust has made great progress in recruiting a more diverse staff, bringing the percentage of the workforce from mixed, and black and minority ethnic backgrounds to 48 per cent at the beginning of November 2008. The Trust's Single Equality Scheme 2009–2012 also focuses on diversity, equal opportunities and recruiting and maintaining a local workforce representative of the local population. While the Trust has recently made progress in diversifying its workforce, it would be unrealistic to expect a make-up that perfectly matches that of the local population. However, it can be helpful to consider such differences when planning equality and diversity training, as well as public health promotion initiatives.

The Trust's Action for Community Employment (ACE)[54] has not only provided training and employment opportunities for the local population, but has also addressed previous gaps in staff recruitment and retention by looking at workforce planning, recruitment, vocational training and retention strategies. The Trust should continue and widen its successful relationship with partners who have placed local and unemployed people into employment with the Trust – increasingly helping to represent the diverse ethnic make-up of the area. The objectives of such partnerships should be addressed across the Trust, with departments asking whether they have difficulty recruiting to posts, whether they employ local people, especially those from low income or socially excluded communities, and whether they struggle to support these people.

An Environmental and Sustainability Strategy was adopted by the Trust in July 2009. This relates to the Trust's ambition of corporate social responsibility and improving wider health and well-being by reducing its impact on the environment, as well as having an impact on the health of the wider population and health inequalities, affecting the health of staff and longer-term requirements for service delivery.
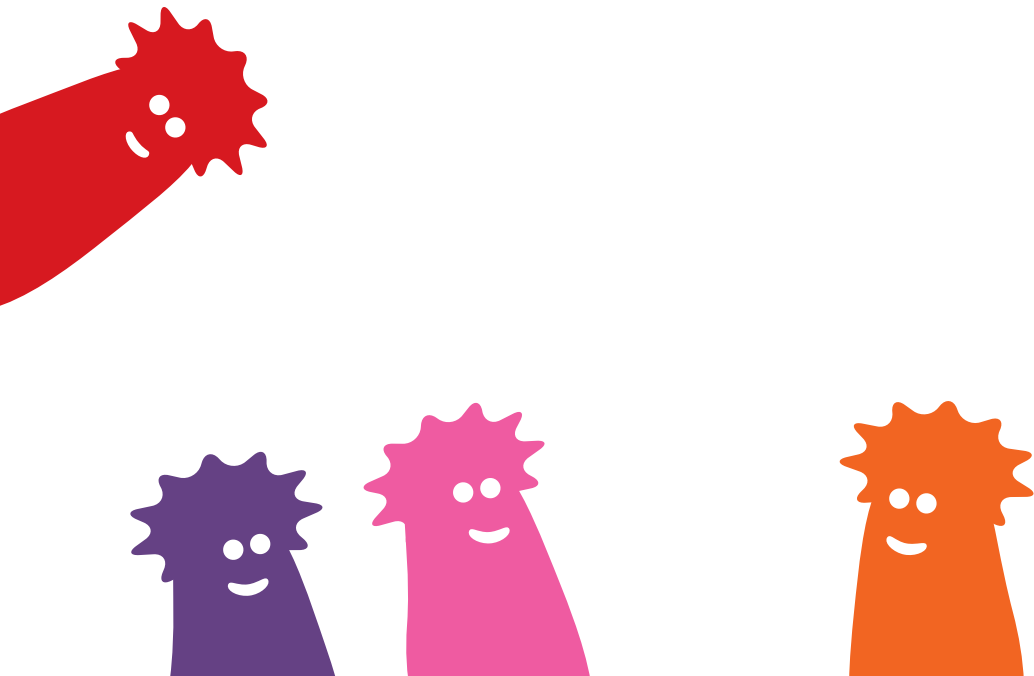
**Summary**

The health and well-being leader/board and staff health champions should be consulted and involved in the development and reviewing of the Trust's wider policies in order to ensure that consideration of staff health and equity is taken into account at policy development stage.

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# Chapter 4
# Recommendations for improvement

We were asked to provide aspirational goals in terms of cost and time-line, but also to provide a practical and feasible action plan over three years, the period for which funding to appoint a health and well-being lead to implement the strategy is already secured. The recommendations to improve health and well-being are set out below, while a programme for action, responsibilities and a timeline for implementation are provided in Chapter 6.

For a successful strategy to be set and implemented it is vital that staff are engaged and consulted and the strategy reviewed and adapted yearly according to staff needs. Managerial and organisational policies, reviews and actions should be set and conducted with feedback from staff in mind; the model for leadership should demonstrate genuine concern for staff health as well as a supportive and open senior manage-ment viewing staff health as a priority. The most effective health and well-being programmes are developed through consultation with the workforce. Healthy populations are generally wealthier and happier so engaging staff on their health is a positive action to support organi-sational success. Staff promises or pledges can also seek to clarify individual responsibility, which contributes to workplace health. Staff engagement is also key to their understanding of health behaviours and to encouraging their involvement in promoting health and health equity in the general population locally – the recruitment of 'health champions' among staff will be an efficient way of promoting health and well-being across the workforce.

## Staff engagement

Feedback from staff is fundamental to plan for services and improve health and well-being at work and to inform management action. Staff should be consulted and engaged systematically: the 2008 survey analysis[55] acknowledges that quarterly consultation events need to be developed further and their outcomes efficiently cascaded into management and leadership programmes. The recruitment of staff attending such events needs to be reviewed to widen participation in the survey, in terms of numbers, staff grades and roles.

Although the response rate increased rapidly from 2008 to 2009, following managerial action based on the 2008 survey, we advocate that the Trust build on this momentum to maintain and increase the rate of response by an additional 10 per cent a year to reach 85 per cent within the timeline of the strategy's action plan. This would bring the Trust above the 60 per cent target requested by the Care Quality Commission within a year of implementing the strategy, to then maintain its rate of increase over the following two years.

An efficient system of internal communication with staff should form the basis for the recruitment of participants to consultation meetings

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### Recommendations

The rate of response to the staff survey should be progressively increased over the next three years 2012–2015 to reach 75 per cent cover by:

– Developing staff engagement further
– Providing staff with feedback on actions taken
– Improving internal communications to engage staff
– Developing a culture of reward for participating in the development of the Trust's policy and services.

**Basis for wider health promotion:**
Assess the wider services needed by patients and provide them with information to improve their health and support their recovery.

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and provision should be made across the gradient to reward staff who attend these events. In areas where recruitment is particularly low, the reasons should be investigated, and ad-hoc marketing and focus groups should be organised to engage the relevant group of staff.

The means of communication should be suited to the specific groups. In many cases electronic communication will be essential and some information can be provided effectively through electronic means (for example screen savers or pop-up prompts on computers, which remind staff to take breaks, adjust their position, and so on). In other cases, where staff have little access to computers or few digital skills, leaflets, a magazine, or face-to-face communication led by health champions could be the most effective way of engaging staff in lower grade jobs.

Senior management and occupational health staff should gain further information about the health and well-being of their workforce. This information should be analysed and compared to other trusts, including how sickness absence is distributed across working grades.

Staff engagement and recruitment to participatory events could be improved by providing an integrated health and well-being information and communication service, and by staff health champions to engage directly with staff face-to-face. The most effective way to obtain staff responses to participatory events is by ensuring that the matters they raise are responded to, acted upon and fed back to them.

A systematic appraisal system must be coupled with training and development, which, if taken up, can significantly reduce staff turnover by ensuring that staff view their employment as an investment towards improving their career and salary prospects and by catering for their changing needs as and when they arise. For example, staff reasons for leaving the Trust may not relate to working conditions, but to personal circumstances such as a need for childcare or for relocating. Supporting staff through these changing needs would be more cost-efficient than losing those persons and incurring turnover and agency costs.

It is suggested here that managers' training in the importance and management of appraisal is improved. It could prove beneficial to run a focus group with managers in charge of appraisals in order to improve awareness of the importance of appraisals and also engage them in designing the most efficient system to help them achieve appraisal targets. Only after such engagement with managers should the Trust consider reviewing performance management and bonuses in line with appraisal targets.

Ensure appropriate mechanisms are in place to retain staff and improve their well-being by:

- Enhancing staff engagement and responsiveness to needs
- Implementing a health and well-being strategy that ensures that work pressures do not affect staff health and their ability to balance work and life
- Improving availability and ease of access to staff benefits, including appropriate accommodation strategies, financial benefits, internal and external facilities
- Implementing systematic annual appraisal reviews, and individual training and education plans, which must be advertised to staff
- Providing further and improved training in the management of annual appraisals
- Developing a systematic learning and development strategy by which all staff are guaranteed relevant training at least once a year
- Allowing staff to request and be guaranteed training within a set timescale.

**Basis for wider health promotion:**
Widen the scope of the Action for Community Employment programme and develop other training and employment opportunities through partnerships with the local authority, third sector, and community groups.

## Well-being at work

Training in induction practices is particularly important to developing managerial capability. An extensive induction programme is fundamental to welcoming new staff to an organisation, to setting the basis for continued engagement of staff and to preventing ill health, accidents and injuries at work.

Induction should include relevant health and safety training for different jobs, in particular in relation to musculoskeletal problems for all those staff involved with lifting and carrying and mental health for those involved in caring for patients. All staff should be made aware of the importance of good health and well-being at work and be given a package of short, easy-to-read information to refer to at a later stage. This should include:

- A statement on the importance of staff health and well-being within the Trust
- Basic information about benefits available and how to access them
- Basic information about the most common health problems which cause sickness absence, how ill-health is distributed across work grades and what services are available from Occupational Health

**Recommendations**

Change induction practices to ensure focus on quality of work and the difference this makes by:

- Extending induction practices to include further health and safety training for all staff and leadership training for managers
- Designing an induction pack that is easy to read and provides all basic information about health and well-being and how to access benefits and services.

**Basis for wider health promotion:**
Change discharge practices to include assessment of patients' wider health needs and provide them with information to address their needs.

- A list of staff 'rights' in terms of appraisal and access to training
- Information on procedures for dealing with bullying and harassment, equalities issues and poor performance management
- Information on what constitutes 'good quality work'.

All of the above should be included in a pamphlet titled 'Your health and well-being' and included in the induction package for new staff as well as distributed to existing staff.

Several recent systematic reviews have summarised current evidence on health effects following improvements of the psychosocial environment.[56] A majority of intervention studies have addressed behavioural changes, especially stress management programmes, while fewer have tested the effects of changes in the work environment. Several conclusions can be drawn from these reviews:

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**Recommendations**

Improve the psychosocial work environment by:

- Implementing an organisational culture of reward for work
- Developing a culture of management concern for staff health and well-being
- Enhancing staff autonomy at work
- Encouraging participatory meetings between staff and managers
- Providing for individual work-time control where possible
- Implementing rest breaks
- Limiting long working hours.

**Basis for wider health promotion:**
Improve the patients' environment and consultation on service delivery; improve the wider environment by implementing the environmental and sustainability strategy and by assessing the health equity impact of the Trust's contracting and development practices; act as a model employer.

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- Relatively consistent results were obtained on the positive effects on mental health and, where available, sickness absence from interventions that increased participants' job control and degree of autonomy at work.[57]
- Interventions that worked well were characterised by a participatory approach involving employee representatives and management personnel, for example in the form of 'problem-solving committees' or 'health circles'.[58]
- Work-related burnout and psychobiological stress reactions were significantly reduced by reward-enhancing measures based on organisational and personnel development, including leadership training.[59]

Good psychosocial work environments have been shown to improve return to work rates for those with chronic health conditions, particularly for those with mental health problems. The current available evidence also indicates that there is considerable room for improvement of work-time organisation in daytime work, as follows:

- Given the health-adverse effects of long working hours, overtime and excessive work, hours need to be controlled systematically, particularly in jobs where legislation is often not strictly applied – 54 per cent of staff reported working unpaid overtime in 2009.
- The implementation of rest breaks is desirable, particularly in jobs with a fast pace, work pressure, multiple interruptions and monotony. Rest breaks have been found to reduce the risk of injury.[60]
- Individual work-time control, for example with regard to flexitime or time banking, was shown to reduce sickness absence, specifically among employed women, and to moderate adverse effects of psychosocial stress at work on sickness-related absence.[61] There is a substantial amount of flexible working and reduced hours contracts at BLT; however, the proportion is significantly lower than the average for NHS Trusts in England and less than half of staff believe the Trust is committed to support work-life balance.
- Staff need to be made fully aware of their rights to set working hours and breaks, of the health effects of long working hours, as well as the potential consequences of presenteeism.

It will be necessary to improve leadership and management training to cascade information to staff and implement a two-way communication

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Deal with bullying and harassment effectively by:

- Providing managerial training in communicating with staff and dealing with bullying and harassment.
- Visibly communicating to all staff that bullying and harassment will not be tolerated.

**Basis for wider health promotion:**
Effectively manage the reporting of bullying and harassment by patients, whether within the Trust or the wider community.

**Case study:** Effective communication

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

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

The feedback the Trust has received from staff has been excellent with very high rates of take-up of services. The Trust is currently assessing the impact of the programme on sickness absence and staff turnover.

system that empowers staff and gives them further control over their work. This could help promote mental well-being as well as improving organisational capability. Managers should encourage an understanding of other staff roles and workloads in order to promote a sympathetic work environment. Lack of control and lack of reward at work have been shown to be critical determinants of a variety of stress-related disorders and to be more prevalent among lower occupational status groups.[62]

Bullying and harassment from both staff and patients are reported as high by a significant proportion of staff at the Trust (51 per cent of staff reported physical violence from service users or their relatives at least once in the previous year[63]). This contributes to poor mental health among staff and the perception of a lack of managerial interest in, and support for, staff concerns about their health and well-being. Findings from a 2006 Chartered Institute of Personnel and Development (CIPD) survey showed that those who experience bullying or harassment are more likely to be depressed and anxious, less satisfied with their work, to have a low opinion of their managers and senior managers and to want to leave their organisation.[64] Tackling workplace bullying and harassment is a joint responsibility of the organisation and individuals working within it.

Policies, communication and training are essential. A well-designed policy is crucial in addressing harassment and should be agreed by staff representatives. A communications strategy should give examples of what constitutes harassment, bullying and intimidating behaviour including cyber-bullying, work-related bullying and harassment, and harassment by third parties. The communications material should explain the damaging effects of bullying and harassment and why it will not be tolerated. Policies should be highly visible and communicated to staff through induction, training and other processes. All managers should be trained in dealing with bullying and harassment, while staff should be able to refer bullying and harassment to the health and well-being leader if they feel unable to talk to their line manager or are dissatisfied with their manager's actions.

Managerial training in how to communicate in a manner that staff recognise as courteous and respectful should reduce bullying and harassment, especially if coupled with a promotion of understanding of others' roles and workloads and recognition of good work on the part of managers.

Clinical managers have often been promoted into management roles without any formal training, they are often unaware of policies for staff management and unable to deal with the large range of issues that

present. Issues which can lead to allegations of bullying and harassment often stem from feelings of inequity – for example, flexible working and annual leave arrangements for staff with children. Cultural differences of approach of management and other staff members could also have an impact.

## Prevention

Occupational Health services should be made easily accessible to all staff and should focus on staff health, health inequalities, prevention and self-referral, including lifestyle issues. Implementing successful and sustainable smoking cessation and exercise programmes could help with both individual well-being and organisational performance.

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### Recommendations

Redevelop the focus of Occupational Health and Human Resources towards prevention, communication, and accessibility by:

– Improving the availability, accessibility and distribution of information to staff about services and benefits
– Improving the availability, access and take-up of preventive services, such as counselling, exercise, smoking cessation and weight management services
– Implementing early referral and intervention programmes for ill health, in particular musculoskeletal and mental health services
– Improving managerial training in understanding the main causes of ill health at work, in particular mental health awareness training.

**Basis for wider health promotion:**
Gradually make these services available to the Trust's other Occupational Health users and extend the provision of services to others where capacity permits.

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### Exercise
The Trust already has in place a significant number of benefits for staff, which offer discounts to gyms and other local facilities. There are, however, no facilities or exercise classes on the Trust's sites or at the health and wellness centre. Although a number of yoga classes are available on the sites, managed on an ad hoc basis, it is vital for the Trust to improve the availability, access and take-up of exercise classes across the workforce. This could be done by providing facilities and regular on-site sessions, focusing on exercise classes that can help prevent musculoskeletal disorders, and aiming to engage staff proportionally across the grades, prioritising those in job categories most at risk of developing musculoskeletal disorders.

### Smoking cessation and weight management
Smoking cessation and weight management programmes are currently available at BLT's health and wellness centre. These programmes should be developed further by the Trust with consultation from staff who smoke or who already use the services, in order to ensure appropriate location and access to services, including suitable opening times. The Trust should consider providing on-site stop-smoking appointments and develop a strategy to engage staff working in grades 1-4 in planning and take-up of the services. The Trust should also provide information about other programmes in the local area, listings of local pharmacies providing such programmes as well as a colleague network of support, for instance support group meetings or an online network.

### Mental health
Staff on long term sickness with mental health problems often have conditions which could be both prevented and treated at the workplace. Offer of referral to Occupational Health and counselling should be made to all employees affected by mental health problems, including low-level mental health problems, as well as those affected by bullying or harassment at work, bereavement, separation or other traumatic events. Referral should be suggested informally by managers as soon as they become aware of problems. Contact and reassessment should occur every two weeks, rather than every four as currently prescribed by the Occupational Health policy.

Work-related stress was the one main work problem reported as causing injuries and illness at BLT in 2009: 32 per cent of staff reported suffering injuries or feeling ill because of stress at work.

Campaigns such as 'Time to Change'[65] and 'Mindful Employer'[66] seek to provide support to organisations in managing mental well-being, and should be accessed as part of a well-being strategy.

## Musculoskeletal problems

Although the great majority of people on sickness absence due to musculoskeletal problems return to work relatively quickly, a significant minority are absent for much longer and may progress to dismissal. Following four weeks' sickness absence, the propensity to return to work falls rapidly.[67] This has implications for the Trust's Occupational Health policy, which only considers referral to Occupational Health after four weeks of continuous absence and referral is not statutory – this is clearly too late and begins at a stage when the condition is already becoming entrenched.

We suggest that referral to Occupational Health should be made within the first two weeks of sickness absence in all cases of musculo-skeletal and mental health problems in order to prevent further sickness, even if the employee is returning to work after this length of time.

The Trust should offer preventive services for all staff – with progressively greater support given to lower grade staff – to access the services, such as paid travel expenses to reach facilities and some kind of payment to attend social and consultation events.

Active travel is often an effective and, for many working people, one of the few ways to take exercise. Promoting the 'cycle-to-work' scheme which the Trust provides would be a way to encourage cycling across the workforce. The Trust should ensure that it is undertaking a series of simple, relatively low-cost measures that make the difference in successful implementation of the scheme:

– Secure, safe and accessible bike parking facilities for all staff who require them
– Good quality changing and locker facilities for all staff who require them
– Offset cost of cycling equipment through the big tax savings of the 'Cycle to Work scheme'
– Free bike repair for cyclists on or near site
– An implementation plan including targets for take-up, training and incentives to cycle.

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**Case study:** Early intervention

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

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

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**Recommendations**

Develop an effective active travel strategy by:

– Promoting the 'cycle-to-work' scheme
– Implementing a 'cycle-between-sites' scheme
– Providing information and support to staff to engage in walking and cycling.

**Basis for wider health promotion:**
Encourage patients' visitors to walk, cycle or use public transport, participate in local planning decisions to promote the assessment of the health equity impact of local developments, and encourage the provision of cycling and public transport facilities as well as good quality public spaces.

This initiative could be complemented by a 'cycle-between-sites' scheme, by which bicycles are made available to staff 'for hire' to cycle between Trust sites. This is about to be provided through the Mayor of London's 'cycle hire' scheme which will provide bicycle hire at two of the three main BLT sites. Under the scheme, bicycles should be located in a visible place, with easy to access, safe space and the system for locking and unlocking the bicycles, as well as the bicycles themselves should be maintained and serviced adequately. The Trust should liaise with the scheme providers to ensure maintenance and extend the service to the third site.

Some of the main reasons putting off new cyclists in London are insecurity of cycling, the fear of traffic, knowledge of the street system and routes and fear that the cycling would be too physically demanding. In order to support both cycling initiatives, the Trust should run cycle-between-sites group rides with instructors in order to familiarise staff with all routes and give them confidence. Transport for London cycle maps are available for free and could be distributed to staff, while SWELTRAC (the South and West London Transport Conference) has developed a series of specific place-to-place cycle route guides linking

major NHS sites in South West London.[68] Such a project could be reproduced for BLT in order to provide staff with information on travelling between sites.

There are also a number of ways the Trust can encourage staff to incorporate walking into their daily routine. SWELTRAC has also produced maps showing walking routes linking NHS sites, which can be reproduced for BLT to encourage staff to walk to work and when travelling between sites. These could be circulated to staff at the Trust, perhaps including information on benefits to health, assistance with planning and goal setting, addressing safety issues and other ideas and contacts.

The Trust should take an active role in promoting National Walk to Work Week,[69] or organise its own Walk to Work Day, to encourage staff to walk to work and help them discover that they may have overestimated many of the barriers (such as distance, time or difficulty). Walking Works suggests that this could involve incentives, such as rewarding those who walk the most steps over the week, or a photography competition among staff as they walk to and from work.[70]

Holding a fundraising walk could be used as an opportunity to highlight the benefits of walking, as well as raising funds for a specific cause within the Trust. Similarly, organised walks have had some success in raising the profile of walking as a route to fitness.[71]

A healthy food strategy should benefit the physical and mental health of Trust staff across the board. A review of the availability of nutritious food in canteens and local outlets is likely to highlight the considerable work the Trust has already done in improving the selection of healthy food it provides, yet it would be useful in ascertaining more precisely what could be improved.

The focus of the strategy is twofold: to increase the availability of healthy food alternatives (and reduce the proportion of foods high in salt, fat and sugar), and to provide staff with accurate and accessible information on nutritional content and healthy food choices to allow them to make informed decisions.

Providing nutritional content through easy-to-understand and consistent food labelling can help to address the lack of information and lessen inappropriate food choices. The traffic light system is the most suitable way to present nutritional information, as it is simple and widespread, therefore likely to be understood by the most people.[72] Evidence has shown that health education messages appear to be least effective in changing the behaviour of lower socio-economic groups,[73] so the Trust should put particular effort into ensuring labelling and other healthy

### Recommendations

Develop a healthy food strategy by:

- Increasing the availability of healthy food at BLT and reducing the availability of unhealthy food in canteens and vending machines
- Providing 'traffic light' food labelling in canteens and vending machines
- Providing information about healthy food and access to weight management services in canteens
- Improving the nutritional value of food by reducing salt and fat content in prepared foods.

**Basis for wider health promotion:**
Improve the quality and nutritional content of hospital food, and provide nutritional content and healthy food information to patients.

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eating information is effective for all social groups and particularly the most vulnerable. Piloting the methods and inviting feedback is recommended for this purpose.

Another way to help people become better informed about healthy food and diet is to provide the information in canteens as well as through the health and well-being centre. This information should extend beyond the food and drink options sold in the Trust, on subjects such as calorie content and alcohol use. Providing educational messages is a key feature in the effort to reduce nutrition insecurity among individuals, which refers to the difficulties experienced in obtaining a nutritionally optimum diet for health.

However, providing this kind of information is unlikely to encourage dietary change if it is not supported by changes in the food environment. The Trust should review its procurement and engage with contractors in an attempt not only to increase a healthy food supply, but also to reduce the availability of unhealthy food. An example would be to reduce the salt and saturated fat content of prepared food in the canteens.

The Trust should ensure that healthy snack options are available when the canteens and local shops are closed, for those shift and night workers in the NHS who often work outside regular canteen hours and who require access to healthy food options during these times, when they are unable to bring their own food. A simple response is to provide enough vending machines containing healthy snacks, while reducing the number of options with a high fat, salt and sugar content. The Trust can either find out whether its existing vending machine supplier can increase the number of healthier products, or switch to another company that provides healthy vending machine] options.

**Case study:** A good place to work

Artizian is a medium-sized catering company with contracts held nationally. It employs 350 people and 30 per cent of its staff work part-time or are casual workers. It provides fresh-food catering in restaurants of blue-chip companies. Artizian has a strong belief in shared company vision, integrating employees' views into its work strategy, and making all senior management known to all workers, keeping them visible and seen to work.

In 2009 Artizian won the Health, Work and Well-being award at the National Business Awards. It was rewarded for improving the health and well-being of its workforce in a way that also benefits the organisation. Artizian has also received health and safety awards because of its low level of accidents. It offers yearly health and safety training for all staff, rather than the statutory requirement of training every three years. Artizian provides all new staff (at all levels) with two days' induction; in the catering industry where employers have to take over existing employees when winning a new contract, this means providing training to employees who may have had little, if any, previous training. Artizian has highly visible policies on stress at work and seeks to ensure that staff are aware that their health will be a priority.

Artizian attributes the main elements of its success in retaining staff and the low level of absence due to sickness to:

– Providing learning and development opportunities for staff at all levels
– Committing to its values, even when times are difficult
– Liaising with GPs (with the employee's permission) to provide support to the employee
– Consulting with staff and going beyond formal statutory requirements, allowing staff to informally voice their concerns
– Rewarding the 'employee of the month' with a day off
– Recruiting staff who hold similar values to the company and training managers to understand the company's values and its benefits.

## Becoming an exemplar employer

The Trust should concern itself with the health and well-being of contracted staff in order to become an exemplar employer, as recommended in the Boorman Interim Report.[74] A large proportion of the contracted staff in the NHS are cleaners, caterers and porters, falling in the lowest pay grades, and they are often the most vulnerable to poor health and well-being outcomes. Ensuring that contracted staff have access to the same health and well-being support as their NHS-employed colleagues will reduce inequalities in the workplace. In addition, similar treatment of staff whether employed or contracted, should promote positive staff attitudes and boost morale among contractors, which supports high standards in services to the benefit of the Trust and its employees.[75]

As discussed elsewhere, supporting the health and well-being of NHS staff brings benefits to the Trust. Contracted staff face as many barriers to health as employed staff – if not more – and therefore any distinction between provision of health and well-being support is arbitrary. Preventable illness or injury in small teams of staff impacts upon the delivery of services. It often leads to increased use of agency staff, which can prove to be an expensive substitute and can be disruptive to other members of the workforce who benefit from staff continuity.

There are a number of ways of achieving this parity of support. The Trust can provide access to its own health and well-being programmes

and services to contracted staff, while encouraging its private sector partners to meet minimum standards of care for the health and well-being of their employees and providing all staff with a living wage. These recommendations correspond closely with the Boorman Review's recommendations, which suggest policies on contracted staff and implementing the London Living Wage to be positive actions towards tackling health inequalities among NHS staff.

The NHS has a significant role to play in policy and programmes involving health promotion, disease prevention and health care. The health system has a potentially pivotal contribution to make in tackling social inequalities in health by prioritising the commissioning of services that prevent or ameliorate the health damage caused by living and growing up in disadvantaged circumstances, and by engaging communities to develop patient-focused, integrated health services in partnership with local councils, third and private sector organisations. BLT would have a powerful influence on local service and planning decisions and should systematically participate in wider local decisions to ensure that they address the health equity needs of the local population.

Acute NHS Trusts, such as BLT, can expose patients to a wide range of health information and refer them to wider health services, while a healthy and engaged workforce can engage patients and the wider community in taking up healthy lifestyles and provide them with health

### Recommendations

Proactively engage with private sector partners to improve the health and well-being of contracted staff by:

– Ensuring that contractors meet minimum standards of care for the health and well-being of their employees
– Encouraging contractors to align their Occupational Health policies with that of the Trust
– Encouraging contractors to provide a living wage
– Progressively making the Trust's health and well-being programmes and services available to subcontracted staff.

### Recommendations

Develop and sustain wider health promotion programmes by:

– Acting as a champion and facilitator to influence other sectors and employers to take action to improve health and reduce inequalities
– Engaging people and communities in the production of world-class commissioning
– Developing a wider public health promotion strategy, aimed at patients, their families and the wider community, based on a risk assessment of patients' and local needs
– Training staff 'health champions' to lead on public health promotions.

and well-being information. BLT should carry out a risk assessment to understand the wider needs of its patients and the local community and develop a health promotion strategy on the basis of the recommendations set out in this Chapter and according to needs.

Following implementation of this framework and improvements in staff health and well-being, there is scope to enable effective public health delivery in an Acute Trust setting by:[76]

1    Improving awareness among staff of their role to promote health and well-being and assisting them in identifying their individual roles in improving prevention
2    Incentivising staff to maximise brief interventions, referral and opportunistic intervention
3    Providing education, training and development of staff in understanding health and well-being, the social determinants of health, and behaviour change in order to develop staff confidence and ability to undertake brief and opportunistic intervention and referral.

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# Chapter 5
# Delivery and monitoring

This section sets out the system for delivery of a health and well-being strategy. The Boorman Review stated that NHS Trusts should have a clearly identified board-level champion for health and well-being as well as senior managerial support:[77] it is necessary to set an organisational framework for delivery, setting out the different responsibilities of different stakeholders in the organisation.
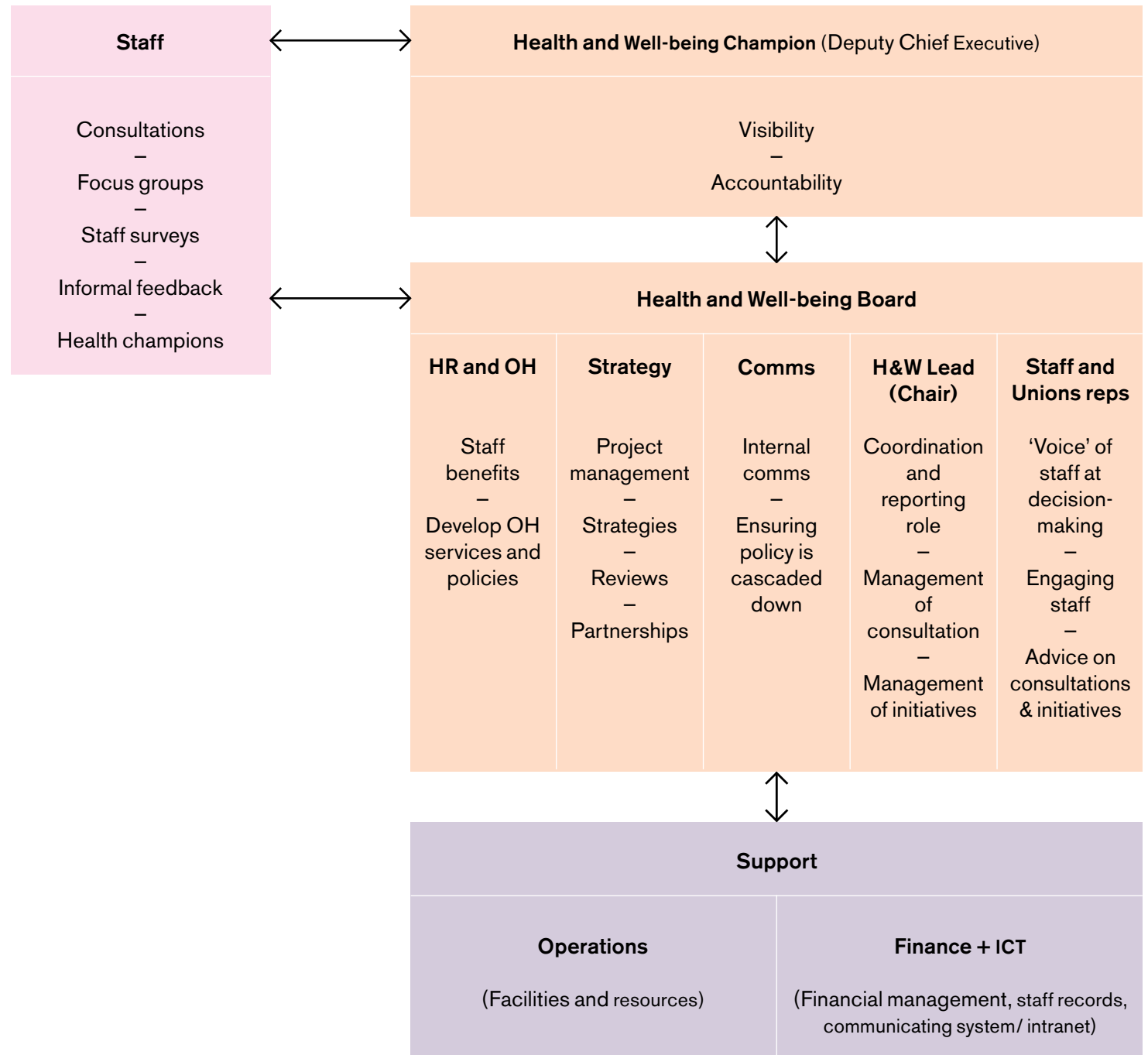
## 5.1    Organisational framework for delivery

We suggest that the high-level champion should be the Trust's Deputy Chief Executive and that they should be supported in their work by a high-level health and well-being board, comprising the directors of the departments most concerned with delivering the strategy. The board should be chaired by a health and well-being lead, appointed specifically to implement the strategy, who would coordinate the board and implement actions arising from the board meetings, with support from operational departments to put the strategy into practice and to implement staff feedback on services, facilities and communication systems.

Action to implement the strategy should be informed and initiated by staff, and services should be commissioned on a strategic basis which recognises the benefits both to individuals and to the quality of services to patients. The role of the health and well-being lead would be to prioritise the implementation of different recommendations according to staff needs, to enable the implementation of interventions through coordination of the different actors involved, as well as maintaining momentum and continuing to raise funds to support preventive interventions.

The health and well-being lead would also initiate a wider health promotion strategy and work closely with staff and communications officers

**Figure 1**
Organisational model for delivering
health and well-being

| Staff | Health and Well-being Champion (Deputy Chief Executive) | | | | |
|---|---|---|---|---|---|
| Consultations — Focus groups — Staff surveys — Informal feedback — Health champions | Visibility — Accountability | | | | |

| | Health and Well-being Board | | | | |
|---|---|---|---|---|---|
| | **HR and OH** | **Strategy** | **Comms** | **H&W Lead (Chair)** | **Staff and Unions reps** |
| | Staff benefits — Develop OH services and policies | Project management — Strategies — Reviews — Partnerships | Internal comms — Ensuring policy is cascaded down | Coordination and reporting role — Management of consultation — Management of initiatives | 'Voice' of staff at decision-making — Engaging staff — Advice on consultations & initiatives |

| Support | |
|---|---|
| **Operations** | **Finance + ICT** |
| (Facilities and resources) | (Financial management, staff records, communicating system/ intranet) |

to ensure the most appropriate communication methods are used to reach all staff within the Trust, including paper-based communication, for example a paper newsletter or magazine to be delivered to staff at work sites or mailed out to staff homes.

## 5.2    Consultation and review

As staff engagement will be critical to ensuring that both the range of services and the way in which they are provided are appropriate and address staff concerns, the health and well-being board should include staff representatives from different job grades, including con-tracted staff. The representatives will act as the 'voice' of staff at board meetings; however, the board should be informed directly by wider staff consultation and an appointed member from each department in the board should attend staff consultation events along with staff representatives. They should report to their director independently to inform board meetings.

Without staff participation and engagement fostered by managers, it will be difficult to improve penetration of interventions and to impact on health and health inequalities[78]: staff should be engaged on the range of services they want and how they should be provided. In order to achieve this, staff engagement practices need to move beyond brief consultations to involving individual staff members in partnerships to identify problems and develop specific solutions: interventions should be about changing power structures and removing barriers that prevent staff from participating in organisational issues that affect their lives and taking advantage of the services offered to them.

Staff 'health champions' should be recruited to initiate engagement, in particular face-to-face engagement with staff groups that are harder to recruit for consultation. These 'health champions' can play a crucial role in engaging staff, disseminating information, and delivering interventions as well as enhancing their work role and becoming staff leaders in wider public health promotion.

## 5.3    Integrated services and highly visible policies

For interventions to be effective, services need to be as integrated as possible to provide ease of access, working towards an on-site, unified point of delivery for each main BLT site. This integration should include all Occupational Health and HR services, as well as the provision of wider information on health and well-being. Such a service should include a highly-visible, physical point of contact at each main site at times that are convenient for all workers, including those working on night shifts. This point of contact can direct and support staff in accessing all benefits and services that are available on and off-site and can advise on procedures to access benefits. Such physical access should be coupled with a 'virtual' access, providing online information and facilities for access from other sites and for reference.

Staff health and well-being services should be connected to the wider aims of the Trust in order to give recognition to the contribution that staff health and well-being can make to delivering the Trust's objectives and to providing high-quality services. The Trust should take action to draw up and publish strategic commissioning plans for staff health and well-being services that are fully integrated with wider service develop-ment plans and should develop awareness of the underlying causes of health inequalities among managers and staff.

The provision of services should be consistent across BLT's sites: the lack of services at specific sites and limited opening hours mean it is difficult for staff working at night and weekends to access support when they need it. Services should also be culturally sensitive, provid-ing for needs of different groups, including those from minority ethnic populations and those with disabilities and caring responsibilities. Such services should include women-only sessions, accessible spaces and a free children's crèche.

## 5.4    Developing partnerships

Partnership working has been shown to play a key role in addressing health inequalities. Enhancing partnerships within the organisation and with third parties could prove an asset in engaging the workforce and aiding the provision of services through links with the local community and local businesses. Robust leadership is required for partnership working at the organisation and local level through:

–   Engaging staff and developing partnerships between the organisa-tion and staff groups and individuals to deliver health and well-being services

## Case study: Integrated services

The Bromley by Bow Centre (BBBC) is a large established charity in Tower Hamlets, East London, started 25 years ago as a Church community group offering rent-free space to local artists, and later becoming a nursery. It now hosts the local GP surgery, social enterprises, a children's centre, a healthy living centre, and provides adult education courses, care and health services for vulnerable adults, as well as outreach programmes and advice services.

The range of services offered at BBBC include:

–  Health, well-being, and exercise advice and classes
–  Care services and personal development courses
–  ESOL (English for Speakers of Other Languages) and vocational courses
–  Welfare, employment, housing, benefit and debt advice and practical support
–  A children's centre, which also provides health services, parenting advice, and family learning sessions
–  Social enterprise start-up support.

All services are delivered within the Centre, where staff from across different services, such as GPs, advisers, tutors and childcare staff, work together to ensure clients access the services they need. GP referral to other advice and support services is common as well as referral to health and exercise classes within the centre.

BBBC is internationally renowned as an exemplary model for its social entrepreneurial approach to community regeneration and in particular, for its effective delivery of integrated services. A number of process evaluation studies carried out on the centre's programme have recognised its distinctiveness, and praised its innovative work. These included a study of evaluation practice in regeneration, a study seeking to quantify the centre's impact on the local economy, and an assessment of its work with older people.

–  Developing awareness of the underlying causes of health inequalities, supporting people and agencies to implement partnership programmes, and building intensity and scale of successful interventions supported by mainstream funding, rather than focusing on short-term projects and initiatives
–  Creating partnerships that encourage genuine staff engagement in decision-making, shifting the balance of power towards employees and staff groups.

Local government plays a crucial role in the lives of citizens and in the prospects of the areas for which they are responsible and the Trust should collaborate with the Local Authority to gain advice, access to facilities and funding for initiatives in health in the workplace. Tower Hamlets has developed the Healthy Borough Programme, which comprises 15 projects aimed at improving the health of the community and reducing health inequalities; it also provides a healthy workplaces accreditation scheme. The Trust should develop links with this and other relevant programmes developed by the boroughs in which its sites are located (City of London and Hackney), as well as with local service commissioners.

### 5.5    Monitoring

It is vital for the Trust to implement an efficient and reliable system of sickness absence recording and ensure that managers and staff are aware of the importance of absence records to improve the work environment. Many indicators of improvement will manifest themselves in the results of the annual staff survey – and others can be collected through additional staff survey questions. Further data and information may need to be collected by the Trust on an ad hoc basis in order to plan delivery and monitor new interventions, such as collecting and analysing data on take-up of bicycle purchase or hire schemes. Such data should be analysed by job grade and type in order to ensure that interventions are aimed at and communicated to the most relevant staff groups.

The outcomes of successful implementation will include reduced levels of absence, reduced turnover and presenteeism, and improved service delivery, staff health and well-being, leadership and organisational resilience. Success will also mean that people feel more positive about their work and see work as beneficial to their health and well-being.

We recommend that basic short term actions to set up the framework

for delivery are initiated and completed within the first 12 months of appointing a health and well-being lead. Wider, longer-term actions should be initiated during the following two years of the strategy and a review of the strategy and its funding should be undertaken at the end of the second year to re-assess the framework according to current needs and plan future interventions.

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**Case Study:** Tower Hamlet's Healthy Borough Programme

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Tower Hamlets was selected as one of nine Healthy Towns in England and is the only London Borough to be part of the programme. It was awarded over £4.5 million to spend in 28 months (from December 2008 to April 2011). The programme aims to transform Tower Hamlets by promoting and supporting health and well-being.

Projects supported by the programme are based on three cross-cutting strands – active lives, healthy food and active travel, and include:

–   Green Grid and Active Travel Routes and Active Travel Plans to provide better quality walking and cycling routes and increase usage
–   Healthy Spatial Planning
–   Parks and Open Spaces
–   Active Play
–   Women and Girls Swimming Programme
–   Healthy Food Outlets, Healthy Food and Healthy Families, to improve provision and promotion of healthy food options in all settings.

The programme targets children and families, particularly Bangladeshi, Somali and low-income groups. It seeks to ensure community engagement is embedded in all projects. One way of doing this is by offering funding grants (starting at £500) to local communities based on their own ideas and projects.

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On the basis of the recommendations identified in this framework, Chapter 6 lists the types of indicators appropriate for monitoring process, outputs and outcomes in each of the areas of action. It is envisaged that where these are to be used to set objectives, responsibilities, and accountability, the objectives will have to be SMART (specific, measurable, achievable, relevant and time-bound).

Interventions need to impact on a range of health determinants, most importantly in this case work and employment, but also other dimensions. Therefore, the indicators to monitor the implementation of the strategy must capture the following dimensions: the life course, the social determinants of health and health outcomes (morbidity, mortality and well-being).[79]

Although the Trust will have the most impact on the health of its workforce by improving working conditions and by enhancing quality of life during working ages, we advocate that indicators to monitor the strategy should include all the dimensions of the social determinants of health, which would comprise:

–   Fair employment and decent work
–   Adequate standards of living and financial capability
–   Education, appropriate skills and opportunities for development
–   Physical environment and service provision
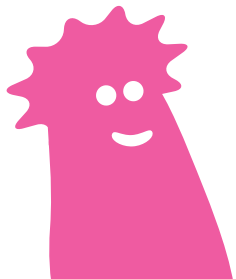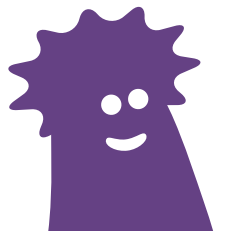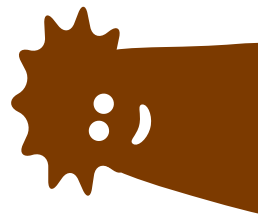–   Social support and social capital (family, community and networks).

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**Case study:** NHS Plymouth's scorecard system

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To present workforce and financial performance information to all managers across the PCT, NHS Plymouth has produced a scorecard containing 21 different measures on one side of A4. These include agency spend, sickness absence rates and turnover.

Each month, the scorecard is emailed to managers with an additional column added to show managers how they are progressing against each of the parameters. This simple but comprehensive format helps managers to make appropriate decisions around service delivery priorities, and draws their attention to potentially problematic areas before they become critical.

# Chapter 6
Action plan

**Staff Engagement** Increase the rate of response to the staff survey progressively over the next three years to reach 75% cover

**Delivery mechanisms & interventions**
– Providing staff with feedback on actions taken
– Improving internal communications to engage staff
– Developing a culture of reward for participating in the development of the Trust's policy and services.

**Process indicators**
– Increased advertising of staff survey and its benefits
– Increased advertising of actions taken following previous survey
– Increased diversity of communication paths.

**Output indicators**
– More reliable assessment of Trust's performance.

**Outcome indicators**
– Improvements in KF31, KF34, KF35 and KF37. No change or improvement in KF33
– Increased staff engagement in their work environment and patient services delivery.

**Responsibility for delivery**
– Health and Well-being Lead
– HR
– Managers
– Communications

**Timeline**
– 10% increase in response rate every year over three years.
– Immediate feedback to staff on actions taken by the Trust to address their concerns.

**Staff Engagement** Ensure appropriate mechanisms are in place to retain staff

**Delivery mechanisms & interventions**
– Enhancing staff engagement and responsiveness to needs
– Implementing a health and well-being strategy
– Improving availability and ease of access to staff benefits
– Implementing systematic annual appraisal reviews, individual training and education plans
– Developing a systematic learning and development strategy
– Allowing staff to request and be guaranteed training.

**Process indicators**
– Improvements in KF34, KF35 and KF37, KF38 and KF39
– Data collected about staff communications habits, including Staff Survey optional questions 39 and 40
– Data collected on staff support for flexible work, including Staff Survey optional questions 3 and 4.

**Output indicators**
– Improvements in KF10
– Improvements in KF11–KF16
– Improvements in KF38 and KF40
– Increased take-up of benefits
– Increase in number of staff undertaking training sessions
– Increase in managers' training.

**Outcome indicators**
– Higher job satisfaction
– Reduced absence and turnover rates
– Reduced agency spend
– Improved Service Delivery.

**Responsibility for delivery**
– Health and Well-being Lead
– HR
– OH
– Managers
– NHS Discounts
– Communications

**Timeline**
– Developing communications strategy following handover of Intranet management to NHS Discounts.

(KF= Key Finding of BLT NHS Staff Survey[48])

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**Well-being at work** Change induction practices to ensure focus on quality of work and the difference this makes

### Delivery mechanisms & interventions
– Extending induction practices to include further health and safety training for all staff and leadership training for managers
– Designing an induction pack that is easy to read and provides all basic information about health and well-being and how to access benefits and services.

### Process indicators
– Extended induction programme to include further health and safety, health and well-being and walks between sites.

### Output indicators
– Increased take-up of benefits
– Increased staff knowledge of services
– Improvements in KF29 and KF30.

### Outcome indicators
– Higher job satisfaction and improved work environment
– Reduced presenteeism rates
– Reduced absence rates
– Improved patient service delivery.

### Responsibility for delivery
– Health and Well-being Lead
– HR
– Communications

### Timeline
– Redesign induction practices during the first six months of the strategy
– Initiate staff managerial training on the importance of health and well-being during first year
– Continue momentum and wider understanding of a 'good' work environment during course of strategy.

**Well-being at work** Improve the psychosocial work environment

### Delivery mechanisms & interventions
– Implementing an organisational culture of reward for work
– Enhancing staff autonomy at work
– Encouraging participatory meeting between staff and managers
– Providing for individual work-time control where possible
– Implementing rest breaks
– Limiting long-working hours.

### Process indicators
– Extended managerial training in communicating and dealing sensitively with staff.

### Output indicators
– Improvements in KF1–KF10
– Improvements in KF30–KF37
– Increase in managers' training.

### Outcome indicators
– Higher job satisfaction
– Increased rates of return to work after illness
– Reduced sickness, presenteeism and turnover rates.

### Responsibility for delivery
– Health and Well-being Champion
– Health and Well-being Lead
– Managers

### Timeline
– Initiate cultural change and increase managerial training during first year of strategy
– Continue momentum and wider understanding of a 'good' work environment.

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## Delivery mechanisms & interventions
– Providing managerial training in communicating with staff and dealing with bullying and harassment
– Visibly communicate to all staff that bullying and harassment will not be tolerated.

## Process indicators
– Improvements in KF28.
– Increased training of managers in dealing with bullying and harassment and communicating with staff.

## Output indicators
– Improvements in KF24, KF25, KF26, KF27
– Improvements in KF29 and KF30.

## Outcome indicators
– Reduced stress at work
– Reduced number of injuries at work.

## Responsibility for delivery
– Health and Well-being Champion
– Health and Well-being Lead
– Managers
– HR

## Timeline
– Initiate cultural change and increase managerial training during first year of strategy.

## Delivery mechanisms & interventions
– Improving the availability, accessibility and distribution of information to staff about services and benefits
– Improving the availability, access and take-up of preventive services, such as counselling, exercise, smoking cessation and weight management services
– Implementing early referral and intervention programmes for ill-health, in particular musculoskeletal and mental health services.

## Process indicators
– New OH policy
– Better understanding of efficient communication systems
– Data collected for Staff Survey optional Questions 33 and 34
– Improved marketing and communications of services available.

## Output indicators
– Increased take-up of service, in particular preventive exercise classes, physiotherapy and counselling sessions.

## Outcome indicators
– Improved health of the workforce
– Reduced sickness rates and turnover rates
– Reduced agency spend.

## Responsibility for delivery
– Health and Well-being Lead
– OH
– HR

## Timeline
– Year 1: Implement fast-track physiotherapy service; consult on current available services and initiate improvements
– Year 2:  Increase service provision of priority services
– Year 3: Extend occupational services to cover wider remit and provide access to as wide a range of clients as possible.

## Delivery mechanisms & interventions
– Promoting the 'cycle-to-work' scheme
– Implementing a 'cycle-between-sites' scheme
– Providing information and support to staff to engage in walking and cycling.

## Process indicators
– Data collected on staff travel habits, including Staff Survey optional Questions 6 and 33
– Record the take-up of cycle purchase and hire schemes
– Increased advertising of schemes and distribution of information material
– Engage contractors and partners in providing information and maintenance of services.

## Output indicators
– Implementation of Mayor of London's cycle hire scheme
– Initiations of walking groups and cycle training.

## Outcome indicators
– Implementation of Mayor of London's cycle hire scheme
– Increased take-up of active travel habits.

## Responsibility for delivery
– Health and Well-being Lead
– HR
– External partners

## Timeline
– Year 1: Implement and promote schemes, source materials and resources for staff, collect data on take-up, improve marketing and gain staff feedback
– Year 2: Adjust schemes to meet staff feedback and adjust marketing strategy to fill potential gaps in take-up.

## Delivery mechanisms & interventions
– Increasing the availability of healthy food and reducing the availability of unhealthy food in canteens and vending machines
– Providing 'traffic light' food labelling in canteens and vending machines
– Providing information about healthy food and access to weight management services in canteens
– Improving the nutritional value of food by reducing salt and fat content in prepared food.

## Process indicators
– Data collected for Staff Survey optional Questions 33 and 34
– Engagement of contractors in providing further healthy food choices.

## Output indicators
– Increased provision of healthy food in vending machines and canteens
– Increased staff awareness of healthy food choices and diet.

## Outcome indicators
– Reduced rates of obesity and type 2 diabetes
– Reduced rates of sickness absence.

## Responsibility for delivery
– Health and Well-being Lead
– HR
– OH
– External partners/contractors

## Timeline
– Year 1: Work closely with contractor to produce nutritional information and healthy food information for staff. Review nutritional content of vending machine products and canteen food
– Year 2: Implement new nutritional standards for vending machines and canteen food
– Throughout: Review and renegotiate contracts as and when possible.

### Delivery mechanisms & interventions
– Ensuring that contractors meet minimum standards of care for the health and well-being of their employees
– Encouraging contractors to align their occupational health policy with that of the Trust
– Encouraging contractors to provide a living wage
– Progressively making the Trust's health and well-being services available to subcontracted staff.

### Process indicators
– Contractors engaged in developing their own health and well-being strategies
– Contractors and partners engaged in providing health information and health and well-being services
– Contractors and partners engaged in providing information and maintenance of services.

### Output indicators
– Increased take-up of OH services by contracted staff training.

### Outcome indicators
– Improved reputation of BLT as employer
– Improvement in KF36
– Improved health and reduced sickness rates among contracted staff
– Better patient service delivery
– Provision of living wage for contracted staff.

### Responsibility for delivery
– Health and Well-being Lead
– HR
– OH
– External partners/contractors

### Timeline
– Year 1: Assess health and well-being levels of contracted staff, renegotiating contract. Engage contractor in a dialogue on staff health and well-being
– Throughout: Review and renegotiate contracts as and when possible.
– Years 2–3: Assess improvements in the work environment of contracted staff

### Delivery mechanisms & interventions
– Acting as a champion and facilitator to influence other sectors and employers to take action to improve health and reduce inequalities
– Engaging people and communities in the production of world-class commissioning
– Developing a public health promotion strategy based on the needs of patients and the local community.

### Process indicators
– Proactive fostering of the health and well-being of staff and their families
– Initiatives to provide patients and the wider community with health information and access to services.

### Output indicators
– Increased take-up of wider services by patients discharged from BLT hospitals
– Improved diet and exposure to information for patients and their visitors
– Implemented environmental and sustainability strategy.

### Outcome indicators
– Improved reputation of BLT as employer.
– Improvement in KF36
– Reduced rates of chronic conditions in the wider population
– Reduced number of hospital visits
– Reduced health inequalities in the local area
– More efficient use of resources and reduced environmental impact on the community.

### Responsibility for delivery
– Health and Well-being Lead
– HR
– OH
– External partners/contractors

### Timeline
– Year 1: Develop a detailed public health promotion strategy by the end of the first year
– Throughout: Develop partnerships to provide wider health community services, and a system of patient referral to wider services.

# Acronyms and abbreviations

| | |
|---|---|
| **ACE** | Action for Community Employment |
| **BBBC** | Bromley By Bow Centre |
| **BLT** | Barts and the London Trust |
| **CIPD** | Chartered Institute of Personnel & Development |
| **CoL** | City of London |
| **Comms** | Communications |
| **ESOL** | English for Speakers of Other Languages |
| **GAYE** | Give As You Earn |
| **GP** | General Practitioner |
| **HBP** | Healthy Borough Programme |
| **HR** | Human Resources |
| **H&W** | Health and Well-being |
| **ICT** | Information and Communications Technology |
| **KF** | Key Finding of BLT NHS Staff Survey |
| **LB** | London Borough |
| **LBH** | London Borough of Hackney |
| **LBTH** | London Borough of Tower Hamlets |
| **NA** | Not applicable / Not available |
| **NHS** | National Health Service |
| **OH** | Occupational Health |
| **PCT** | Primary Care Trust |
| **SMART** | Specific, Measurable, Achievable, Relevant and Time-Bound |
| **SWELTRAC** | South and West London Transport Conference |

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## BLT Top Ten Health Tips

### 1. Stress less
Talk to friends, family and colleagues about your feelings and life pressures, have a break, take up a hobby and a healthier lifestyle.

### 2. Find a work-life balance
Try to avoid working very long hours or a lot of overtime. If concerned about your workload or struggling to manage personal, family and work commitments talk to your manager or HR.

### 3. Drink less alcohol
Make yours a half, have a glass of water between drinks, start drinking later. Increase and enjoy the number of non-drinking days per week.

### 4. Eat well
Swap a snack for a piece of fruit, swap a sugary drink for some water, or have a vegetarian day.

### 5. Have a say
If you are concerned about discrimination, equality, bullying and harassment, talk to your manager or HR.

### 6. Move more
If able, walk between sites, register to use the Barclays Cycle Hire Scheme, walk up and down escalators or stop taking the lift.

### 7. Ask for support
The Trust provides many benefits and forms of support for staff. Use these benefits and if you are unsure what is available, ask your manager or HR.

### 8. Have another say
Fill out the staff survey. This is the basis on which the Trust develops plans to improve work conditions.

### 9. Get help
If you are concerned about your physical or mental health or you struggle to maintain a healthy lifestyle, contact Occupational Health.

### 10. Help others get healthy
Pass on your knowledge of healthy habits to your friends, families, colleagues and patients. It will motivate you to improve your own health.

Stop smoking  
Understand mental health  
Join Change 4 Life

nhs.uk/livewell/smoking  
mentalhealth.org.uk & mind.org.uk  
nhs.uk/change4life