

# Wellbeing Guardian Launch Event

28 January 2021

NHS England and NHS Improvement



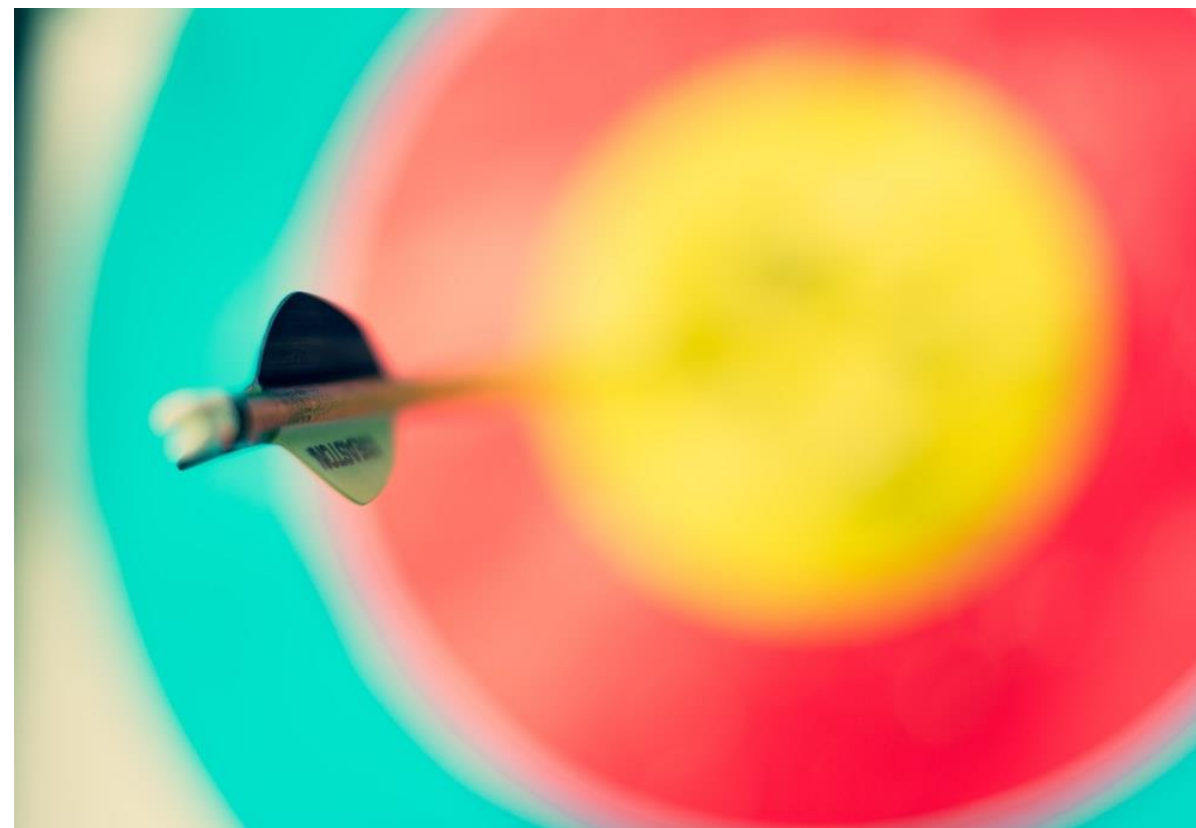
# Overview of the day



- These slides were used and shared with attendees at the Wellbeing Guardian Launch Event on 28 January 2021.
- More than 300 attendees joined, ranging from colleagues in primary care, Non Executive Directors (NEDs), HR Directors. NHS Board members and a number of colleagues who have been appointed into or been identified for the Wellbeing Guardian role for their organisation.
- These slides are intended for information following the launch event. Further resources and guidance on the Wellbeing Guardian will be published at [www.people.nhs.uk](http://www.people.nhs.uk)
- An overview of the role is available here;  
<https://www.england.nhs.uk/a-focus-on-staff-health-and-wellbeing/healthy-working-environment/wellbeing-guardians-and-healthy-workplace-allies/>
- For any questions, please contact the National Health and Wellbeing team at NHS England and NHS Improvement by email: [ournhspeople.hwb@nhs.net](mailto:ournhspeople.hwb@nhs.net)

# Aims

- Share the vision and scope of the Wellbeing Guardian role
- Establish the Wellbeing Guardian network
- Collectively consider how to support the wellbeing challenges facing our people during this pandemic
- Consider the long-term benefits of this role within organisations and systems
- Co-create next steps for the network



# Agenda



1.00pm	Welcome	NHS Horizons
1.05pm	Welcome: Caring for the carers	Prerana Issar, Chief People Officer, NHSEI
1.15pm	What is a Wellbeing Guardian?	John Drew, Director of Staff Experience and Engagement, NHSEI
1.25pm	In conversation with - perspectives of a new Wellbeing Guardian	John Drew & Mark Sanderson, WB Guardian, North West Anglia NHS Foundation Trust
1.30pm	Breakout session 1: Connecting with Each Other	
1.50pm	Sharing the Journey from BP: Shaping the Board's Wellbeing Agenda	Dr Richard Heron, Vice-President Health & Wellbeing, Chief Medical Officer, BP
2.00pm	Culture change starts today: My motivation for being the wellbeing guardian	Lena Samuels, Chair and Wellbeing Guardian at South Central Ambulance Service
2.10pm	Breakout Rooms 2: 'In Conversation With' our Experts	Expert Leads + Support Facilitators
2.40pm	Next Steps	
2.50pm	Moving to action	Em Wilkinson-Brice, Deputy Chief People Officer, NHSEI
3.00pm	Close	

## Poll results:

### Do you have a Wellbeing Guardian in your organisation?

- 43% of attendees have a Wellbeing Guardian in place
- 16% have identified someone but have not yet formally appointed them
- 26% intend to appoint a Wellbeing Guardian after today
- 14% do not yet have a Wellbeing Guardian in post



Photo by [Jacek Dylag](#) on [Unsplash](#)



## Poll results:

What level of understanding do you have about the Wellbeing Guardian role?

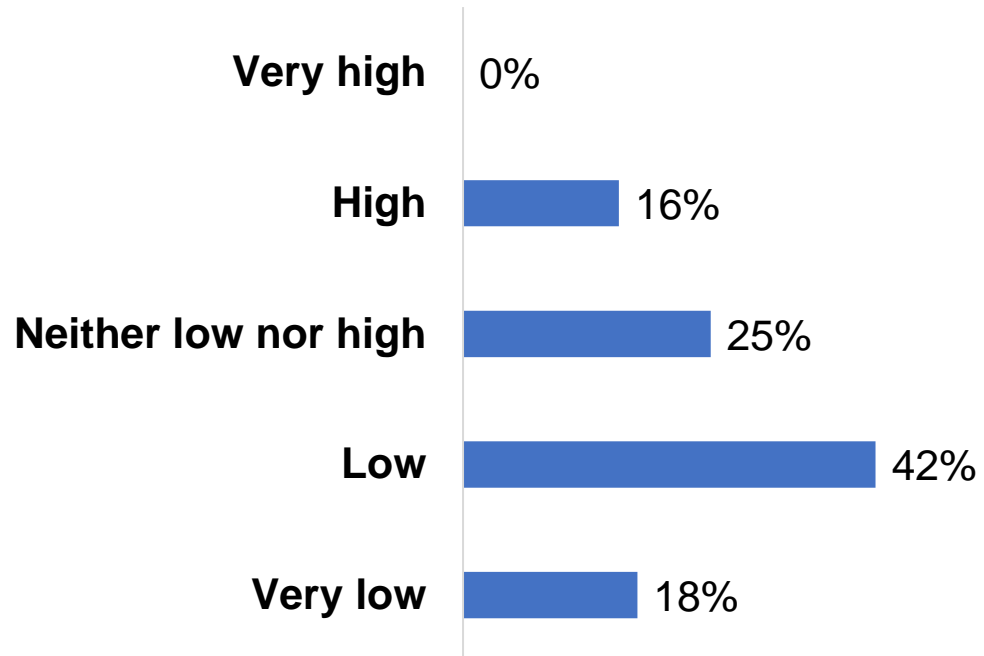


Photo by [Ahmed Zayan](#) on [Unsplash](#)



# Welcome: Caring for the Carers

**Prerana Issar,**  
**Chief People Officer**  
NHS England and NHS Improvement

NHS England and NHS Improvement





# What is a Wellbeing Guardian?

**John Drew**  
**Director of Staff Experience and Engagement**  
NHS England and NHS Improvement

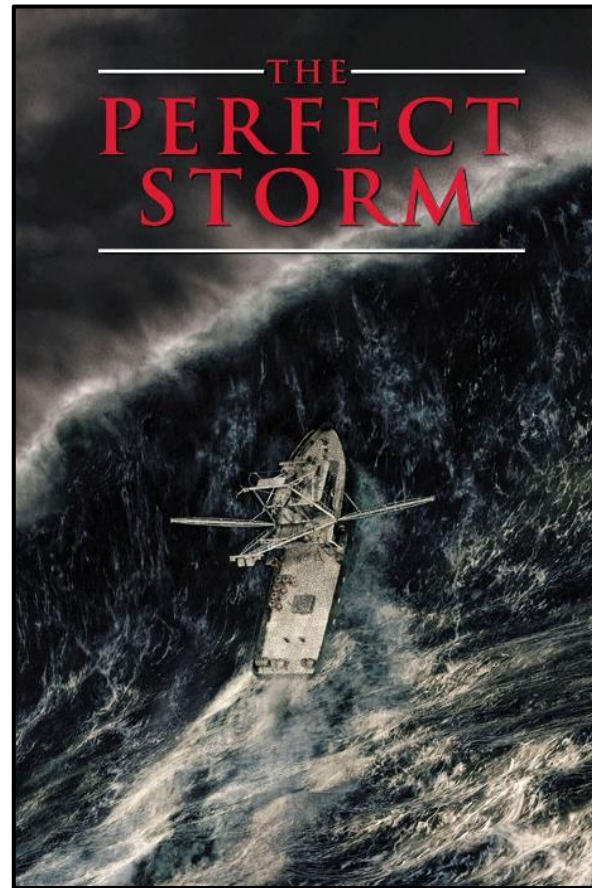
NHS England and NHS Improvement



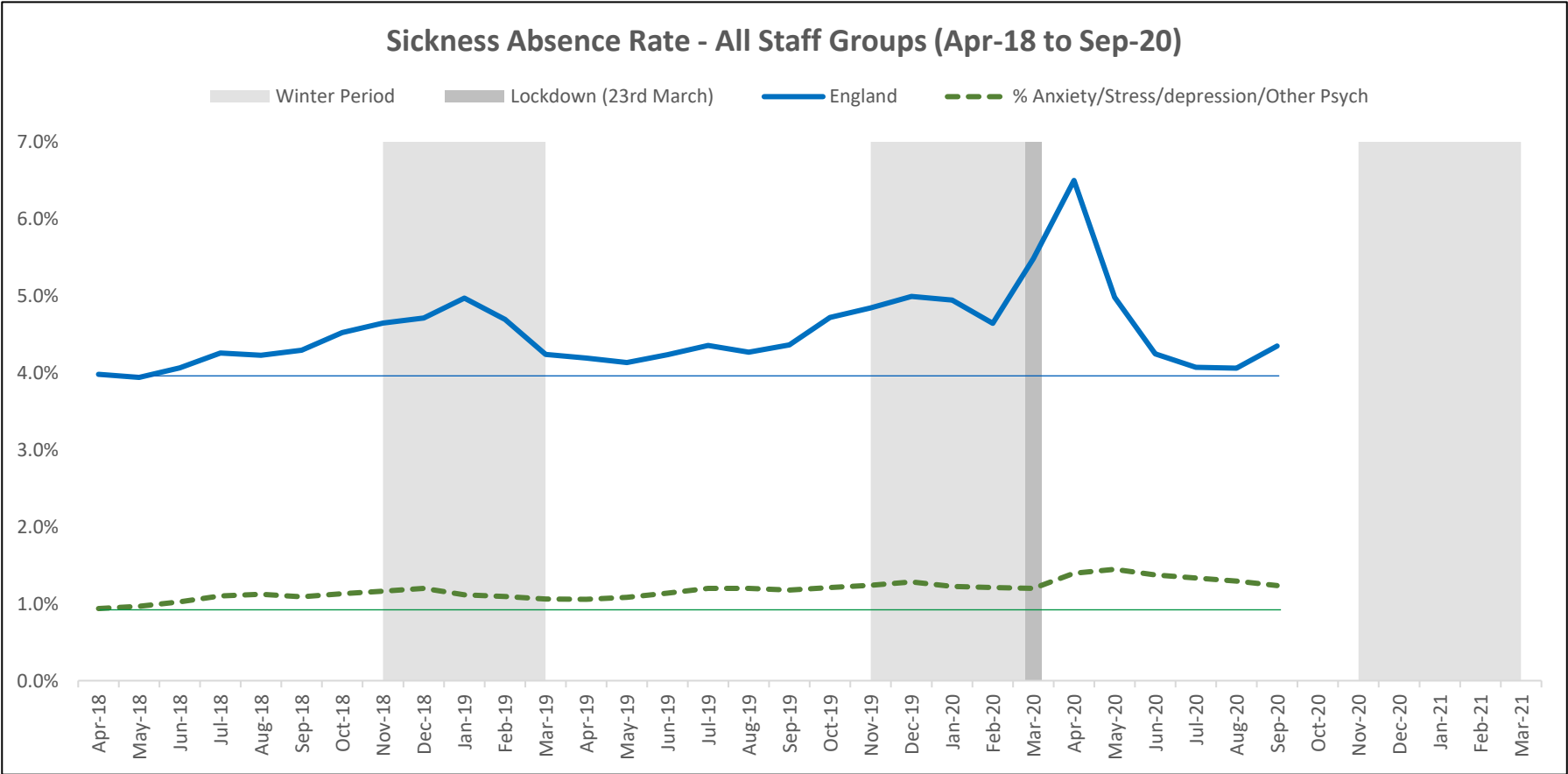




# Where do we start?



# This has been brewing for a while



- Sickness absence has been on a rising trend for the two years prior to COVID
- Mental health (anxiety, stress, depression etc.) is the single largest category, and has also been rising (from 0.9% in April '19 to 1.4% in May '20)

Q11c. During the last 12 months have you felt unwell as a result of work related stress?	40.3%
Q11d. In the last three months have you ever come to work despite not feeling well enough to perform your duties?	56.6%
Q11g. Have you put yourself under pressure to come to work?	92.0%

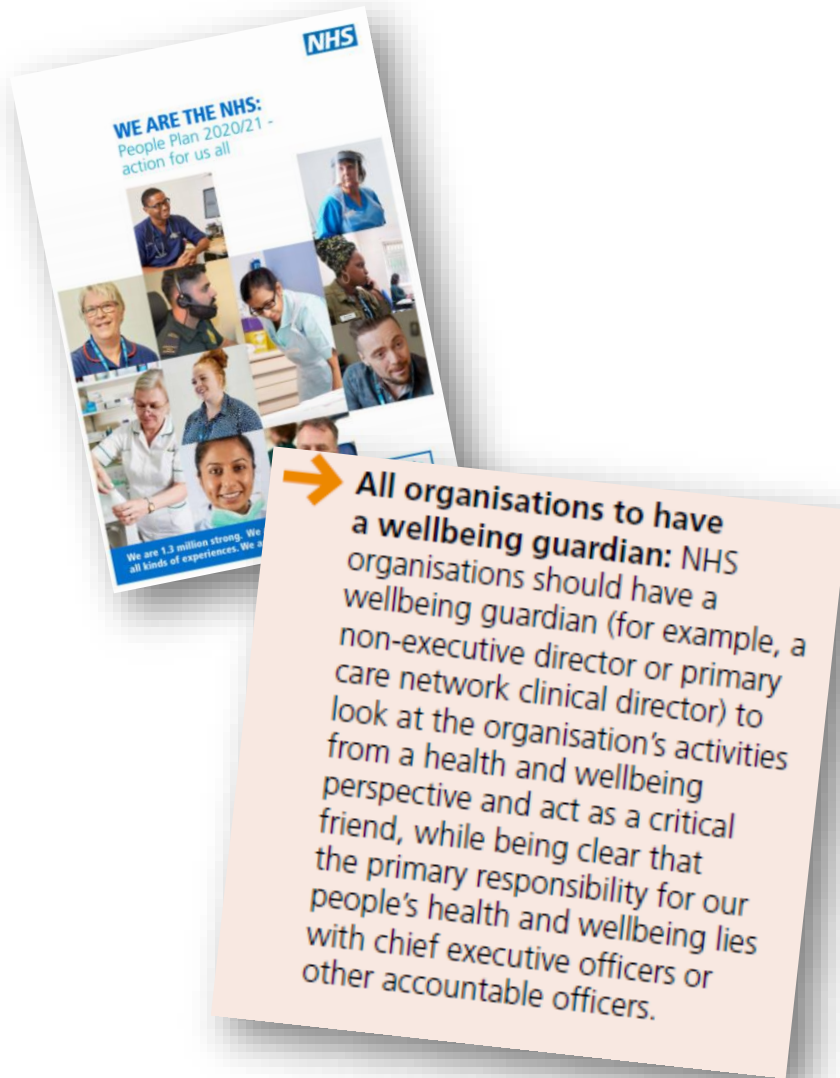
NHS staff are 50% more likely to experience high levels of work-related stress compared with the general working population (Wall et al 1997) and this both damages their health and affects care quality and organisational performance.

As well as affecting individuals, poor staff health and wellbeing in NHS trusts is associated with poorer care quality, patient satisfaction, financial performance and higher levels of staff absenteeism, turnover and intention to quit, and in the acute sector, higher levels of patient mortality.

# A commitment in the People Plan



# A commitment in the People Plan



- [The Wellbeing Guardian](#) is recommended to be a **board-level role (NED, or equivalent)** that provides oversight, assurance and support to the NHS board (or equivalent senior leadership team in non-trust settings) to fulfil their legal responsibility in ensuring and **empowering the health and wellbeing of our NHS people**
- The expectation is for this role to be **introduced in every local, regional and national NHS organisation** (for example at NHS Trusts, within a Primary Care Network, at CCG level and at national NHS E&I level)

<https://www.england.nhs.uk/a-focus-on-staff-health-and-wellbeing/healthy-working-environment/wellbeing-guardians-and-healthy-workplace-allies/>





***“Anything that enables our people to fulfil their potential”***





History says, don't hope  
On this side of the grave.  
But then, once in a lifetime  
The longed-for tidal wave  
Of justice can rise up,  
And hope and history rhyme.  
-Seamus Heaney



Transactional?

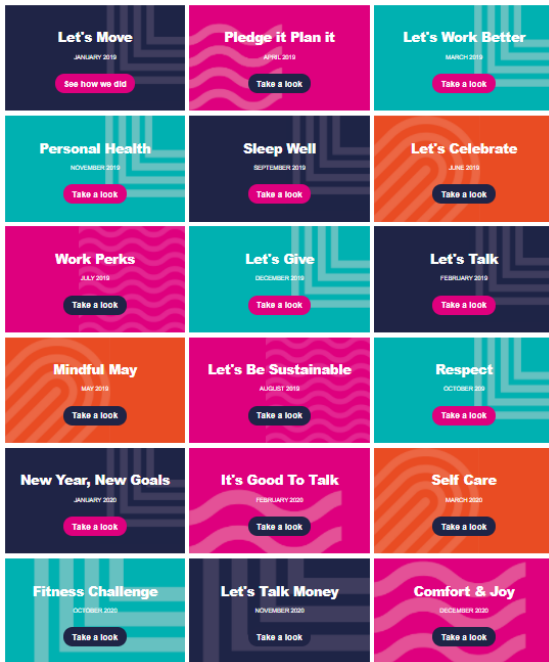


Transformational?

# Let's aim high, and learn from each other



Flourish is Newcastle Hospitals cornerstone programme for supporting staff to liberate their full potential.



<https://flourishatnewcastlehospitals.co.uk/>



Oh is the Cambridge University Hospitals Occupational Health department. We aim to improve the health, safety and general wellbeing of all staff, striving to create a healthier working environment. We supply occupational health services to both private companies and the Cambridge University Hospitals Trust.

Our facilities includes our very own building based on the Cambridge University Hospitals campus, with a team of specialist clinical and administrative staff.



**NHS**  
Royal Free London  
NHS Foundation Trust



What we do Funding and partnerships

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## Supporting staff wellbeing during COVID-19: a Northumbrian experience

5 August 2020

Annie Lavery

### The role of a 'Chief Experience Officer'

My current role as Chief Experience Officer is designed to strengthen board accountability and ensure visibility and momentum for our trust-wide patient and staff experience programme. It was a new role for me, and for Northumbria, and is the only one of its kind in the NHS. I've been lucky to have the time and freedom to design a comprehensive measurement programme that allows the organisation to use feedback to truly understand what matters to patients, staff and families. This means we can quickly improve where we need to, as well as continuing to do the things that make a positive difference.

There is a wealth of evidence that supports the link between staff wellbeing and the quality of care that patients receive. We also know about the association between staff burn out and patient safety and neglect. Having board-level responsibility – and therefore the influence to improve the experience of both patients and staff, in an integrated way – is very meaningful work for me. I also get to do this in the context of an organisation that has demonstrated a longstanding and ongoing commitment to this work.

<https://www.health.org.uk/news-and-comment/blogs/supporting-staff-wellbeing-during-covid-19-a-northumbrian-experience>

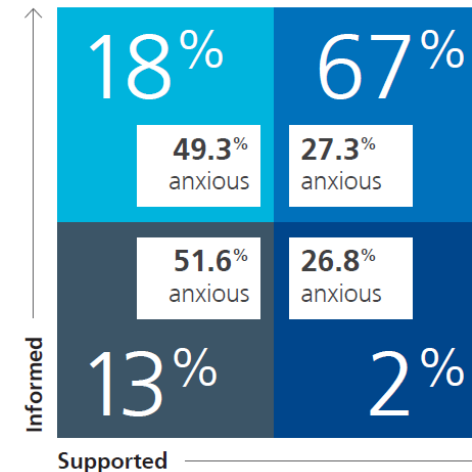
# Listening to our people



Pulse survey – 114 NHS employers registered, 34,819 respondents across 9 waves

	Wave 8	vs. wave 7
Overall, how calm did you feel yesterday?	50.1%	▼ 1.5
Overall, how anxious did you feel yesterday?	34.4%	▲ 2.3
My organisation is keeping me informed about the impact of the coronavirus on my working life and safety	84.8%	▲ 2.7
My organisation is proactively supporting my health and wellbeing in the current environment	69.0%	▲ 4.6
In the current environment, I feel able to balance my work and my personal life in a way that works	56.9%	▼ 1.5
I feel confident in the approach that my local leaders are taking to manage the impact of the coronavirus	67.3%	▲ 6.2
Overall, how motivated did you feel yesterday?	49.2%	▲ 0.5

- Throughout COVID, staff generally have felt **well supported** (64-69%) and **well informed** (80-85%)
- The combination of these two factors leads to measurably **lower levels of anxiety** (27% versus average of 34% for all NHS staff), as shown below;



- Staff report being **more anxious about their immediate family and friends** and those they care for than their own health
- The level of anxiety felt by staff has been rising in recent months, but **remains below the level of the rest of the UK workforce** (35%)



# Summary of the expert advice on recovery



What recovery are NHS people likely to need which should be factored into national planning?

Including for those exposed to traumatic experiences?

- For all staff, including managers, their line managers should be accessible to have wellbeing conversations and bringing about a strong sense of being valued and belonging
- Individuals will have very different needs, so avoid a 'one size fits all' approach
- The recovery plan for people must be deliverable, fair and consistent across the NHS, easy to access and sustainable over time to have the desired impact
- Staff need to be secure in a sense of 'permission' to take leave and access support
- Draw on evidence and research (e.g., post operational stress management as used by the UK military for recovering troops), with a staged return to duty including a period of leave
- With the right support, public backing and care (e.g., [Going for Growth](#), RCPsych.) staff may 'grow' as a result and those who are exhausted and ill will be more likely to return

What basic pattern should recovery follow, recognising that some people will require more specialist support and more recovery time than for others?

- **Recognise and acknowledge what all staff have been through**, thanking and committing to back them
- **Commit to maintain existing wellbeing offerings**, both local (e.g. rest rooms, free parking, hot food) and nationally (NHS people website) and embedding them longer term
- **Provide skilled support for reflective practice** (e.g. Peer Support, [Schwartz Rounds](#))
- **Ensure staff get proper time off to recover**, including flexing or extending contractual leave arrangements to give people choices and enable them to get the rest they need
- **Provide specialist psychological support to those that need it**, not just now but ongoing
- **Carry out a structured return to work interview** to identify ongoing recovery needs and include opportunities, without stigma, for review of career decisions and training plans

# How will we judge progress?



*“The initial surge of COVID-19 felt like the first time that staff wellbeing was a true priority for the Trust as a whole, and I'm worried that that will start to fade as time goes on. We can't afford to let that happen.”*



**ADE WILLIAMS**  
Superintendent  
pharmacist



**ALI ABDI**  
Porter



**ANNE ROBERTS**  
District nurse



**CLAUDIA ANGHEL**  
Midwife



**EMMA KELLY**  
Critical care nurse



**FARZANA HUSSAIN**  
GP



**JACK HANNAY  
MANIKUM**  
111 call handler



**LAURA  
ARROWSMITH**  
COVID-19 ward cleaner



**MARC LYONS**  
ICU consultant



**ROOPAK KHARA**  
General adult  
psychiatrist



**SARAH JENSEN**  
Chief information  
officer



**STUART  
BROOKFIELD**  
Paramedic



# In conversation with...



**John Drew**  
**Director of Staff Experience and Engagement**  
NHS England and NHS Improvement



**Mark Sanderson**  
**Non-Executive Director and Wellbeing Guardian**  
North West Anglia NHS Foundation Trust

# In conversation with...



**John Drew**  
**Director of Staff Experience and Engagement**  
NHS England and NHS Improvement



**Mark Sanderson**  
**Non-Executive Director and Wellbeing**  
**Guardian**  
North West Anglia NHS Foundation Trust

NHS England and NHS Improvement



# Breakout session 1:

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- How did you come to this role?
- Why are you doing (or) considering doing this role?
- What does your organisation need from this role right now?



# Key words from attendees during Breakout Session 1







# Sharing the Journey from BP: Shaping the Board's Wellbeing Agenda

**Dr Richard Heron,  
Vice-President Health & Wellbeing,  
Chief Medical Officer  
BP**

NHS England and NHS Improvement





# Making the case for wellbeing



**Dr Richard Heron**

**Chief Medical Officer & Vice-President Health, BP**

**Wellbeing Guardian Agenda, 28 January 2021**



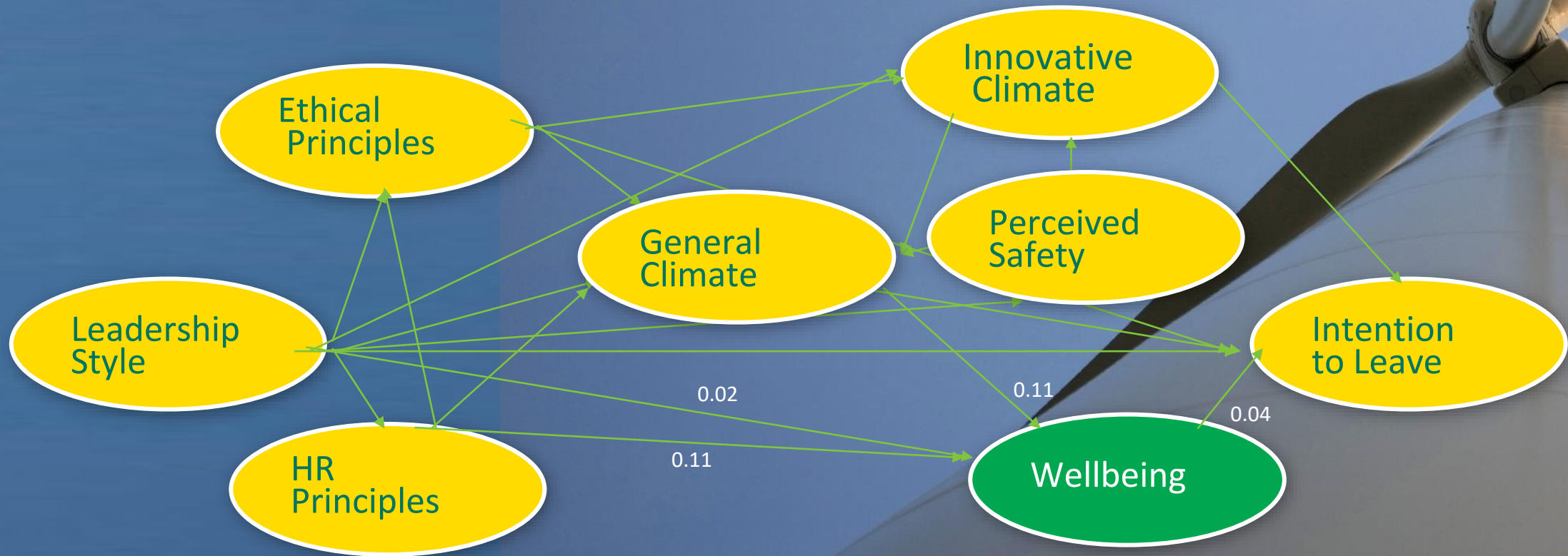
# Understanding what it is.....

Physical fitness   Nutrition   Workplace design   Resilience   Workload  
Work / life balance   Relationships   Finances   Work environment   Safety  
Community engagement   Career development   Family   Communication  
Demands   Support   Inclusion   Control over work   Reward   Personal values  
Personal goals   Working conditions   Resources   Teamwork   Recognition  
Security   Learning new skills   Flexible working   Sleep   Creativity   Leisure

Wellbeing

Social – Physical – Mental - Financial

# And how it impacts on organisational outcomes



# That are embedded in the organisation's values



Safety

Respect

Excellence

Courage

One Team

Safety

Safety is good business.

Everything we do relies upon the safety of our workforce and the communities around us.

We care about the safe management of the environment.

We are committed to safely delivering energy to the world.

## What's expected of me

- Demonstrate personal responsibility for the safety and well-being of everyone around me
- Respect the capabilities of those in safety-critical roles and listen to their advice
- Seek expertise, continually learn and develop the safety and risk management skills of myself and my team
- Follow the requirements specified in OMS, and contribute to the delivery of safe, compliant and reliable operations
- Contribute to a more sustainable environment



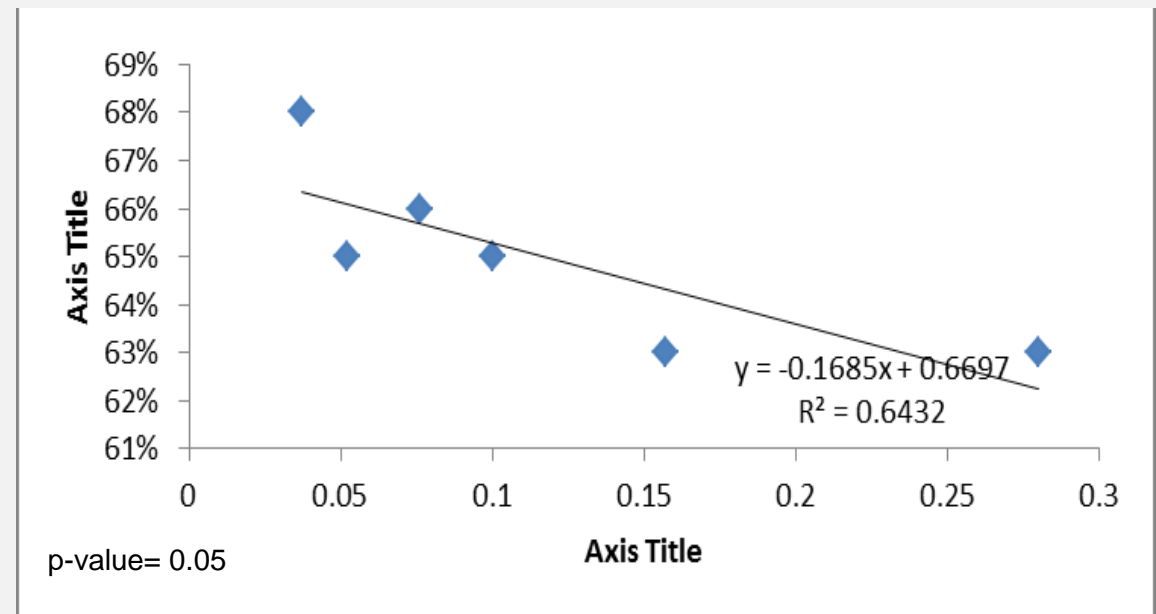
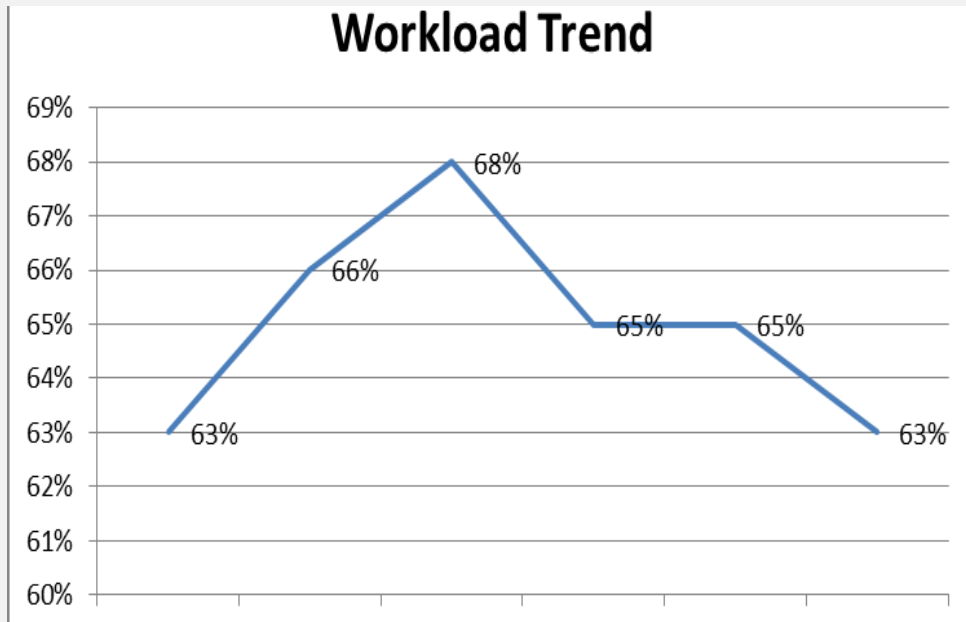
That are embedded in the organisation's values

**Respect, dignity, compassion and care** should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported.”

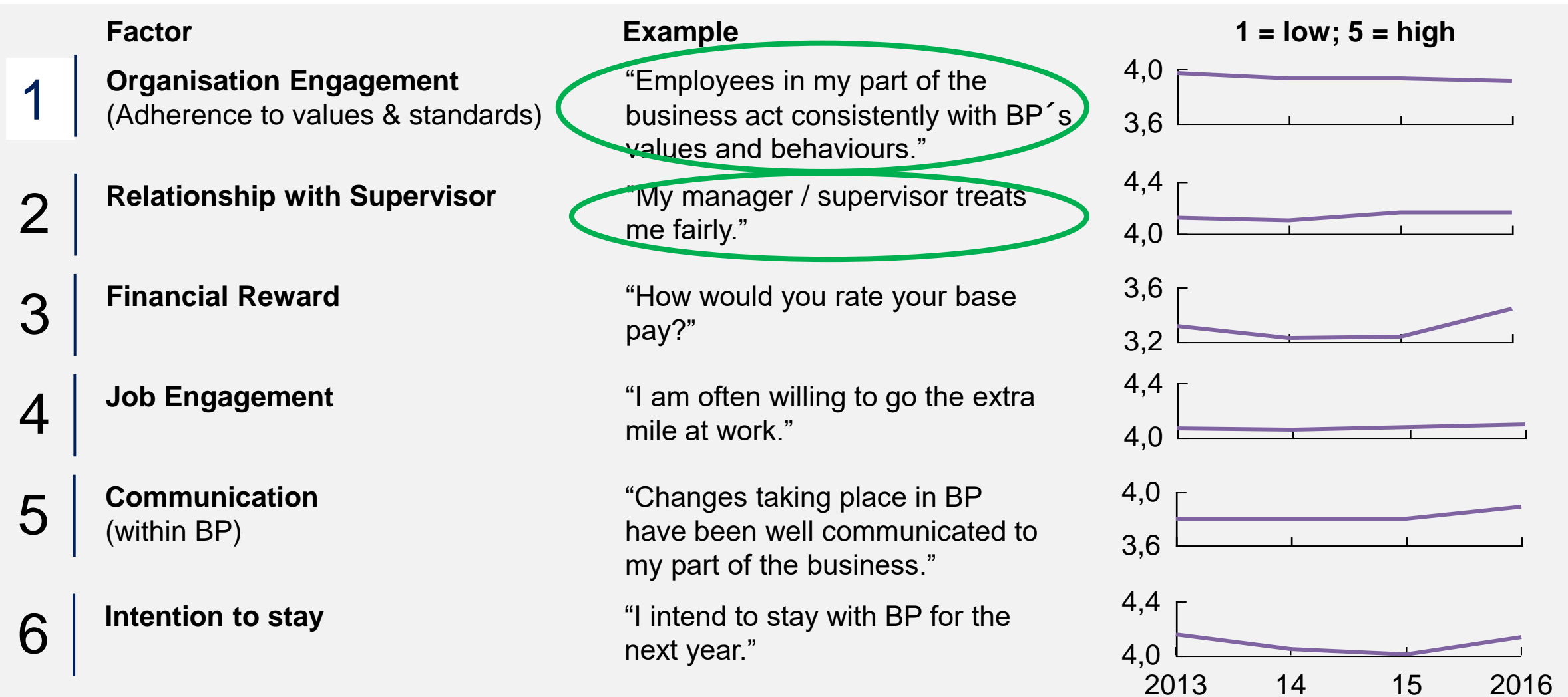
“Principles that guide the NHS” *NHS Constitution, January 2021*



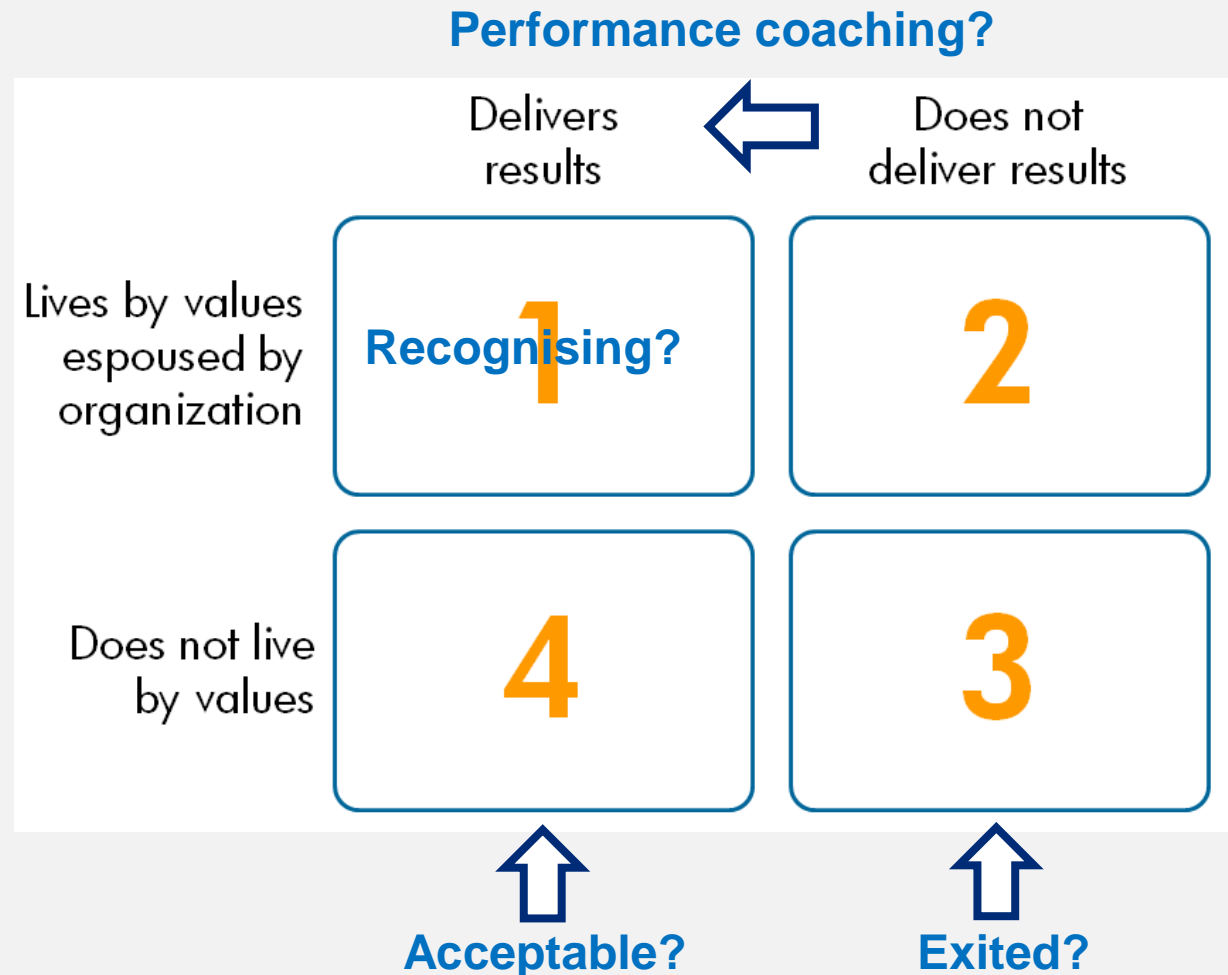
# With relevant evidence to the here and now..



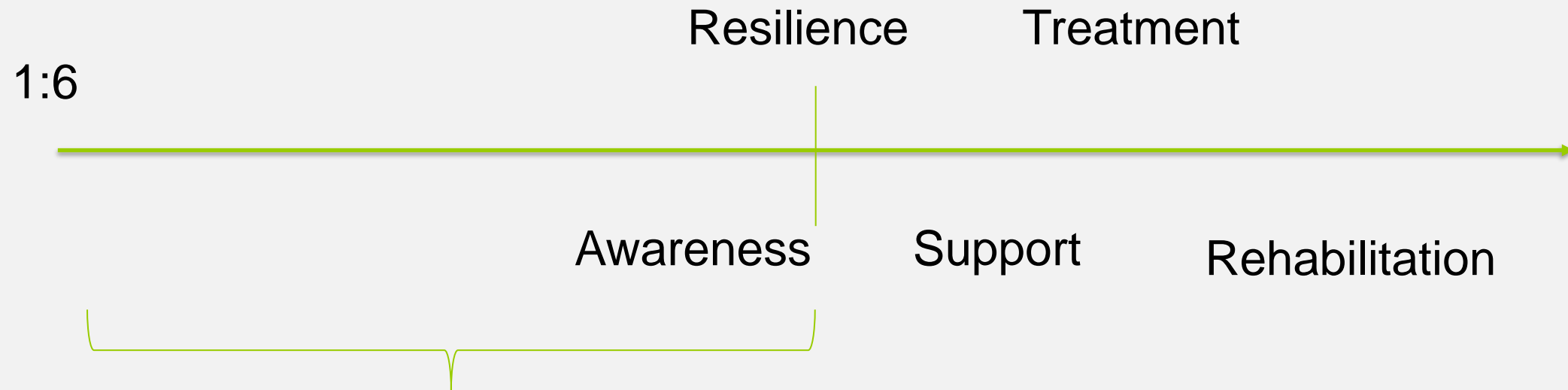
# Of what's driving it.....



# Keep focus organisational, accountability personal



# The role of leadership



## Leadership





# Because its all about leadership.....



## Support

Leaders pay attention to the alignment across teams and the wider organization, through recognition of effort and achievement and constructive use of feedback.

# Lessons learnt for the elevator pitch

1. Show me the data?
2. What is it telling us?
  - *What are your insights?*
3. Why should we be worried?
  - *Why what worries you should worry me?*
4. What should we do about it?
  - *Evidence-based interventions*
5. What are the priorities?
  - *Where, when, first steps*
6. How will we know we are getting there?
  - *What does the end look like?*



# Culture change starts today: My motivation for being the Wellbeing Guardian

**Lena Samuels,**  
**Chair and Wellbeing Guardian**  
South Central Ambulance Service

NHS England and NHS Improvement





# Breakout session 2:

1. Influencing the Board (Dr Richard Heron)
2. Using wellbeing data with the Board (John Drew)
3. Using HWB framework and diagnostics with the Board (Dame Carol Black)
4. Developing the Wellbeing Guardian community (Lena Samuels)
5. Leadership – supporting the Boards wellbeing (Caroline Chipperfield)
6. Taking a preventive approach to wellbeing with the Board (Steve Boorman)





# Welcome back

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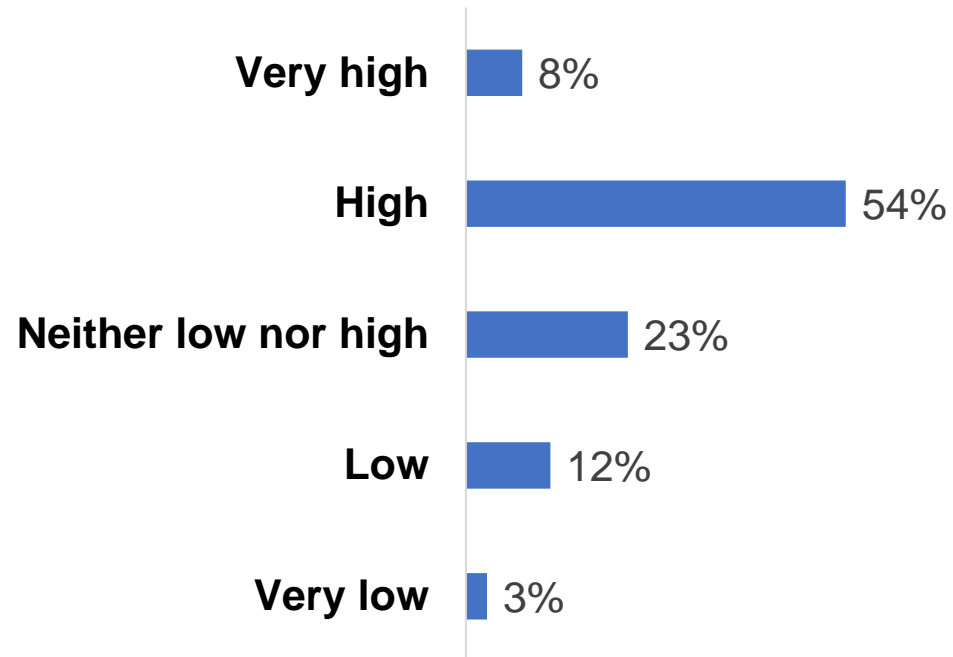
As you return to the main room,  
please share in the chat:

- Something that resonated with you  
or you learnt
- Something that you are going to do  
as a result of today



## Poll results:

What level of understanding do you now have about the Wellbeing Guardian role?



Overall, a great achievement of the day!



Photo by [Ahmed Zayan](#) on [Unsplash](#)

## Poll results:

### Are your Wellbeing Guardians also Freedom to Speak Up (FTSU) Guardians?



- 4% responded with yes
- 96% responded with no

Points of discussion included;

- The two roles are related, and it make sense for people in them to collaborate on a shared agenda
- The FTSUG may be more focused on individual cases, where the Wellbeing Guardian is about organisational interventions to improve wellbeing
- Overall it makes more sense to keep the two roles separate and consider them both to be champions and allies for staff wellbeing, than to combine them in one person



In the chat room...

What will you take away following today?

- “Advocate positive behaviours from senior leaders to live a preventative approach.”
- “I'm going to review the wellbeing metrics being used within the Trust in addition to the Board level reports to see if we can add depth to our understanding.”
- “I am going to brief my Governing Body on this and garner support for priority and discuss with my HR lead.”
- “I am going to connect with the HWBGs within the rest of our ICS organisations to share good ideas.”



Photo by [David Travis](#) on [Unsplash](#)





## Moving to action

**Em Wilkinson Brice**  
**Deputy Chief People Officer**  
NHS England and NHS Improvement

NHS England and NHS Improvement



# Final reflections from attendees

“I’m grateful of the insights given and look forward to developing the role – thank you.”

“Packed with the most helpful info. Thanks to all.”

“Great session. Happy to support future events and spreading the word.”

“Most interesting and central to what we will have to face as we emerge from the crisis.”



A word cloud of feedback from attendees. The words are arranged in a circular pattern. The most prominent words are 'Thank' and 'Thanks'. Other words include 'session', 'event', 'helpful', 'Wellbeing', 'future', 'links', 'support', 'useful', 'great', 'really', 'good', 'liked', and 'Health'.

# Thank you all for attending

Contact: [ournhspeople.hwb@nhs.net](mailto:ournhspeople.hwb@nhs.net)

NHS England and NHS Improvement



# Breakout Room Slides

NHS England and NHS Improvement





# Room 1: Richard Heron

Influencing the Board

NHS England and NHS Improvement



# Making the case for wellbeing



**Dr Richard Heron**

**Chief Medical Officer & Vice-President Health, BP**

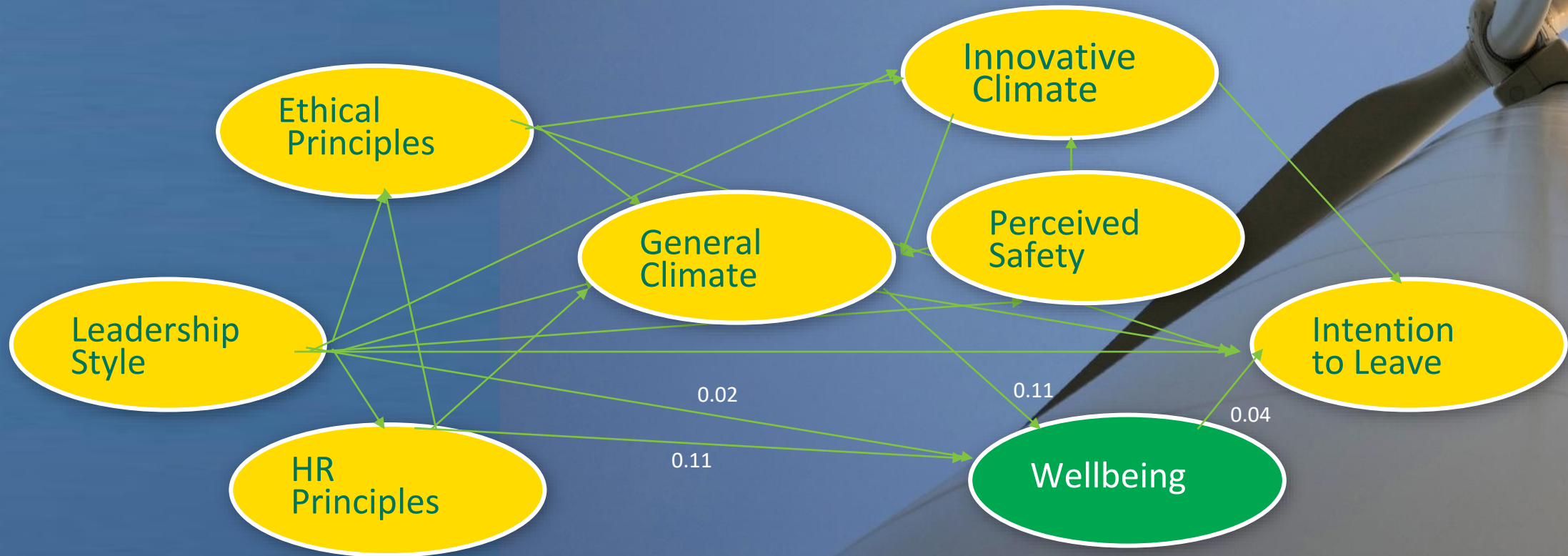
**Wellbeing Guardians Agenda, January 28<sup>th</sup> 2021**

Physical fitness	Nutrition	Workplace design	Resilience	Workload
Work / life balance	Relationships	Finances	Work environment	Safety
Community engagement		Career development	Family	Communication
Demands	Support	Inclusion	Control over work	Reward
Personal goals	Working conditions	Resources	Teamwork	Personal values
Security	Learning new skills	Flexible working	Sleep	Creativity
				Leisure

# Wellbeing

Social – Physical – Mental - Financial

# And how it impacts on organisational outcomes





Safety

Respect

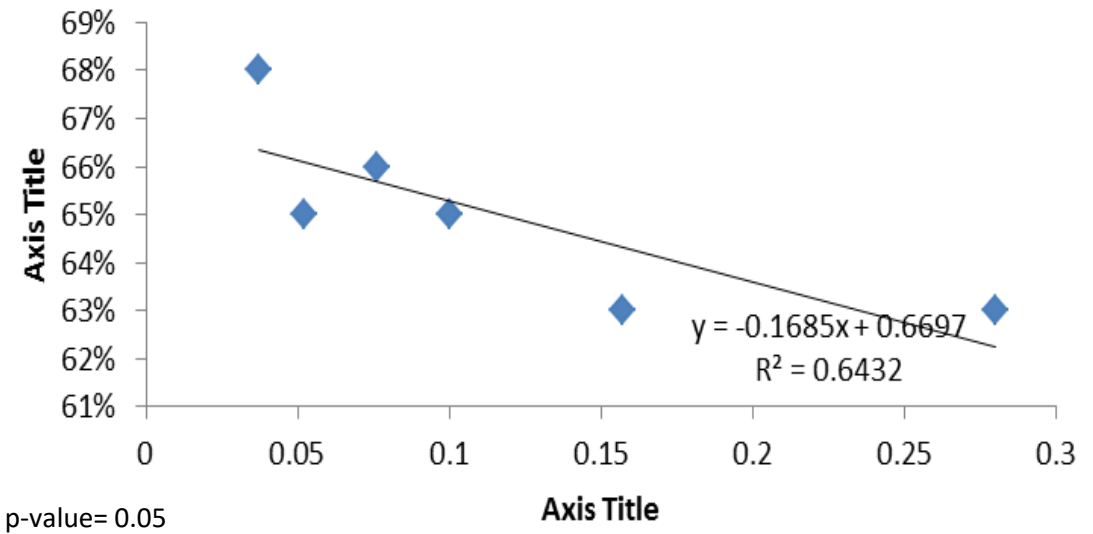
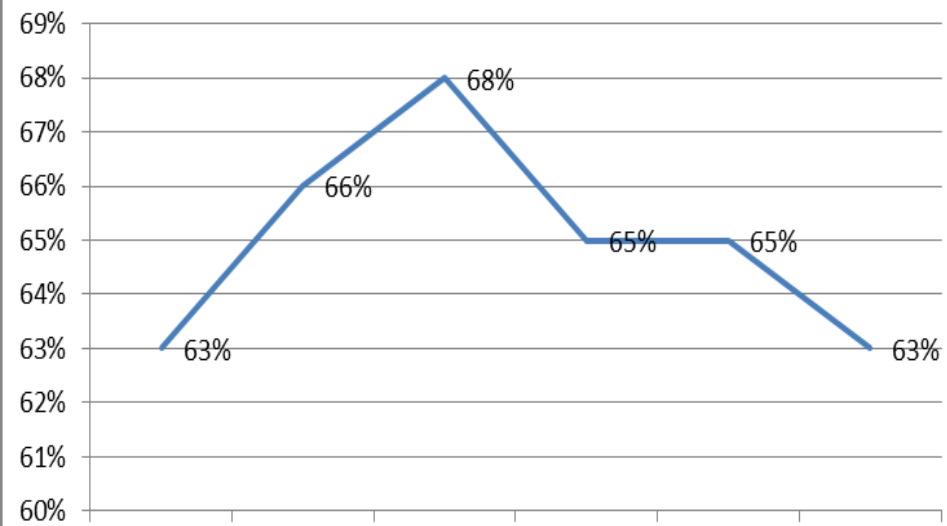
Excellence

Courage

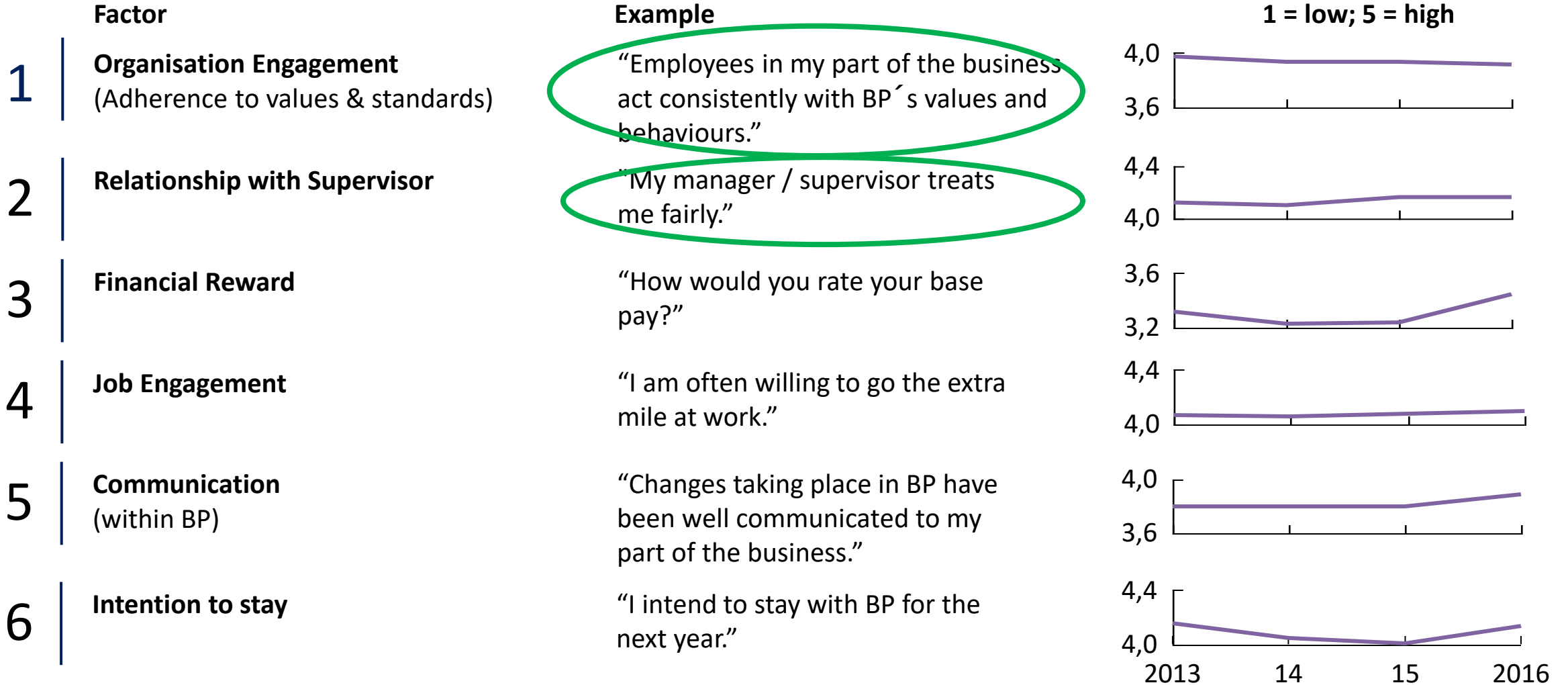
One Team



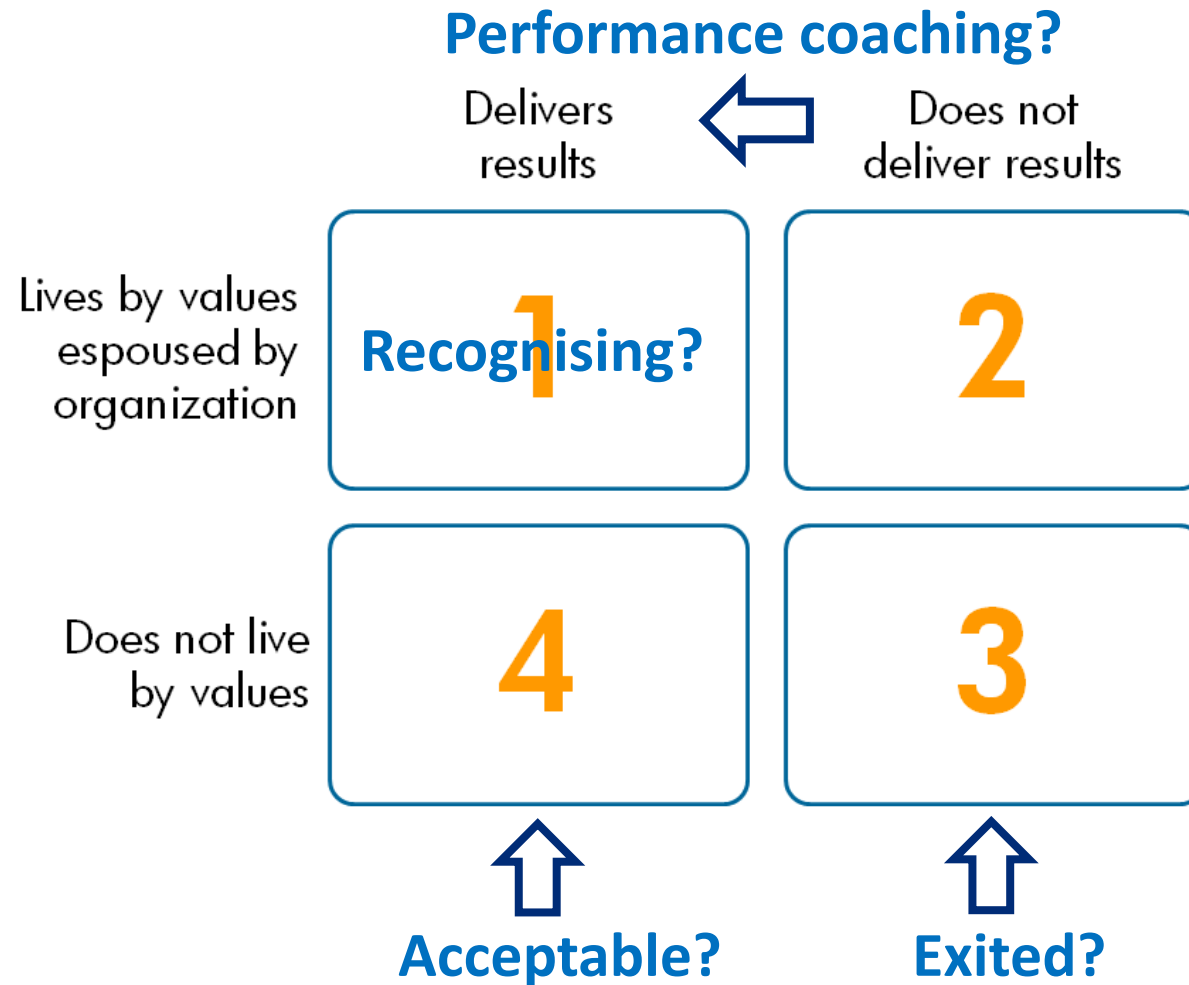
### Workload Trend



# Of what's driving it.....



# Keep focus organisational, accountability personal





# Because its all about leadership.....



## Support

Leaders pay attention to the alignment across teams and the wider organization, through recognition of effort and achievement and constructive use of feedback.

# Lessons learnt for the elevator pitch

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  - *What does the end look like?*

# Room 2: John Drew

Data with the Board

NHS England and NHS Improvement





# Using wellbeing data with the Board

John Drew, Director of Staff Experience and Engagement

Sian Kitchen, Senior Programme Lead (Evaluation)

NHS England and NHS Improvement





# Possible topics to cover

- What are the data sources we can draw on to understand staff experience and wellbeing?
- How do we draw on staff stories as a form of evidence, including to highlight and address inequalities?
- How do we triangulate across different data sources to build a more complete picture?
- How do we better integrate across the different domains of performance (e.g., activity, finance, quality, people)?
- How can we ensure that the way we use data leads to action, and a continuous improvement approach?

# Potential HWB Metrics



Metric theme	Metrics	Source of data	Frequency	Access
Workforce physical and mental health	<ul style="list-style-type: none"> <li>Sickness absence (WTE days sick, WTE days available and sickness absence rate) <ul style="list-style-type: none"> <li>All staff.</li> <li>Staff group.</li> <li>Ethnicity.</li> <li>Gender.</li> <li>Age band.</li> <li>Duration of sickness absence episodes.</li> </ul> </li> <li>Staff survey Health, by staff group: <ul style="list-style-type: none"> <li>"In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?"</li> <li>"During the last 12 months have you felt unwell as a result of work related stress?"</li> <li>"In the last three months have you ever come to work despite not feeling well enough to perform your duties?"</li> </ul> </li> </ul>	ESR	Monthly	Yes
		Staff survey	Annual	Yes
Workforce Wellness	<ul style="list-style-type: none"> <li>Work-life balance, by staff group: <ul style="list-style-type: none"> <li>Reason for leaving due to work-life balance</li> <li>Reason for leaving due to flexibility</li> <li>Reason for leaving due to health</li> <li>NHS leavers rate</li> <li>Staff turnover rate</li> <li>Overall vacancy rate</li> </ul> </li> <li>Staff survey Wellness , by staff group: <ul style="list-style-type: none"> <li>"The opportunities for flexible working patterns."</li> <li>"Does your organisation take positive action on health and wellbeing?"</li> <li>"Adjustments to workplace"</li> </ul> </li> <li>Staff survey Leadership and management, by staff group <ul style="list-style-type: none"> <li>"My immediate manager gives me clear feedback on my work."</li> <li>"My immediate manager asks for my opinion before making decisions that affect my work."</li> <li>"My immediate manager takes a positive interest in my health and wellbeing."</li> <li>"My immediate manager values my work."</li> <li>"My manager supported me to receive this training, learning or development."</li> </ul> </li> </ul>	ESR	Annual	Yes
		Staff survey	Annual	Yes
		Staff survey	Annual	Yes

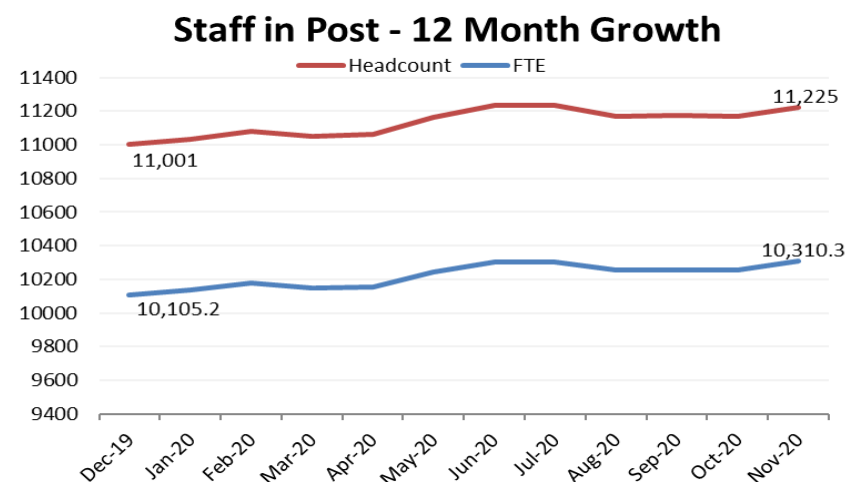
# Potential HWB Metrics

Metric theme	Metrics	Source of data	Frequency	Access
Workforce Safety	<ul style="list-style-type: none"> <li>FTSU cases relating to Bullying and Harassment</li> </ul>	<a href="#">FTSU Guardians</a>	Quarterly	Yes
	<ul style="list-style-type: none"> <li>Staff survey Safety , by staff group: <ul style="list-style-type: none"> <li>“I receive the respect I deserve from my colleagues at work”</li> <li>“In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public”</li> <li>“In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers”</li> <li>“In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues”</li> <li>“In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public”</li> <li>“In the last 12 months how many times have you personally experienced physical violence at work from...? Managers</li> <li>“In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues”</li> </ul> </li> </ul>	Staff survey	Annual	Yes

# Staff in Post

## 12 Month Growth by Staff Group

Staff Group	Dec-19	Nov-20	FTE 12 Month growth
Add Prof Scientific and Technic	262	273	11 ↑ 4.2%
Additional Clinical Services	1,704	1,740	36 ↑ 2.1%
Administrative and Clerical	2,013	2,113	100 ↑ 5.0%
Allied Health Professionals	548	538	-10 ↓ -1.9%
Estates and Ancillary	299	323	25 ↑ 8.3%
Healthcare Scientists	555	564	9 ↑ 1.7%
Medical and Dental	1,434	1,489	55 ↑ 3.8%
Nursing and Midwifery Registered	3,291	3,270	-20 ↓ -0.6%
<b>Total</b>	<b>10,105</b>	<b>10,310</b>	<b>205 ↑ 2.0%</b>



## Admin & Medical Breakdown

Staff Group	Dec-19	Nov-20	FTE 12 Month growth
<b>Administrative and Clerical</b>	2,013	2,113	100 ↑ 5.0%
<i>of which staff within Clinical Division</i>	1,009	1,054	44 ↑ 4.4%
<i>of which Band 4 and below</i>	737	772	35 ↑ 4.8%
<i>of which Band 5-7</i>	191	198	7 ↑ 3.6%
<i>of which Band 8A</i>	36	40	4 ↑ 9.7%
<i>of which Band 8B</i>	3	5	2 ↑ 52.9%
<i>of which Band 8C and above</i>	42	38	-3 ↓ -8.0%
<b>of which staff within Corporate Areas</b>	801	845	44 ↑ 5.5%
<i>of which Band 4 and below</i>	216	235	19 ↑ 8.8%
<i>of which Band 5-7</i>	393	406	13 ↑ 3.2%
<i>of which Band 8A</i>	70	69	-1 ↓ -1.2%
<i>of which Band 8B</i>	49	58	9 ↑ 17.6%
<i>of which Band 8C and above</i>	73	77	4 ↑ 6.1%
<b>of which staff within R&amp;D</b>	202	214	12 ↑ 5.9%
<b>Medical and Dental</b>	1,434	1,489	55 ↑ 3.8%
<i>of which Doctors in Training</i>	598	607	9 ↑ 1.5%
<i>of which Career grade doctors</i>	212	237	25 ↑ 11.8%
<i>of which Consultants</i>	624	645	21 ↑ 3.4%

**What the information tells us:** Overall the Trust saw a 2% growth in its substantive workforce over the past 12 months. The position on Registered Nursing is improving (in October we saw a growth of 22 WTE).



# Key staffing data

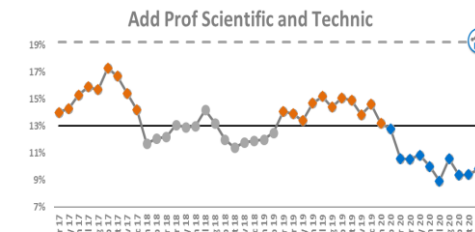
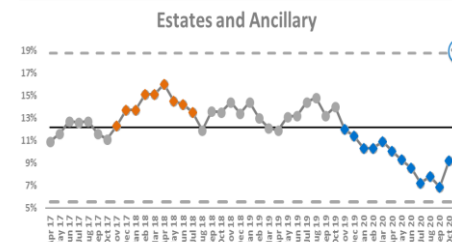
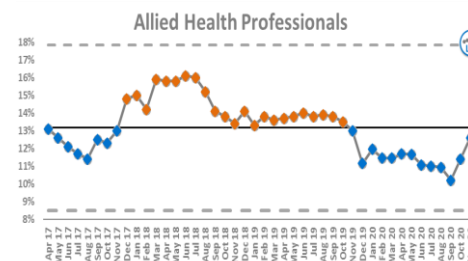
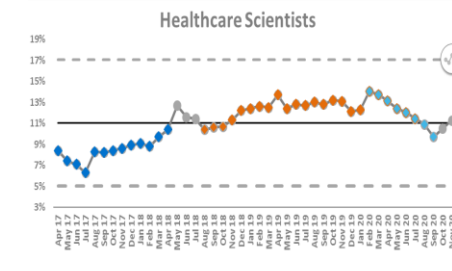
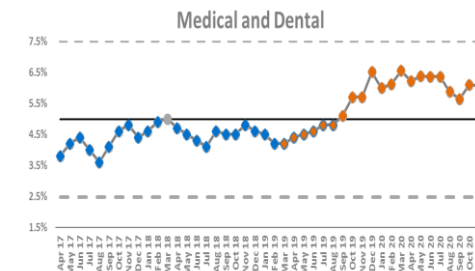
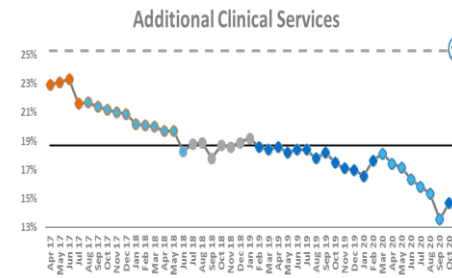
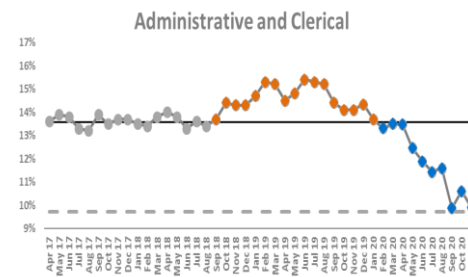
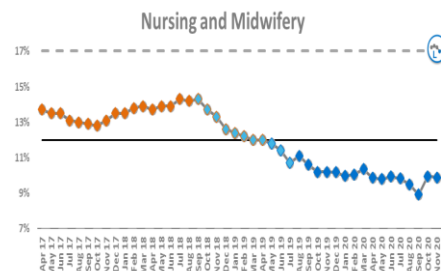
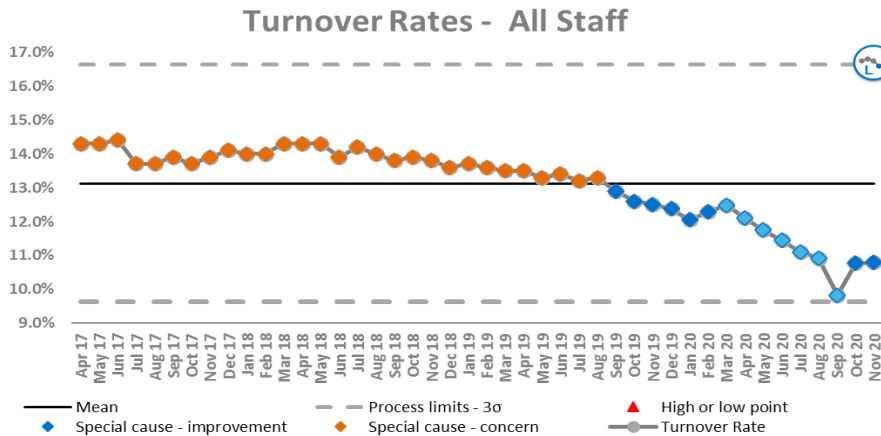
## Staff Turnover



**Background Information:** Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from an establishment over the previous twelve months as a percentage of the total number of employed staff at a given time.

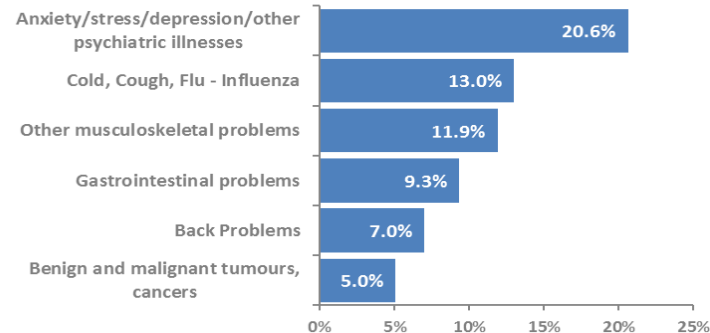
### What the information tells us:

The Trust's turnover rate remains below average at 10.8% resulting in 1.6% drop over the past 12 months. Turnover rate remains below average across all staff group except for Medical & Dental staff which remained above average at 6.1%. However, there has been 0.3% decrease in turnover rate for the medical staff over the past six months.



# Top Six Sickness Absence Reasons

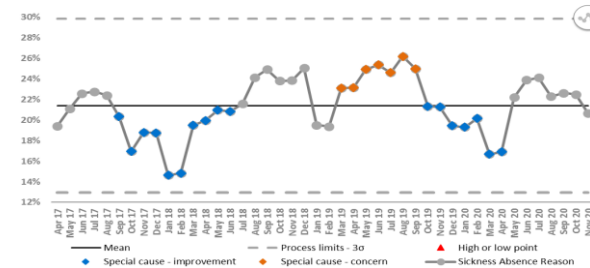
Top 6 Sickness Reason as % All Sickness November 2020  
All Staff



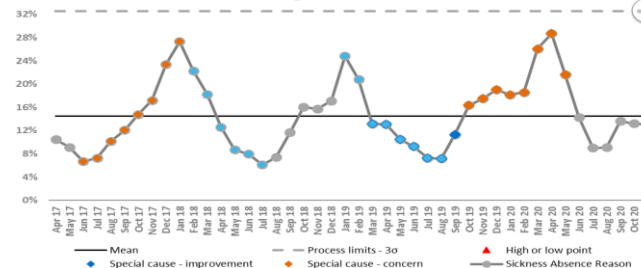
**Background Information:** Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

**What the information tells us:** The highest reason for sickness absence remains to be mental health related reasons at 20.6%, which has decreased by 2% from the previous month. The percentage of Influenza related sickness saw a decrease by 0.2% from the previous month at 13%. Cancer related sickness absence replaces Injury & fracture as the sixth highest sickness reason and accounts for 5% of all sickness absence in November 2020. In addition, the percentage of other musculoskeletal related sickness increased by 3% over the past six months at 11.9%.

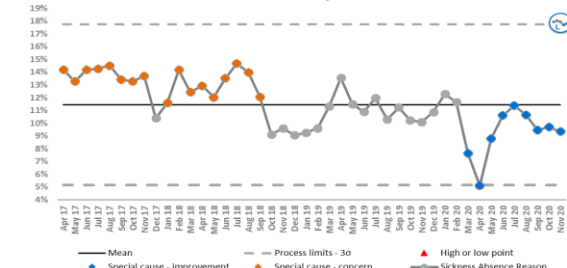
% of Sickness Absence Due to  
Anxiety/stress/depression/other psychiatric illnesses



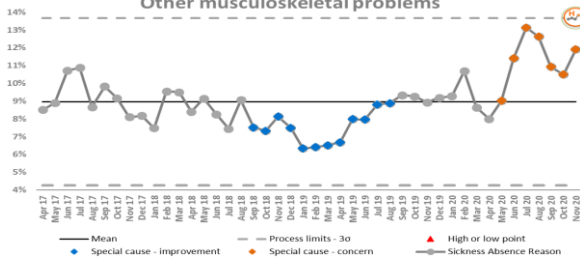
% of Sickness Absence Due to  
Cold, Cough, Flu - Influenza



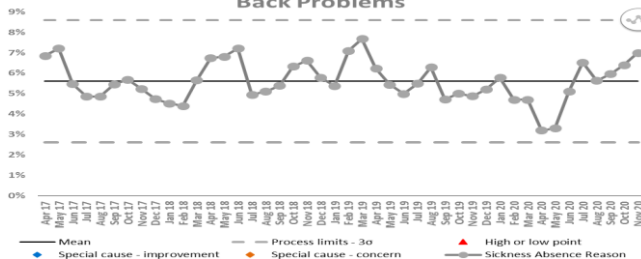
% of Sickness Absence Due to  
Gastrointestinal problems



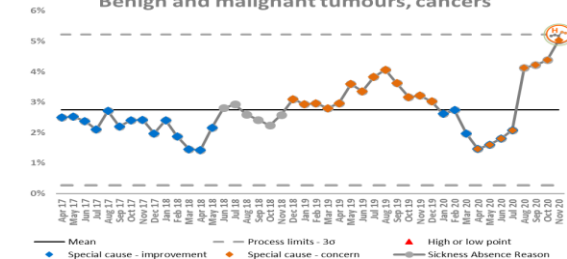
% of Sickness Absence Due to  
Other musculoskeletal problems



% of Sickness Absence Due to  
Back Problems



% of Sickness Absence Due to  
Benign and malignant tumours, cancers



# Staff pulse survey



- People Pulse launched on 1 July 2020. Participation in the People Pulse has been on an opt-in basis so far, but will be mandated quarterly next year (instead of Staff FFT)
- From the launch of the People Pulse until the end of wave 9 there was a total of 34,158 responses from people across 114 organisations (including primary and social care).

## Listening to our people

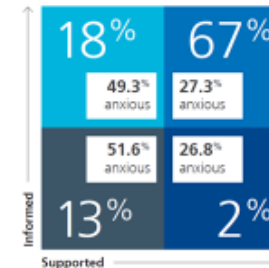
Pulse survey – 114 NHS employers registered



	Wave 8	vs. wave 7
Overall, how calm did you feel yesterday?	50.1%	▼ 1.5
Overall, how anxious did you feel yesterday?	34.4%	▲ 2.3
My organisation is keeping me informed about the impact of the coronavirus on my working life and safety	84.8%	▲ 2.7
My organisation is proactively supporting my health and wellbeing in the current environment	69.0%	▲ 4.6
In the current environment, I feel able to balance my work and my personal life in a way that works	56.9%	▼ 1.5
I feel confident in the approach that my local leaders are taking to manage the impact of the coronavirus	67.3%	▲ 6.2
Overall, how motivated did you feel yesterday?	49.2%	▲ 0.5

9 |

- Throughout COVID, staff generally have felt **well supported** (64-69%) and **well informed** (80-85%)
- The combination of these two factors leads to measurably **lower levels of anxiety** (27% versus average of 34% for all NHS staff), as shown below;

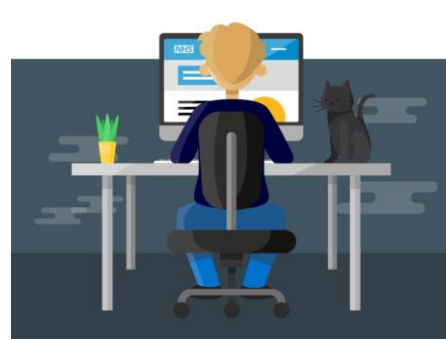


- Staff report being **more anxious about their immediate family and friends** and those they care for than their own health
- The level of anxiety felt by staff has been rising in recent months, but **remains below the level of the rest of the UK workforce** (35%)

# Access and use of national HWB offers



■172,893 app downloads



■498,996 sessions



■11,948 contacts with our dedicated helplines



■2,750 leadership circle  
■940 common room  
■1,399 coaching & mentoring  
■1,382 REACT participants



■5,300 primary care coaching sessions



■7,000 webinar participants  
■120,000+ views of webinars + materials  
■2,000+ newsletter subscribers



# Health and wellbeing stocktakes



## Transport

## Accommodation

## Childcare

Region	Total responses	Free Parking	Dedicated Taxi Contract	Sufficient local public transport	Free bike use	Clear guidance on travel to work	Temporary accommodation	Local hotel / Air BnB	Sleep pods	Sleep packs	On-site nursery / creche	Support for children entitled to FSM	Guidance on accessing childcare / funding
	Total Number	% in place	% in place	% in place	% in place	% in place	% in place	% in place	% in place	% in place	% in place	% in place	% in place
North East	26	92%	65%	96%	27%	85%	92%	85%	12%	42%	31%	8%	69%
North West	27	93%	67%	93%	52%	85%	93%	89%	22%	44%	37%	11%	67%
Midlands	37	100%	62%	100%	43%	84%	97%	70%	16%	46%	38%	22%	81%
East of England	17	94%	65%	94%	29%	76%	94%	76%	12%	41%	35%	6%	88%
London	28	93%	75%	82%	61%	93%	93%	96%	29%	57%	57%	32%	82%
South East	28	89%	57%	86%	21%	89%	93%	82%	18%	43%	54%	25%	71%
South West	17	100%	53%	88%	47%	82%	100%	82%	18%	35%	53%	35%	76%
All respondents	180	94%	64%	92%	41%	86%	94%	83%	18%	45%	43%	20%	76%

Region	Total responses	Signposting, promotion of national offers	Enhanced EAP	Local bereavement support	Local listening services	Decompression support	Access to HWB rooms / spaces	Local intranet resource	Support for higher risk staff	Recovery phase HWB package	Plans for psychological intervention	Psychological support for families
	Total Number	% in place	% in place	% in place	% in place	% in place	% in place	% in place	% in place	% in place	(%) Yes	(%) Yes
North East	26	100%	85%	92%	85%	50%	65%	96%	100%	73%	100%	31%
North West	27	100%	81%	85%	74%	67%	74%	100%	93%	59%	89%	52%
Midlands	37	100%	84%	97%	92%	76%	89%	97%	97%	70%	92%	59%
East of England	17	100%	82%	88%	88%	53%	71%	88%	100%	82%	82%	35%
London	28	100%	79%	82%	79%	75%	75%	100%	93%	64%	96%	57%
South East	28	100%	82%	93%	100%	86%	75%	100%	89%	68%	100%	54%
South West	17	100%	76%	94%	94%	100%	76%	100%	88%	82%	100%	76%
All respondents	180	100%	82%	91%	87%	72%	76%	98%	94%	70%	94%	52%

# HWB stocktake: example of trust action



## **Maintain:**

- Access: Give some certainty to staff over car parking access and costs, commit to the current position until 1 April 2021, where circumstances change give staff a 1 month notice period of any change
- Sanctuary: Maintain the current provision (including beverages) until 1 April 2021
- Food: Hot staff food provision for red areas, CCUs and ED until 1 April 2021
- Accommodation: Maintain a accommodation offer until 1 April 2021 for staff who have to quarantine or for necessary isolation from family
- Taxis: Maintain a taxi service until 1 April 2021 for staff who have specific health issue that means normal travel arrangements is temporarily compromised
- Financial wellbeing: Establish the Trust hardship 'salary advance' scheme as an ongoing offer
- Health, safety and well being: Enhance the current psychological well being offer
- Health, safety and well being: Funding of the staff testing / vaccination offer

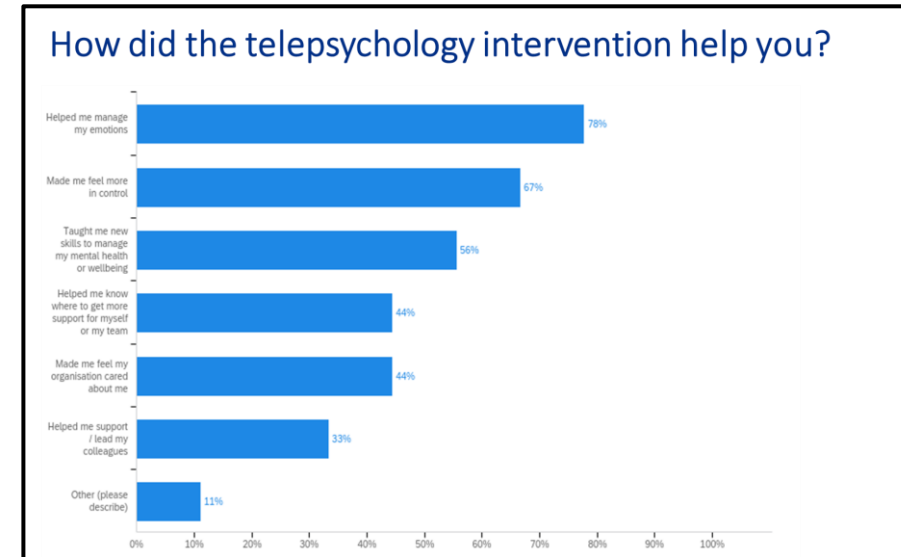
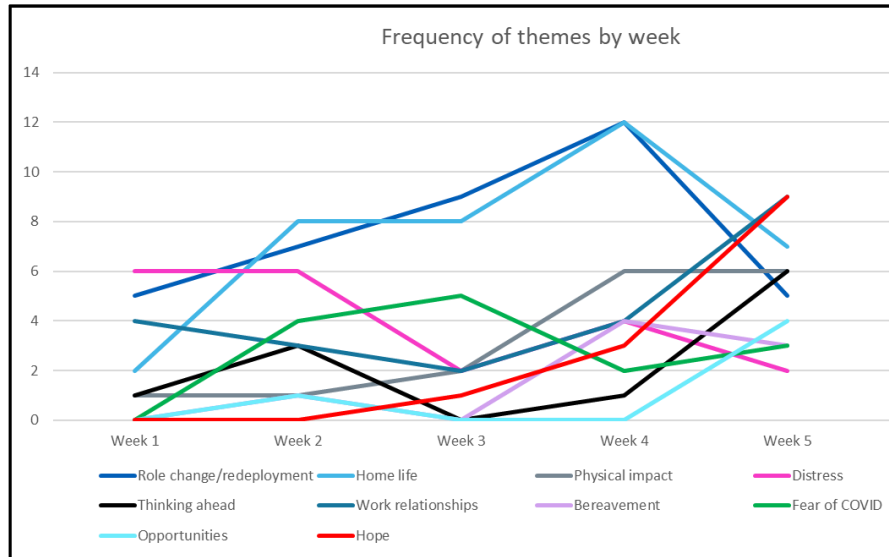
## **Established:**

- Snacks: Weekly snack boxes to all 24 hour areas.
- Recognition: Establish a 'Small acts of recognition' fund for 6 trust-wide initiatives a year
- Enhanced 'You Made a Difference' recognition schemes: increase the volume and recognition on offer through it
- Additional break out space: Various, including the food court becoming a staff only area

## **In progress:**

- Further break out space: Identify additional options for take-a-break space in existing envelope or through temporary provision (marquee)
- Virtual working: Implement the enhanced offer including: enhanced access to equipment and functionality, implementation to 'one number' functionality, enhanced connectivity options
- Health, safety and well being: Virtual health fitness and well being classes with local flavour

# KCH example: assessing an intervention



**Survey response: (n = 160) who had received support interventions**

- **Helped staff to cope in work (70%).**
- **Feel more positive towards KCH (60%).**
- **Actually stay in work (55%).**
- **Of staff who received 1:1 remote support: 85% thought it helped them stay in work.**
- Dramatically improved awareness and status of staff well-being and team-based support approaches. Clear impact on organizational culture.

# Room 3: Dame Carol Black

NHS Health and Wellbeing Framework and  
diagnostics as a tool to support the Board



# Wellbeing Guardians Breakout:

## Using the Health and Wellbeing Framework with the Board



In conversation with **Dame Carol Black**,  
Chair of the National NHS HWB Expert  
Advisory Board

NHS England and NHS Improvement

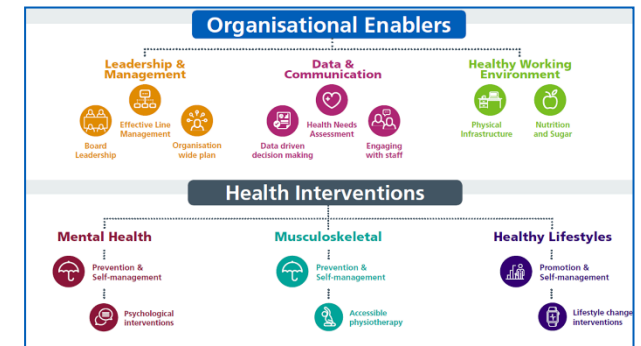




# What we will cover

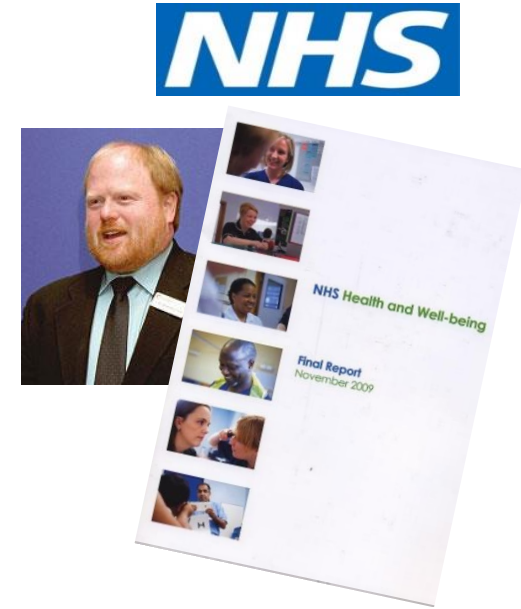


- **Journey** of the NHS HWB Framework
- **Using the Framework** and Diagnostics with the Board
- **Personal insights** on using the Framework
- **Discussion**, conversation, questions



# Journey so far: Drivers

*“Lead from the top; Enable management capability, Mental and Physical health priorities, Focus on prevention, Improvement to Occy Health, Develop a HWB framework”* **Boorman report in to NHS HWB, 2009**



*“NHS employees will need to be healthy, both mentally and physically, have good well-being, and be fully engaged in their work towards improved patient outcomes.”* **Simon Stevens, 2014**

*“Focus on measuring and improving staff health and wellbeing”* **NHS Five-Year Forward View, 2014**



## NICE

*“Workplace policy and management practices to improve health and wellbeing of employees – focus on organisational culture and line managers”*  
**NICE Guidelines, June 2015**

# Journey so far: Development



These drivers led to:

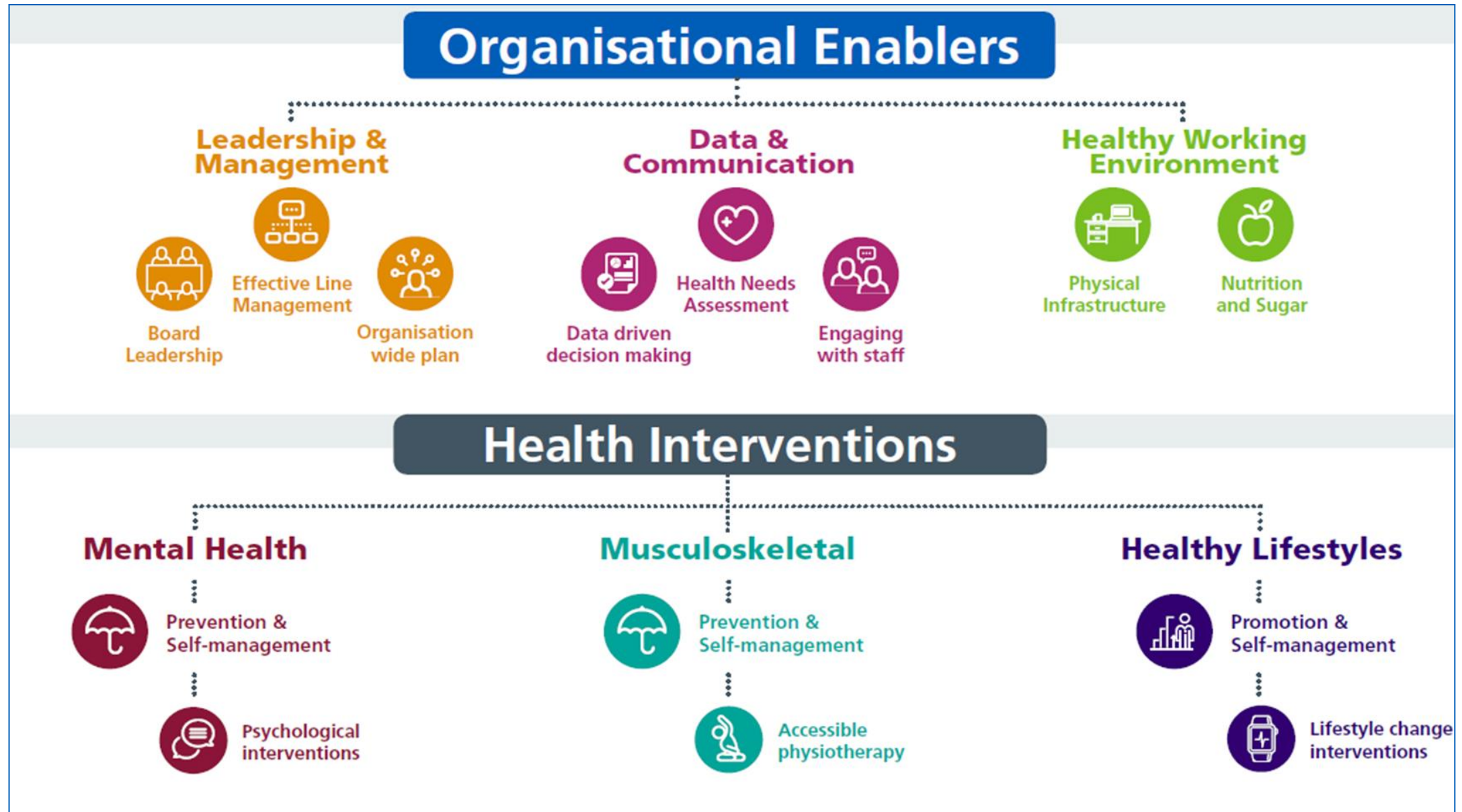
- ✓ Inception of an NHS **HWB Expert Advisory Board** to steer the framework development.
- ✓ **Co-designing of the Health and Wellbeing Framework** with 15 initial NHS Trusts.
- ✓ Piloting and **application of Framework with 70+ NHS Trusts** through the 'Direct Support Programme'.



Framework and diagnostic tool are available for download here:

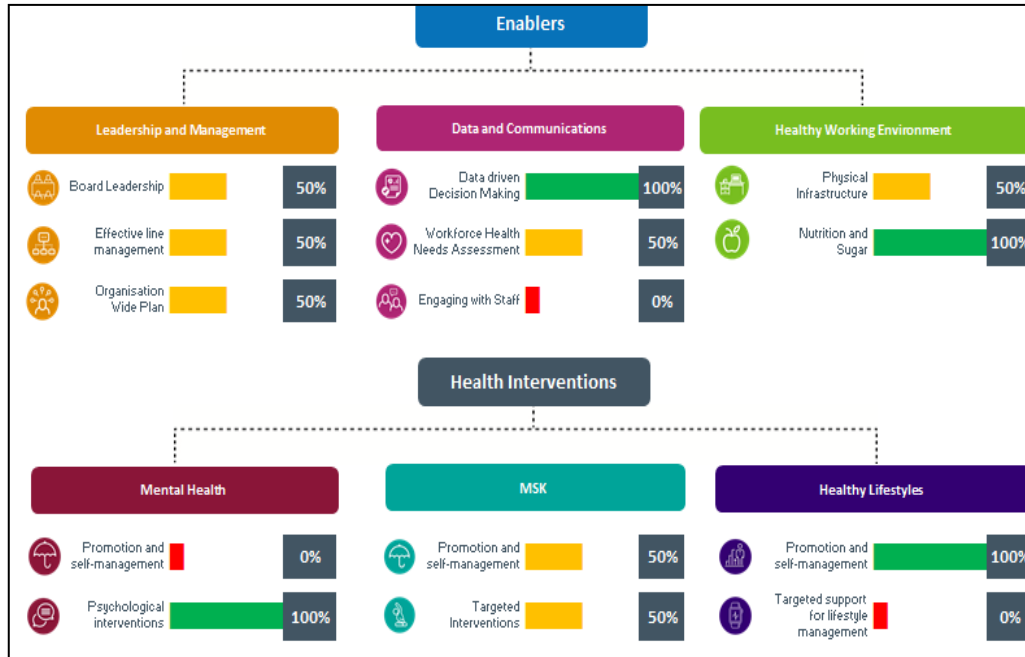
<https://www.nhsemployers.org/retention-and-staff-experience/health-and-wellbeing/developing-your-health-and-wellbeing-strategy/health-and-wellbeing-framework>

# Framework: 14 Enables and Intervention Areas **NHS**



# Using with the Board: Diagnostics

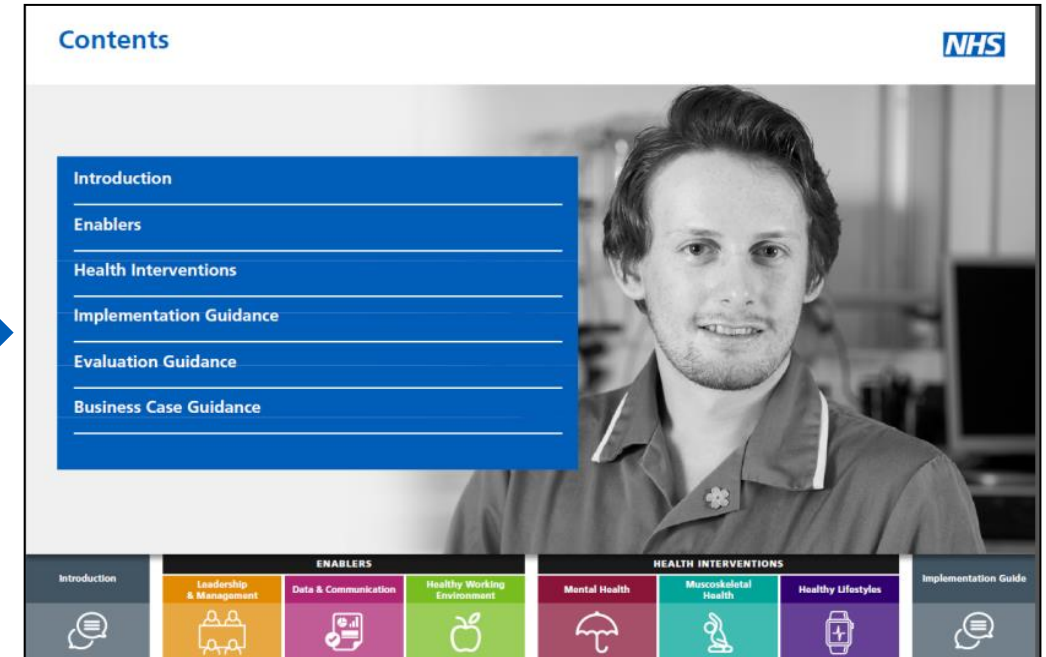
## Step 1: Diagnostic Tool



GAP



## Step 2: Apply the HWB Framework



- Answer 42 questions across the 14 elements of the Framework, using RAG system (Red, Amber Green)
- Provides a dashboard view of organisation's status against the Framework
- Identifies priority areas for developing a health and wellbeing plan

- Toolkit contains descriptions of what good looks like, case studies and delivery guidance for each of the 14 elements
- Implementation Guidance covers how to develop a organisational delivery plan, how to evaluate and develop the business case
- Interactive with clickable elements



# Impact

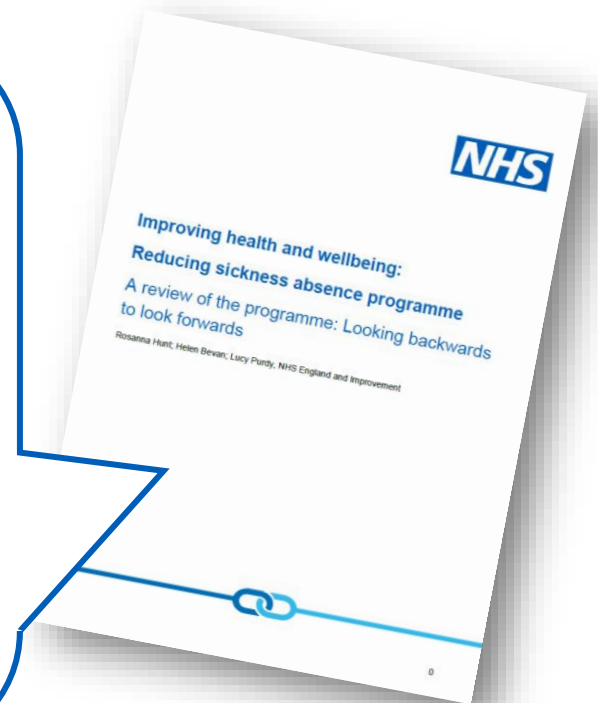


73 Trusts using the HWB Framework demonstrated an average **0.5 % point reduction in sickness absence** in January (traditionally the peak month for absence) between 2018 and 2019. For reference, this equates to **3,000 fewer days taken off sick in January 2019**, or **130 more people per trust in work**.

Emergent **COVID related sickness absence is lower** in Trusts that had engaged with using the framework, than in those who had not.

Review of the HWB programme and framework impact (Dec 2019) identified:

- **Positive stories and case studies on impact** of using the HWB Framework.
- But... we need to move **away from sickness absence** (negative outputs) **toward creating a culture of wellness** (positive inputs)



# Future of Framework: Next Evolution

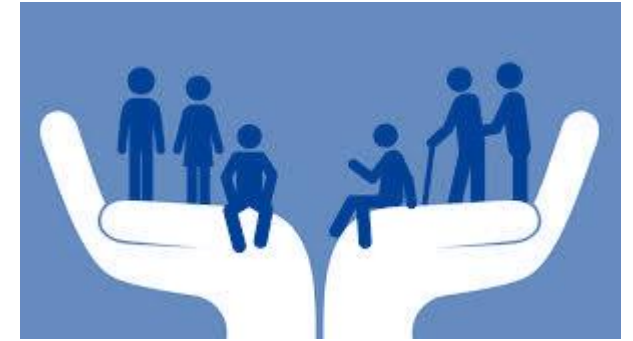
- **‘Evolve’** the best of the HWB Framework to empower NHS organisations to create a sustainable **‘wellbeing culture’** for their workforce.
- In this evolutionary re-design, use **co-design with stakeholders** to consider:
  - *Emphasis on **culture change**, the **prevention** agenda, **wider scope** of HWB*
  - *Better embed **equality, diversity and inclusion**.*
  - *Include Financial Wellbeing*
  - *Embed Operational Health within the Framework*
  - ***Refresh the evidence base and best practice gaps** in the Framework*
  - *Increase the **accessibility and use of the framework Toolkit**.*



# Recommendations



- **Find out whether your Trust uses the Framework** or do they have an alternative.
- **Encourage usage**, and bring to the Board's attention.
- **Wellbeing is dynamic**, keep the discussion live and at the heart of the Board.
- If there is an **HWB Steering Group** in your Trust, **join it**.
- If not, **create a Group with diverse membership**.
- Focus on getting executives on board to drive the **culture change** you want.
- **Know your workforce** – use data and demographics to establish a baseline.
- Use evidence-based information to **monitor progress**.
- Evaluate the **impact** and **celebrate achievements** at key milestones



**“If you care for  
your people,  
they will care for  
your patients”**