Northern Devon Healthcare NHS
NHS Trust

Incorporating community services in Exeter, East Devon and Mid Devon

Health and Wellbeing Strategy

Version No: 0.3
Issue Date: November 2014

VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Owner's Name
0.1	December 2013	Health and Wellbeing Strategy	Linsey Clements
0.2	January 2014	Minor amendments made to H&WB Strategy and Action plan by HR and OHTeam	Linsey Clements
0.3	November 2014	Action Plan Amended	Vicky Barnes

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Date of Issue	December 2013
Reference	Health and Wellbeing Strategy

CONTENTS

1. INTRODUCTION

Health and Wellbeing is central to the vision, values and long term development of North Devon Healthcare Trust (NDHT) and continues to be at the heart of the NHS Strategy.

NDHT recognises the evidence that a healthy workforce leads to improved patient experiences, performance and a healthy workplace.

One of the NDHT's workforce objectives, as detailed in the Workforce and Organisational Development Strategy are:

- Ensuring staff are healthy at work and have access to timely and appropriate occupational health services.

This objective specifically states that we will do the following:

- Refresh our strategy
- Provide OH services that are focused not only on intervention but prevention
- Continue to implement a strong management of sickness absence and attendance with the support of the health and well being lead and case management approach
- Develop a business case to introduce fast track referral to physiotherapy services
- Implement resilience training to complement the stress management workshops
- Provide a number of health and wellbeing initiatives with health checks/assessment and links to national health campaigns
- Establish effective monitoring so as to be able to evaluate impact of H&WB programmes

This strategy will be a fully 'live' document in that it will be regularly reviewed and strengthened.

2. BACKGROUND

Dr Steve Boorman undertook a review of NHS health and well-being during 2009. He gathered a wealth of evidence of the state of health and well-being in the NHS, its impact on quality of care, and cases of best practice. His interim report, published in August 2009, made the case for taking action on health and well-being in the NHS workforce, which highlighted at that time that 10.3million days are lost to sickness per year, at a cost of £1.7billion.

The majority of absence was described as being due to musculoskeletal and mental health issues, yet the Boorman review could not find evidence of clear treatment pathways to quickly support staff with these problems back to work.

Amongst the findings of the review there appeared to be inconsistency of occupational health provision across the NHS. He made recommendations for local reviews of occupational health provision, to ensure that occupational health teams are able to focus on preventative activity to support staff in healthy life-choices as well as providing a

gateway to early treatment of musculoskeletal and mental health problems, which is not reliant on manager referral.

Dr Boorman's final report in November 2009 made some 20 recommendations under three key areas:

- Improving Organisational Behaviours and Performance
- Achieving an exemplar service
- Embedding staff health and well being into NHS systems and infrastructure

These were detailed under five high impact changes (HICs), which are developing local based evidence development plans, strong visible leadership, improved management capability, access to local, high quality accredited occupational health services and encouragement and enablement of staff to take personal responsibility.

A number of case studies have been presented within the NHS where trusts have put in place preventative activity and early access to treatment of common conditions. These case studies demonstrate, as a result, reductions in direct costs of sickness absence and improvements in staff satisfaction, amongst other benefits to the organisation.

The Trust has been working with NHS Employers on a Health and Wellbeing project on the 5 high impact changes framework developed by the Department of Health in response to the Boorman report in 2009.

The work with NHS Employers involved being assessed on our health and wellbeing agenda within the Trust with ideas and areas for development under each high impact change being provided, along with examples of evidence based strategies, interventions and tools which have worked successfully in other organisations to address similar issues.

Additionally on 1st August 2013 a health and wellbeing workshop was held within the Trust where 35 staff members across the organisation attended and provided ideas and recommendations around improving health and wellbeing within the organisation. NHS Employers facilitated this event and provided a report pulling the outcomes of all discussions, ideas and group work together into a report for the Trust to take forward.

3. WHAT IS HEALTH AND WELLBEING?

Health and Well Being is about being emotionally healthy as well as physically healthy. It's feeling able to cope with normal stresses, and living a fulfilled life. It can be affected by things like worries about money, work, your home, the people around you and the environment you live in. Your well being is also affected by whether or not you feel in control of your life, feeling involved with people and communities and feelings of anxiety and isolation.

4. WHY HEALTH AND WELLBEING IS A PRIORITY TO THE TRUST

A healthy workforce will lead to:

- Motivated workforce with increased morale
- Employee retention and lower employee turnover
- Reduced sickness absence and improved ability to return to work after sickness
- Good employee/management relations

- A healthier, happier workforce
- A positive image in the eyes of both employees and service users
- A place where health risks are recognised and managed if they cannot be removed
- A place where work design is compatible with people's health needs and limitations
- An environment that supports the promotion of healthy lifestyles
- A place where employees and employers recognise their responsibility for their health and the health of colleagues
- A place where communication flows
- Increase productivity
- Reduced workplace injuries
- Contribute to the health of the wider community-families and customers

The main principles relating to promoting a healthy workplace and improved health and well-being of staff are:

- Prevention of illness and promotion of well-being
- Early intervention for those who develop a health condition
- An improvement in the health of those out of work – so that everyone with the potential to work has the support to do so
- Ability for staff to access comprehensive Occupational Health Services which focus on the promotion of well-being and prevention of ill health as well as the ability to provide reactive services focused on screening, treatment related to work issues and advice
- Promote good practice across the organisation
- Promote health and well-being through its management policies, support services, information networks and health promotions, including alcohol awareness, diet, exercise, self management and by liaising with external agencies
- Prevent, so far as is practicable, those circumstances detrimental to mental health and well-being

According to a report by Foresight –Future Choices in 2007 in the average UK workplace:

- One in five accidents in the workplace are alcohol related
- At any one time one in six smokers are trying to give up
- Those who smoke six cigarettes a day or more have 34% higher incidence of being absent than non smokers, and a 10% higher incidence of being absent for longer
- Only about 40% of men and 25% of women are physically active enough to benefit their health, but 80% of people think they are active enough
- One in five people report feeling extremely stressed at work
- Four out of every five people develop back pain that lasts more than a day at some time during their life
- Levels of obesity are increasing dramatically and if current trends continue around 90% of men and 80% of women will be overweight and obese by 2050

5. AIMS OF THE STRATEGY

This strategy has been written to highlight how we compare to the areas mentioned within Dr Boorman's report and areas for development to enhance the health and wellbeing of our workforce.

The strategy aims to:

1. Improve physical and emotional wellbeing of our workforce
2. Encourage and support employees to develop and maintain a healthy lifestyle
3. Improve staff satisfaction, motivation and morale, linked to recruitment and retention
4. Reduce sickness absence and improve the ability to support staff return to work after sickness
5. Provide managers with a framework and tool kit to improve the performance of their staff through improving their health and wellbeing
6. Contribute to the health of the wider community

6. CURRENT HEALTH AND WELLBEING STATUS AT NDHT

There are already a range of health and wellbeing initiatives within the Trust. These include:

- Mindful employer validation and membership
- One harmonised sickness absence policy within the Trust
- Sickness absence training
- Sickness Occupational health and HR case conferences for managers on complex case management
- Stress assessments undertaken
- Pilot physiotherapy service for staff
- Cycle scheme
- Workplace assessments
- OH and counselling services for staff

Currently within the Trust:

Sickness absence rate	4.07% for period 12/13
Sickness absence WTE	Equivalent of 177 WTE absent employees for year 12/13
Sickness absence direct cost	£4,087, 561 for year 12/13
Number of OH referrals	707 total for year 12/13 (522 management referrals, 185 self referrals)
Counselling received	260 employees received counselling with 915 sessions for year 12/13
Number of recurring short term sickness episodes	2125 staff in year 12/13 breached current NDHT Northern sickness policy This is approx 50% of Trust staff (935 staff 3+ episodes and 1190 staff 10+ day)
Number of ill-health retirement cases	6 for year 12/13
Uptake of cycle to work scheme	54 employees for year 12/13

Sickness absence reasons	On average for 12/13 sickness absence reasons: 25% anxiety/stress/depression/mental health 19% musculoskeletal/back/fracture 6% gastrointestinal 6% tumours and cancers 6% cold/cough/flu 6% injury/fracture 4% genitourinary/gynaecological 28% unknown/not specified

7. DEMOGRAPHY OF EMPLOYEES

The demographic profile of our employees can provide some useful pointers to our workforces health needs. It is also important however that we engage our employees in the implementation of the strategy in order to establish what specific health needs they may have.

Our workforce

NDHT Demography of employees (as at 1/7/13):

Age profile:	
Under 21	0.67%
21-35	23.19%
36-50	40.49%
51-65	34%
66-80	1.05%
Gender profile:	
Female	84.52%
Male	15.48%
Pay:	
Band 1	3.63%
Band 2	17.12%
Band 3	15.73%
Band 4	6.57%
Band 5	22.2%
Band 6	16.02%
Band 7	8.6%
Band 8+	1.41%
Medical and dental	6.68%
Part time profile:	
Full time staff	44.41%
Part-time staff	55.59%
Ethnicity profile:	
White British	88.44%
White other	2.62%
Mixed white and black	0.18%
Indian	0.9%
Pakistani	0.2%
African	0.31%
Chinese	0.13%
Not stated	5.62%
Other	1.42%

In 2009, 19.3% of South West residents were aged 65 and over, compared with 16.3 per cent for England as a whole. It is projected these percentages will rise to 25 per cent for the South West and 21 per cent for England as a whole by 2028.

Around 40.49% of employees are aged 35 and under.

Around 35.05% of employees are aged 51 and over.

Over 84.5 % of employees are women

5.94% of employees are of ethnicities other than White British compared to a figure of 9.2% for the resident population of the South West (in 2007). (There are a significant 5.62% of staff who have not declared their ethnic origin)

10% of North Devon residents are carers. It is reasonable to assume a higher % of employees are carers given the large proportion of females employed, although the Trust recognises that male employees may also have caring responsibilities.

83% of employees are on band 6 or lower pay-scales.

55.59 % of employees work less than full time hours.

The health and well being of employees can be linked to a certain degree to the general health and well being issues of the people of Devon. The key issues that impact adversely on the health of a population are related to socio-economic factors such as poor housing, low educational attainment, unemployment and low income.

Although there is no direct comparison between employees and Devon residents, employees and their families are likely to be affected in some way by the wider health issues within the community which include:

- The level of alcohol-specific hospital stays among those under 18 is worse than the National average.
- The incidence of skin cancers are higher than the National average.
- Specifically in North Devon there are a higher number of smokers and higher numbers of obesity.
- Specifically in Exeter the rate of sexually transmitted infections is worse than the National average.

8. DOES NHS STAFF WELLBEING AFFECT PATIENT EXPERIENCE OF CARE?

A report published in May 2013 titled ‘Does NHS staff wellbeing affect patient experience of care?’ stated that whilst it may be reasonable to presume that patients receive better care from staff who feel happier in their work. In the past little had been known about the strength or possible impact of associations between staff wellbeing and patient outcomes including their experiences of the care provided.

Previous research has tended to focus on single aspects or one staff group or had looked at associations at the whole hospital level (for example using the national staff and patient surveys, and hospital level outcomes).

Researchers in the Institute for Health Research Health Services and Delivery Research completed a study within the English NHS exploring the links between patients' experiences of health care and staff experiences at work such as staff motivation and wellbeing at work. Staff and patient views were captured at the team/unit level – where possible matching staff to the individual patients they cared for to test associations between staff and patient experience.

They selected eight case studies (four acute and four community) in four different trusts in England: an Emergency Admissions Unit, Maternity Service, Care of Older People ward and Haemato-oncology ward, and two Adult Community Nursing Service teams, a Community Matron Service and a Rapid Response Team.

The study involved 200 hours of direct care observation, interviews with 55 senior managers, 100 patients and 86 staff, and surveys of 500 patients and 300 staff (nurses, health care assistants and medical staff).

Patients focused largely on the 'relational' aspects of their care, i.e. how they felt cared for by staff. Patients wanted prompt, kind and compassionate care. Their views of the relational care they received informed their judgement of whether the care was generally 'good' or 'bad', and whether individual staff were 'good' or 'bad' at their job. They made a distinction between staff who seemed to treat their work as 'just a job', versus those who regarded it as a vocation, and were clear on the importance of the latter.
In the case studies where patients rated their experience more negatively (elderly care and acute admissions; community nursing service and rapid response team) we consistently found poor relational care and staff largely failing to 'connect' with individual patients. Patients and relatives considered that they had limited ability and/or desire to directly question staff about poor care and poor caring behaviours. Some patients commented on the influence of the workplace on staff behaviours towards patients: busy or challenging service areas, a poor built environment and poorly managed wards.

Staff wellbeing was defined as 'individual's subjective experience and functioning at work' and included measures of job satisfaction, feelings at work, motivation, emotional labour, and burnout

Staff experience varied across the eight case studies. Staff in many settings spoke of high job demand and low control over their work, leading to emotional exhaustion, stress and for some burnout. Some also spoke of bullying and an unsupportive work environment resulting in poor wellbeing at work. Other staff felt well supported by colleagues and managers and suggested this buffered some of the pressures exerted by the challenges of day-to-day patient care. A multi level analysis of the survey data revealed that both job demands and job resources (support at work) have a strong effect on wellbeing at work. Social support from supervisors, co-workers and the organisation more generally had a positive effect on wellbeing. Reduce or cope with feelings of exhaustion and at the same time enhance satisfaction and positive affect (feelings and responses) at work.

Work dedication was consistently positively associated with higher levels of wellbeing, including lower exhaustion and higher job satisfaction and relative positive affect. High job skills and competence were also identified as important in that they helped to reduce or minimise emotional exhaustion.

Individual employee wellbeing is an antecedent, rather than a consequence, of patient care performance. That is, if staff wellbeing at work is good, it is likely that staff will perform better in their jobs, rather than the other way around.

The study has demonstrated the importance of investing in and supporting individual staff wellbeing at work, to enable staff to deliver high quality patient care. It highlights the importance of investing in the local work climate and wider organisation to support staff wellbeing and patient care performance through:

Good team leadership - team leaders have a critical role in setting values, behaviours and attitudes to support the delivery of patient-centred care. Supportive local leadership and supervision needs to be in place.

Supportive teams - Attention needs to be given to the nature and quality of the team environment.

Monitoring staff absence - high sickness absence may be indicative of a poor local work climate and organisational and wider contextual issues. Sickness absence levels should be seen as a barometer of wellbeing issues that affect patient care quality.

Resourcing Occupational Health Departments to work together with organisational development (OD) departments to view staff experience, such as staff absence, as an organisational rather than an individual issue. Thus rather than tackling high sickness levels in a reactive and punitive way, staff wellbeing is proactively managed and supported in organisations to ensure care quality.

Organisational good governance practices re staff wellbeing - A strategic approach to improving staff wellbeing is likely to have a positive impact upon patient care experience. Examples include high sickness absence highlighted at board level and measures taken through OD to manage them, and the appointment of a board executive champion for staff health

KEY AREAS OF WORK

Looking at NDHT's demographics and health profile the following areas are suggested as key areas of work (and are detailed in the action plan:

Managing health (focusing on stress and mental health, musculoskeletal, ageing workforce and health)

Leadership, management and culture (focusing on managing attendance, presenteeism, return to work, reward and recognition, culture, communication)

Individual responsibility and empowerment (focusing on taking control of health and work life balance)

Occupational health service (review of services, improved intervention, culture change)

PARTNERSHIP WORKING

In order to achieve this strategy the Trust will work with:

- Employees
- Managers
- Occupational Health
- NHS Employers
- Physiotherapy
- Staff side and Trade Union Representatives
- HR
- Workforce development
- Health and safety

EVALUATION/MONITORING

For the Trust to make any level of investment into Health and Wellbeing this requires evaluation and monitoring to review its success/areas for further development.

Against the action plan there is a column detailing how this will be monitored.

The key indicators for these areas are:

- Absenteeism
- Bank and agency usage
- Staff turnover
- Risk management
- Staff morale, job enrichment, quality of work life
- Quality of experience for patients and staff
- Productivity and overall organisational performance
- Reduced litigation

Staff survey results
Staff feedback
Take up on initiatives

Monthly Workforce KPI reports are produced by the HR Team and will be used to evaluate and monitor against the action plan.

APPENDIX 1 – RECOMMENDED ACTION PLAN

Health and Wellbeing tends to fall into the following areas:

Reactive activity (that will help to support those with ill-health return to work as soon as possible)
Preventative activity (to reduce ill-health and improve wellbeing through quality work and management practice)
Evaluative activity (that will help monitor progress)

From an initial assessment undertaken by NHS Employers they identified areas where the Trust were already supporting health and wellbeing and suggested areas for development. Following the H&WB workshop NHS Employers identified further areas for development, particularly where staff who were present, felt it would be of importance to staff. All areas for development suggested by NHS Employers, relating to H&WB are included within the action plan below.

Within the action plan all these areas are covered and they are separated into the following key areas:

Managing health
Leadership, management and culture
Individual responsibility and empowerment
Occupational Health service

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Health & Wellbeing Strategy Action Plan	Date Created	December 2013

Plan Owner :	**Human Resources**	**Date last updated : (and version no)**	**Version 4 updated 01/10/2014**
Core implementation Group :	**Workforce Organisational Development Committee (WODC)**	**Next review due by - Group / Committee : Date :**	**Organisational Development Committee 20th October 2014**

No.	Actions Specific	Source Where issue was identified	Monitoring/ Measurable How we know we have succeeded	Achievability	Responsibility	Time-Frame To Achieve Timebound	Progress	Status
				Realistic				
Managing Health								
1.	**Communicate to all staff gym membership scheme linked to salary sacrifice**		Uptake of scheme	H&WB Lead	HR Development Specialist	April – July 2014	**Exec approval received. Scheme launched 1st July 2014.**	**G**
2.	**Utilise the Health Promotion Team**	NHS Employers Initial Assessment	Provision of information to staff	Meeting with Health Promotion Team	H&WB Advocate Health Promotion	June – August 2014	**On-going. Links made with team and will be part of**	**G**

No.	Actions Specific	Source Where issue was identified	Monitoring/ Measurable How we know we have succeeded	Achievability	Responsibility	Time-Frame To Achieve Timebound	Progress	Status
				Realistic				
		H&WB workshop					**Working Group**	
3.	**Promote smoking cessation programme for staff**	Best practice	Uptake of programme	Meeting with Health Promotion Team	H&WB Advocate Health Promotion	June – August 2014	**On-going. Page updated on BOB. Smoking Team Stoptober with staff.**	**G**
4.	**Promote health campaigns i.e. mental health awareness week, stress awareness day, sun-safe campaign**	Best practice	Promotion of awareness campaigns	Obtain health events, diarise and promote	H&WB Working Group lead by H&WB Advocate Comms Health Promotion	July 2014 – on-going	**10 October World Mental Health Day 1 – 30 November 6 November National Stress Awareness Day**	**B**
5.	**Publish exercise routes for walking / cycling and running to staff from all Trust sites mapped out of varying lengths for breaks/ before / after work**	NICE Guidelines PH13 and PH41	Published guides and feedback from staff / Champions		H&WB Working Group lead by H&WB Advocate	September – December 2014	**Established need at LiA events. Will use Champions to help.**	**B**
6.	**Introduce a health needs assessment for all staff within the workplace to identify where services should be placed/focused**	NHS Employers Initial Assessment H&WB workshop	Completion of survey response report	Survey to all staff	H&WB Advocate	**Revised** November 2014	**Version 4 drafted. Wait for WG to be set up. Issue after National SS**	**B**
7.	**Promote H&WB workshops across the Trust including external providers, stands, free massage and holistic therapies, free health testing and checks**	Best practice	Provision of workshops and feedback from staff / Champions	Health checks – BMI, blood pressure, cholesterol, smoking cessation,	H&WB Working Group lead by H&WB Advocate Health Promotion	**Revised** January 2015	**Awaiting response from health needs assessment**	**B**

No.	Actions Specific	Source Where issue was identified	Monitoring/ Measurable How we know we have succeeded	Achievability Realistic	Responsibility	Time-Frame To Achieve Timebound	Progress	Status
				alcohol awareness, stress				
8.	**Implement relaxation classes for staff in breaks / before / after work**	Best practice	Provision of classes if needed and feedback from staff / Champions	Establish staff interest Identify providers and venues	H&WB Working Group lead by H&WB Advocate	**Revised** January 2015	**Awaiting response from health needs assessment**	**B**
9.	**Implement subsidised weight management services for staff in breaks / before / after work**	Case studies	Provision of classes if needed and feedback from staff / Champions	Establish staff interest Identify providers and venues	H&WB Working Group lead by H&WB Advocate	**Revised** January 2015	**Awaiting response from health needs assessment**	**B**
10.	**Implement subsidised exercise classes for staff in breaks / before / after work**	Case studies	Provision of classes if needed and feedback from staff / Champions	Establish staff interest Identify providers and venues	H&WB Working Group lead by H&WB Advocate	**Revised** January 2015	**Awaiting response from health needs assessment**	**B**
11.	**Encourage employees to walk, cycle or use another mode of transport involving physical activity to travel part or all the way to and from work**	NICE Guideline PH13	Feedback from staff / Champions	Promotion by H&WB Working Group	H&WB Working Group lead by H&WB Advocate	**Revised** January 2015	**Will use Champions and BOB to promote the message**	**B**
12.	**Give cycle access storage and changing rooms at all sites**	H&WB workshop	Provision of service	Assessment of current facilities	H&WB Working Group lead by H&WB Advocate Facilities	**Revised** January 2015	**Awaiting response from health needs assessment**	**B**

No.	Actions Specific	Source Where issue was identified	Monitoring/ Measurable How we know we have succeeded	Achievability Realistic	Responsibility Realistic	Time-Frame To Achieve Timebound	Progress	Status
13.	**Work with caterers at all sites to offer healthy food options and for remote sites fruit and veg vans**	NHS Employers Initial Assessment H&WB workshop Case studies	Options available for staff	Assessment of current facilities/ food Meeting with providers	H&WB Working Group lead by H&WB Advocate	**Revised** January 2015	**Awaiting response from health needs assessment**	**B**
14.	**Undertake a piece of work to establish whether presenteeism is an issue**	NHS Employers Initial Assessment	Completion of work and report	Analysis of data Obtaining info from managers	H&WB Lead HR Team	January - March 2015		
15.	**Undertake a British Health Foundation Health and Wellbeing day**	Research	Provision of workshop	BHF H&WB Day	H&WB Working Group lead by H&WB Advocate	April – June 2015		
Leadership, Management and Culture								
16.	**Introduce a H&WB leaflet signposting staff to resources for all staff**	Best practice	Production and distribution of leaflet	Produce leaflet with comms	H&WB Lead	February – April 2014	**Complete – distributed to staff March 2014. In new starter packs.**	**G**
17.	**Update absence coding, reducing the number of 'other'**	H&WB workshop	Improved information in the report		H&WB Lead ESR Team	February – April 2014	**Complete - codes S98 and S99 expanded,**	**G**

No.	Actions Specific	Source Where issue was identified	Monitoring/ Measurable How we know we have succeeded	Achievability	Responsibility	Time-Frame To Achieve Timebound	Progress	Status
				Realistic				
							changes to logging and reporting	
18.	**Implement Directorate mini staff surveys to ascertain areas for further development**	Best practice			OD Lead	February – April 2014	**Complete. On-going.**	**G**
19.	**Introduce H&WB in the new managers training programme, not just sickness absence**	H&WB workshop	Inclusion of info in the programmes		H&WB Lead Workforce Development / HR	**Revised** April – November 2014	**In progress. Included in sickness absence training.**	**B**
20.	**Provide resilience training for staff**	NHS Employers Initial Assessment H&WB workshop			HR Team Workforce Development	June 2014	**Complete – training available on STAR**	**G**
21.	**Introduce guidelines and signposting for managers to understand signs of impending mental health, alcohol abuse, domestic violence etc. in sickness and new managers training**	NHS Employers Initial Assessment NICE guidelines PH22			H&WB Lead OH Team HR Team	June – August 2014	**Included on sickness training slide for managers**	**G**
22.	**Encourage line managers to sign up for the NHS Employers Line Manager Bulletin to access useful information, toolkits and case studies in sickness and new managers training**	NHS Employers Initial Assessment			H&WB Lead	June – August 2014	**Included on sickness training slide for managers**	**G**
23.	**Undertake refresher training for existing managers on sickness and H&WB**	H&WB workshop			H&WB Lead Workforce Development	June – August 2014	**Complete – HR Team delivered sickness absence courses in**	**G**

No.	Actions Specific	Source Where issue was identified	Monitoring/ Measurable How we know we have succeeded	Achievability Realistic	Responsibility	Time-Frame To Achieve Timebound	Progress	Status
					HR Team		**relation to new policy**	
24.	**Establish a Health and Wellbeing Working Group to drive through action plan**	Best practice	Working Group established	Set up Working Group	H&WB Advocate	**Revised** June – November 2014	**In progress. Appoint champions by 20th Oct. First meeting November.**	**B**
25.	**Re-vamp BOB website for H&WB, arrange for new comms for H&WB**	NHS Employers Initial Assessment H&WB workshop	Re-launch of site on BOB	Liaise with comms	H&WB Advocate Comms	August 2014	**Complete. Continual updates provided.**	**G**
26.	**NEW Sign up to the Department of Health's Responsibility Deal Pledges**	DoH	Action plans and monitoring in place	Sign up to pledges relevant and achievable	H&WB Advocate	September – November 2014	**In progress. Signed up to H3, H5, H6, H& and H9**	**B**
27.	**Roll out mental health awareness training to all managers across the Trust**	H&WB workshop	Provision of training		H&WB Lead HR Workforce Development	January – March 2015		
28.	**More visibility of the Trust Board with regular drop in sessions**	NHS Employers Initial Assessment H&WB workshop	Availability of sessions, staff / Champion feedback		Director of Workforce and Organisational Development Board	January – March 2015		

No.	Actions Specific	Source Where issue was identified	Monitoring/ Measurable How we know we have succeeded	Achievability Realistic	Responsibility	Time-Frame To Achieve Timebound	Progress	Status
29.	**Include H&WB in appraisals**	NHS Employers Initial Assessment H&WB workshop			H&WB Lead Workforce Development	April 2015	**In progress**	**B**
30.	**Leaders to be measured against Trust values**	H&WB workshop			HR Workforce Development	April 2015	**In progress**	**B**
31.	**Review the change management process and policy to ensure H&WB of staff is considered**	H&WB workshop		Review policy and process and incorporate trigger for managers to consider the impact and additional support	HR Team H&WB Working Group Lead by H&WB Advocate	April – June 2015		
32.	**Improve sickness return managers have to complete to prevent re-entering and ideally make electronic**	H&WB workshop			HR Team	April – June 2015		
33.	**Improve timeliness of sickness absence data and reduce repetition of information**				HR Team	April – June 2015		
34.	**Give reward for attendance**	H&WB workshop			HR	April – June 2015		
35.	**Implement recording of sickness absence on E-roster linked to ESR to improve general data quality**	H&WB workshop			H&WB Lead ESR Team	June – December 2015		

No.	Actions Specific	Source Where issue was identified	Monitoring/ Measurable How we know we have succeeded	Achievability Realistic	Responsibility	Time-Frame To Achieve Timebound	Progress	Status
					E-roster Team			
36.	**Explore how best connect / triangulate staff survey data with clinical data**	NHS Employers Initial Assessment			OD Lead	July – September 2015		
37.	**Work towards achieving the NHS Healthy Workplace Award**	Best practice			H&WB Lead	July – September 2015		
38.	**Train managers to 'think fit note' to get staff back to work earlier, or on a phased return, include in sickness absence training and new managers training**	H&WB workshop			H&WB Lead HR	August 2015	**Included in sickness absence training for managers**	**B**
39.	**Put a buddying system in place**	NHS Employers Initial Assessment H&WB workshop			Workforce Development	October 2015 – January 2016		
40.	**Prioritise information solutions to conflict and stress**	H&WB workshop			HR Workforce Development	October 2015 – January 2016		
41.	**Have a 'Wellbeing Wednesday'**	H&WB workshop			H&WB Working Group	October 2015 – January 2016		

No.	Actions Specific	Source Where issue was identified	Monitoring/ Measurable How we know we have succeeded	Achievability Realistic	Responsibility	Time-Frame To Achieve Timebound	Progress	Status
Individual Responsibility and Empowerment								
42.	**Undertake Compassion Circles with the Health Promotion and Workforce Development Team for all staff (mixture of values work and health and wellbeing including mental health)**				H&WB Lead OD Lead Health Promotion	March 2014	**Complete. On-going with teams**	**G**
43.	**Identify champions to lead on H&WB within their staff groups and drive the H&WB action plan / form part of the H&WB Working Group**	Best practice	Established network of Workplace Champions	Invite applications via BOB site	H&WB Advocate	**Revised** June – October 2014	**In progress. Appointed by 20th Oct.**	**B**
44.	**Promote and encourage all staff to access the NHS life check tool**	NHS Employers Initial Assessment			H&WB Advocate	September – December 2014	**Link available on BOB**	**B**
45.	**Publish sickness absence reasons and costs on H&WB site for all staff to see and understand**	H&WB workshop			H&WB Advocate	**Revised** November 2014		**B**
Occupational Health Services								
46.	**Provide a business case to implement a physiotherapy service for staff across the Trust**	NHS Employers Initial Assessment H&WB workshop Case studies			HR Development Specialist	February – April 2014	**Complete. Approved for Trust-wide service.**	**G**

No.	Actions Specific	Source Where issue was identified	Monitoring/ Measurable How we know we have succeeded	Achievability Realistic	Responsibility	Time-Frame To Achieve Timebound	Progress	Status
47.	**Undertake a review of OH services and the future provision of such services within the Trust**	NHS Employers Initial Assessment			H&WB Lead	February – June 2014	**Complete.**	**G**
48.	**Obtain earlier referrals to OH**	H&WB workshop		Captured in new sickness policy	HR Team	April – June 2014	**Complete. Changes made to policy**	**G**
49.	**Review OH data generation and management so improved quantity and quality data for all referrals is produced monthly in line with workforce data**	NHS Employers Initial Assessment H&WB workshop			HR Development Specialist OH Team	April – June 2014	**Complete.**	**G**
50.	**Establish a service for staff to access to obtain free debt advice**	Best practice			H&WB Advocate	August 2014	**Complete. On-going sessions from MAS**	**G**
51.	**Re-launch of stress policy to all staff**	Best practice			H&WB Lead	August 2014		
52.	**Give staff the opportunity to obtain hard data from health checks / H&WB events/ open days**	H&WB workshop Case studies			H&WB Advocate	September – December 2014		
53.	**Change perception that OH is for staff and not just to support managers**	H&WB workshop			H&WB Lead OH Team	September – December 2014		
54.	**Link OH services closely with top 5 sickness absence reasons and reduce waiting times i.e. drop in sessions to avoid short term absence, signpost to**	H&WB workshop			H&WB Lead OH Team	September – December 2014		

No.	Actions Specific	Source Where issue was identified	Monitoring/ Measurable How we know we have succeeded	Achievability	Responsibility	Time-Frame To Achieve Timebound	Progress	Status
				Realistic				
	external services							
55.	**Consider involving the staff member in case management intervention so that they feel supported and involved rather than perhaps having case management 'done to them'**	NHS Employers Initial Assessment			HR	January – March 2015		
56.	**Implement self-care courses and target specific individuals who may benefit from this programme**	Case study and pilot at RD&E			H&WB Lead OH Team	January – April 2015		
57.	**Set up stress release groups i.e. choir, sailing, climbing, surfing etc.**	H&WB workshop			H&WB Working Group lead by H&WB Advocate	April – June 2015		
58.	**Put in place mind fixes i.e. holistic therapies**	H&WB workshop			OH Team	April – June 2015		
59.	**Undertake a pilot Functional Restoration Programme for staff (bio-psycho-social programme with proven results in helping staff with chronic long term and musculoskeletal conditions return to work and obtain normal function)**	NHS Employers Initial Assessment Case studies – Royal Mail			OH Team H&WB Lead	July – September 2015		

Status tracking		
Complete	Green	G
On plan	Blue	B
Risks slippage	Amber	A
Barriers – not achieved	Red	R