

# Looking After UHL – Health and Wellbeing Strategy

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Trust Board paper L

## Executive Summary

### Context

We welcome the published 'Five Year Forward View' (NHSE, 2014) which identifies the need to "get serious about prevention"; for action on obesity, smoking, alcohol and other health risks; for supporting people to choose healthier lifestyles and encouraging self-care. It re-frames the relationship between patients, local people, the NHS and other service providers. Its vision is of the 'NHS as a social movement', where power is shifted to patients and citizens, communities are strengthened, health and wellbeing is improved and - as a by-product - the rising demands on the NHS are moderated. This will have implications, in future years, for the Trust and the way we interact with our patients and our partners. The Forward View also highlights the importance of workplace health and the opportunity for the NHS to set a national example - supporting its staff to remaining healthy and to serve as 'health ambassadors' in their local communities.

### Questions

- What are our ambitions, our achievements and broad plans for the future, as set out in our first Health and Wellbeing Strategy (2016-17) and reviewed by the UHL Executive Workforce Board in September 2016?
- How will we encourage our staff to choose well and stay well?

### Conclusions

UHL's first Health and Wellbeing Strategy titled 'Looking after UHL' (as attached) has been developed by the Trust's Health and Wellbeing Steering Group in consultation with key internal and external partners, reflecting staff feedback (wellbeing survey results), local/national drivers, best practice and research. As detailed within the strategy benefits of a healthier workforce to UHL are becoming increasingly clear:-

1. Improved patient safety and experience;
2. Improved staff retention;
3. Reinforced public health and prevention messages;
4. Setting an example for other employers to follow;
5. Reduced costs.

The strategy pulls together current UHL activity, priorities and actions to address improvement against key measures relevant to workplace health and monitored by the UHL Health and Wellbeing Steering Group & Executive Workforce Board. Some health and wellbeing initiatives (including 'healthy foods for NHS staff, visitors and patients' and 'improving uptake of flu vaccinations') are measured externally and may impact on income i.e. in March 2016 NHS England announced a health and wellbeing CQUIN, linking 0.75 per cent of provider income to improving staff health and wellbeing.

A key area of focus over 2016-17 will be stress and resilience given the continued high demands on services. As detailed within the strategy stress/anxiety and depression continues to be one of the highest reasons reported for sickness absence in terms of days lost.

The UHL Pulse Check Survey was introduced in February 2016 (Q4, Q1 and Q2 surveys have been completed with 1762 respondents in total) and aims to review levels and trends of staff engagement across the organisation and identify the factors that may be enabling or inhibiting staff engagement. Mindset, the extent that staff are encouraged to believe in themselves, believe in moving forwards, and have a positive state of mind continues to achieve a moderate score. We note that a large number of staff have commented about feeling unable to achieve their work objectives due to lack of staff and unrealistic levels of demand. Dedication and discretionary effort both continue to score positively, and are the areas of engagement which are strengths for the Trust. However, energy continues to be the lowest scoring engagement measure, which suggests that staff may be displaying dedication and going the extra mile for the Trust at their own expense, indicating staff may be at high risk of burnout.

Health and wellbeing depends on the culture of an organisation and any change in culture needs to be driven through strong Board leadership. The Trust's first Health & Wellbeing Strategy (subject to Trust Board approval) will be launched during Fab NHS Change Day (19 October 2016) – a great time for us to collectively put ideas into action. We ask that members of the Trust Board and Senior Executive Team lead by example and consider pledging personal changes for improvement in Health & Wellbeing and share individual pledges widely across the Trust (as appropriate).

Work will be progressed in developing a joint LLR wide Health & Wellbeing Strategy in addressing the Sustainability Transformation Plan, Health & Wellbeing Outcome Gap:-

- Lifestyle and Prevention
- Outcome and Inequalities (people's health outcomes not being determined by things like where they live)
- Mental Health Parity of Esteem (mental health services on an equal footing with other parts of health)

UHL's first Health Summit will take place in February 2017 in engaging partners, front line staff and leaders in wellbeing initiatives and identifying future priorities and plans (2017/18).

## Input Sought

The Trust Workforce Board is asked to:-

- Sign up to Looking After UHL
- Approve the proposed Health and Wellbeing Strategy and corresponding annual prioritise and plans (2016/17) ensuring particular focus on managing stress levels and improving organisational resilience in the first year;
- Support and encourage staff to attend the future Health Summit (February 2017) to enable front line staff and leaders to positively engage and influence the agenda;
- Support and champion the importance of the health and wellbeing of our workforce;
- Ensure health and wellbeing of the workforce is considered at the outset of all Board discussions, particularly when making decisions that have staff implications;
- Lead by example by demonstrating your active involvement in wellbeing initiatives and pledge personal changes for improvement during Fab Change Day (to coincide with the strategy launch);

- Be available for staff to discuss wellbeing issues and improve your understanding of what is impacting on the wellbeing of your staff at a local level;
- Actively seek opportunities for providing key wellbeing messages both internally and externally.

For Reference

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[No]

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register [Not applicable]

**If YES please give details of risk ID, risk title and current / target risk ratings.**

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk ...			XX

**If NO, why not? Eg. Current Risk Rating is LOW**

b. Board Assurance Framework [Not applicable]

**If YES please give details of risk No., risk title and current / target risk ratings.**

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk ...		

3. Related **Patient and Public Involvement** actions taken, or to be taken: [yes]

4. Results of any **Equality Impact Assessment**, relating to this matter: [yes]

5. Scheduled date for the **next paper** on this topic: or [TBC]

6. Executive Summaries should not exceed **1 page**. [does not comply]

7. Papers should not exceed **7 pages**. [does not comply]

# Health and Well-being Looking after **UHL**



2016 – 2019

“NHS Staff have some of the most critical but demanding jobs in the country. Creating healthy and supportive workplaces is no longer a nice to have, it’s a must do for employers.”

Simon Stevens, Chief Executive, NHS England

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## Introduction

Welcome to our first Health and Wellbeing Strategy for the University Hospitals of Leicester. The strategy has been developed by the Trust's Health and Wellbeing Steering Group which provides a focus for this area of our activities. Our Trust is one of the largest in the country, with well in excess of one million patient contacts each year, and over 14,000 staff.



We are the main local provider of specialist acute health services to the people of Leicester, Leicestershire and Rutland and specialist services to the surrounding population. Although this remains our core role, we recognise that we have the potential and the responsibility to influence and improve the Health and Wellbeing of the people of Leicester, Leicestershire and Rutland in other ways – not just as part of the wider health and social care system, but also as one of the area's largest employers. We recognise that it is important for our strategy to be set in the context of national and local policy and priorities.

We welcome the published 'Five Year Forward View' (NHSE, 2014) which identifies the need to "get serious about prevention"; for action on obesity, smoking, alcohol and other health risks; for supporting people to choose healthier lifestyles and encouraging self-care. It re-frames the relationship between patients, local people, the NHS and other service providers. Its vision is of the 'NHS as a social movement', where power is shifted to patients

and citizens, communities are strengthened, health and wellbeing is improved and - as a by-product - the rising demands on the NHS are moderated. This will have implications, in future years, for the Trust and the way we interact with our patients and our partners. The Forward View also highlights the importance of workplace health and the opportunity for the NHS to set a national example - supporting its staff to remaining healthy and to serve as 'health ambassadors' in their local communities.

We have started to take early steps along this road. In this Strategy we show our continuing commitment to play our part in improving the health and wellbeing of the people living in LLR. We will do this alongside our external partners (with their extended responsibilities for health and wellbeing and public health), our commissioners and the community of Leicester. Here we describe our ambitions, what we are already focussing on, our achievements and broad plans for the future, recognising that this Strategy will evolve over time.

## Background

This section sets out Health and Well-being national strategy:-

### **NHS Health and Wellbeing, Boorman, 2009**

- **Improving organisational behaviours and performance**
  - Essential that NHS Trusts put health and wellbeing at the heart of their work with a clearly identified board-level champion and senior managerial support.
  - Providing health and wellbeing services focussed on prevention and fully aligned to wider public health policies and initiatives.
  - NHS leaders and managers developed and equipped to recognise the link between staff health and wellbeing and organisational performance.
  - Implementation of strategies to actively improve the health and wellbeing of the workforce.
- **Achieving an exemplar service**
  - Consistent access to early and effective interventions for common musculoskeletal and mental health problems in all Trusts.
  - Trusts should provide a range of health and wellbeing services targeted to the needs of their organisation, engaging in staff to ensure that these are credible and address their concerns.
- **Embedding staff health and wellbeing in NHS systems and infrastructure**
  - Health and wellbeing strategies should be developed with full involvement of staff and staff representatives and that implementation is routinely monitored.
  - Health and wellbeing services should be available to all staff on an equitable basis.

### **Public Health Responsibility Deal, 2011**

The Department of Health launched the Public Health Responsibility Deal (PHRD) in March 2011, and comprised of 5 core commitments.

The core commitments define the scope, purpose and high-level ambitions of the Responsibility Deal.

- We recognise that we have a vital role to play in improving people's health.
- We will encourage and enable people to adopt a healthier diet.
- We will foster a culture of responsible drinking, which will help people to drink within guidelines.
- We will encourage and assist people to become more physically active.
- We will actively support our workforce to lead healthier lives.'

UHL signed up to the PHRD, and in doing so confirmed our support for the Deal's ambitions and commitment to take action in support of them where we can.

As a partner to the PHRD, UHL committed to playing our part in improving public health. In signing up, we agreed to take action voluntarily to support the Responsibility Deal's ambitions.

UHL demonstrated the Trust commitment and signed up to a number of further pledges in relation to the management of Chronic Conditions, Occupational Health Standards, Domestic violence and Health & Well Being Reporting, Physical Activity and Young People in the Workplace.

#### **Five Year Forward View, 2015**

- 'Getting serious about prevention'
- Hard hitting national action on obesity, smoking, alcohol and other major health risks
- Incentivising and supporting healthier behaviours
- Targeted prevention – primary and secondary
- Empowering patients and supporting people and communities to be actively involved in their own health – to stay healthy, assist in managing long-term and other conditions and avoid complications
- Supporting NHS staff to stay healthy and serve as 'ambassadors for health' in their communities
- New models of care dissolving traditional boundaries, working in partnership and engaging the whole community.

#### **Leading Change, Adding Value, 2016**

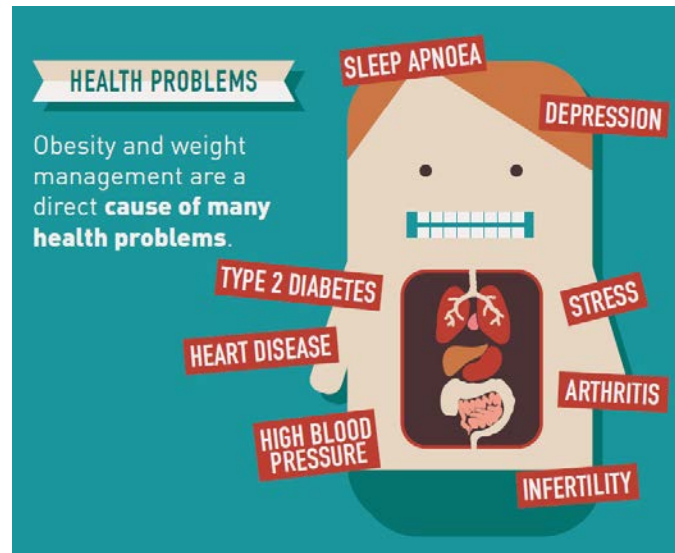
- We will actively respond to what matters most to our staff and colleagues.
- We have the responsibility to protect our own health in order to practise safely and effectively.
- Ensure that the right staff support systems are in place.
- 'What matters to you?' alongside the delivery of consistent and compassionate leadership.



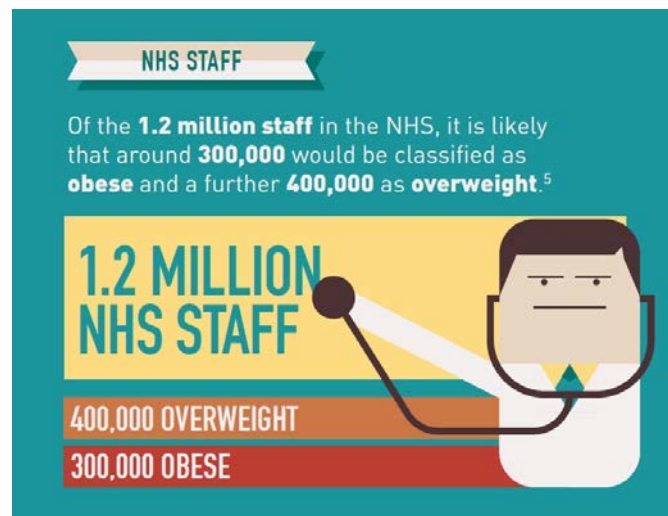
## National Facts

### Obesity

- The greatest threat to health worldwide with poor diet contributing to more disease than physical inactivity, smoking and alcohol combined.



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Healthy Weight, Healthy Lives: One Year On, Department of Health (2009)

## Mental Wellbeing

- Mental ill health at work is thought to cost UK employers £26 billion each year. ([www.centreformentalhealth.org.uk/pdfs/mental\\_health\\_at\\_work.pdf](http://www.centreformentalhealth.org.uk/pdfs/mental_health_at_work.pdf))



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1. [www.rcplondon.ac.uk/resources/nice-public-health-guidance-workplace-organisational-audit](http://www.rcplondon.ac.uk/resources/nice-public-health-guidance-workplace-organisational-audit)
2. <http://www.acas.org.uk/media/pdf/n/t/Is-it-time-wellbeing-grew-up.pdf>
7. [http://www.mentalhealth.org.uk/content/assets/PDF/publications/fundamental\\_facts\\_2007.pdf?view=Standard](http://www.mentalhealth.org.uk/content/assets/PDF/publications/fundamental_facts_2007.pdf?view=Standard)

## Smoking

- Smoking costs the NHS approximately £2.7 billion a year for treating diseases caused by smoking.



Action for Smoking and Health ([www.ash.org.uk](http://www.ash.org.uk))

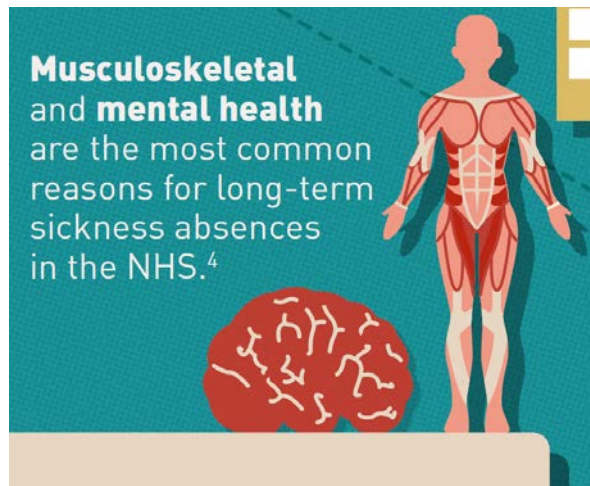
## Alcohol

- The third biggest lifestyle risk factor after smoking and obesity being the cause of more than 60 medical conditions.
- Annual cost to the NHS - £3.5 billion.
- 1.2 million alcohol related admissions per year.

Alcohol Concern ([www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk))

## Sickness and absence

- Long-term sickness costs businesses an estimated £3.1 billion a year. (<http://www.telegraph.co.uk/finance/jobs/9427440/Sick-leave-ruling-is-a-blow-to-employers.html>)

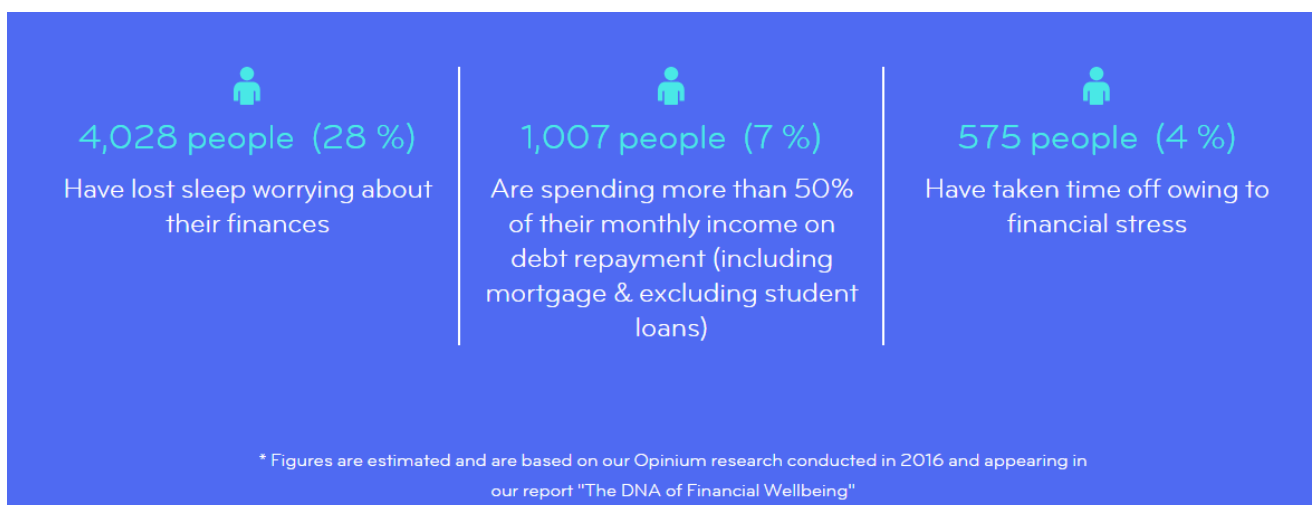


(<https://www.gov.uk/government/statistics/long-term-sickness-absence>)

- Reducing long-term sickness absence helps maintain a healthy and productive organisation. (<http://www.hse.gov.uk/pubns/web02.pdf>)

## Financial Pressure

- In an organisation of our size (staff numbers) in health and social care;



(<https://www.neyber.co.uk/?gclid=CJ-ShLLKkc8CFRKNWod1gQMJQ>)

## Our Vision

To be recognised as a trust that has the health and wellbeing of its staff and patients at the heart of everything it does, making it a workplace of choice and a healthcare provider that is chosen above others.

## Our Ambitions

We have identified three broad ambitions, reflecting the three groups of people with which we come into contact – our staff, our patients and the wider community. These ambitions will underpin our vision and be reflected in our annual work programmes. Every employee will be supported to maintain and improve their health and wellbeing and every employee will be expected to take proactive steps to improve their health and wellbeing. Every patient contact will count for promoting health and wellbeing. The wider community will also benefit through our involvement in the broader countywide health and wellbeing agenda.

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## Local Drivers

Our Trust's mission is to improve health by putting patients at the centre of excellent specialist care. By using each contact which we have with patients to promote healthier lifestyles and opportunities for preventive approaches, we can contribute to their wider personal health and wellbeing.

Leicester, Leicestershire and Rutland's Sustainability and Transformation Plan, 2016 recognises health and wellbeing outcomes as one of the triple aim gap issues, showing that a focus is needed on lifestyle and prevention in order to support people to manage their own health and wellbeing. Being one of the area's largest employers with over 14500 members of staff, supporting them to remaining healthy and to serve as 'health ambassadors' in their local communities plays a large part in this..

In relation to staff, the over-arching objective for the Trust is to 'further develop a highly skilled, motivated, and engaged workforce which continually strives to improve patient care and Trust performance'. More detailed objectives relate to staff engagement, improving the health and wellbeing of staff to enable staff sickness levels to reduce to below 3%.

Our staff health and wellbeing strategy and its associated action plans will make a contribution to the achievement of these objectives – with benefits for both staff and patients. For patients the benefits of lower levels of staff sickness absence are associated in particular with improved continuity of care.

The Trust is also committed to the Nice Guidance NG13 – Workplace Policy and Management Practices to Improve the Health and Wellbeing of Employees, which promotes the need for senior commitment to employees’ health and wellbeing and focuses on the line manager as the key to assessing, promoting and managing employees’ health and wellbeing.

There are three CQUINS that have been established for 2016 relating to health and wellbeing, detailed below, that our strategy will include in its focus:

National CQUIN	Indicator
<b>CQUIN 1a</b>	The introduction of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues.
<b>CQUIN 1b</b>	Healthy food for NHS staff, visitors and patients
<b>CQUIN 1c</b>	Improving the uptake of flu vaccinations for front line staff within Providers

**Making Every Contact Count (MECC)** is about encouraging and helping people to make healthier choices to achieve positive long-term behaviour change. To achieve this UHL is aims to support continuous health improvement through signposting individuals for further support, referring them into a lifestyle service or even just listening to whether or not they are ready.

Doing this will improve health and wellbeing amongst service users, staff and the general public.

Most commonly a lifestyle issue will be about encouraging individuals to:

- stop smoking
- eat healthily
- maintain a healthy weight
- drink alcohol within the recommended daily limits
- undertake the recommended amount of physical activity

There is also a specific quality schedule relating to Making Every Contact Count:

Indicator Title and Detail	Threshold
MECC	<p>Q1 Provider to share MECC strategy/plan for 16/17</p> <p>Q2, Q3 and Q4 Report on progress with MECC strategy/plan. Report on referral and outcomes data to Smoking Cessation, Alcohol Healthy Eating and Physical Activity</p> <p>Q3 report to include staff health and wellbeing programme.</p>

The challenges in implementing health promotion interventions include:

- Individuals' own health-related behaviours which may have an impact on their engagement in health promotion programmes and on patients' acceptance of health promotion advice.
- The need to have a cohesive approach between the wider (regional or programme-level) context and the local context of implementation when tailoring interventions within the UHL.

Sickness absence, and also "presenteeism" (attending work when not fit to do so) is a challenge for the NHS overall. One of our key organisational objectives is to improve the health and wellbeing of staff to enable sickness levels to reduce to below 3%.

We are working closely with our Staffside colleagues to understand better the reasons for staff sickness and to identify actions which we can take to improve staff health and wellbeing overall.

The four top most common reasons stated by our staff for absence, are:

Reason	Days Lost	Episodes	Days Lost %	Episodes %
Musculoskeletal problems	29001	1389	34.06%	15.04%
Anxiety/stress/depression/other psychiatric illnesses	28155	694	33.07%	7.51%
Gastrointestinal problems	15637	3612	18.36%	39.10%
Cold, Cough, Flu – Influenza	12353	3543	14.51%	38.35%
<b>Grand Total</b>	<b>85146</b>	<b>9238</b>	<b>100.00%</b>	<b>100.00%</b>

1 December 2014 to 30 November 2015

It is also our future intention (2017-18) to achieve accreditation via The Workplace Wellbeing Charter, which is a statement of intent, showing the Trust's commitment to the health of our employees. The Charter focuses on three key areas - leadership, culture and communication - where even small steps can make a big difference to the health of our staff, and therefore the health of our organisation.



THE WORKPLACE  
WELLBEING CHARTER  
NATIONAL AWARD for ENGLAND™

## UHL current areas of focus and achievements to date



Pre-retirement advice

Smoking

- NHS Stop Smoking Service – specialist advisors based in our hospitals
- Smoking Cessation Champions
- eLearning module for staff
- Nicotine Replacement Therapy for in-patients who smoke
- Opt-out policy for referral to smoking cessation advice for women who smoke in pregnancy

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Healthy start

- Initiative to ensure obesity and related lifestyle factors are addressed more explicitly with pregnant staff
- Baby Friendly accreditation for promoting and supporting breastfeeding
- Support for teenagers who are pregnant
- Substance misuse midwife

Health Promotion

- Men's Health
- Self-health Checks
- Self-care Training
- Health Promotion and Awareness Campaigns

Social Events

- Book club
- Theatre tickets
- Family social events and outings
- Coach trips
- Darts Nights
- UHL Family Fun Day
- Glass art
- Photography classes
- Quiz nights

Supporting carers in employment through the Carers' Charter





## Staff Engagement

‘NHS Health and Wellbeing’, Boorman (2009) and ‘Leading Change, Adding Value’, NHS England (2016) highlight the importance of engaging with staff in order to help embed health and wellbeing in the system. This is also paramount in ensuring that we are meeting the needs of our staff and patients with the services and support that we provide. We can gain intelligence to help drive the strategy forward in a number of ways;

- NHS Staff Survey – undertaken annually.
- UHL Pulse Check – undertaken every quarter.
- Supporting staff led change through Listening into Action that benefits both patients and staff.
- Better teams Programme - better team working is important to University Hospitals of Leicester, as the relationship staff have with their team, can make a real difference to their experience at work, and the care patients experience.
- Wellbeing at work survey – see Appendix A

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## Reward and Recognition

NHS Employers (2015) highlight that recognising the contribution of staff is a key part of successful staff engagement and that by focussing on ensuring staff feel valued can help sustain engagement during periods when staff are under greater pressure.

In the 2015 National Staff Survey we scored above average for ‘recognition and value of staff by managers’, however, our quarterly UHL Pulse Check tells us that recognition is one of the nine enablers of staff engagement that requires development.

We currently recognise our staff through the Caring at its Best awards which are linked to our Trust Values and there are a number of local recognition schemes throughout our hospitals. We are in the process of designing a more informal recognition scheme that will sit alongside the Caring at its Best awards.

We also celebrate members of staff that have given 25 years of service to the NHS and there are plans to extend this further.



## Evaluation and Monitoring

Metric	Source	Notes	Monitoring period/ interval
<b>a</b> Sickness absence percent	ESR	% of FTEs lost, overall and by medical cause (may also be broken down by staff category)	Month, year
<b>b</b> Incidence of long-term (> 4 weeks) sickness absence	ESR	Number and as % of staff employed, overall and by medical cause (may also be broken down by staff category)	Quarterly, year
<b>c</b> Prevalence of frequent sickness absence (3 episodes per year or > 2 working weeks)	ESR	Number and as % of staff employed, overall and by staff category	Year
<b>d</b> Prevalence of zero sickness absence	ESR	Number and as % of staff employed, overall and by staff category	Year
<b>e</b> Staff turnover	ESR	Numbers of joiners and leavers expressed as counts and as % of average number of employees during measurement period	Year
<b>f</b> Perceived organisation and management interest in health and well-being	NHS Staff Survey	Numbers and % of responders	Annual
<b>g</b> Take up on health and wellbeing activities associated with physical activity	Wellbeing at Work report	Number of staff	Annual
<b>h</b> Take up of staff counselling	Amica report	Number of patients using face to face and telephone counselling.	Quarterly, year
<b>i</b> Take up of health and wellbeing activities associated with mental well-being	Amica report	Numbers and % of total number of staff in organisation	Quarterly, year
<b>j</b> Take up of self-referral to physiotherapy	Service report	Numbers of staff that self-refer	Quarterly, year
<b>k</b> Fast Track physio appointments	Service report	Numbers of patients fast tracked for physio that are referred by OH	Annual
<b>l</b> Managers referral to OH Service	OH report	Number of staff	Annual
<b>m</b> Self-Referral to OH Service	OH	Number of staff	Annual

		report		
<b>n</b>	UHL frontline clinical staff vaccinated against flu	Occ. Health records	Numbers and % of total number of staff in organisation	Annual
<b>o</b>	Making Every Contact Count (MECC) Number of patient referrals to STOP Smoking Cessation Service	MECC Report	Number of patients that are referred	Quarterly
<b>p</b>	MECC Number of patient referrals to Alcohol Liaison Service	MECC Report	Number of patients that are referred	Quarterly
<b>q</b>	MECC Staff Referrals (via Occupational Health where applicable) to STOP Smoking Cessation Service	OH report	Number of referrals made by Occupational Health when referral was appropriate and relevant	Quarterly
<b>r</b>	Staff Referrals (via Occupational Health where applicable) to Healthy eating and Physical Activity	OH report	Number of referrals made by Occupational Health when referral was appropriate and relevant	Quarterly
<b>s</b>	Friends and Family Test Results <ul style="list-style-type: none"> <li>▪ Inpatients</li> <li>▪ Maternity Services</li> <li>▪ Emergency Department</li> </ul>	Report	% of positive responses	Monthly
<b>t</b>	Staff Engagement Score	UHL Pulse Check Report	% of engagement based on feelings and behaviours measures	Quarterly
<b>u</b>	Staff Friends and Family Test Results <ul style="list-style-type: none"> <li>▪ Care</li> <li>▪ Work</li> </ul>	UHL Pulse Check Report	% of positive responses	Quarterly

## Current Performance Quarter 2 2016/17

Metric	Source	Latest figures	Monitoring period/ interval
<b>a</b> Sickness absence percent	ESR	3.72% month 3.69% year	June 2016 1 July 15 – 30 June 16
<b>b</b> Incidence of long-term (> 4 weeks) sickness absence	ESR	8.35%	June 2016
<b>c</b> Prevalence of frequent sickness absence (3 episodes per year or > 2 working weeks)	ESR	3422 / 23.4%	June 2016
<b>d</b> Prevalence of zero sickness absence	ESR	3710 / 29%	1 January to 31 Dec 15
<b>e</b> Staff turnover	ESR	9.03%	1 July 15 – 31 July 16
<b>f</b> Perceived organisation and management interest in health and well-being	NHS Staff Survey	3.61 Above (better than) average	Annual
<b>g</b> Take up on health and wellbeing activities associated with physical activity	Wellbeing at Work report	995	2015/16
<b>h</b> Take up of staff counselling	Amica report	236	Quarter 1 2016/17
<b>i</b> Take up of health and wellbeing activities associated with mental well-being	Wellbeing at Work report	120	2015/16
<b>j</b> Take up of self-referral to physiotherapy	Service report		Quarter, year
<b>k</b> Fast Track physio appointments	Service Report	168	2015/16
<b>l</b> Managers referral to OH Service	OH report	3,121	2015/16
<b>m</b> Self-Referral to OH Service	OH report	1,207	2015/16
<b>n</b> UHL frontline clinical staff vaccinated against flu	OH records	63%	2015/16
<b>o</b> Making Every Contact Count (MECC) Number of patient referrals to STOP Smoking Cessation Service	MECC Report	732	Q3 2015/16
<b>p</b> MECC Number of patient referrals to Alcohol Liaison Service	MECC Report	394	Quarter 1
<b>q</b> MECC Staff Referrals (via Occupational Health where applicable) to STOP Smoking	OH report	3	Quarter 1

Cessation Service				
<b>r</b>	Staff Referrals (via Occupational Health where applicable) to Healthy eating and Physical Activity	OH report	6	Quarter 1
<b>s</b>	Friends and Family Test Results	Report	97%	July 2016
	▪ Inpatients		95%	
	▪ Maternity Services		87.3%	
	▪ Emergency Department			
<b>t</b>	Staff Engagement Score	UHL Pulse Check Report	73.45%	Quarter 1
<b>u</b>	Staff Friends and Family Test Results	UHL Pulse Check Report		Quarter 1
	▪ Care		72.3%	
	▪ Work		60.3%	

## Annual Priorities and Future Planning

Working in collaboration of internal and external partners we have identified key priorities as set out in this section to improve performance and work toward our vision of being recognised as a Trust that has Health & Well-being of its staff and patients at the heart of everything it does.

To coincide with priorities we have summarised implementation activity (specific to this year i.e. 2016-2017) as shown in Appendix B.

In deciding on future activity we intend to hold a Health Summit in February 2017 ensuring that we continue to seek the views of our staff and partners and in our 2017/18 plan we will have developed a calendar of events and focus, which will be promoted throughout the Trust.

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### Key Focus for 2016/17 – Stress and Resilience

A key area of focus over 2016-17 will be stress and resilience given the continued high demands on services. As detailed within the strategy stress/anxiety and depression continues to be one of the highest reasons reported for sickness absence in terms of days lost.

The UHL Pulse Check Survey was introduced in February 2016 (Q4, Q1 and Q2 surveys have been completed with 1762 respondents in total) and aims to review levels and trends of staff engagement across the organisation and identify the factors that may be enabling or inhibiting staff engagement. Mindset, the extent that staff are encouraged to believe in themselves, believe in moving forwards, and have a positive state of mind continues to achieve a moderate score. We note that a large number of staff have commented about feeling unable to achieve their work objectives due to lack of staff and unrealistic levels of demand. Dedication and discretionary effort both continue to score positively, and are the areas of engagement which are strengths for the Trust. However, energy continues to be the lowest scoring engagement measure, which suggests that staff may be displaying dedication and going the extra mile for the Trust at their own expense, indicating staff may be at high risk of burnout.

## Looking After UHL – Delivery Plan – Year 1 - 2016

Key Intervention No:	Strategy Reference	Summary Action	Lead Officer	Summary Planned Activity	Expected outcome/ Impact	Metrics Link (See Strategy)	RAG Status
Training & Development							
<b>1</b>	Appendix B1 / Page 30	Training for managers to support staff Health & Wellbeing	Sharon Baines, Senior Learning & Development Manager	<ol style="list-style-type: none"> <li>1. Sickness absence training</li> <li>2. Pre-retirement course</li> <li>3. Stress Management Training</li> <li>4. Self-Care Workshops</li> <li>5. Resilience Training</li> </ol>	Improved staff support provided by managers	a, b, c, d, e, f, l, t, u	4
Amica Staff Counselling & Psychological Support Services (including financial support)							
<b>2</b>	Appendix B2 / Page 32	Access to Counselling & Psychological Support Services	Gareth Price, Head of Amica Service	<ol style="list-style-type: none"> <li>1. Telephone Counselling Helpline</li> <li>2. Post Trauma Support Services</li> <li>3. Supervision of clinical staff</li> <li>4. Staff / manager specialist advice</li> <li>5. Bespoke Training</li> <li>6. Mediation</li> <li>7. Debt Financial Advice</li> <li>8. Legal Advice</li> <li>9. Wellbeing Events</li> <li>10. Wellbeing Groups (team level)</li> </ol>	Improved access to Amica Staff Counselling & Psychological Support Services	a, b, c, d, e, h, l, t, u	4
Sickness Absence							
<b>3</b>	Appendix B3 / Page 34	Implementation of Sickness Absence Management Policy & Procedure	Kally Khaira, Sickness Absence Lead	<ol style="list-style-type: none"> <li>1. Policy Review and highlight key changes</li> <li>2. Training and development of staff and managers on revised policy changes</li> </ol>	Sickness Absence of staff managed in line with policy	a, b, c, d, e, f	4
Communications							
<b>4</b>	Appendix B4 / Page	Promotion of Health & Wellbeing activity to all	Laura Mort & Paul Millington	1. Implementation of H&WB Communication Plan	Increase uptake	f, g, h, l, n, t, u	

	35	staff (within and outside main hospital sites)	Communications Officers	2. Devise annual monthly promotional campaign for 2017 to coincide with national campaigns / key activity	across all H&WB Initiatives		4
<b>Occupational Health (Flu Vaccination)</b>							
<b>5</b>	Appendix B6 / Page 37	Flu vaccination campaign	Sue Collington, OH Service Manager	1. Communication of campaign including implementing incentives scheme 2. Peer vaccinators training	75% of Frontline Clinical Staff to receive vaccine	n	4
<b>Occupational Health (Wellbeing)</b>							
<b>6</b>	Appendix B5 / Page 36	Provide specialist support services and promote healthy lifestyle	Sue Collington, OH Service Manager	1. Managing Making Every Contact Count Referrals 2. Support wellbeing at work initiatives 3. Resilience support 4. Implement national campaigns	Reduce sickness absence attributed to work related stress Improved MECC Performance	a, b, c, d, e, f, g, q, r, t, u	4
<b>Learning and Organisational Development</b>							
<b>7</b>	Appendix B7, B8, B11, B12 / Page 38, 40, 44, 46	Implement UHL Way (Year 1) and Leadership Development activity	Stephen Gulliver, Senior OD Manager Linsey Milnes, Senior Staff Engagement Manager	1. Implement UHL Way components i.e. Better Engagement, Better Teams, Better Change & UHL Academy 2. Targeted leadership development aligned to UHL Way and Career Management Framework 3. Plan Health Summit Event	Improve staff and patient experience	e, f, s, t, u	4
<b>Wellbeing at Work</b>							
<b>8</b>	Appendix B9 / Page 42	Provide a variety of events and activities	Nicola Junkin, Wellbeing at Work Lead	1. Implement Annual Plan approved by Charitable Funds Committee	Increase take up in activity	a, b, c, d, e, f, g, l, s, t, u	4



Estates and Facilities							
<b>9</b>	Appendix B10 / Page 43	Increase promotion of and availability of healthy food options	Elizabeth Tebbutt, Head of Performance Quality Assurance	<ol style="list-style-type: none"> <li>Changes to advertising and position of sugary, high fat and high salt food products</li> <li>Increase healthy food product choices and availability (24 hours per day)</li> </ol>	Improved access to healthy food options	f, s, u	4
Equality Service							
<b>10</b>	Appendix B13 / Page 48		Deb Baker, Equality Lead	<ol style="list-style-type: none"> <li>Anti-bullying advisory service</li> <li>Support improvements in team working</li> <li>Stress support services</li> <li>Develop LGB&amp;T support services</li> <li>Support overseas staff post Brexit</li> </ol>	Inclusive working environment and practices in place	a, b, c, d, e, f, l, s, t, u	4
Physiotherapy							
<b>11</b>	Appendix B14 / Page 50	Improving staff access to physiotherapy	Jane Hunt, Clinical Specialist Physiotherapist	<ol style="list-style-type: none"> <li>Improve staff information about self-referral</li> <li>Develop online referral process</li> <li>Monitor the use of the physiotherapy service</li> </ol>	Increase in the number of staff referrals to physio	a, b, c, d, e, f, j, k, t, u	
Making Every Contact Count							
<b>12</b>	Local Drivers / Page 10	Implement Making Every Contact Count Strategy	Nicola Baker, Deputy Head of Outcomes and Effectiveness	<ol style="list-style-type: none"> <li>Embed health promotion into routine practice at UHL.</li> <li>Ensure the appropriate training is delivered to ensure staff are confident in MECC within their role.</li> </ol>	Clarify pathways and increase referrals to health promotion programmes	f, o, p, q, s	4

					Ensure a focussed approach in increasing referrals to STOP smoking service		
<b>Sustainability Transformation Plan</b>							
<b>13</b>	Strategy to be developed	Develop joint LLR wide Health & Wellbeing Strategy	Louise Tibbert, Director Workforce & OD Bina Kotecha, Deputy Director of Learning & OD Linsey Milnes, Senior Staff Engagement Manager	<p>1. Agree joint strategy with key stakeholders to address Health &amp; Wellbeing Outcome Gap:-</p> <ul style="list-style-type: none"> <li>• Lifestyle and Prevention</li> <li>• Outcome and Inequalities (people’s health outcomes not being determined by things like where they live)</li> <li>• Mental Health Parity of Esteem (mental health services on an equal footing with other parts of health)</li> </ul>	Joint LLR Health & Wellbeing Strategy in place (Year 2)	TBC	1

# Appendix

A - Wellbeing at Work survey results 2015

B – Annual plans

B1 – Training and Development – Training for managers to support staff health and wellbeing

B2 - Amica Staff Counselling and Psychological Support Services

B3 - Sickness Absence

B4 - Communications

B5 – Occupational Health - Wellbeing

B6 – Occupational Health – Flu

B7 – Organisational Development – Better Change

B8 – Organisational Development - Leadership Development as an aid to Health and Wellbeing

B9 – Wellbeing at Work

B10 – Estates and Facilities - Healthy food for NHS staff, visitors and patients

B11 – Staff Engagement – Better Engagement

B12 – Staff Engagement – Better Teams

B13 – Equality

B14 - Physiotherapy

## Appendix A - Wellbeing at work Survey results 2015

To : The Well-being at Work Group  
From: Julie Woolley, Charity Finance Manager  
Date: 30<sup>th</sup> March 2016  
Report on: The results from the Well-being Survey Monkey questionnaire, 2015.

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The results from the Survey Monkey questionnaire have been collated. Free text answers have been summarised by the theme.

### Q1. – Are you aware of Well-being at Work and the events and activities it offers?

Response	Number	Percentage
Yes	679	75.11%
No	225	24.89%
<b>Total</b>	<b>904</b>	

25

### Q2. – Do you see our Well-being at work newsletters?

Response	Number	Percentage
Yes	370	40.93%
No	534	59.07%
<b>Total</b>	<b>904</b>	

### Q3. – Have you accessed any Well-being events or activities in the last 12 months?

Response	Number	Percentage
Yes	209	23.12%
No	581	64.27%
Didn't know any were available	114	12.61%
<b>Total</b>	<b>904</b>	

### Q4. – If so, which activities or events

A total of 265 people responded to this giving 416 selections.

Response	Number	Percentage
Exercise Classes	71	17.07%
Complementary Therapies	70	16.83%
Family Fun Day	64	15.38%
Coach Trips	59	14.18%
Quiz Nights	50	12.02%
Beauty Therapies	20	4.81%
Gym Discounts	18	4.33%
Weight loss	10	2.40%
Darts / Pool Nights	10	2.40%
Badminton	10	2.40%
Laughter, yoga	9	2.16%

Therapies		
Football League	7	1.68%
Chiropody	6	1.44%
Cricket	4	0.96%
Fitbugs	4	0.96%
Theatre / Ladies Day	3	0.72%
Tummy to Mummy	1	0.24%
<b>Total</b>	<b>416</b>	

**Q5. – Are there any additional facilities, events, or activities you would like to be available through Well-being at Work.**

Some replies gave more than one activity therefore 280 responses resulted in 308 analysed results.

Response	Number	Percentage
Classes *	80	25.97%
Activity clubs *	41	13.31%
Sports *	39	12.66%
Therapy	28	9.09%
Gym	25	8.12%
Trips	19	6.17%
Discounts	18	5.84%
For Alliance staff	13	4.22%
Social	11	3.57%
Premises	10	3.25%
Outdoor Activities	9	2.92%
Weight loss / Diet	8	2.60%
Communication	4	1.30%
Disabled Access	1	0.32%
Health Checks	1	0.32%
Sauna	1	0.32%
<b>Total</b>	<b>308</b>	

Further analysis of the top scoring sub-categories \* from above

Classes	Responses
Timings / Availability	39
Variety of classes	36

Activity Clubs	Responses
Walking	7
Dancing	6
Cooking	5
Art Classes	4
Wine Tasting	3
Book Club	3
Bowling	3
<b>Sports activity</b>	<b>Responses</b>

Swimming	13
Running	8
Cycling	3
Table Tennis	3
Netball	2

**Q6 – How can we ensure that communications about events and activities are seen by you?**

Some replies detailed more than one communication method therefore 450 responses resulted in 518 analysed results.

Response	Number	Percentage
Email	283	54.63%
Insite	86	16.60%
Poster	31	5.98%
Newsletters to all	24	4.63%
Desktop	17	3.28%
Payslip	17	3.28%
Communication ok	14	2.70%
Comms not specific	6	1.16%
Champions	5	0.97%
Wellbeing 'On Tour'	5	0.97%
Advertising	4	0.77%
Website	4	0.77%
Social media	3	0.58%
CE Brief	3	0.58%
Not email	3	0.58%
Not on INsite	2	0.39%
Leaflets	2	0.39%
Notice boards	2	0.39%
Email matron	1	0.19%
Induction pack	1	0.19%
Newsletter sign up	1	0.19%
Seminars	1	0.19%
Staff rooms	1	0.19%
Text Alerts	1	0.19%
Together	1	0.19%
<b>Total</b>	<b>518</b>	

**Q7. Are you happy with the facilities available to support you cycling to work?**

Response	Number	Percentage
Yes	73	8.08%
No	93	10.29%
I do not cycle to work	719	81.63%
<b>Total</b>	<b>904</b>	

It is useful to note the result if you ignore the high portion of responses that 'did not cycle'

Response	Number	Percentage
Yes	73	43.98%
No	93	56.02%
<b>Total</b>	<b>166</b>	

**Q8. – If no to Q7, please tell us how we can improve these facilities?**

This question was answered by more than just people who responded 'no' to Q7.

Facilities	Response to Question 7			Total
	Yes	No	I do not cycle	
Bike Sheds	5	41	2	48
Showers and changing rooms	-	35	6	41
Facilities other	-	4	2	6
<b>Facilities Total</b>	<b>5</b>	<b>80</b>	<b>10</b>	<b>95</b>
<b>Other Responses</b>				
Cycle Discounts	-	2	1	3
Discounted occasional parking for days when you cannot cycle	-	1	-	1
Positive comments	-	-	1	1
<b>Total Other</b>		<b>3</b>	<b>2</b>	<b>5</b>

**Q9. – Are you aware that Well-being at work is funded by the staff UHLotto?**

Response	Number	Percentage
Yes	524	59.48%
No	357	40.52%
<b>Total</b>	<b>881</b>	

**Q10. – Are you a member of the UHLotto?**

Response	Number	Percentage
Yes	378	42.91%
No	441	50.06%
Not aware of UHLotto	62	7.04%
<b>Total</b>	<b>881</b>	

**Q11. – Please feel free to share any other comments about Well-being at Work...**

Response	Number	Percentage
Positive	56	30.11
Communication	23	12.37
Timings	20	10.75
Alliance	12	6.45
lotto	9	4.84
Negative	9	4.84
Classes	8	4.30

Environment	5	2.69
Feedback - Annual Report	4	2.15
Trips	4	2.15
Availability	3	1.61
Bikes	2	1.08
Families	2	1.08
Gym	2	1.08
Slimming Club	2	1.08
Social	2	1.08
Therapies	2	1.08
Walking	2	1.08
Bikes sheds	1	0.54
Car Parking	1	0.54
Carers support	1	0.54
Childcare	1	0.54
Clubs	1	0.54
Discounts	1	0.54
Emotional Wellbeing	1	0.54
Football	1	0.54
Fundraising	1	0.54
Golf	1	0.54
HR issue	1	0.54
Induction	1	0.54
Karate	1	0.54
Insite link & contact	1	0.54
Parking	1	0.54
Staff Bids	1	0.54
Stress	1	0.54
Travel Costs	1	0.54
Younger Age activities	1	0.54
<b>Total</b>		



## 2016/17 Implementation Plan

**Area:** Training and Development

**Priority Title:** Training for managers to support staff health and wellbeing

**Objective:** The Organisational Development Service will offer;

- Leadership development interventions targeting middle managers including Heads of Service, Matrons and General Managers (phase 1)
- Career Development Framework for all staff which will be launched at UHL's Annual Leadership Conference.



Actions	By whom	By When	Progress So Far
<b>Continue to deliver and refine Sickness absence training for managers</b>	S Baines & key stakeholder	Aug 2016  Nov 2016	Current program delivered every six weeks. Increase number of sessions/capacity to meet demand. Refine session once policy ratified
<b>Continue to deliver and refine Sickness absence training for team leaders</b>	S Baines & key stakeholder	Aug 2016  Nov 2016	Current program delivered every eight weeks. Increase number of sessions/capacity to meet demand Refine session once policy ratified
<b>Develop a Sickness absence refresher workshop to update all managers on changes to sickness absence policy</b>	S Baines & key stakeholder	Nov 2016	Sessions dates planned
<b>Continue to deliver and refine the Pre-retirement course</b>	S Baines & key stakeholder	Aug 2016	Current program delivered every quarter. Increase number of sessions/capacity to meet demand.
<b>Develop Stress management e-learning package for managers</b> <b>Develop Stress management e-learning package for all staff</b>	S Baines & key stakeholder	Nov 2016	Meetings held July/Aug to plan and agree content.
<b>Develop Stress management face to face workshops</b>	S Baines & key stakeholder	Feb 2017	Meetings planned Aug/Sept to plan and agree content.
<b>Continue to deliver and refine self-care workshop</b>	S Baines & key stakeholder	Aug 2016	Current programme delivered every six months, reviewing delivery with

			Occupational Health
<b>Resilience training pilot ED</b>	S Gulliver & key stakeholder	March 2017	NHS Elect engaged as supplier/deliverer. Programme content agreed.

**What will be different? /How will you measure this?**

- The health and wellbeing of all staff is protected and promoted.
- All staff and managers have access to support to improve the health and wellbeing outcomes for staff
- Improve how managers support staff with health & wellbeing and adhere to Trust policies & procedures to support staff

Measured through:

Pulse check

Staff survey

Course assessments passed by all managers

Decrease in occupational health/Amica/HR interventions

## 2016/17 Implementation Plan

**Area:** Amica Staff Counselling and Psychological Support Services

**Priority Title:** Access to counselling and psychological support services

**Objective:** To maintain access to the Amica Staff Counselling and Psychological Support Services via self-referral (telephone) and online via the Amica website



<b>Actions</b>	<b>By whom</b>	<b>By When</b>	<b>Progress So Far</b>
<b>Operate the Telephone counselling helpline 365 days per year – 830am to 830pm and continued provision of the Amica website for online access.</b>	Amica Staff Counsellors	Ongoing	Following weekly audit all access is available and online enquiries continue.
<b>Access to Face to Face counselling</b>			
<b>Access to Telephone counselling</b>			
<b>Psychological First Aid/ Post Trauma Support services for staff faced with a critical incident in line with NICE guidelines. Amica staff attends the relevant on site location.</b>	Amica Staff Counsellors	Ongoing	All psychological first aid/ trauma support are responded to.
<b>Supervision Support to clinical staff i.e. Macmillan etc</b>	Amica Supervisors	Ongoing	
<b>Organisational Consultancy (psychological advice to managers faced with difficulties i.e entrenched team dynamics, management of change etc)</b>	Head of Service	Ongoing	Head of Service responds to requests and consults.
<b>Emotional Resilience Training – bespoke to teams that require this</b>	Head of Service/ OCC Health Service Manager	Ongoing	Head of Service continues to deliver resilience Training and update as Head of Service devised the training
<b>Professional Mediations and specialist Group Mediation Services</b>	Amica Mediators	Ongoing	Mediations are offered when requested.
<b>Access to Debt Counsellors/ Debt Management/ Financial Advice via a Freephone number</b>	PayPlan	Ongoing	Head of Service Reviews financial service annually.
<b>Access to Amica approved Solicitors with initial free consultation and further discount</b>	Approved Solicitors	Ongoing	Head of Service meets with solicitors annually.
<b>Group Work/ Staff Support – working with teams who have been faced with difficulties</b>	Amica Staff Counsellors	Ongoing	Group requests are responded to and delivered in the relevant work area.

<b>Signposting to other relevant services as and when appropriate clinically</b>	Amica Staff Counsellors	Ongoing	Amica Staff signpost clients who may need further psychological sessions i.e. long term work etc.
<b>Amica attends Wellbeing events and Marketplace Stands</b>	Amica Staff Counsellors	Ongoing	Amica attends relevant wellbeing events/ meetings and facilitates marketplace stands.
<b>Amica Wellbeing Groups – delivered on all 3 sites, quarterly.</b>	Amica Staff Counsellors	Ongoing	Amica Wellbeing Groups are promoted by Comms and are provided over lunch times.

**What will be different? /How will you measure this?**

The difference will be the further promotion of the online enquiry form and this will be through the Wellbeing Groups, Comms and the Telephone Counsellors. There will be increased uptake of the online access. These will be reported in the Amica annual and quarterly report.

The Amica staff counselling services assists staff in crisis/ distress and this is evidenced in the client feedback questionnaire. The feedback form also evidences that Amica counselling and Psychological Support Services do prevent staff from taking sick leave and help staff to return to work earlier. Also the staff counselling service enhances Wellbeing/ Mental Health and is recognised to be useful for Organisations and employees.

Professional Mediation assists staff in conflict and can offset costly financial and emotional formal process. This is measured by Mediation resolution figures and feedback and is reported in the Amica annual report.

Emotional Resilience services prevent staff from needing counselling and do increase resilience for staff. This is measured by feedback and is reported.

Group work, Debt Management and Solicitors are reported on. Financial issues are a significant stressor and factor in Mental Health and addressing this with professionals is helpful.

Organisational consultancy is measured by outcomes and feedback and is reported. It supports Managers and assists them with managing psychological processes. Confidentiality is also maintained within this.

Supervision support services are evaluated and reported on. Supervision helps prevent Burn Out/ Secondary Trauma and Vicarious Traumatisation and Second Victim.

Staff who have complex or other clinical needs that cannot be supported within a short term model are referred to appropriate services.

Post Trauma Support/ Psychological First Aid does assist staff and help prevent Post Traumatic Stress and Second Victim symptoms. This is reported on.

The Wellbeing Groups are facilitated to increase access to Amica Services and for staff that do not require counselling and benefit from peer support with Amica facilitators. Currently evaluation is being devised for this with associated clinical outcomes.

**2016/17 Implementation Plan**

**Area:** Sickness Absence

**Priority Title:** Sickness Absence Policy

**Objective:** Ensure the Trust Sickness Absence Management Policy and Procedure is reviewed and agreed and implement the revised Sickness Absence Management Policy



<b>Actions</b>	<b>By whom</b>	<b>By When</b>	<b>Progress So Far</b>
<b>In consultation with Staff Side, review and agree the Trust Sickness Absence Management Policy and Procedure</b>	K Khaira / Staff Side	December 2016	Revised policy with staff side for feedback by 23 August 2016
<b>Provide an overview and key changes to the Policy to staff and key stakeholders</b>	K Khaira	December 2016	Will progress when policy is agreed
<b>In partnership with Staff Side, Learning and OD team, Occupational Health and HR update the corporate Sickness Absence Training for managers</b>	K Khaira / key stakeholders	December 2016	Will progress when policy is agreed
<b>Take action to address training and development needs of managers in line with the revised policy</b>	K Khaira / key stakeholders	December 2016	Will progress when policy is agreed

**What will be different? /How will you measure this?**

Sickness absence of staff is appropriately managed and supported in line with the Trust policy.

Measured through:

Uptake of Self Care at Work course

Occupational Health referrals for Physiotherapy

Self-referrals for Physiotherapy

Stress Risk Assessments being undertaken

Reviews and Appeals in line with the Trust Sickness Absence Management Policy and Procedure

Sickness absence rates %

**2016/17 Implementation Plan**

**Area:** Communications

**Priority Title:**

**Objective:** The communications team will offer: a range of communications tools to assist the Health and Wellbeing team in promoting their campaigns and strategy to all staff; providing a different focus each month of the year.

The intent is to promote and increase uptake across all multi-disciplinary staff groups of HWB initiatives.



<b>Actions</b>	<b>By whom</b>	<b>By When</b>	<b>Progress So Far</b>
<b>Provide and work through our communications plan template to help promote each aspect of Health and Wellbeing strategy. Work with the team to create a tailored communications plan on each initiative that requires one.</b>	Each area of health and wellbeing team to link with Comms (Paul Millington and Laura Mort)	Each campaign to provide dates for completion of their campaign.	Desktops and Promo boxes booked throughout the year for HWB. Comms plan started for Step into Health. Comms plan completed for Flu and being worked through by PM, SC (and LM from September).
<b>Promote work within the hospitals both internally and externally depending on the campaign.</b>			
<b>Monitor and review effectiveness of communications plan linked to increased take up of HWB initiatives.</b>			
<b>Take on learning of which communications channels work best for which campaigns (E.g. posters/email/INsite/social media/video)</b>			

**What will be different? /How will you measure this?**

Measured by an upwards trajectory in the number of staff engaged/involved in each Health and Well-being campaign.

**2016/17 Implementation Plan**

**Area:** Occupational Health

**Priority Title:** Wellbeing

**Objective:** To continue to signpost staff to the specialist support services to help them improve their wellbeing and promote healthy lifestyles.



<b>Actions</b>	<b>By whom</b>	<b>By When</b>	<b>Progress So Far</b>
<b>MECC (Making Every Contact Count) referrals are considered in all appropriate OH consultations</b>	All clinical OH staff	Ongoing	Ongoing
<b>Staff are signposted via the MECC referral system for lifestyle advice on weight loss/diet, smoking, alcohol and exercise.</b>	MECC referral service	Ongoing	Ongoing
<b>Raise staff awareness of The Wellbeing @Work initiatives and signpost to the website</b>	OH staff	Ongoing	Ongoing
<b>Assist the Trust with the management of work related stress by highlighting areas of concern and providing bespoke emotional resilience training</b>	OH and Amica staff	Ongoing	Ongoing
<b>Participate in national campaigns e.g. 'know your numbers' for blood pressure, in conjunction with Wellbeing lead</b>	Marcella Burgess and OH staff	As the national days fall	Booked

**What will be different? /How will you measure this?**

- Sickness absence attributed to work related stress will hopefully reduce – reported on by Human Resources and monitored at quarterly wellbeing meetings.
- Quarterly stats on number of MECC referrals for smoking, diet/exercise and alcohol are provided to the Trust MECC lead and to the Wellbeing Group.
- Quarterly work related stress stats are provided by Occupational Health to the Health & Safety Committee and the Wellbeing Group.

## 2016/17 Implementation Plan

**Area:** Occupational Health

**Priority Title:** Flu vaccination campaign

**Objective:** To assist the Trust in its goal to ensure 75% of frontline clinical staff receive a flu vaccination between October-December 2016.



Actions	By whom	By When	Progress So Far
<b>Information from focus groups with qualified nurses has helped identify barriers to vaccination that have been addressed in the communications campaign.</b>	Sue Collington and Tasneem Mansoor	July 2016	Completed
<b>Increase the number of peer vaccinators trained</b>	Sue Collington/Neil Loach/ Dr Goss	End August 2016	Dates booked – on track
<b>Launch day in the 3 sites restaurants</b>	OH teams and peer vaccinators	28/09/2016	Booked
<b>Communications campaign including messages in payslips, video in Chief Execs forum briefing, updated articles on Insite etc</b>	Paul Millington	On going	
<b>Regular prize draws for both staff having the vaccine and peer vaccinators</b>	Charitable funds	Oct-Dec 2016	Vouchers will be awarded from 28/09/16 onwards

### What will be different? /How will you measure this?

That 75% of staff will have taken up the offer of the vaccine between October-December 2016. There will be monthly figures reported via IMMFORM system to DoH, a CMG uptake breakdown by staff group monthly, extensive communications reporting Trust uptake via the communications team, and final figures reported to DoH and the Trust in January 2017.



## 2016/17 Implementation Plan

**Area:** Organisational Development

**Priority Title:** Better Change as an aid to Health and Wellbeing

**Objective:** The Better Change methodology will offer:

- A robust toolkit to support managers in managing change more effectively to better prepare staff thus improving their health and wellbeing.
- Clear links to transition and the OD support managers can access in preparing their people for change.



Actions	By whom	By When	Progress So Far
<b>Establish the UHL Way around Better Change.</b>	S Gulliver & A Assimacopoulos	Complete	Complete
<b>Gather data and stories in order to refine the process using exemplar projects and feedback from associated stakeholders.</b>	S Gulliver & A Assimacopoulos	Usable data gathered by November 2016	Meetings held – on track
<b>Design and scope an online toolkit that supports managers through the change methodology, giving clear direction, helping to keep them mentally engaged and healthy.</b>	S Gulliver & A Assimacopoulos	September 2016	Scoping complete
<b>Ensure all feedback is used to refine the process and inform on portal development</b>	S Gulliver & A Assimacopoulos	November 2016	Meetings and data gathering in progress
<b>Gather quotes from online developers</b>	Alexis Assimacopoulos	September 2016	Complete
<b>Create a proposal for consideration for the build of the online portal.</b>	Alexis Assimacopoulos	October 2016	In progress
<b>Decision around online adoption</b>	Alexis Assimacopoulos	November 2016	

### What will be different? /How will you measure this?

The health and wellbeing of all staff involved in projects is supported through an easy to use system. All staff and managers have access to the system and understand its function and benefits. Managers will feel supported.

Measured through:

System use  
Pulse check  
Staff survey  
Decrease in occupational health/Amica/HR interventions

## 2016/17 Implementation Plan

**Area:** Organisational Development

**Priority Title:** Leadership Development as an aid to Health and Wellbeing

**Objective:** The Leadership Development Service will offer a range of structured leadership development interventions to support managers to improve the health and wellbeing of their staff and ensure they consistently adhere to Trusts policies and procedures, as line managers are key to supporting and promoting the health and wellbeing of their staff.

A range of structured leadership development interventions to support individual staff to improve their own health and wellbeing.



Actions	By whom	By When	Progress So Far
<b>Create a UHL Way leadership development programme to support the use of UHL Way values and enable leaders to understand the impact this has in supporting health and wellbeing.</b>	S Gulliver & key stakeholder	December 2016	Development of programme started and full proposal is being written.
<b>Ensure the leadership development programme is an integral part of the UHLU career management framework-staff are clear about what is possible and how to get there' feeling valued as part of health and wellbeing</b>	S Gulliver & key stakeholder	November 2016	Career framework researched and currently being amended to the UHL context.
<b>Provide opportunities for underrepresented groups to access development catering for identified health and wellbeing needs.</b>	S Gulliver & key stakeholder	March 2017	Reversed Mentoring paper written and methodology is applied in the leadership development programme.
<b>Develop a fit for purpose programme that has clear links to the UHL Way</b>	S Gulliver & key stakeholder	December 2016	Development of programme started and full proposal is being written.
<b>Agree and embed the career management/coach service to underpin development</b>	S Gulliver & key stakeholder	November 2016/March 2017	Career framework researched and currently being amended to the UHL context
<b>Ensure reverse mentoring is available and supports access by underrepresented groups</b>	S Gulliver & key stakeholder	December 2016	Reversed Mentoring paper written and methodology is applied in the leadership development

programme.

**Create a menu of UHLU/LLRU experiences that are mapped to clear development outcomes**

S Gulliver & key stakeholder

February 2017

To be started.

**What will be different? /How will you measure this?**

The health and wellbeing of all staff is protected and promoted.

All staff and managers have access to support to improve the health and wellbeing outcomes for staff.

Improve how managers support staff with health & wellbeing and adhere to Trust policies & procedures to support staff.

Staff will feel valued through the career management process.

Measured through:

Pulse check

Staff survey

Course assessments passed by all managers

Decrease in occupational health/Amica/HR interventions

Promotion opportunities for underrepresented groups at higher levels of management

## 2016/17 Implementation Plan

**Area:** Wellbeing at Work

**Priority Title:** Events and Activities

**Objective:** To provide a variety of events and activities informed by staff and other monitoring data.



Actions	By whom	By When	Progress So Far
Working through the annual plan below as approved by CFC			

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### What will be different? /How will you measure this?

The numbers of staff benefitting from events and activities increases.

NAME	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Wellbeing at Work Coordinators Salary												
BADMINTON												
BOOK CLUB				X10		X10		X10		X10		X10
COACH TRIPS	Cambridge					trip			3x trips			
CRICKET												
COOKING LEICS COLLEGE		cooking	cooking				cooking	cooking				
DARTS NIGHT	darts						darts					
EXERCISE CLASSES												
FITBUG				fitbug						fitbug		
FLOWER WORKSHOP			x1	x2				x2	x1			
FUN DAY			9000									
FLU VOUCHERS							400	400	400	400		
FOOTBALL				goals	goals	goals	goals			goals	goals	goals
GOLF												
GLASS ART		20	20	20			20	20				
HYPNOTHERAPY		workshop								workshop	workshop	workshop
HEALTH AWARENESS			dietetics			KNY						
POOL NIGHT	pool						pool					
PROMO ITEMS	pens	coasters	bags									
PRINTING												
PHOTOGRAPHY COURSE				photos			photos					
QUIZ NIGHT		quiz						quiz				
SLIMMING WORLD				SW						SW		
STAFF BIDS												
THEATRE - CURVE		400				theatre						
STRESS E-LEARNING PACKAGE												
STEP INTO HEALTH (course with Loughbrough College)												
STAFF SUGGESTIONS												
TAKING THE STAIRS POSTERS												

**2016/17 Implementation Plan**

**Area:** Estates and Facilities

**Priority Title:** Healthy food for NHS staff, visitors and patients

**Objective:** To achieve a step-change in the health of the food offered on their premises in 2016/17



<b>Actions</b>	<b>By whom</b>	<b>By When</b>	<b>Progress So Far</b>
Through the provision of in house retail (L'Eat) the banning of price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS).			Complete
To agree a 2yr contract with Coca Cola which includes replacement vending machines which will no longer advertise food items which are high in fat, sugar and salt (HFSS). There will be additional sugar free choices and a reduction on the cost of bottled water within the vending machines.			Complete
Confectionary to be removed from the checkout areas and replaced with a basket of fresh fruit			Complete
Healthy options are available through vending machines which will be accessible for all staff including those working night shifts.			
To obtain written commitment and statements from Coca Cola, WH Smith and RVS to support our drive to comply with the CQUIN in "banning the advertising and promotion of sugary drinks and high fat and salt containing products"			Complete

**What will be different? /How will you measure this?**

Healthy food options will be available at any point including for those staff working night shifts.

## 2016/17 Implementation Plan

**Area:** Staff Engagement

**Priority Title:** Better Engagement

**Objective:** Supporting teams to use the Listening into Action approach to ensure that staff are engaged and involved with changes that benefit both patient and staff, ensuring they are fully involved and feel valued for their contribution.



Actions	By whom	By When	Progress So Far
<b>Supporting two waves of Pioneering Teams to adopt Listening into Action at a local level. Wave 7 will commence in May 2016 and Wave 8 in November 2016.</b>	LiA Team	May 2017	Wave 7 teams launched in May 2016 and application process open for Wave 8 teams
<b>Provision of five surgeries where teams have the opportunity to network with peers, share achievements and work through obstacles.</b>	LiA Team	Ongoing	Five support surgeries planned and booked for Wave 7 and Wave 8
<b>Provide support to a network of LiA Innovators.</b>	LiA Team	Ongoing	Support surgeries will be held every six months that are open for all to attend to ensure that longer term actions are on track.
<b>Run Pass It On Events at the end of each Wave in order to 'pass the baton' on to the next Wave and share achievements and success.</b>	LiA Team	Ongoing	Pass it on Event held in May 2016 and one booked for November 2016.
<b>Publish the LiA <i>Pass It On</i> Newsletter quarterly to showcase achievements and update on teams and their progress.</b>	LiA Team, Graphics and Payroll team.	Every quarter	Newsletters published in June and September.
<b>Respond to emerging priorities within the Trust by supporting senior leaders to host Thematic LiA events.</b>	LiA Team	As necessary	Thematic events supported throughout the year with resource packs and a dedicated member of the LiA team.
<b>Supporting all nurse led wards and departments to host a listening event and implement any associated actions related to improving the quality of patient</b>	LiA Team, Chief Nurse, Deputy Chief Nurse	Dec 2016	Nursing into Action programme has been running since July 2014 and the last Set will celebrate at the end of

<b>care and experience.</b>			November 2016.
<b>Supporting the medical workforce to run events to improve their experience at work, their support and development.</b>	LiA Team, Medical Director, Clinical Directors, University of Leicester		Events held for medical students, junior doctors and Heads of Service
<b>Organise the annual UHL Nursing and Midwifery Conference</b>	LiA Team, Chief Nurse and Deputy Chief Nurse	October 2016	Event booked for 5 October
<b>Deliver quarterly UHL Pulse Check</b>	LiA Team and Go Engage	Ongoing	UHL Pulse Check carried out in June and September.
<b>Coordination and delivery of the National Staff Survey and compilation of feedback and reports</b>	L Milnes and A Goodfellow	Sept onwards	Survey provider chosen and booked. Staff list compiled and sent.

#### **What will be different? /How will you measure this?**

Staff will feel more engaged in decisions and change that affects them and their patients. They will feel valued for their contribution and motivated to continue making improvements.

This will be measured and reflected in;  
 UHL Pulse Check response rate  
 UHL Pulse Check results  
 Staff Friends and family results  
 Feedback from events and from teams



## 2016/17 Implementation Plan

**Area:** Staff Engagement

**Priority Title:** Better Teams

**Objective:** To enable leaders to develop important leadership skills which will help them to support their team and improve staff engagement. By investing and growing the team they may start to see additional outcomes such as improvements in staff morale, sickness absence, team performance, retention of staff and patient experience.



Actions	By whom	By When	Progress So Far
<b>Develop Better Teams application process and brand /customise resources from Go Engage</b>	L Milnes		Complete
<b>Support two cohorts on Better Teams Programme. Cohort 1 launch in June 2016 and Cohort 2 launch in December 2016</b>	Better Teams Facilitators	Ongoing	Cohort 1 launched successfully and working through the programme. Applications open for Cohort 2.
<b>Provision of Better Teams Diagnostic Reports</b>	Go Engage	Before each Cohort launches	Cohort 1 have received their reports.
<b>Provision of three action learning sets where teams have the opportunity to network with peers, share achievements and work through obstacles with facilitators.</b>	Better Teams Facilitators	3 per cohort – ongoing	First action learning set attended well. Future sessions booked and planned.
<b>Using the Better Teams Diagnostic tool to replace the current Pulse check to obtain more in-depth understanding of feelings and behaviours within teams</b>	LiA Team		Training session to be delivered by Go Engage in September 2016

### What will be different? /How will you measure this?

Leaders will have a more clear understanding of how their teams are feeling and be able to use the Better Teams Toolkit to help improve required areas. This will lead to staff feeling more engaged and there will be improvements in staff morale, sickness absence, team performance, retention of staff and patient experience.

This will be measured and reflected in;  
Better Teams Diagnostic reports

UHL Pulse Check results  
Staff Friends and family results  
Feedback from teams, patients and staff

## 2016/17 Implementation Plan

## Area: Equality Service

## Priority Title:

Objective: The Equality Service will:

- Continue to offer support to staff experiencing bullying, harassment or victimisation.
- Develop a stress support system based upon the existing anti-bullying model.
- Work with the local Lesbian Gay, Bisexual and Transgender centre (LGBT) to ensure staff are free from discrimination in the workplace at UHL
- Support overseas staff following Brexit



Actions	By whom	By When	Progress So Far
<b>Anti-bullying:</b> Quarterly meetings with stakeholders and Anti Bullying and Harassment Advisers to review progress against action plan	Anti-bullying Steering Group	Quarterly	
<b>Anti-bullying:</b> Annual anti-bullying reports for submission to Senior HR Team, CMG Boards and Executive Workforce Board, JSCN to cover the following	Carol Yassein	TBC	Health and Wellbeing reporting process to be agreed.
<b>Anti-bullying:</b> To monitor the effectiveness of the behaviour contract an intervention for staff experiencing a difficult working relationship	Deb Baker/ Carol Yassein	March 2017	Monitoring process to be agreed.
<b>Stress Support Service:</b> To develop a stress support service. Current anti- bullying Advisers will take on the additional stress champion adviser role.	Anti-bullying steering group	Launch January 1 <sup>st</sup>	
<b>Stress Support Service:</b> Provide training for the existing anti bullying Advisers	Sue Collington/ Gareth Price	October 2016	
<b>Stress Support Service:</b> Bid to charitable funds for the purchase of 3 mobile phones	Sue Collington/Deb Baker	September 2016	Awaiting Outcome
<b>Working with the LGB&amp;T Centre:</b> To scope and cost the required work areas with the Centre	Bina Kotecha/Deb Baker	October 2016	
<b>Working with the LGB&amp;T Centre:</b> Develop an action plan	Bina Kotecha/Deb	November 2016	

	Baker		
<b>Support Overseas staff following Brexit: Drop in Information sessions for staff</b>	Overseas task and finish group	November 2016	Work is progressing. The Task and Finish group to meet in October to discuss next steps.
<b>Support Overseas staff following Brexit: To develop A social media campaign that demonstrates support for our staff</b>	Tiffany Jones	August 2016	Twitter and Facebook campaigns launched. Campaign. Posters for UNITED Hospitals of Leicester designed and being put up around the Trust.

**What will be different? /How will you measure this?**

1. Continued support for staff experiencing bullying behaviours.
2. Additional signposting service for staff experiencing stress with a potential reduction in referral to OH and Amica for non – complex stress related issues. Possible positive impact on the staff survey results relating to bullying and stress.
3. Improved relationship with the local Gay community alongside an improved working environment for gay staff working at UHL. Gives a clear Statement of intent from the Trust to our staff.
4. Overseas staff should feel better informed and supported as measured by their feedback and recruitment figures.

**2016/17 Implementation Plan**

**Area:** Physiotherapy

**Priority Title:** Access to physiotherapy

**Objective:** For UHL staff to have access to physiotherapy. Investing in staff Access to physiotherapy improves staff health and wellbeing, helping to keep staff at work and return to work after sickness. This can have an effect on staff morale, they feel more valued, sickness absence, performance/productivity.

Staff being able to *refer themselves to physiotherapy* gives them some control over their health and wellbeing and saves time that would otherwise be taken to see GP or Occupational health nurse only to be referred to physiotherapy.



<b>Actions</b>	<b>By whom</b>	<b>By When</b>	<b>Progress So Far</b>
<b>Staff self-referral pilot to be carried out at the LGH site</b>	Jane Leigh/ Jane Hunt		Complete (March 2016)
<b>UHL staff self-referral now established across the 3 sites and to continue.</b>	Jane Hunt		
<b>To promote the service more now equitable across the 3 sites.</b>			
<b>To monitor the use of the Staff physiotherapy service, in order to identify if increase in staffing required to continue to provide an appropriate timely service</b>	Jane Hunt		
<b>To perform an access audit on all 3 sites within the next 6 months. To monitor waiting times for staff referrals</b>	Jane Hunt/ Jane Leigh	Within 6 months	
<b>To improve the Staff information about the staff physiotherapy service on INSITE linked to the occupational health pages</b>	Jane Hunt/Jane Leigh/Barry Savage/?IT/?communications		
<b>To have the referral form on INSITE for staff to print off.</b>			
<b>Ability for staff to complete referral form online and email to physiotherapy-</b>			Systems not in place to accommodate this yet.

**What will be different? /How will you measure this?**

Staff self-referral now established across UHL, so equitable service.

This will be measured and reflected in;

Ongoing recording of staff referrals

Audit to monitor waiting times for initial appointment

Improved staff physiotherapy information and profile on INSITE

Feedback from patients/staff

Outcome measures used: Patient Rated Outcome Measure (PROM), EQ5D health score

# Signing up to

Health and Well-being  
Looking after **UHL**



Name	Signature

