<table>
<thead>
<tr>
<th><strong>Version</strong></th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Status</strong></td>
<td>Ratified</td>
</tr>
<tr>
<td><strong>Date Ratified</strong></td>
<td>25(^{\text{th}}) October 2011</td>
</tr>
<tr>
<td><strong>Name of Owner</strong></td>
<td>Joana Piesare, Occupational Health Manager</td>
</tr>
<tr>
<td><strong>Name of Sponsor Group</strong></td>
<td>Health and Well being Committee</td>
</tr>
<tr>
<td><strong>Name of Ratifying Group</strong></td>
<td>Management Board</td>
</tr>
<tr>
<td><strong>Type of Procedural document</strong></td>
<td>Strategy</td>
</tr>
<tr>
<td><strong>Policy Reference</strong></td>
<td>0348</td>
</tr>
<tr>
<td><strong>Date issued</strong></td>
<td>Oct 2011</td>
</tr>
<tr>
<td><strong>Review date</strong></td>
<td>Oct 2014</td>
</tr>
<tr>
<td><strong>Target audience</strong></td>
<td>All staff</td>
</tr>
<tr>
<td><strong>Human Rights Statement</strong></td>
<td>The Trust incorporates and supports the human rights of the individual, as set out by the European Convention on Human Rights and the Human Rights Act 199</td>
</tr>
<tr>
<td><strong>EIA Status</strong></td>
<td>Completed</td>
</tr>
</tbody>
</table>

This policy is available on request in different formats and languages from the Policy Coordinator / PALS.

The latest approved version of this document supercedes all other versions. Upon receipt of the latest approved versions all other version should be destroyed, unless specifically stated that the previous version(s) are to remain extant. If in any doubt please contact the document owner or Policy Coordinator.
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Introduction</td>
<td>4</td>
</tr>
<tr>
<td>2 Purpose</td>
<td>5</td>
</tr>
<tr>
<td>3 Definition</td>
<td>6</td>
</tr>
<tr>
<td>4 Duties</td>
<td>6</td>
</tr>
<tr>
<td>5 Background to Health and Wellbeing</td>
<td>7</td>
</tr>
<tr>
<td>5.1 Factors in relation to surrey and Sussex workforce</td>
<td>8</td>
</tr>
<tr>
<td>5.2 Current Context</td>
<td>8</td>
</tr>
<tr>
<td>5.3 Key Themes of Our Well Being</td>
<td>10</td>
</tr>
<tr>
<td>5.4 Wellbeing Key performance Indicators</td>
<td>13</td>
</tr>
<tr>
<td>5.5 Strategy Delivery</td>
<td>14</td>
</tr>
<tr>
<td>6 Consultation and communication with Stakeholders</td>
<td>14</td>
</tr>
<tr>
<td>7 Approval and Ratification</td>
<td>15</td>
</tr>
<tr>
<td>8 Review and Revision Arrangements</td>
<td>15</td>
</tr>
<tr>
<td>9 Dissemination and Implementation</td>
<td>15</td>
</tr>
<tr>
<td>10 Archiving Arrangements</td>
<td>15</td>
</tr>
<tr>
<td>11 Monitoring compliance</td>
<td>15</td>
</tr>
<tr>
<td>Appendix 1- Equality Impact Assessment</td>
<td>15</td>
</tr>
<tr>
<td>Appendix 2-Summary of National NHS Wellbeing and Engagement Programme, NHS Governance and National Engagement Programmes</td>
<td>21</td>
</tr>
<tr>
<td>Appendix 3- Health and Safety Management Standards</td>
<td>27</td>
</tr>
<tr>
<td>Appendix 4 Performance Measures</td>
<td>29</td>
</tr>
</tbody>
</table>
## Change history

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author/Procedure Lead</th>
<th>Details of change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Oct 2011</td>
<td>Joana Piesare, Occupational Health Service</td>
<td>New strategy</td>
</tr>
</tbody>
</table>
1. Introduction

Wellbeing means different things to different people at different times, but in theory it’s made up from two main categories, that of the physical and mental health of an individual.

‘Mental wellbeing is a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society’

‘In addition to the broad physical health benefits of exercise, a growing evidence base supports the beneficial effects of regular physical activity for cognitive and mental health’.

There is good evidence to support the view that health work and wellbeing are closely linked. Research indicates that the workplace can have both a positive and negative impact on an individual’s health and wellbeing. The research indicates that good work is beneficial and helps to improve physical and mental health and also rewards the individual with a greater sense of self-worth and has beneficial effects on social functioning’. Bad jobs can make people ill and stress at work affects people’s mental and physical wellbeing. The Trust recognises that work which is appropriate to an individual’s knowledge, skills and circumstances and undertaken in a safe, healthy and supportive work environment, promotes good physical and mental health, helps to prevent ill health and can play an active part in helping people recover from illness. For an organisation to be high performing, it needs to ensure that it has the right people, in the right place, performing at their best. High performing people are well managed, well supported and well developed; they have access to excellent policies and procedures that assist and facilitate service delivery; and work in an environment that is conducive to innovation and high productivity.

Surrey and Sussex NHS Trust is fully committed to the health and wellbeing of its employees. As a health service, health and wellbeing applies as much to our employees as it does to the local population and we want to do as much as we can to enable our employees to be at their best, be energised, motivated and committed to their work. We will do this in a culture of participation, equality and fairness that is based on open communication and inclusion.

The current pressures on public finances from the economic downturn make it vital that we use all our resources as effectively as possible, this is no different locally.

Investing in people’s health and wellbeing in order for them to deliver at their best makes good business sense. People are key to the organisation’s success; research confirms that there is a strong association between how people are valued and organisational performance. Their performance is also enhanced through their high energy levels and a high degree of self-motivation, participation and engagement
At a national level the key health and wellbeing messages from the Secretary of State are:

- The NHS must be an exemplar employer in ensuring the health and wellbeing of its staff if it is to make a real impact on the public health;
- Good staff health and wellbeing improves the quality of services for patients;
- Reducing sickness absence and improving staff health and wellbeing makes a significant contribution to productivity.

The NHS Constitution places wellbeing at the heart of its staff pledges requiring NHS Employers to “provide support and opportunities to all staff to maintain their health and wellbeing”.

This strategy describes SASH Trust aims for a healthy organisation with engaged and positive employees, and how it plans to achieve it. It creates a picture for the individual member of staff about the Trust’s commitment to support the wellbeing of all employees and provides an overview of current wellbeing support and activities to support development.

The key themes identified in this strategy and the elements of the programme that will address those themes have been developed taking into account national guidance, local plans and information about our own workforce. Our challenge is to ensure that everyone working for NHS is able to benefit from better health, to enjoy life, to work and reach their full potential.

2. Purpose

The purpose of this document is to set a Wellbeing Strategy for Surrey and Sussex Hospital NHS Trust that:

- reflects the Trust’s commitment to ensuring it can deliver the NHS staff pledges as stated in the NHS Constitution
- ensure that the Trust complies with a number of duties and responsibilities aimed at improving the health and wellbeing of staff and at improving the quality and standard of care it delivers and the safety and cost effectiveness of the services it provides.

3. Definitions

Well being in the workplace as defined by Dr Steve Boorman is not just the absence of a disease, it’s about achieving physical, mental and social contentment.
4. Duties

4.1 Leaders and Managers

Line managers, senior managers and leaders all have a responsibility for the wellbeing of employees whilst at work and must recognise the impact of good people management on service delivery and organisational performance. This includes supporting equality of opportunity, eliminating discrimination and fostering good relations between people of different groups. Strong leadership and management development will be an important element of both the Trust Leaning Strategy and of the Wellbeing Strategy.

4.2 Employees

Employees have a responsibility for their own health and wellbeing, as well as that of their colleagues. This includes recognising what their constitutes own personal wellbeing, participating fully in Trust HR processes such as appraisals, team activities, engagement projects, being open and raising issues with the line manager at the earliest opportunity.

4.3 Wellbeing committee

- To organise annual health and wellbeing campaign
- To communicate the wellbeing agenda to the whole Trust through the existing communication channels
- Promote and manage the Health and Wellbeing agenda for the Trust.

4.4 Occupational Health

The Occupational Health Service supports the delivery of wellbeing activities and sits within Surrey and Sussex HR Service, managed by the Wellbeing committee. The service supports Surrey & Sussex Healthcare NHS Trust to increase the wellbeing of the workforce by maintaining strong links with all key stakeholders and by facilitating, supporting and co-ordinating wellbeing activity. The team also manages the communication of all aspects of wellbeing, providing staff with regular information and updates through newsletters, a wellbeing calendar of activity and on site events. The service supports the development of the strategy and works to ensure it is linked with relevant strategies, procedures, policies and activity within the Trust.
5. Background Health and Well Being

Important recent research into NHS health and wellbeing conducted and reported on by Steven Boorman in 2009, found that there were clear links between staff health and wellbeing and the three dimensions of service quality:

- Patient Safety
- Patient Experience
- The Effectiveness of patient care

The Boorman Review showed that there was a relationship between staff health and well-being and performance on such key issues as patient satisfaction, Annual Health Check ratings and MRSA rates and set out in detail the business case that supported improving staff health and well-being. It also made the point that effective support for staff health and well-being should not be seen as a separate initiative, divorced from other NHS priorities. Rather, it is integral to enabling the NHS to meet the quality and productivity challenge it faces, and to do so through a focus on innovation and prevention.

The Secretary of State welcomed the Boorman Review and gave 3 key messages in support of this:

- The NHS must be an exemplar employer in ensuring the health and well-being of its staff, if it is to make a real impact on the public health
- Good staff health and well-being improves the quality of services for patients
- Reducing sickness absence and improving staff health and well-being makes a significant contribution to productivity.

The Secretary of State goes onto say that by investing now in the health and wellbeing of their staff, NHS Trusts will provide a model to all employers across the economy that will be facing the need to maximise the effectiveness of their workforce. This features as a high priority NHS Operating Framework 2010-2011

The Boorman Review made a number of recommendations to improve the health and wellbeing of staff and the Secretary of State made it clear that there is an expectation for NHS organisations to implement these recommendations, develop or refresh strategies, invest in their health and wellbeing services and deliver significant improvements in sickness absence and improved staff health and wellbeing. Part of these savings could then be reinvested in maintaining the delivery of health and well-being strategies.
Several national drivers contain a clear focus on employee wellbeing and its link to improved employee engagement. National NHS Wellbeing and engagement programmes illustrate how improved wellbeing will affect our Trust in terms of business success and improve patient care. Governance drivers clearly illustrate the requirement for an employee wellbeing strategy to increase staff engagement and further improve Trust performance against set governance standards.

The NHS Constitution also places wellbeing at the heart of its staff pledges and sets out what staff can expect as a minimum from the NHS as an employer:

**Pledge 1:** Provide all staff with well-designed, rewarding jobs that make a difference to patients, their families and carers, and communities.

**Pledge 2:** Provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed.

**Pledge 3:** Provide support and opportunities for staff to keep themselves healthy and safe.

**Pledge 4:** Actively engage all staff in decisions that affect them and the services they provide, individually and through representatives. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

This wellbeing strategy outlines programmes that will support the delivery of the staff pledges.

### 5.1 Factors in relation to Surrey and Sussex workforce

Surrey & Sussex Healthcare NHS Trust employs approximately 3200 staff. The average age of staff is 42 years, 79% are female, 37% work part time and black and minority workers make up 25% of the workforce. There is currently little staff data for religion and belief, sexuality, disability and gender reassignment although disclosure is actively encouraged. Data is recorded for pregnancy and maternity and marriage and civil partnerships.

The current level of sickness absence is 4.51% per month. Top four reasons for absences are musculoskeletal disorders, stress and anxiety, surgery and diarrhoea & vomiting. Like most organisations, we believe that attendance could be improved by more consistent application of the sickness absence management policy and by supportive and proactive health promotion activities.
5.2 Current Context

The NHS is facing significant financial challenges. 2010-2011 will see the last year of growth in the NHS for many years, and all NHS organisations have been challenged with a reduction in costs but at the same time ensuring a relentless focus on quality of service delivery.

Within the Trust the quality versus cost reduction work is critical to the delivery of a sustainable high quality service to our patients, and having a healthy and productive workforce will be pivotal to this. We recognise that in the current economic climate there will be pressure on all areas to be more productivity with the same or less stage.

Line managers need to be aware of the conflict that this can raise for staff and how to deal with this effectively if we are to deliver a quality service to our patients

The Trust has been involved in wellbeing initiatives for many years and year on year within the staff survey the Trust is seen as a flexible employer. We have in place good Occupational Health and an Employee Assistance Programme including Counselling services which receive positive feedback from staff.

Although we do have a track record on delivering wellbeing activities, the focus on this needs to shift more closely to the line manager, giving them both ownership and accountability for this within their work area. Annual staff survey results and local management information on workforce metrics need to feature in local performance discussions if we are to deliver the challenging agenda facing us, at a the same time supporting staff health and wellbeing.

We promote a culture of staff involvement and there are a range of activities already established which support and encourage this. We know, from recent research, that staff engagement is key to improving organisational effectiveness and the application of discretionary effort by employees can increase productivity by up to a 23%. Our aim to have a fully engaged workforce therefore, is not just about doing it because it’s ‘the right thing to do’ but it also because it makes business sense. One of the key measures of success for the interventions within this health & wellbeing strategy will be a demonstrable improvement in the level of staff engagement.

Anticipated outputs are:

- We will have a workforce that is fully engaged due to a culture of participation, fairness, openness and inclusion
- We have improved attendance levels and reduced sickness absence
- We have improved our recruitment and retention rates
• We have improved our workforce productivity

• There is alignment of individual, team and organisational goals and staff can articulate how achieving their goals helps the organisation to achieve its goals

• There has been a significant increase in employee led change and improvement initiatives

• There has been a reduction in staff complaints/grievances

• Our staff are more resilient and adaptive to change- they actively challenge that status quo and take responsibility for addressing blocks/obstacles that prevent them from doing the best that they can do.

• Our staff go the extra mile - they believe they have a personal stake in the organisations success and/or failure and take ownership of their part/contribution to this

• Our leaders and managers promote engagement and inclusive work environments.

5.3 **Key themes of our Well being strategy**

We need to create a culture and environment in which are managers and staff are more focused on wellbeing and that this is seen as more than sickness absence and annual staff benefits. We need to focus on a small number of over-riding objectives delivered through a series of programmed activities.

This strategy encompasses 4 key themes, with programmes that will support delivery of the improved wellbeing, namely:

Theme 1: Improving the physical wellbeing our staff

Theme 2: Improving the mental wellbeing of our staff

Theme 3: Improving wellbeing through people management practices

Theme 4: Supporting economic and social wellbeing
5.3.1 Theme 1: Improving physical wellbeing of our staff

- Increasing the uptake of staff vaccinations
- Delivery of healthy eating options in the staff restaurants
- Promotion of physical wellbeing through regular inclusive staff wellbeing events and newsletters and poster campaigns
- Increasing the uptake of walk and cycle to work schemes linked to the sustainability and corporate responsibility agenda
- Promotion of discounts for local fitness clubs
- Prompt access to Occupational Health services to support health in the workplace as well as supporting return to work
- Promotion of well man and well woman initiatives
- Ensuring adherence of No Smoking Hospital Policy and in doing so supporting our staff to stop smoking
- Reducing absence by 0.1% year on year to a stretch target of 4% in 3 years.
- Higher focus on reducing sickness in departments with highest levels and staff groups with highest levels.
- Higher focus on reasons for absence, tackling specifically musculo-skeletal problems and back care support in conjunction with the Occupational Health team and Manual Handling Team
- Focus on consistent application of the Trust sickness absence policy across all staff groups.
- Implementing a policy for disability related absence
5.3.2 Theme 2: Improving Mental Wellbeing of our staff

- Reducing work related stress levels, through improved understanding at line manager and staff level, eliminating discrimination or unfairness, stress workshops for staff and good staff counselling services
- Provide Counselling services to support mental wellbeing in the workplace
- Promotion of mental health awareness in the workplace to both staff and line managers and commitment to the “Mindful Employer” Scheme
- Being aware of the cultural and ethnic links with mental health issues.
- Promotion of mental wellbeing through wellbeing events.

5.3.3 Theme 3: Improving wellbeing through people management practices

- Improvement in staff satisfaction levels as measured through the staff survey
- New performance management focus on staff survey results at a local business unit level
- Ensuring that all staff have access to a structured annual appraisal supported with a personal development
- Provision of relevant and effective leadership initiatives at all levels from Board to Ward.
- Line Manager development, with a focus on both resilience training to balance both support and challenge in the workplace as well as basic people management skills to new and existing team leaders/managers
- Delivery of an organisation wide staff engagement programme, providing staff with the tools to innovate and make improvements
- Providing staff with access to senior managers through initiatives such as Chief Executive and Executive Director visits
- Promoting a culture of positive partnership working with staff representatives
- Development of Trust corporate values which are integrated into our people management practices
Health and wellbeing strategy

- Develop further the schemes that recognise and reward the contribution of staff in the delivery of high quality patient services. This will include the team of the month and annual staff awards.

- Further embed Trust policies into management practice include handling of equal opportunities and anti discrimination legislation, bullying and harassment, conflict resolution and mediation, consistent application of sickness absence and capability management procedures.

- Continue to develop strong communications at all levels from the top down, which will be even more crucial during challenging times and times of change.

5.3.4 Theme 4: Supporting economic and social wellbeing

- Supporting staff at the end of their career through access to financial planning and pre-retirement courses

- Ensuring an effective pensions choice exercise for staff

- Continue to provide a tax efficient on site nursery scheme

- Continue to provide salary sacrifice schemes such as the Bike to Work Scheme and Child Care Voucher Scheme

- Creating a sense of belonging through a social activities group and fund raising activities

- Promoting and develop positive and inclusive communications

- Annual calendar of wellbeing events informed by the Trust Wellbeing Committee.

The wellbeing activities outlined above will be developed into an annual wellbeing plan, which will be overseen by the Trust Wellbeing committee.
5.4 Wellbeing Key Performance Indicators

- Overarching wellbeing key performance indicators will be:
- 0.1% year on year reduction of sickness absence rates
- Year on year reduction in staff absence on work related stress
- Year on year improvement in staff reporting high stress levels in the staff survey
- Overall improved risk profile as evidenced through the Care Quality Commission Annual Staff Survey results
- 80% of all staff with an annual appraisal and personal development plan
- High patient satisfaction levels as reported through the annual patient survey
- Improvement year on year of staff satisfaction levels as evidenced through the indicators drawn from the annual staff survey.

5.5 Strategy Delivery

The strategy, and the themes contained within it, will be underpinned by an annual delivery plan that is informed by both internal and external factors. This will include the NHS Operating Framework, recommendations from the Boorman review, national drivers on health and wellbeing, results from the annual staff survey, Trust board objectives and local information. This will be overseen by the Director of HR and progress against the plan will be monitored through the Trust Wellbeing committee. Delivery of the strategy and the annual plan will need to be set in the context of the economic climate and the financial position within the Trust.

The Trust has established a Wellbeing committee. The group will support the implementation of the strategy through the development, monitoring and communication of wellbeing actions. It has wide membership to ensure management and staff are represented and have joint involvement in the delivery and development of the strategy.

6. Consultation and Communication with Stakeholders
7. Approval and Ratification

The sponsoring group is the Workforce Heads Group and the policy will be ratified at management Board.

8. Review and Revision

The Policy Coordinator will manage the database/system for policy review. This policy will be reviewed at minimum every three years.

9. Dissemination and Implementation

The Trust process for dissemination of policies will be followed as described in the Organisation Wide Policy for the Management of Procedural Documents as a minimum.

The policy will be made available to all staff electronically through the Trust intranet. Paper copies will be available from the Trust library services of by contacting Human Resources. Staff will be made aware of the policy through an electronic e-bulletin and managers will bring it to the attention of their staff if they do not have ready access to the intranet.

10. Archiving

The policy will be held in the Trust database and archived in line with the arrangements in the Organisation wide Policy for the Management of Procedural Documents.

11. Monitoring compliance

Achievements of this strategy will be monitored via the Trust Wellbeing committee and reported to Trust Board twice a year through the HR Board Report. Evidence of performance against the wellbeing indicators will come from a number of evidence sources including:

Annual Staff Survey

Other national surveys which the Trust elects to undertake (i.e. Healthcare 100 survey)

Trust indicators such as Sickness absence and appraisal and personal development performance

Care Quality Commission Quality and Risk Profile
Local Surveys

Occupational Health and Counselling Service trend information

Information from Staff Representatives Information from line managers

12. References

None

13. Associated Documents

None
Appendix 1: Equality Impact Assessment

Names of assessors carrying out the screening procedure (min of 2- author / manager and staff member / patient representative)
- Suzanne Richardson – Manual Handling
- Sally Knight– Equality & Diversity

<table>
<thead>
<tr>
<th>Name of lead author /manager &amp; contact number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joana Piesare</td>
</tr>
</tbody>
</table>

1. Name of the strategy / policy / proposal / service function
An Organisation wide Strategy for Health and Well Being

<table>
<thead>
<tr>
<th>Date last reviewed or created &amp; version number.</th>
</tr>
</thead>
<tbody>
<tr>
<td>New V 1</td>
</tr>
</tbody>
</table>

2. Who is the strategy / policy / proposal / service function aimed at?
All Staff

3. What are the main aims and objectives?
Surrey and Sussex are committed to the health and well being of all it’s employees

4. Consider & list what data / information you have regarding the use of the strategy / policy / proposal / service function by diverse groups?
Promoting mental wellbeing through productive and healthy working conditions

Mentally healthy employment and working life
http://www.wellscotland.info/guidance/tamfs/employment/index.aspx#equality

NHS Health and wellbeing review

5. Is the strategy / policy / proposal / service function relevant to any of the protected characteristics or human rights below?

If YES please indicate if the relevance is LOW, MEDIUM or HIGH

**Low**

- The policy may not be relevant to the Equality General Duty* as stated by law
- Little or no evidence is available that different groups may be affected differently
- Little or no concern raised by the communities or the public about the policy etc when they are consulted – (recorded opinions, not lack of interest)
Medium

- The policy **may be relevant** to parts of the Equality General Duty* in the policy etc regarding differential impact.
- There may be some evidence suggesting different groups are affected differently.
- There may be some concern by communities and the public about the policy.

High

- There **will be relevance** to all or a major part of the General Equality Duty* in the policy regarding differential impact.
- There will be substantial evidence, data and information that there will be a significant impact on different groups.
- There will be significant concern by the communities and relevant partners on the potential impact on implementation of the policy etc.

<table>
<thead>
<tr>
<th>Protected Characteristics</th>
<th>Patient, their carer or family</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>No</td>
<td>Yes, Low</td>
</tr>
<tr>
<td>Disability</td>
<td>No</td>
<td>Yes, Low</td>
</tr>
<tr>
<td>Gender Reassignment</td>
<td>No</td>
<td>Yes, Low</td>
</tr>
<tr>
<td>Race/ Ethnic Communities / groups</td>
<td>No</td>
<td>Yes, Low</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>No</td>
<td>Yes, Low</td>
</tr>
<tr>
<td>Sex (male female)</td>
<td>No</td>
<td>Yes, Low</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>No</td>
<td>Yes, Low</td>
</tr>
<tr>
<td>(Bisexual, Gay, heterosexual, Lesbian)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage &amp; Civil Partnership</td>
<td>No</td>
<td>Yes, Low</td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td>No</td>
<td>Yes, Low</td>
</tr>
<tr>
<td>Human Rights</td>
<td>No</td>
<td>Yes, Low</td>
</tr>
</tbody>
</table>

6. What aspects of the strategy / policy / proposal / service function are of particular relevance to the equality strands?

   Ensuring policy is inclusive and supportive of all groups with protected characteristics.

7. Does the strategy / policy / proposal / service function relate to an area where there are known inequalities? If so which and how?

   Stress associated with discrimination and perceived injustice. National data.
indicates links to age, disability and mental ill health, ethnicity, gender and part time workers.

8. Please identify what evidence you have used / referred to in carrying out this assessment.

CIC data, Sickness absence data, Workforce equality data

9. If you identify **LOW relevance only** can you introduce any minor changes to the strategy / policy / proposal / service function which will reduce potential adverse impacts at this stage? If so please identify here.

The policy will have a positive impact on all protected characteristics

10. Please indicate if a Full Equality Impact Assessment is recommended.

(required for all where there is **MEDIUM & HIGH** relevance)  

**NO**

11. If you are **not** recommending a Full Equality Impact assessment please explain why.

The policy will have a positive impact on all protected characteristics and will help to meet the Equality General Duty

12. Signature of author / manager

Joana Piesare

Date of completion and submission

October 2011

Please send completed form to sally.knight@sash.nhs.uk
### Full list of Human Rights

<table>
<thead>
<tr>
<th></th>
<th>Human Rights</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>the right to life</td>
</tr>
<tr>
<td>2</td>
<td>the right not to be tortured or treated in an inhuman or degrading way</td>
</tr>
<tr>
<td>3</td>
<td>the right to be free from slavery or forced labour</td>
</tr>
<tr>
<td>4</td>
<td>the right to liberty</td>
</tr>
<tr>
<td>5</td>
<td>the right to a fair trial</td>
</tr>
<tr>
<td>6</td>
<td>the right to no punishment without law</td>
</tr>
<tr>
<td>7</td>
<td>the right to respect for private and family life home and correspondence</td>
</tr>
<tr>
<td>8</td>
<td>the right to freedom of thought, conscience and religion</td>
</tr>
<tr>
<td>9</td>
<td>the right to freedom of expression</td>
</tr>
<tr>
<td>10</td>
<td>the right to freedom of assembly and association</td>
</tr>
<tr>
<td>11</td>
<td>the right to marry and found a family</td>
</tr>
<tr>
<td>12</td>
<td>the right not to be discriminated against</td>
</tr>
<tr>
<td>13</td>
<td>the right to peaceful enjoyment of possessions</td>
</tr>
<tr>
<td>14</td>
<td>the right to an education</td>
</tr>
<tr>
<td>15</td>
<td>the right to free elections</td>
</tr>
</tbody>
</table>
APPENDIX 2

Summary of National NHS Wellbeing and Engagement Programmes, NHS Governance and National Engagement Programmes

NATIONAL NHS WELLBEING AND ENGAGEMENT PROGRAMMES
Government – Health, Work and Wellbeing Programme
http://www.workingforhealth.gov.uk/

Launched in October 2005, ‘Health, Work Wellbeing’ is a cross-departmental government programme to improve the health and wellbeing of people of working age. The Government has set a firm agenda for improving the health of individuals and the economic health and wellbeing of the country. Organisations must be seen to work in line with the Government’s commitment to cut the unnecessary costs associated with working-age ill-health.

‘Working for a healthier tomorrow’ - Dame Carol Black’s Review of the health of Britain’s working age population. (2008)

This is the report from ‘Health Work Wellbeing’, a Government-led initiative to improve the health and well-being of working age people. It describes a number of findings and recommendations regarding the benefits to both employees and employers of promoting health and wellbeing and assisting in the recovery of health. The report emphasises that health is not just a medical matter, pointing out for example: “The nature and characteristics of the jobs that employees do are vitally important in terms of satisfaction, reward, and control. The role of the line manager is also key. Good line management can lead to good health, wellbeing and improved importance.” The report advocates access to work-related health support for all employees.

What matters to NHS Staff? (Ipsos /MORI & DH, 2008)

The Department of Health commissioned the research which aimed to identify the major drivers contributing to staff engagement and motivation to provide high quality patient care. This work has informed the Next Stage Review and the development of the draft NHS Constitution. The broad findings emphasise the importance of staff endorsing the following views:

I understand my role and where it fits in

Senior managers are involved with our work

I have the opportunity to develop my potential
This report acknowledges that NHS employees need the right working environments in order to focus on high quality care. Through this review, the NHS created its own ambitious visions for the future of health and healthcare. Lord Darzi and the Department of Health have focussed of supporting improvements which need to be made to enable the local NHS to achieve what matters to staff, to patients and to the public – improved health and high quality care for all. The NHS Constitution was developed as part of the NHS Next Stage Review

**NHS Constitution – January 2009**


The NHS Constitution is designed to lay out the principles and values of the NHS and bring together, in one place, the rights and responsibilities of patients and staff to ensure that the NHS service is the best that it can be. The introduction of four pledges to staff represents the outcomes and objectives the NHS aspires to achieve in order to meet the highest service standards. Pledges to staff indicate the requirement to empower and value staff in order to fulfil this commitment.

**Pledge 1**
The NHS commits to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.

**Pledge 2**
The NHS commits to provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed.

**Pledge 3**
The NHS commits to provide support and opportunities to staff to maintain their health wellbeing and safety.

**Pledge 4**
The NHS commits to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

**NHS Health and Wellbeing Review – Boorman Final Report, 23 November 2009**

http://www.nhshealthandwellbeing.org/About.html

The Interim Report sets out to investigate how to improve the health and wellbeing of NHS staff, and their health and wellbeing provision at work. The independent review is being led by Dr Steve Boorman, a highly respected expert in occupational health, and will produce a series of practical recommendations to improve health and wellbeing across the NHS. The Boorman Review published its Interim Report in August 2009, setting out the emerging findings and initial recommendations on NHS staff health and wellbeing. Only one recommendation was described as “a matter of urgency” - NHS
Trusts should review their current staff health and well-being provision and prepare and publish properly resourced strategic plans for developing services and working with staff and staff organisations.

Secretary of State Response to the Boorman Review, 28th November 2009


In response to the Boorman review the Secretary of State welcomed the review and gave 3 key messages in support of this:

1. The NHS must be an exemplar employer in ensuring the health and well-being of its staff, if it is to make a real impact on the public health

2. Good staff health and well-being improves the quality of services for patients

3. Reducing sickness absence and improving staff health and well-being makes a significant contribution to productivity.

The Secretary of State goes onto say that by investing now in the health and wellbeing of their staff, NHS Trusts will provide a model to all employers across the economy who will be facing the need to maximise the effectiveness of their workforce. There is an expectation that this will be a high priority for the coming year as explicitly stated in the NHS Operating Framework 2010-2011

The Boorman Review made a number of recommendations to improve the health and wellbeing of staff and the Secretary of State makes it clear that there is an expectation for NHS organisations to implement these recommendations, develop or refresh strategies, invest in their health and wellbeing services and deliver significant improvements in sickness absence and improved staff health and wellbeing. Part of these savings could then be reinvested in maintaining the delivery of health and well-being strategies.

The Operating Framework 2010/11


The NHS Operating Framework 2010/11 includes a requirement to sustain and build upon existing levels of employee engagement, including local partnership working. A vital sign indicator has been developed based on the staff survey score for job satisfaction, as part of the framework.
NHS 2010–2015: From Good to Great - Preventative, People-centred, Productive


This NHS strategic document sets out the direction and challenge for the NHS over the next 5 years. Meeting the productivity challenge is crucial to its continued success and where once it was all about building up capacity, now all our efforts must be on getting more for the public and the taxpayer from this expanded system. This five-year plan maps out how this journey of improvement in our NHS will continue in a new financial era. It is intended to give people working in the NHS a clear sense of direction and time to plan for the challenges ahead.

Whilst it is clear that in 2010-2011 the NHS will receive an increase in funding this uplift will be locked in to frontline budgets for the two years that follow with a focus on waiting times targets becoming permanent rights in the NHS Constitution. Patients will be given more choice, convenience and control over their care and the NHS will be required to put people first by linking payment to patient satisfaction.

The NHS must be under no illusions about the scale of the challenge before us. Services will need to be reshaped if vision set out in this document are to be achieved and, because of this, we will be more dependent than ever on the resourcefulness and commitment of NHS staff.
NHS GOVERNANCE  National Institute for Health and Clinical Excellence  
www.nice.org.uk

NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. NICE increases its focus on the workplace as an important factor in health and wellbeing with guidance on ‘Promoting physical activity in the workplace’, ‘Workplace interventions to promote smoking cessation’, and ‘Promoting mental wellbeing at work’. The role of the workplace, particularly the NHS workplace, is also identified in the clinical guidance on obesity, back pain and TB. A strategic programme for employee health and wellbeing is also currently under development.

Care Quality Commission

www.cqc.org.uk
The Care Quality Commission annual health check uses a range of measures relating to staff such as violence, training, appraisal and work-life balance. The organisation has a duty to achieve and maintain compliance with Standards for Better Health and there is a high risk that not focussing on a health and wellbeing strategy for our workforce, will have a significant impact upon the Trust's performance against these standards.

From April 2010, all health and adult social care providers who provide regulated activities will be required by law to be registered with the Care Quality Commission. To do so, providers must show they are meeting new essential standards of quality and safety across all of the regulated activities they provide. The new system will make sure that people can expect services to meet essential standards of quality and safety that respect their dignity and protect their rights. The new system is focused on outcomes, rather than systems and processes, and places the views and experience of people who use services at the centre. Subject to legislation, new registration comes into force on 1 April 2010 for NHS trusts.

Care Quality Commission Annual Staff Survey

http://www.cqc.org.uk/usingcareservices/healthcare/nhsstaffsurveys/howthesurveyresultssareused.cfm
The annual staff survey provides information about the wellbeing, job satisfaction and engagement of our employees and therefore guides this strategy and the actions arising from it.

NHSLA - Risk Management

http://www.nhsla.com/
Healthcare organisations are regularly assessed against risk management standards which have been specifically developed to reflect issues which arise in the negligence claims reported to the NHSLA. There is a set of risk management standards for each type of healthcare organisation incorporating organisational, clinical, and health & safety risks and it is important that each organisation meets those standards. A focus on employee wellbeing and employee engagement will assist in meeting some of the criteria set within these standards.
Vital Signs is a set of national performance indicators which include staff satisfaction. This information is captured through responses to the annual staff survey, a key tool for the measurement of employee wellbeing in relation to staff satisfaction.

**NATIONAL REVIEWS**

**MacLeod Review, 2009 - Employee Engagement**
David MacLeod and Nita Clarke were commissioned by the Department for Business (BIS) to take an in-depth look at employee engagement and to report on its potential benefits for organisations and employees. The Secretary of State for Business, Lord Mandelson, encouraged the independent reviewers to examine whether a wider take up of engagement approaches could impact positively on UK competitiveness and performance, and meet the challenges of increased global competition. The independent reviewers’ answer is an unequivocal yes. Since Autumn 2008 they have seen many examples of companies and organisations where performance and profitability have been transformed by employee engagement; they have met many employees who are only too keen to explain how their working lives have been transformed; and have read many studies which show a clear correlation between engagement and performance – and most importantly between improving engagement and improving performance.

The Government has accepted the recommendations of the report, and will publish an action plan in the autumn of 2009 setting out the detail of how they will be delivered.
Appendix 3

Health & Safety Executive (HSE) Management Standards

The HSE has been tasked with reducing the nation’s sickness absence from work and in particular, illness resulting from work-related stress. In response, they have developed a set of Management Standards, which are designed to help employers tackle the problem. These standards represent a set of conditions that promote high levels of health, wellbeing and organisational performance. The HSE’s Management Standards cover the seven key areas shown below which, if not managed well, put employees at risk of stress-related ill-health.

Demand
Employees are able to cope with the demands of their jobs

Control
Employees are able to have a say about the way they do their work

Support
Employees receive adequate information and support from their colleagues and superior

Role
Employees are not subjected to unacceptable behaviours, e.g. bullying at work

Relationships
Conflict encountered in the workplace

Change
The organisation engages employees frequently when undergoing organisational change

Each NHS organisation will be inspected by the HSE regarding its adherence to these standards.
APPENDIX 4 - Performance Measures

Below is indicative of the wide range of metrics which could be used to measure the success of wellbeing initiatives.

**External Measures**

NHSLA Report

Healthcare Standard Report

NHS Constitution Pledges to Staff

NHS Performance Framework

**Internal Measures**

Analysis of the annual staff survey – feedback and actions completed

Analysis of the Wellbeing Survey

Analysis of the Mindful Employer Survey

Performance monitoring of the employee wellbeing strategy action plan by the Wellbeing Steering Group

Employee Wellbeing Service Key Performance Indicators

Health and Safety Annual audits that monitor the management of stress and stress risk assessments within the workplace

Feedback provided to the Employee Wellbeing Service and Wellbeing Steering Group

Patient satisfaction surveys

Clinical outcomes - infection rates/waiting lists/services tendered and commissioned for

**General organisational and local outcomes**

Sickness absence

Staff turnover and the associated cost of recruiting and training new staff.

‘Use of’ and ‘reason for’ using agency staff

Attraction – number of applicants for certain roles (employer of choice)

Mistakes, accidents and near misses

Number of promotions and internal moves
An employee relation measures such as number of disciplinary and grievances (bullying) as well as capability cases.

Number of ‘Did Not Attends’ for training events

Stress related referrals to Occupational Health – qualitative and quantitative changes
N.B. Care required here as increases may be due reporting stress becoming less stigmatised

Number of ill-health retirements

Financial Performance

Improved communications and joined up working – reducing duplication of work.

Overall productivity

Improved change process