



NHSHealthandWellbeing

Staff Health and Well-being Case Studies November 2009

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1. Introduction

- 1.1. This document provides information on almost NHS case studies, which were submitted to the review as either part of the original call for evidence, or the engagement activities conducted following publication of the Interim Report in August 2009.
- 1.2. During the course of the review we have seen many examples of good practice in the NHS, so this collection is by no means exhaustive but represents the assembled material provided to the project team.
- 1.3. The case studies are presented as they were submitted. Whilst we have sought to confirm and check the details of the material contained in the document and the contents of each case study have been cleared by for publication by the contact listed. However, we have not independently validated the data and information presented.
- 1.4. During the review we received regular feedback about the need to learn from peers and to share examples of good practice. We therefore hope that this material will provide a valuable resource for other NHS organisations looking to improve the way in which they support staff health well-being and safety – in line with the commitments made in the NHS Constitution. Going forward consideration will have to be given to how this material can be developed and refreshed in the future.
- 1.5. The document is divided in to two sections:
 - NHS Organisations – this incorporates the material submitted by NHS organisations to the review
 - Non-NHS Organisations – these case studies come from local government, private sector and the academia. They were submitted as part of the call fro evidence. They supplement the material gathered proactively by the review’s research team, which are contained in the ‘Literature Review’ which is a separate publication on our website.

2. NHS Organisations

2.1. Airedale NHS Trust (Stepped Care)

A stepped care approach for employees presenting to the occupational health department with common mental health problems.

Introduction

In 1996 The Department of Health identified that between 15 and 20% of employees will experience some form of mental health difficulty during their working lives. More recent research found a strong association between mental health problems and sickness absence, reporting that half of those employees identified with psychological disorders had taken time off work in the previous year, compared with a quarter of all employees.

It is recognised that mild to moderate mental health problems stem from a multiplicity of causes. They may be triggered by work, but they may also be triggered by life events that have nothing to do with work. Duration and severity of mental health problems are also determined by a number of factors other than the immediate trigger.

As a consequence, there is a need to look at the situation of the individual experiencing mental health problems, regardless of their cause, as well as the characteristics of the workplace. For occupational health purposes, the causes may be less important than the physical, psychological and social barriers to recovery.

Best Practice

Research suggests that a 3 pronged approach to mental health in the workplace has the most effective outcomes

Prevention

The prevention, reduction and management of work related stress is a key component in protecting the organisation and the individual from mental health problems and should be applied universally in an organisation.

Retention

Enabling those employees identified as at risk, to remain at work.

There is strong evidence to suggest that individual approaches to stress reduction, management and prevention are most effective. However, evidence also supports interventions for groups of employees deemed to be at high risk.

Effective interventions include, stress management techniques. i.e. problem solving, brief individual counselling, social support skills, enhanced and improved communication skills, relaxation training and educational interventions on the nature of stress and possible coping strategies

Rehabilitation

Interventions are aimed at individuals or groups that are showing early signs of mental health problems, the aim being to prevent further problems or to reduce the severity or longevity of symptoms of mental health problems and to enable employees to remain at/return to work safely.

Suggested interventions include: Counselling, Cognitive Behaviour Therapy, case management and adjustments for those with chronic or recurring conditions.

It is recognised that Occupational Health Physicians, Occupational Health Nurses and Primary Care Practitioners all have a key role to play in the rehabilitation of employees, but they will need to collaborate actively so that the employee has the best possible chance of rehabilitation.

Counselling

Brief therapeutic interventions such as individual counselling are effective for employees with job-related or psychological distress

Cognitive behaviour therapy (CBT)

CBT aims to challenge specific thinking patterns and implement behavioural change. Therapy is brief, highly structured, prescriptive and problem orientated.

There is strong evidence that CBT interventions are effective for employees with mild to moderate depression that this is more effective than other intervention types.

Early CBT for those off sick for over 2 weeks with mild to moderate depression is recommended. Short programmes of less than 8 weeks are more effective than programmes of longer duration.

Previous approach

The previous approach to addressing employee mental health within the Trust OH service was mainly reactive.

Occupational Health Nurses (OHN's)

Most employees presenting to an OHN with mental health problems were either referred on to their GP, an Occupational Health Physician or to the staff counselling service.

Counselling Service

Employees suffering with a mental health problem, including stress related illness, could be referred, or self refer to the Occupational Health Department and/or self refer to the staff counselling service. Counselling was (and still is) available to all employees on an individual basis. The service offers short term counselling, usually up to six sessions. For more specialised advice and/ or long term support, information about other agencies is provided.

Occupational Health Physician (OHP)

Employees could be referred to the OHP, via their manager or OHN for assessment of their mental health status. Referral usually followed a period of sickness absence, but occasionally employees were referred because concerns about their health had been identified by their manager or the OHN.

The following problems with previous approach

- OHP's/ OHN's did not (usually) have the skills to assess mental health problems or offer appropriate interventions and employees were frequently referred to their GP
- GPs do not have the time or the skills to give appropriate interventions and employees were then referred on to mental health services
- Waiting lists for mental health services, particularly CBT and psychology can be up to 8 months.
- Employees tend to stay off work whilst waiting for appropriate interventions

The risks of not addressing the issues above were:

- Extended sickness absence and possible ill-health retirement that may have been prevented if symptoms had been alleviated sooner.
- Inadequate assessment of an employees fitness to work could result in unfair dismissal or inappropriate return to work resulting in patient safety issues
- The unnecessary financial cost of points 1 & 2

New approach

In spring 2007, the North East, Yorkshire and Humber Care Service Improvement Partnership (CSIP) invited Airedale NHS Trust to become a regional demonstration site to develop, implement and evaluate a mental health in the workplace model.

Using NICE guidance for depression and anxiety (CG22/23), the Occupational Health Service designed a stepped care model (appendix 1) for use when employees present with common mental health problems and OHN's were trained in basic CBT and case management.

The model has been used and evaluated since October 2007. Feedback from employees is positive, and early indications suggest that Anxiety and depression levels for most users have lowered significantly.

From the OHN's point of view, the model is working well and they have become confident in their new skills. Nurses are now able to help staff with mental health problems without necessarily having to refer them to the OHP or GP. Additionally, OHNs are not now referring as many clients to the staff counsellor as they are able to address many problems using their basic CBT skills. Clients are still referred to the counsellor if they fall outside the CBT remit or present with problems that must be addressed above Step 2 of the Stepped Care model.

The key changes we introduced are listed below

- Introduced computerised cognitive behaviour therapy
- All new OHNs employed by the Trust undergo a short course in CBT and case management, to be used during sickness absence interviews and other relevant referrals
- Introduced Complementary Therapy Services for staff (Appendix 2)
- Ensured that all managers receive attendance management training and are aware of the Trust policy on referring employees to Occupational Health

Cost Benefits

Cost of introducing the stepped care approach:

- Computerised CBT: £ 6000 p/a
- Complementary therapy service (8 hours per week) £10,000 p/a
- Total cost: £16,000 p/a

Plus cost of training new OHNs (incorporated into existing training budget)

Cost of Sickness Absence

In 2003, a small survey of staff sickness absence showed that 33% of all absence over a period of 3 months was due to mental health related illness. This figure is supported by the 2005 staff attitude survey which showed that approximately 32% of staff had suffered stress related illness during the previous 12 months. This figure does not include employees who may have experienced other mental health related problem. Using the Health and Safety Executive calculator tool it is estimated that the cost to Airedale NHS Trust for mental health related sickness absence in 2005/6 was between £1 450 280.30 and £2 190 625.06.

Overall saving

If, by introducing above, the average number of days lost due to mental health problems could be reduced by 10% (approx ½ a day per employee), the cost could be reduced by over £145,000 - £200,000 per year. This does not include intangible benefits, such as improved employee mental health, reduced staff turnover and improved staff morale.

Conclusion

The cost benefits of adopting this approach are evident. Our Trust sickness absence rate is currently under 4% a reduction from over 5%. However, there are other potential benefits such as increased employee morale and reduced staff turnover that are difficult to substantiate.

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2.2. Airedale NHS Trust (Complementary Therapy)

Benefits of complimentary therapies

Stress reduction is the primary reason many people access complementary massage and its value should not be underestimated. With all the benefits of lymphatic movement, muscle pain reduction, scar tissue break up, and other good things it should be understood just how very important the simple reduction of stress is to the human body. Some of the physiological effects of massage are:

- Increased circulation which brings blood to your tissues, muscles, and cells
- Alleviation of stress on weight bearing joints
- Elimination of poisonous toxins from the body
- Development of sensory awareness

Some of the emotional effects:

- The experience of positive and safe touch
- A chance to let go of worries and responsibilities, to be fully present;
- Positive self care: physical and emotional nurturance of self through stress reduction and relaxation. A chance to completely and lovingly focus on oneself

Mental benefits of massage therapy

- Fosters peace of mind
- Promotes a relaxed state of mental alertness
- Helps relieve mental stress
- Improves ability to monitor stress signals and respond appropriately
- Enhances capacity for calm thinking and creativity

Emotional benefits

- Satisfies needs for caring nurturing touch
- Fosters a feeling of well-being
- Reduces levels of anxiety
- Creates body awareness
- Increases awareness of mind-body connection

Types of massage available

Reiki

The channelling of universal energy to the client to release blockages and encourage the body's natural ability to heal itself physically and emotionally. This is a relaxing therapy, and can benefit not only physical disorders but also effectively treats stress and tension by creating an inner calm. Can be used in conjunction with other therapies.

Indian Head massage

Indian Head Massage is based on the ancient Ayurvedic healing system. The treatment has been developed to include the neck, shoulders and arms. It is a very safe, simple, yet effective treatment, which not only promotes hair growth and improved circulation to the scalp, but also provides relief from aches, pains and stress. It promotes physical and emotional well-being, as well as being beneficial for many conditions, including: headaches, sinus problems, stress related problems, neck and shoulder pain.

Aromatherapy

The value of natural plant oils has been recognised for more than 600 years (Romans and Egyptians used them & they knew a thing or two) because of their healing, cleansing preservative and mood enhancing properties as well as the sheer pleasure of their fragrances. Today these properties are being rediscovered as we look to the balance that has been lost in modern life. Stress, pollution, unhealthy diet, hectic but sedentary lifestyles – all these factors have adverse effects on our bodies and spirits. The art of aromatherapy harnesses the pure essences of aromatic plants, flowers and resins, to work on the most powerful of the senses – smell and touch to restore the harmony of body and mind.

Reflexology

Works by using the meridians (energy lines) of the body. If the body is out of balance tender spots can be found on the feet, which have been proved by reflexologists, to ‘mirror’ the body functions. If these are manipulated and massaged correctly then balance of health can be restored. It is also very relaxing to have one’s feet massaged!

Chair massage

The chair massage is based on 1,300 years of traditional Japanese massage. The sequence comprises of acupressure techniques and is specially designed to enhance the circulation and to quickly relax and energise you. The massage takes just 20 minutes and is done over full clothing.

Provision of the service

It is proposed that the complementary therapy service will be provided by an experienced, qualified therapist with experience of delivering therapies in the workplace. The Therapist will provide all necessary materials required for the treatments and will have relevant indemnity insurance. Responsibility for payments is between the client and the therapist.

Access to the service

Referrals to the service will be via the Occupational Health Department through the stepped care approach.

Contact: Karen Swann, Head of Occupational Health, Airedale NHS Trust, Skipton Rd, Steeton, Keighley, West Yorks, BD20 6TD, Email: Karen.Swann@anhst.nhs.uk, Tel: 01535 294402

2.3. NHS Birmingham East and North

NHS Birmingham East and North runs a staff wellbeing scheme, BENEFIT. The scheme has already helped more than 725 employees become fitter, lose weight and have healthier lifestyles, with health risk assessments and cardiovascular screenings taking place, hundreds of pedometers handed out and individually tailored programmes given to members. Health coaches have helped staff increase their exercise and motivated them into making healthier lifestyle choices. Now BENEFIT is looking forward to an even more successful second year, with several developments in the pipeline. Among these are a new, enhanced BENEFIT website with more content and a forum to allow staff to share their healthy recipes, tips and advice and find other employees who enjoy the same activities. A comparison tool will also let members see how they shape up against others in terms of steps recorded by their pedometers.

In addition, there are also plans to expand the programme to members of Birmingham OwnHealth®, the trust's telephone-based healthcare advice and support service as well as friends and family of existing members.

Contact: Lyndsay Stewart, Internal Communications Manager, NHS Birmingham East and North, Email: lyndsay.stewart@benpct.nhs.uk, Tel: 0121 380 9058

2.4. Barnsley PCT

This example was presented at the session on the 7th September 2009; their Staff Support Service is demonstrated to be: proactive, integrated and holistic and provides:

- Extensive range of specialist Psychological Therapies
- Range of Complementary Therapies
- Health Promotion Programmes
- Critical Incident Stress Management

- Bullying and Harassment Staff Support Workers
- Mediation Service
- Health and Wellbeing Interactive Sessions

The model employs evidenced based practice and National Benchmarking through Clinical Audit to measure; Clinical Effectiveness and Service Performance. In March 2009, the service marketed their new concept entitled 'Live 4 Life' which was based upon staff and organisational needs. This event offered taster sessions which included; physical exercise, pain management, nutrition and various complementary therapies.

At the present time, the Service is involved in a research project. This is a, "Small Scale Pilot Study Designed to Evaluate Wellbeing in the Workplace" and has been accepted by the NHS South Yorkshire Research Ethics Committee. The aim of the study is to, "assess and develop software delivered safety and wellbeing assessment tool, that measures safety, culture and personal wellbeing of the workforce".

The Research Project objectives are highlighted as follows:

- Identify areas within the organisation where improvements can be made to the wellbeing of staff
- Identify business units that are doing well so that they can be used as examples to promote workplace wellbeing
- Validate the scales and tool for future wider use within the health service population
- Validate the delivery method

Contact: Glenis Brailsford, Consultant in Workplace Wellbeing

2.5. Birmingham University Hospital **ACTIVATE programme**

Developed by the University Hospital Birmingham in 2002, this programme focuses on entry level jobs and training for the unemployed in targeted disadvantaged areas. It works with partner NHS trusts to provide three weeks direct training followed by three weeks placement. In its first five years, ACTIVATE trained more than 600 people, with 65 per cent of participants gaining a job or moving on to further education. SDC (2007)

Contact: Maria Arnold, Policy Analyst, Health, Email: maria.arnold@sd-commission.gsi.gov.uk, Tel: 0300 068 6284

2.6. Blackpool Fylde & Wyre Hospitals NHS Foundation Trust **Stress Reduction Project**

In the financial year 2006 to 2007 the Trust had a sickness absence rate of 5.34% and was undergoing a significant amount of change due to an ambitious cost improvement target of £21M that was largely achieved through large scale redeployment of nursing staff. The Consultant for Occupational Health also noted a marked increase in the number of employees who were presenting at his clinics with work related stress issues that were causing them to be unfit for work. The normal ratio of patients with psychological problems (stress, depression and anxiety) compared to patients with musculoskeletal problems (muscle, joint or bone problems) is about 2:1.

In 2007 this ratio rose dramatically to a ratio of almost 4:1. Our staff opinion survey also indicated that the principal causes of stress in the workplace were excessive hours, restructuring and bullying and harassment. The evidence from Occupational Health and from our own staff opinion survey prompted the Trust to target workplace stress as a major issue that had to be tackled as a matter of some urgency.

At the same time as this evidence was becoming known, the Health and Safety Executive was planning to audit the Trust in relation to its management of stress in the workplace and how far it complied with the Health and Safety Executive Management Standards for stress in the workplace. As an alternative to this approach the Trust proposed to the Health and Safety Executive that it undertake its own Stress Project in order to identify and explore in some detail the sources of stress in the workplace. Having identified the sources of stress in the workplace the project members would then make recommendations to reduce stress levels and develop a robust action plan that would ensure the implementation of all the key identified solutions.

The key targets for the project were to significantly reduce the levels of sickness absence across the Trust by over 10% in the first instance (and a stretch target of 4.3% has been set for the current year); to significantly reduce the numbers of employees presenting at Occupational Health due to work related stress (reduce the ratio of psychological problems compared to musculoskeletal problems from 4:1 back to 2:1 as a start); and to work with the Health and Safety Executive to convince the inspectors that this was an acceptable alternative approach to an audit against compliance with the Management Standards and would go a long way to achieving the aim of reducing workplace stress.

Project Design, Business Need and Underpinning evidence

Rather than conduct new risk assessments the Trust made use of readily available information including data from Occupational Health and staff opinion surveys. The Trust also has a major organisational development programme, the Blackpool Way, that aims to improve employee engagement and had involved focus groups with over 2000 staff.

In addition it was decided to hold targeted focus groups in order to refine the information and suggest effective strategies for workplace stress reduction in order to get Board level commitment to action these recommendations and to monitor the progress and outcomes.

Excess sickness, low staff engagement, bullying and low morale are all symptoms of stress that led to increased staff costs, over-reliance on bank staff and reduced quality of patient care. The business need was clear.

Academic research demonstrates that organisations with high employee engagement and morale perform better and have better patient outcomes (the Aston University study by Borrill and West being the most prominent).

Project Management Process and Evaluation

The Trust established a Stress Management Group to oversee the project. This was chaired by the Director of HR and included representatives from Occupational Health, line managers from each clinical division and staff representatives. The group met each month and used Project Management Tools to ensure deadlines were met and targets hit. The comprehensive action plan identified key personnel and detailed exactly what was expected of them and in what time period. This plan has evolved as progress has been made and is still monitored on a monthly basis.

Progress against the plan is reported monthly to the Executive Directors, the Joint Negotiating and Consultative Committee and the HR & OD Governance Committee. In addition a traffic light scoring system has been developed to show progress and all minutes from meetings, reports and action plans are made available to the entire workforce via the Trust's intranet site where there is a dedicated Stress Management site.

Measurable achievements and expected benefits

Since the beginning of the project sickness absence rates have improved by over 10%; there has been an almost 50% reduction in cases of workplace stress; employee grievances have reduced by over 50%; disciplinary action has reduced by nearly 25% and participation in appraisal rates have increased from 27% to 88%. Our Staff opinion surveys have shown improvements for the last 3 years.

Our most recent survey had a 61% participation rate, one of the highest in the NHS, and indicated that we were in the top 20% of trusts. Notably our scores for bullying and harassment by managers have reduced by 50% since 2006 and our results for staff being unwell due to workplace stress have reduced by nearly 40%. We are performing significantly better than other trusts on over 40% of the questions that can be compared. Our work on stress has also helped the Trust achieve CNST level 2 resulting in over £150,000 saving on insurance premiums.

Making a difference to patient care

The reduction in sickness absence means that more permanent staff are available to care for patients in their regular place of work rather than temporary bank staff. The recent assessment of the Trust by the NHS Litigation Authority was extremely complimentary on our approach to the management of workplace stress and this has resulted in lower insurance premiums with the savings going to direct patient care. The staff opinion survey evidence points to the fact that staff are feeling increasingly valued, supported, engaged, happy in their work and have more positive working relationships. Research, especially the Aston University study, indicates that in those trusts where staff feel engaged and have positive working relationships and have good appraisal and access to training, then the patient outcomes are significantly better.

What could other organisations learn from our approach?

Gaining the commitment and approval of the Chief Executive and the Board of Directors has been critical in taking forward this project. In addition the directors have to share the vision and be proactive in the implementation of the agreed project plan. It is also necessary to identify the key stakeholders at the outset and identify as many potential barriers to success as soon as possible. In addition it was important to decide how to overcome those barriers and have contingency plans in place to deal with those problems that inevitably arise during implementation. As well as top level commitment and planning it was extremely important to communicate with the workforce and their representatives throughout the whole project to enlist their support and keep them informed of the thoughts and ideas and what suggestions were being acted on (and why others were not). This can be shared with the wider NHS through making project plans and resources available as well as site visits.

Contact: Sue Grimshaw, Project Manager Stress & Well being, Occupational Health Dept., Poulton Offices, Furness Drive, Poulton-le-Fylde FY6 8JT, Tel: 01253 657841

2.7. Bolton Hospitals NHS Trust **Brief Intervention training (Level I)**

This a 3 hour training package aimed at equipping hospital staff with the skills and knowledge to intervene in patients regarding lifestyle issues such as smoking, alcohol, diet, physical activity and sexual health. It is essentially a question and referral pathway. As well as raising staff morale as they feel more able to direct patients to support services for lifestyle change, as part of the management of that patient's health issues. An interesting bonus of the training seems to be that it can sharply focus the staff's perception of their own health regarding the lifestyle issues.

In evaluations, they rate the training as very good to excellent for them professionally and they also regularly state that they were unaware of many of the healthy lifestyle recommendations and become motivated to look at change in themselves.

This is seen as a double win for NHS healthcare trusts as they develop a better prepared workforce in helping to achieve better health and well-being in their patients but at the same time staff become much more aware of their own unhealthy behaviours and it seems to prompt them to action.

Grow your way to five a day

Grow vegetable plants from seeds then when large enough give them to staff for free and encourage them to go and further grow and then eat the veg.

Food Access Bolton (FAB) van

This van, which runs on bio-diesel donated by the hospital's kitchens, visits the site once a week and sells fresh fruit and veg to staff. It is intended to increase access to such healthy food in some parts of the hospital that have a high proportion of lower paid workers and also as a novel way of promoting eating fruit and veg. The produce is bought at wholesale price and then sold at the same price as that of the local open fruit and veg market. It is not for profit and simply a way of taking fruit and veg to people. It has proved very popular with staff to date.

Staff health walks map

This is a map of plotted, timed and measured walks in and around the hospital site. Walks range from about 8 minutes to just over 30 minutes. The maps are printed on site and distributed to staff free of charge.

Contact: Gary Bickerstaffe, Health Improvement Specialist, Room 65, Rivington Unit, Bolton Hospitals NHS Trust, Minerva Road, Bolton

2.8. University Hospitals Bristol NHS Foundation Trust **Occupational health physiotherapy service**

The Enhanced Occupational Health Physiotherapy Service started in April 2008 following agreement from University Hospitals NHS Foundation Trust to fund additional Physiotherapy for staff. The Staff Physiotherapy Service including Physio Direct was promoted widely throughout the Trust and subsequently its use doubled. Staff absenteeism due to musculoskeletal problems reduced by 9% during that year, which equated to a cost saving to the Trust of £133,000. Additional benefits to the Trust included improved staff welfare, increased productivity and improved morale ultimately benefiting the patients attending University Hospitals Bristol.

Contact: Jessica Higton, Avon Partnership OH Service, Tel: 0117 342 2223

2.9. Calderstones Partnership NHS Foundation Trust

Support from the top level in the organisation helps to support our initiatives. We developed a Healthy workplace group under Improving Working Lives in 2004 and this group still meets bi-monthly. They are given the time to look at and develop initiatives within the Trust that help our staff with their health and well-being. Working in partnership helps and we have built good working relationships with our local public health department who assists us with our programme of informing staff about their health and well-being. The Trust reviewed their HR structure last year to offer more support and guidance to the Occupational Health team - I was employed as the HR manager for a healthy workforce and now manage the Occupational Health department.

Contact: Amanda Clough, HR Manager, Calderstones Partnership NHS Foundation Trust, Email: amanda.clough@calderstones.nhs.uk, Tel: 01254 821657

2.10. Cambridge University Hospitals Trust (Addenbrooke's Life)

Addenbrooke's Life is an initiative to promote health and wellbeing for staff at Cambridge University Hospitals Trust through a varied programme of physical and non-physical activities, social events, and clubs.

Staff enjoy physical health activities, such as: a Staff Inter-departmental Football Tournament supported by Cambridge Football Club; Walk to Work sponsored by Stagecoach and Cambridge County Council; free stretch and Pilates classes for staff alongside a campaign to increase staff activity and exercise levels; and monthly De-Stress Days where, in partnership with Cambridge Regional College, staff can receive either a 20 minute manicure and hand massage or a relaxing back massage.

As well as providing electronic health information, the Programme also includes specific health information events such as quarterly Health Testing Days which allow staff to have their BMI, weight, waist circumference, and blood pressure taken, and to receive 1:1 dietician and exercise advice. As a direct result of these sessions, a small number of staff were advised to see their GP immediately due to extremely high BP and many more advised to go to see their GP in the near future. Following the Health Testing Days, the Trust then runs Weigh it Up, a comprehensive six week weight management programme for staff with a BMI of 27+, with topics including exercise, healthy eating, behavioural change and reading food labels, which is run as a training course for staff.

The Programme also offers a range of social activities to increase staff mental health and social integration, these include: a Staff Poetry Competition (judged by the Head of English at Cambridge University and the Cambridge County Council Literacy officer, and externally sponsored;) 5 Staff Book Clubs to increase social networks within the hospital and help staff develop new interests over lunchtime; a Staff Painting Competition; and a free Fireworks Night for staff and their families, patients and visitors.

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

The feedback we have received from staff has been very positive and all initiatives have either been fully booked or very well attended. In the 2009 Staff Communications Survey, nearly 85% of staff said they are aware of Addenbrooke's Life, and 70% of staff rated it as Excellent or Good, with a further 28% rating the programme adequate. The Trust is currently assessing the impact the programme is having on staff motivation, engagement, sickness absence, staff turnover, staff satisfaction, and productivity.

Contact: Bonnie Watson, Health and Wellbeing Co-ordinator, Cambridge University Hospital, Email: bonnie.watson@addenbrookes.nhs.uk

2.11. Cambridge, Addenbrooke's (Hospital Travel Plan)

With more than 18,000 traffic movements each day, Addenbrooke's Hospital is the largest single generator of traffic in Cambridgeshire. To cope, it has developed an access strategy to help reduce car parking demand and traffic congestion. At peak times, more than 60 buses now stop at Addenbrooke's per hour. Bicycle use has been promoted through interest-free loans, 1,300 bicycle parking spaces and a repair service. The trust also operates pool cars and a car-share scheme. Bus use is now at 23 per cent (up from 12 per cent in 1999) and cycling at 25 per cent (up from 21 per cent in 1999)

SDC. Progress in Practice: Addenbrooke's Hospital Travel Plan. Op cit 2004

Contact: Maria Arnold, Policy Analyst, Health, Tel: 0300 068 6284, Email: maria.arnold@sd-commission.gsi.gov.uk

2.12. NHS Royal Cornwall Hospitals Trust.

Cornwall NHS food programme

This programme not only provides patients with healthy, nutritious meals, but has cut carbon emissions from road transport by two-thirds. Over 80 per cent of the trust's food budget is now spent with local companies, with more than 40 per cent of that going on Cornish produce.

Food unit leads the way for NHS. Royal Cornwall Hospitals Trust.

www.rcht.nhs.uk/RoyalCornwallHospitalsTrust/OurOrganisation/NewsAndPublications/Publications/AnnualReports/AnnualReport0708/FitterFuture/BuildingASustainableFuture/FoodUnitLeadsTheWayForNHS.aspx

Contact: Maria Arnold, Policy Analyst, Health, Email: maria.arnold@sd-commission.gsi.gov.uk, Tel: 0300 068 6284

2.13. Derbyshire County PCT

The following is a list of the things that we have been working on in the past year.

- Workplace Well Being Strategy and action plan developed and approved by board.
- Workplace Well Being steering group in place

- Workplace Well Being Group is overseeing the Trust's progress in meeting NICE guidance re physical activity in the workplace
- Employee Well Being Manager in post
- Countywide Occupational Health Services for manager and self referral. Offers physiotherapy service
- Trust is a Mindful Employer; the Workplace Well-Being Group is developing strategy for promoting mental health and reducing stigma and discrimination associated with mental ill health.
- Countywide Staff Support Service in place covering manager and self referral, offering: counselling, mediation, incident support, psychological therapies, team development, workshops, coaching and consultancy
- Well-being reports are produced each year using staff survey data, monitoring engagement, job satisfaction and positive feeling; these are followed up with discussion groups and action plans are developed as a result. Improvements in all scores noted.
- Extensive range of family friendly employment policies in place
- Cycle to work scheme in place
- Trust has adopted an Engaging Leadership strategy involving 360-degree assessment for all leaders followed by personal coaching and action plans
- Manager training and guide book to support absence management in place
- The Trust listens to employees - has established the 'staff conversation' method of facilitating large group discussions with follow-ups
- HSE standards used for risk management of stress management and improvement planning
- New absence management policy, process and procedure being developed in partnership with Staff Side Representatives
- Disability awareness training rolled to managers

Contact: Amanda Rawlings , Director of Human Resources , Derbyshire County PCT, Email: Amanda.Rawlings@derbyshirecountypct.nhs.uk, Tel: 07887 554216

2.14. Derby City PCT

Work- related Stress Project

This example was presented at the session on the 2nd September 2009

The Work-Related Stress Action Plan is very comprehensive and, with backing to translate the aspirations into practice, it should achieve significant cost savings in terms of absence, disputes and productivity. Above all, employees need to feel empowered to make their service area the best it can be, feeling that their experience and ideas can be put to use to make a difference. The ingredients of the Action Plan will help individuals to flourish.

The project was delivered in partnership, run by a steering group consisting of the Head of Staff Partnership, Staff Liaison Manager, staff side representatives and staff representatives. It was also supported by OH, HR and IT.

The Action Plan focuses on training, communication, work load issues, people management, relationships and change management. Already there are signs of improved staff well-being, increased staff satisfaction, fewer cases of work related stress, overall reduced sickness absence and an expectation of a reduction in agency and over time costs.

Contact: Ian Currie, Head of Staff Partnership, Unison Lead Convener

2.15. Gloucestershire Hospitals NHS Foundation Trust

Gloucestershire Hospitals NHS Foundation Trust introduced an Occupational Health department based Physiotherapy MSD assessment service for NHS staff aimed to provide advice regarding return to work. This resulted in a reduction in sickness absence from 13.6 to 6.8 days; a decrease in waiting time for MSD appointments and the majority of patients being assessed and managed by physiotherapists without the need for medical input, with significant cost savings for the Trust.

Contact Lucy Booth, Physiotherapy Team Leader CGH, Tel: 08454 223040

2.16. Gloucestershire NHS

We don't have evidence yet, but thought it might be helpful to let you know of an initiative being put together for Gloucestershire PCT. We are developing a 'Wellness' package. This will be delivered to PCT staff. We are developing five modules, covering creative thinking, fitness (diet and exercise), time management, motivation, and stress. Each module will be a DVD presentation. A facilitator will stop the DVD at various points, allowing discussion within the group of delegates. Action plans will be developed by each delegate. Informal feedback from earlier products has been extremely positive. We have spoken to Care Quality Commission, to ensure that their standards are being met.

Contact: Dr Charlie Vivian, Consultant OHP, 2gether NHS trust, Email: charlie.vivian@glos.nhs.uk, Tel: 08454 22516

2.17. Grampian NHS

NHS Grampian has a multidisciplinary approach to management of workplace health and well-being. There is close working with occupational health, human resources, management, partnership and employees in developing strategy, policy and practice to promote a positive workplace culture.

The initiatives are varied but over the last 12 months there has been a supporting attendance group which has focused on 'wish you were here-why work is good for you?' and promoted flexible approaches to this culminating in an absence rate of 4.17percent at March 31 2009 (4.6 percent annualised)

The occupational health service has developed a proactive approach to supporting individuals and managers with workplace health issues and concerns. The rates of management referrals have gradually increased year on year. A telephone assessment model has been evaluated for an MSc and data can be presented to support the improved client, manager and HR satisfaction with this model of delivery.

Contact: Dr Elizabeth Murphy FRCP FFOM, Lead Consultant Occupational Physician, NHS Grampian Occupational Health Service, Foresterhill Lea, Foresterhill, Aberdeen, AB25 2ZY, Email: elizabeth.murphy2@nhs.net

2.18. Greater Manchester Health Inequalities Acute Trusts Network

In GM (Greater Manchester) we have a network of nominated health inequalities leads in the ten acute trusts. This network meets on a regular basis to facilitate learning and share good practice to support improving health and tackling health inequalities. This includes programmes to support NHS staff.

A recent baseline survey was undertaken of the acute trusts to identify good practice and opportunities across GM areas for development.

The WHO Health Promoting Hospital and Health Services (HPH) approach supports promoting a healthy workplace as one of its standards. Hospitals who are signed up to this international network in GM are Stockport NHS FT (Foundation Trust), Salford Royal NHS FT, Royal Bolton Hospital NHS FT, Tameside Hospital NHS FT and Wrightington, Wigan and Leigh NHS FT.

Workplace health: around half of the trusts have workplace strategies and steering groups to support employees' health. A number of the trusts provide advice for staff on healthy eating, alcohol consumption and smoking cessation. A few of these target health initiatives to lower paid staff to support tackling health inequalities.

Contact: Isobel Duckworth, Greater Manchester Health Inequalities (Acute Trusts) Programme Manager, Stockport NHS Foundation Trust, Clinical Effectiveness Unit, Willow House, Stepping Hill Hospital, Poplar Grove, Stockport SK2 7JE, Email: isobel.duckworth@stockport.nhs.uk, Tel: 0161 419 4025

2.19. NHS West Hertfordshire & NHS East and North Hertfordshire

Local ownership is vital for some programmes, particularly within a wide spread organisation with small numbers of staff at a large number of bases. Having completed the first year of a two-year lottery funded project called 'Fit for Business', we have an active Wellbeing Steering Group and an increasing number of local Wellbeing Champions.

The Steering Group oversee the strategic direction and a comprehensive action plan while the champions set up a variety of local and organisation wide interventions. Evaluation is key to the project, and we have had excellent feedback in the form of questionnaires, comments, photos and case studies after each intervention.

There has also been ongoing take up of classes and local interventions such as on-site massage and there are plans for locally run DIY Healthy Living Groups.

Contact: Ruth Mann MCIPD, HR Manager – Projects & Lead Wellbeing Champion, NHS West Hertfordshire & East and North Hertfordshire, Charter House, Parkway, Welwyn Garden City AL8 6JL, Email: ruth.mann@herts-pcts.nhs.uk, Tel: 01707 369431, Mobile: 07826874235

2.20. Heart of England NHS Foundation Trust

Touch Rugby League

In 2008, the Corporate Affairs directorate delivered the Trust's first Touch Rugby League with the support of the RFL and Birmingham Bulldogs. The initial plan was to develop one team, however, the level of interest resulted in a league of 16 teams from both the Trust and the community. The league was set up initially to promote doctors taking their own advice and exercising but has since allowed us to continue our strong relationship with the community and develop our partnerships with external companies.

As a result, the league enjoyed significant success and was well received by those who took part. A considerable amount of media coverage was achieved for the Trust and the relationship between Heart of England and its largest contractor, Healthcare Initial was improved.

As a result of what we started in 2008, Touch Rugby was initiated into all primary schools across the West Midlands. Following this success, the project was presented to the Secretary of State for Health Alan Johnson who at the time had endorsed the project and encouraged the continuance of the initiative, as well as its expansion, to further develop the project and encourage other hospitals to set up their own league across the whole of the NHS.

The approach for a similar project this year has been on a more structured level and a Project Definition meeting took place to identify the scope, benefits and critical success factors. The critical success factors were monitored throughout the league and reported back to the Executive Directors as appropriate. A number of stakeholders attended who had all committed their support to the project. A Project Framework had been developed as well as a full project plan in line with the directorate's processes.

This year, the project doubled in size and saw almost 300 participants from both the trust and the community engage in the sport. The league also supported our commitment to 'Best Company to Work For'. It improved staff morale, cross site and department relationships and gave us back a sense of community that, in a trust of our size, is difficult to achieve. Many different issues can be resolved over a beer post-match rather than hours spent in the Boardroom.

The initiative has been the only current project in the Trust that allows staff to work and engage with colleagues from across all directorates and sites and across hierarchical boundaries. Throughout the league, the project has promoted health advice and measured the improvements in health the activity seeks to deliver, supporting the Occupational Health agenda.

Unlike many other sporting activities, the Heart of England league has been open to all ages above 14 and all abilities. It seeks to encourage those who have not engaged with sport previously to take part. Whilst the Trust supports healthy activity through the provision of a health club on site, there is a cost to the individual for this facility, which may prevent those on low incomes from benefiting. The financial support of the Trust will allow the league to be fully inclusive, providing free coaching, membership, kit and equipment.

During the project last year, the communications team achieved media coverage with a reported 'Opportunity to See' of a little under 1,000,000, the equivalent value of which was £15,100. This year, the target has doubled in exposure in written media alone. BRMB radio station had agreed to report on the league as a regular sporting fixture and promoted the league, and therefore the Trust, via its listeners.

The funding requested covered the costs of the league and the minimum amount of equipment required. The project team are confident that the initiative provides good value for money and that the benefits will far exceed the investment needed.

Contacts: Mandy Coalter, Director of HR & O, Email: mandy.coalter@heartofengland.nhs.uk and Ian Cunliffe, Medical Director, Email: ian.cunliffe@heartofengland.nhs.uk, Address: Heart of England NHS Foundation Trust, Birmingham Heartlands Hospital, Bordesley Green East, Birmingham, B9 5SS

2.21. Homerton Hospital

The Coca-Cola Great Britain/ Homerton University Hospital Workplace Wellbeing programme focussed initially on the 300 strong Maternity Unit, aims to educate and inform employees of the importance of healthy living decisions and provide them with bespoke advice and practical, local and accessible opportunities to lead healthy, active lifestyles. Using a holistic and coordinated approach, the programme will offer staff a health screening followed by bespoke healthy lifestyle and physical activity advice and opportunities.

An onsite project manager and staff champions will coordinate:

- Health Screenings by Heart Research UK.
- Regular onsite physical activity opportunities including yoga, Pilates, steps and circuits classes; and walking, cycling, and running clubs facilitated by local clubs and instructors.
- Local offsite options including free and subsidised gym and swimming memberships; regular activities at the local leisure centre; and active travel options.
- Onsite healthy lifestyle advice, information booklets and a range of options and choice in canteens and vending machines.
- Programme promotion throughout the hospital through posters, regular announcements, emails and information on the intranet site.

As a lasting legacy, the programme will leave not only healthier, more motivated staff but also a strong internal structure of champions, and lasting onsite and local opportunities for employees to continue their healthy lifestyles.

Formal evaluation will analyse bottom line benefits and build a knowledge base for our partners in the Trust to guide ongoing investment in employee wellbeing, strengthening the project's legacy.

Coca-Cola Great Britain will bring finance and its marketing and motivational expertise to achieve this.

We are rolling out the project in the coming months beginning with focus groups to ensure that the project best meets the needs of the staff and is designed in a way that will maximise their engagement. The full activity programme will launch in January 2010.

Contact: Celia Smith, Head of External Affairs, Coca-Cola GB, 1 Queen Caroline Street, London.

2.22. Kings College Hospital NHS Foundation Trust

Reducing Sickness Absence

This example was presented at the session on the 19th August 2009.

Kings College Hospital has reduced sickness absence rates through a clear and consistently applied absence policy. This includes mandatory training for managers, return to work meetings, triggers for concern (when a staff member takes, for example, 6 days sickness absence in a period)

Good data quality has been important to understand sickness absence rates and thus how to reduce them. The policy includes division case conferences where staff who 'trigger' the policy are discussed. There are also monthly mini-case conferences which focus on departments with the highest rates.

Contact: Keith Loveridge, Employee Relations Manager, King's College Hospital NHS Foundation Trust

2.23. Kingston Hospital NHS Trust

OH Department

Kingston Hospital NHS Trust Occupational Health department contributes in an integrated way to ensuring staff health and well-being and the reduction of sickness absence rates, utilising existing resources. We deliver a progressive and enlightened approach to Occupational Health that includes an in-house confidential counselling service. There is an integrated comprehensive approach to case management between OH doctors, nurse advisers and psychological therapists.

A range of services are provided to support psychological health, including group clinical hypnotherapy for relaxation, yoga, acupuncture, massage, mediation, coaching, team-building sessions, stress management training, trauma support, stress risk assessment and other health promotion activities. In addition, fast track referral to physiotherapy is available.

The confidential counselling service is subject to robust ongoing evaluation and this evaluation has indicated a positive impact on reducing absence and increasing wellbeing. Analysis of pre and post clinical work status for May 07 – April 09 shows a 3.5-fold increase in the number of clients recorded as functioning normally at work following therapy compared to previous years and a 100 per cent reduction in clients on sick leave or absent from work, which equates to 470 days (pre to post therapy). If each day is estimated conservatively as costing the organisation £250 in terms of cover, lost productivity, etc., the saving is £117,500.

Contacts: Gisela Unsworth; Head of Psychological Well Being Service, Email: Gisela.Unsworth@kingstonhospital.nhs.uk and Fiona Moore: Occupational Service Manager, Email: Fiona.Moore@kingstonhospital.nhs.uk, Occupational Health Department Kingston Hospital NHS Trust Galsworthy Road Kingston-upon-Thames Surrey KT2 7QB, Tel: 0208 546 77 11 ext 2615

2.24. NHS Knowsley

Knowsley Health and Wellbeing

Knowsley Health and Wellbeing is a partnership between NHS Knowsley and the Directorate of Wellbeing Services (Social Care and Leisure and Cultural Services) of Knowsley Metropolitan Borough Council. We have set up a Workforce Health programme, funded by NHS Knowsley, the Neighbourhood Renewal Fund, Sport England and income from staff membership for leisure passes in the borough. The first annual report of the scheme is attached which explains extensively the breadth, uptake and impact of the programme. However, we have included some information below in response to specific questions, and some additional information from the Trust Staff Survey.

Fitbug project

The Fitbug project set out to identify whether increasing the activity levels of a selection of KMBC and KPCT employees (112 in the trial) would produce positive changes in lifestyle if motivated by a pedometer. There was an initial surge of activity across the first 4 months of the project, which ran for a total period of 8 months:

- 67 percent of participants stated that using Fitbug helped to change their lifestyle.
- 39 percent of participants stated that using Fitbug helped to increase the physical activity of family or friends.
- 71 percent of participants stated that they have been walking more whilst in work because of Fitbug.

- 76 percent of participants stated that they have been walking more outside of work because of Fitbug
- 67 percent of participants stated that they are more likely to walk for short distances rather than use a car because of Fitbug.

Summary of participation in Workforce Health Programme

There were 3,904 attendances across all the activities in the three months from 1 January 2007 to 31 March 2007 and 33,983 in the 12 months from 1 April 2007 to 31 March 2008.

One of the most successful outcomes for 2007/8 was the uptake of complementary therapies for staff across KMBC and PCT. In 2007/8, staff from across the PCT and KMBC benefited from complementary therapies. Overall from January 2007 - March 2008 1,301 massage sessions were attended by 860 individuals.

In the PCT, a piece of research work has been undertaken to measure the effectiveness of complementary therapies on reducing sickness absence and improving productivity. The findings of this research indicated that there was no measurable impact on sickness absence or productivity; however, there was evidence that the provision of complementary therapies improved the sense of being valued and the morale of the staff.

For the period 1 April 2007 – 31 March 2008, sickness rates for both KMBC and PCT have fallen. In KMBC, sickness has dropped from 10.97 days, in March 2007 to 9.77 days by the end of March 2008. In Knowsley PCT, sickness has dropped by 5.25percent in April 2007 to 4.64percent by the end of March 2008.

Overall, the PCT scores very well on nearly all measures in the annual staff survey

Contact: Fiona O'Reilly, Head of Strategic HR Performance and Projects, Knowsley Health and Wellbeing, Health and Social Care HQ, PO Box 23, Westmorland Road, Huyton, Merseyside, L36 6GA, Email: hr.projects@knowsley.nhs.uk, Tel: 0151 443 4961, Mobile: 07919 290106, or Mary Farrell, Public Health Development Manager, Knowsley Health and Wellbeing (address as above) Email: mary.farrell@knowsley.gov.uk, Tel: 0151 443 4988, Mobile: 07500 765153

2.25. Lambeth PCT

A men's health initiative run by Lambeth PCT at two ARRIVA bus garages has produced positive results. The interventions used in this project included nurse-led 'MOT' health checks, advice, support, signposting to relevant services, on-site interventions such as stop smoking support and a weight loss competition. The MOT consisted of a cardiovascular check (BMI, blood glucose, blood pressure, smoking status, nutrition, alcohol and physical activity,) counselling, advice, support, service referral and a three month post-contact follow up.

The checks also provided an opportunity for sexual and mental health issues to be addressed through health education and signposting. The PCT's report confirmed that engaging with men in the workplace about their health was effective: 162 men had MOT checks at both garages, 20-30 percent of whom were referred for lifestyle support because of their cardiovascular risk.

Contact: Peter Baker, Men's Health Forum Peter Baker, Chief Executive, Men's Health Forum, 32-36 Loman St, London, SE1 0EH, Email: peter.baker@menshealthforum.org.uk

2.26. Leeds Teaching Hospitals

Occupational Health Service

- Clinical governance/audit quality system (including development and use of electronic system.) Meetings take place bi monthly and monthly.
- Participated in Occupational Health Clinical Effectiveness Unit (OHCEU) National NHS audit of back pain and depression. Identified as a pilot site for this work.
- NHS Plus accreditation - regional champion for Yorkshire and Humber region.
- We are part of the Occupational Health Network for the SHA that is responsible for the Health Care of Students in Training - ensuring DH policy is implemented consistently across the Region. We are chairing a project currently underway on behalf of the Network to develop on line Pre Course Health Screening for Students.
- Communication to clients and customers through electronic means e.g. instant electronic reports at consultation and workplace visit.
- Client and customer focus through workshop, customer groups (e.g. Leeds OHS, facilities workshops etc)

- Actively seeking feedback from clients and customers by electronic/paper means and making changes as a consequence.
- Weekly referrals meeting providing opportunities for case discussion and information regarding waiting times - enabling us to respond effectively to service needs.
- Administrative and clinician team working, training, development and mutual support.
- Multi disciplinary clinical team provides an effective mix of skills and includes Consultants in Occupational Medicine, Specialist Trainees, Foundation Year 1 doctors, Specialist Practitioners in Occupational Health Nursing (SCPHN,) Student SCPHN's, Nurse Advisors, and clinical support workers.
- Service also provides access to on site Physiotherapy, Counselling and onsite sessional Psychiatrist.
- Three members of OH Team identified as Health Motivators within Host Trust Health & Wellbeing Group. Five members of OH team sit on Healthy Working Steering Groups for an external NHS organisation.
- Clinical management of TB (NICE)
- Strong links with Higher Education Institutions. Provides placements to Specialist Trainees, SCPHN students, Masters in Public Health students.
- Fortnightly education sessions for students on placement and their practice teachers, education supervisors. Sessions are student led.
- Monthly education sessions for all clinicians to enable service to respond to ever changing OH environment and ensure continuing evidence based practice.

Contact: Anna Rowan, Senior Specialist Practitioner in Occupational Health (Nursing,) Occupational Health Service, Leeds Teaching Hospitals NHS Trust, Trust Headquarters, St James Hospital, Beckett Street, Leeds LS9 7TF, Email: anna.rowan@leedsth.nhs.uk, Tel: 0113 2065278/2065228

2.27. Leicester NHS Trust

In June 08 UHL launched a 'Wellbeing@Work' scheme which is aimed at improving the health and well-being of its staff. The scheme is currently funded through staff lottery proceeds and is led by HR. However, core members of the Steering Committee include staff side, occupational health, and AHP representatives. A dedicated fixed term contract Healthy Workplace Coordinator has been appointed to support the project.

The scheme offers a range of activities from exercise classes and alternative therapies to information on local gyms, walking routes and dietary information. The scheme is based on ideas presented by staff in 2007 and staff are currently being re-surveyed to establish their views on the existing scheme and ideas on what they would like to see happen in the future.

Feedback to date from staff has been encouraging. However, due to the Trust having multiple sites and limited estate being available for such initiatives, the Trust is having to work creatively to maximise opportunities.

Contact: Wendy Bowes, HR Business Partner or Marcella Burgess, Email: wendy.bowes@uhl-tr.nhs.uk or marcella.burgess@uhl-tr.nhs.uk, Tel: 0116 258 5618

2.28. Lincolnshire Partnership NHS Trust

Becoming a Mindful Employer

This example was presented at the session on 2nd September 2009.

Mindful Employer is run by WorkWAYS, part of Devon Partnership NHS Trust. It is for people whose mental health may affect their ability to find or remain in employment, training, education and voluntary work. Employers get information, advice and practical support, as well as an independent assessment of their progress. Employers can sign a Charter as a public declaration that they are positive about Mental Health.

As a Mindful Employer, the Trust aims to demonstrate that disclosure of mental ill health can take place without fear of rejection or prejudice. It also takes very practical steps to support staff with any emotional and mental health problems, such as providing easy access to psychological therapies, counselling and mediation services.

Contacts: Tony Kavanagh, Head of Human Resources and Jane Tuxworth, Trust Lead Occupational Therapist

2.29. Mid Essex Hospital Services NHS Trust

The Psychotherapy and Counselling Service, which offers a service to both patients and staff has recently been expanded. We succeeded in attaining funding from the Essex County Workforce Group (SWIFT funding) and this has enabled us to offer a more comprehensive service. Our work with staff is based on the understanding that working in an acute hospital setting can be extremely stressful and in addition, staff are exposed to a greater or lesser degree of trauma, which puts them at risk of suffering from secondary (or vicarious) trauma.

Our work with staff takes several forms (both formal and informal) with an overriding aim to offer a rapid response where this is indicated. We are available to all sections of the hospital and receive calls from wards, clinicians, managers, members of the trust board; anyone who has realised that an incident has taken place which might require our input. We support the work of the Occupation Health Department and ensure that staff requiring formal counselling are able to access this through OH.

We have found that time given when needed allows staff to begin to process the experience at a pace and level that suits them. Some staff require further work with us and this is made available. We aim to prevent staff going home filled with distress or feeling unsupported.

Examples of situations where we have been called are:

- A member of staff dying on-site
- A number of deaths on a ward over a short period of time
- Traumatized staff (and patients) following an alarming incident concerning a patient with mental health problems.
- A number of staff (including doctors, nurses and porters) having to deal at length with a bereaved family who were particularly overwhelming to be with.
- Traumatized staff dealing with a child patient who had been severely assaulted.

Although this may seem like an impossible way to work, we have (so far) been able to respond as needed because of the way we organise our department. An added benefit (besides the actual work done) is that managers feel they have something to offer staff in difficult circumstances, and staff feel that they are valued. We are looking at ways to evaluate the benefits of this approach in terms of, among others: staff retention, sickness rates, burn out, job satisfaction, and increased understanding across the trust of the psychological impact of work with patients.

Contact: Nancy Cohn, Consultant Psychotherapist, Manager Psychotherapy and Counselling Service, Mid Essex Hospital Services NHS Trust, Tel: 01245 516874, Email: nancy.cohn@meht.nhs.uk

2.30. Milton Keynes PCT

This example was presented at the session on 17th September 2009. The Trust set out to reduce work-related stress and sickness absence through, re-launching Psychological Well-Being Policy, developing a programme of ‘drop-ins’ for staff to advise them of support mechanisms available; providing workshops to promote flexible working policies; improving sickness absence monitoring and reporting and reviewing the sickness absence policy to provide managers and staff with detailed guidance and support for the management of sickness absence

Workstreams to improve sickness absence included raising skills and confidence of managers to manage sickness; raising the profile of the sickness absence policy and the responsibilities of managers and staff and, changing the way in which sickness absence is reported. Outcomes as a result of this include a reduction in stress (as reported in staff survey) and a reduction in sickness absence.

The learning points from this example of good practice include linking corporate objectives to measurable outcomes, involving and engaging stakeholders and the importance of communication and preparation.

Contact: Belinda Collett & Siân Aylett

2.31. NHS Northamptonshire

Thrive – better health at work.

This case study was presented at the session on the 2nd September 2009. NHS Northamptonshire is partnering with UnitedHealth UK on the introduction of *thrive*, a 3-year integrated metrics-based employee wellness programme. *thrive* will measurably protect and improve the health of NHS Northamptonshire employees through improved understanding of health risk, greater physical activity and better nutrition at work.

Thrive is based on global best practice, organisational research and staff consultation and includes a range of integrated health management resources and activities:

- Annual personalised health risk assessment of 6 vital signs; weight, BMI, body fat, blood pressure, heart rate, hydration
- Annual organisational cultural health audit
- Flexible, inclusive activities-at-work programme
- Tax-efficient/salary-sacrifice cycle purchase
- Reduced-rate local gym membership

Since the launch in May 2009, a comprehensive communication programme has been rolled-out covering programme launch and on-going promotion. Year 1 pilot results are due in May 2010 and will influence future organisational HR & OD strategies.

Early indicators demonstrate popularity amongst employees:

- 60% + Launch participation
- 50%+ Cultural Health Audit participation
- 60% + Personal Health Needs Assessment participation
- 30% + Organisational health pilot (09/10) participation

Overall programme measures include:

- Employee participation & satisfaction levels
- Recruitment process & turnover/ retention data
- Sickness & absence data

Visit www.thriveforhealth.co.uk for more information.

Contact: Jane Meggitt, NHS Northamptonshire

2.32. North Tees & Hartlepool NHS Foundation Trust

The Trust engages in a number of workplace health and wellbeing practices and initiatives and positively encourages partnership working between our managers, Human Resources Team, Occupational Health Service and Staff Representatives. These range from an active Improving Working Lives and Wellbeing Group, Early Intervention referral scheme, graduated return to work programmes, proactive Occupational health in the workplace, regular health road shows focusing on specific issues such as alcohol, healthy eating, physical activities and stress. In addition to this, our innovative occupational health service provides an extensive range of health and wellbeing services to Trust staff including:

- Smoking cessation support – utilising nicotine replacement therapy and psychological support over an 8 week course, has demonstrated a 95% quit rate in those clients who complete the course.
- Physiotherapy service – we have been able to demonstrate that there has been a gradual reduction in total number of days lost due to musculoskeletal conditions over the last 7 years since the commencement of the staff physiotherapy service resulting in savings both from lost time and staff replacement costs.
- Counselling services – outsourced service which provides comprehensive range of individual, couple and group counselling across both hospital sites.
- Cognitive behavioural therapy (CBT) – outsourced service provides CBT, post traumatic stress support and other psychological therapies outside of basic counselling.
- Mediation service – a service which is provided internally by specially trained mediators, together with the availability of external mediators to help with more complex issues and provide support to internal mediators; this service aims to support staff in conflict situations thus reducing the need for formal action.
- Exercise and weight loss initiatives – partnerships have been established with local schools and colleges for the use of their gym and fitness facilities.
- Stress Management – we are currently holding focus groups across the organisation to discuss the results from the HSE Stress Survey with a view to forming and implementing local and Trust-wide action improvement and prevention plans.

The Trust has signed up to the regional Better Health at Work Award Scheme, and to the Mindful Employer Scheme.

The Trust's revised Attendance Management Policy provides a supportive and robust framework for managers and staff ensures the appropriate level of support and advice in managing sickness absence and in facilitating an earlier return to work following health related absence. The Human Resources Department has developed and implemented a multi-faceted training programme for managers and staff in the management of attendance. In addition to this the Trust provides regular workshops jointly hosted by Human Resources and Occupational Health to provide managers with the opportunity to discuss individual cases. The Trust works in partnership with the recognised trade unions, and as such, all approaches identified have their full support.

Training programmes include:

- Training of key managers and staff at a local level, highlighting and addressing issues specific to individual directorates.
- Provision of a facilitated, comprehensive half-day learning programme for those managers who require a more in-depth knowledge of policy and practice application.
- Trust-wide mandatory training for current and in-coming managers to the Trust.
- One-to-one coaching.
- Attendance 'surgeries' – for managers requiring intensive support reviewing case files and strategies for more complex cases or by way of action planning for sickness reduction strategies;

With the introduction of the Attendance Management Policy and positive approach to managing sickness absence, utilising resources available, there has been a noticeable reduction in 2009 following implementation of the policy in 2008. The table below (in original response) demonstrates the positive impact the policy, support from Human Resources & Occupational Health & Management Action has had on improving and reducing sickness absence levels.

Absence Management is monitored at all levels of the Trust with a flexed target to be achieved. The Human Resources Department provide monthly statistics to each Directorate and discuss and implement action plans. Quarterly reports are presented to the Trust Executive and Board.

Contacts: Kirsty McKay, HR Project Officer, North Tees & Hartlepool NHS Foundation Trust, Email: kirsty.mckay@nth.nhs.uk, Tel: 01642 624033, Fax: 01642 624823 and Elaine Wilson, General Manager, Occupational Health, North Tees & Hartlepool NHS Foundation Trust, Email: elaine.wilson@nth.nhs.uk, Tel: 01642 624521

2.33. Northumbria Healthcare NHS Foundation Trust

This example was presented at the session on 21st September 2009. Health promotion activities offered by the trust include ‘New Year New You,’ a one to one session for staff, Health Promotion activities chosen by group and planned for year trust wide, on going support for smoking cessation and Corporate membership for gymnasiums getting staff more physically active.

The trust also provides early interventions, such as fast-track physiotherapy for sport and work-related injuries and offers paid phased returns to work.

Proactive management of sickness absence is important and this draws information from a range of sources to identify problems and plan interventions. One of these sources of information is a stress hot-spot tool, which identifies wards where staff are most stressed. This feeds into a stress prevention strategy. To address ‘relationship problems’ which are a cause of stress the Trust implemented a mediation service.

The Trust has seen improvements in staff psychological wellbeing, lower incidence of self-reported stress and have been cited as and exemplified by the HSE and HPMA awards 2008.

Contact: Marian Wilson Head of Occupational Health Teresa Jennings Consultant Clinical Psychologist

2.34. Nottingham City Hospital NHS Trust

Health promotion staff at Nottingham City Hospital NHS Trust evaluated the effectiveness of a health promotion intervention – blood pressure monitoring – with 14 male workers in the Facilities and Nutrition Division and the Finance Department. The study found that the men liked the convenience of the workplace location and the forum this created for discussion of other health issues with a health professional. Interestingly, the study also found that male employees appeared to have no preference for the sex of the health professional providing health information, unless the subject area was gender specific.

Contact: Peter Baker, Men’s Health Forum Peter Baker, Chief Executive, Men’s Health Forum, 32-36 Loman St., London, SE1 0EH, Email: peter.baker@menshealthforum.org.uk

2.35. Nottingham University Hospitals NHS Trust

Work Place Wellness Programme

Nottingham University Hospitals NHS Trust (NUH) launched its wellness scheme known as Q-Active in early 2006. Over the last 4 years, the scheme has developed into the UK's largest workplace wellness programme, which last year saw 3,290 people taking part in a wide range of activities.

Objectives of the Q-Active programme

The Q-Active programme aims not just to promote the health and physical activity levels of staff in one of the UK's largest NHS Trusts, but also to change the health culture of the organisation for the benefit not only of staff but also of the patients they care for. Objectives include:

- To significantly increase the physical activity levels of NUH staff
- To significantly improve the nutritional intake of staff while at work
- To reduce stress
- To affect the health culture of NUH Management.

The programme offers:

- Choice of exercise classes for all abilities at convenient times
- Variety of therapies such as massage
- Discounts for regular users (Premier Membership)
- Access to the hospital gymnasium (pay as you go)
- Information and free taster sessions to new starters
- Healthy food promotions e.g. Smoothie Bars
- Information through Q-Active website and the weekly all-staff Trust Briefings about healthy options and activities people can do in their own time (local walks, runs, cycle events etc.)
- Competitions and promotions using local sponsors to provide prizes
- Participation in both national and local initiatives such as Bike to Work Week and the Big Wheel

Challenges of the project

The Q-Active programme has been hugely successful, welcoming 3,290 people to a growing range of activities, encouraging 1,100 new gym users to work-based health facilities and trebled the capacity and use of active commuting facilities – helping to reduce the Trust’s carbon footprint.

The programme has not been without its challenges, which have included:

- Lack of space
- Keeping Q-Active fresh to maintain numbers and to attract new participants
- Maintaining the profile to ensure culture change continues
- Keeping workplace wellness high on the Trust’s agenda despite competing demands
- Balancing the books

Lessons learnt

- To ensure the success of a workplace wellness programme, organisations would need to give consideration to the following:
- Ensure early support from Chief Executive and other senior managers
Develop an excellent relationship with the organisation’s communications team and the local media
- Stay close to the workforce - keep the programme relevant and practical through staff engagement and social marketing
- Ensure a sound financial backing – invest to save
- To ensure success, the programme must also develop a creative and resilient project leader/team.

Contact: Christine Woolley, Assistant Director of HR

2.36. Public Health North East

North East Better Health at Work Award

This example was presented during the session on 21st September 2009.

The aim of the award is to support improvements in health and well-being for NE workers, create a standardised healthy workplace framework within the region and give recognition to exemplar employers. Currently, 91 organisations with 111,086 staff from the public, private and third sector are involved. To qualify for the award companies identify a health advocate and employees complete baseline survey questionnaires, from which an action plan is developed to address health needs. It takes an organisation two /three years to compile portfolios of evidence and work through the award programme from bronze, silver to gold. A continuing excellence level has been added to encourage employers to mentor and spread good practice to other companies

Contact: Cynthia Bartley, Public Health North East, Government Office North East, 7th Floor, CityGate, Gallowgate, Newcastle upon Tyne, NE1 4WH, Email: cynthia.bartley@dh.gsi.gov.uk, Tel: 0191 2022205, Mobile: 07876446872

2.37. Redcar & Cleveland NHS

Most years, we arrange a 'Christmas (Re)Treat' for staff. Over the space of a week, we offer half-hour sessions of complementary therapies to de-stress staff. With dedicated staff, we usually accommodate over 100 staff, and have to turn people away due to lack of funding; managerial restraints etc. We could run this very popular service for longer, and are often asked to create a regular service that staff can use as required.

Contact: Roz Elms, Health Improvement Specialist: Workplace Lead, NHS Redcar & Cleveland, Email: roz.elms@nhs.net, Tel: 01642 777763

2.38. Salisbury NHS Foundation Trust

The Trust is using a number of initiatives to improve the health/well-being of staff under a general Staff Well-being banner and I thought you might be interested in them. We believe that we need to offer a multitude of things for staff as none will attract all staff, but hopefully all staff will be attracted to at least one!

- Use of up to three free complementary therapist sessions for staff. This has been on offer for a couple of years and has become very popular - particularly with those office-based staff - we have now had to ration the sessions and are considering how to extend their availability to more front-line staff. We recently asked the therapists to audit their service so we could decide whether to continue funding it. It demonstrated it was helping keep some staff at work when they would otherwise be off sick.
- We have, for the last 6 months, been trialling an on-line personal health management system called 'revitalised.' Again, some staff have found this very helpful and we have decided to continue with this for a further year and to see if the projected benefits for individuals' health are substantiated. Seven hundred staff and family members are already using the system, which was actually designed for school staff. Using evidence from previous users, the company predict an average 10 percent improvement in 'wellness score' over two years for those who use it regularly. It focuses on healthy eating/diet, exercise and stress management and can be accessed from work or home computers. People receive weekly well-being tips once they are signed up.
- Staff Health MOT Roadshows - we have run three of these and more are planned - an afternoon of information stalls and health assessments for any member of staff to attend in work time. Taking staffs' blood pressure and BMI have proved very popular and sit next to stalls promoting our on site gym/fitness sessions and healthy eating advice. We found quite a number of staff needed to be referred to their GP due to high blood pressure. We also introduced stalls from the local women's refuge, another promoting our bullying and harassment policy and asked staff what else they would like to see.

- Asking staff what they would like us to provide to support their health and well-being has initiated a number of initiatives that are blossoming and developing a greater sense of community. As a result we have already developed:
 - A group run by staff volunteering and looking at walking routes around the hospital and its grounds together with the development and promotion of quiet areas inside and out that staff can use in their lunch hours (in addition to onsite restaurants).
 - A number of workshops run by trained staff for staff using ‘counterweight’ to help those with a BMI over 30 lose weight and develop a healthy lifestyle - with some individual real success stories.
 - A salad bar at each staff restaurant in addition to the normal sandwiches etc.
- We participated in the Wiltshire-wide Lifestyle Survey run by Wiltshire County Council where there was an online questionnaire for any staff to complete asking 4 questions about smoking, eating five fruit and veg, exercise and alcohol consumption. We could compare our results with other public organisations in Wiltshire and our results in 2005 and 2008.

These initiatives have added to the many other things many staff working in Salisbury perhaps take for granted, including an on-site staff gym, fitness classes and swimming pool, and a pleasant working environment enhanced with the use of art. However, we are not complacent and know there are other things we can do to support our staff to become healthier. A Staff Wellbeing Steering Group is presently focusing on developing a cohesive strategy, linked to the public health agenda and in particular consider what else we can do to improve psychological wellbeing.

Contact: Jenny Hair, Salisbury NHS Foundation Trust, Email: jenny.hair@salisbury.nhs.uk, Tel: 01722 336262 ext. 2806

2.39. Sandwell and West Birmingham Hospitals NHS Trust

Listening Into Action

This example was submitted as part of the call for evidence and presented at the session on the 11th September 2009.

This trust used the ‘listening into action approach to engage staff’ in improving outcomes for patients, staff and the Trust. This is a basic common sense approach where grass-roots employees get involved in identifying problems and finding the solutions. This is a much more effective way of addressing workplace stress rather than offering ‘health screening’ initiatives unless the latter is aimed and funded for evidence-based approaches.

OH is not involved in the above process - it has come from the Chief Executive. OH undertook a study / research with the HSE, which identified the need for this type of approach, but I don't think it had any influence on the Chief Executive's eventual decision to go down this line.

Outcomes for patients and staff include:

- Improved ward environments
- Reductions in sickness absence
- Better/more flexible staffing models
- Focus on listening to patients
- Saturday clinics for mothers to be
- Better access to CT scanning for stroke patients

Learning from this project suggests that integration with other activities, dedicated leadership, delivering ‘quick wins’ and embedding the approach, but developing and recruiting leaders, are all crucial to the success of this approach.

Whilst OH continues to see individuals who complain of work related stress, the LiA approach is more effective in tackling the generalised day to day organisational problems that can be identified via a stress risk assessment approach but which in practice is rarely undertaken.

Contact: Peter Verow, Director OHS, Sandwell Healthcare NHS, Email: peter.verow@swbh.nhs.uk, Tel: 0121 507 3850

2.40. University Hospital North Staffordshire

Staff Counselling Service

The 'evidence' I wish to contribute to the review concerns the Staff Counselling Service here at UHNS, which was established in 1993 by my predecessor, Chris Stone, and has been extremely well supported at board level ever since. One of the main factors in the usefulness of this service to staff is, I believe, the fact that it is independent of the occupational health provision within this Trust. We do, of course, have a number of people who come for counselling on the advice of occupational health staff, or of their line manager, but all referrals to our service are self-referrals. Apart from statistical returns, our wish to make this a wholly confidential service has been entirely supported by the Trust, so no information that is attributable to any individual is made available to anyone outside of the counselling service itself. Another important point is, I believe, that the service is on-site.

When the counselling has ended, we ask clients to complete an evaluation questionnaire anonymously and there are a number of questions which I think are relevant to health and well-being. We ask clients to think about whether counselling has led to any improvement in 7 key areas, namely:

- their ability to concentrate on immediate tasks
- their relationships with work colleagues
- their relationships with family and friends
- their self-confidence
- their job performance
- their overall enjoyment of life
- their decision-making ability

Evaluation questionnaire responses over the past 5 years have shown that the majority of clients believe there has been an improvement in these key areas as a result of counselling. I am aware that these results are not neutral as we only have the opinions of those who have returned the questionnaire, but I do hope that all of this information might be useful to you.

Contact: Máiréad Walsh, Counsellor and Service Manager, Staff Counselling Service, University Hospital North Staffordshire, Email: Mairead.Walsh@uhns.nhs.uk, Tel: 01782 555250

2.41. NHS Stoke on Trent and Stoke City Council

HUMANA

In January 2008, NHS Stoke on Trent piloted a nine-month health and wellness programme focussing on weight reduction and increasing levels of activity for patients at risk of cardiovascular disease and diabetes in the community. This programme produced significant reductions in weight, improvements in levels of activity and improvements in reported healthy eating habits. Following this success, NHS Stoke on Trent in partnership with Stoke City Council decided to commission a health and wellness programme for their staff, based on the learning and achievements of the community programme.

The programme has been jointly commissioned for two years in partnership with Humana as providers of the scheme and contains all of the components described in the above programme. In total, 7,000 places have been provided on the scheme, meaning that over its course the programme will too benefit a significant proportion of the 14,000 employees of the two organisations. The programme was launched in April this year, and has generated a huge amount of interest and excitement amongst staff with over 2,500 registering in the first month.

Clearly, it is too early to have any outcomes from the programme although it is envisaged that they would be similar to those benefits seen in the pilot. However, the programme already demonstrates:

- The potential power of local public services leading the health and wellness agenda by example with their own staff
- That as significant local employers of local people the PCT and Council can contribute to the health of their population by commissioning such a service
- The huge commitment of the staff of the PCT and Council to the wellness agenda
- A significant acknowledgement of the need for support and encouragement for staff in helping them lead healthy lives
- Interest expressed from family members of both the staff and community programme, suggesting a broader wish and need for such services.
- 48% of participants are achieving their target number of daily steps

Contact: Helen Glenister, Wellness Director, Humana Europe Ltd, Email: HGlenister@humana.co.uk, Tel: 020 3204 3200

2.42. City Hospitals Sunderland NHS Foundation Trust

OH Physiotherapy Service to proactively manage MSD's and reduce sickness absence. This development was against a background of every 1 percent sickness absence costing the Trust £0.75 million.

- During the period November 2007- October 2008 the number of referrals averaged 73 per month; 873 per year. This service continues to develop.
- Waiting times for treatment was less than one week for routine and one day for urgent.
- Data suggests that establishing this service saved 88 percent of staff a visit to their GP, it saved staff taking time off for sickness absence and those who did were able to return to work sooner.
- Saved 65 percent of staff referring taking some sickness absence.

Provided by Chartered Society of Physiotherapy. Contact: Joanne Willis, Email: joanne.willis@chs.northy.nhs.uk

2.43. Tees, Esk and Wear Valleys NHS Foundation Trust

As part of the Trust's commitment to improve the wellbeing of staff and address issues raised in the Trust's NHS Staff Survey results in relation to work-related stress. Following a successful Business Case which included a pilot, a booklet for staff containing advice on how to stay well and information about support that is available when needed, and evaluation of the proposed retreats, a pilot of four non-religious retreats were held between February and July 2008. The Trust Chaplain is credited with suggesting this approach to help address the overall framework of 'Wellbeing'.

The 48-hour retreats were held at the beautiful Sneaton Castle in Whitby, were completely free for staff and were provided by the Chaplaincy team. A communication promoting the opportunity for staff to take time out of their busy schedules to reflect on what they were doing and what they really wanted out of their lives was distributed in January 2008 to tap into New Year resolutions.

Twelve places were available on each of the three pilot retreats and the Trust was overwhelmed with enquiries and applications. So much so that the Director of Finance, agreed to fund a fourth pilot retreat to cater for the very high demand for places. Participants came from all areas of the Trust and covered a wide variety of job roles, both clinical and support services.

Participants experienced:

- Time to re-assess their life, where it has been and where it is going
- An opportunity to share concerns confidentially
- An exploration of how to use silence
- An introduction to simple meditation techniques
- Time to think about how work fits into life
- An attempt to discover what they really wanted out of life

The retreats received extremely positive feedback from participants, managers and the local press and contact from another Trust Chaplain who was keen to set up a similar provision in their Trust.

The very successful pilot led to the Trust supporting further non-religious retreats and is one way of helping to make coming to work an enjoyable and rewarding experience for staff. It is important for individual wellbeing, and will ultimately mean that employees provide better care and support to the people who use our services.

The retreats featured in one of the workshops at a Trust Wellbeing Conference in September 2008 where one of participants had attended a retreat and informed conference delegates that:

‘As a manager for a number of years, I felt more valued as a member of staff by this than anything the Trust had provided before.’

The formal evaluation clearly demonstrated that that the retreats were well received, well organised and exceeded participants’ expectations. Staff benefited from having time to reflect and understand themselves or their issues more clearly.

Some of the themes that emerged from the evaluation include:

- Grateful for the opportunity and it made them feel valued
- More able to deal with change
- They were challenged, found it tough but worth it
- It was an insightful experience, whole new perspective
- It was a positive experience on work and home life, with a clear link to wellbeing and improving working lives.

Early measures of success include Sleep gain; Reduced absence; higher morale and higher performance. The Trust continues to support non-religious retreats and is delighted that they have been a successful initiative that continues to be over-subscribed, and the Trust Chaplain and Senior HR/OD Manager were awarded the Trusts' Making a Difference Award for Working Behind the Scenes after being nominated by staff.

*Contacts: Sheila Jones, Senior HR/OD Manager, Email: sheila.jones@tewv.nhs.uk
Tel: 01642 283892 and Paul Walker, Chaplaincy Manager, Email:
paul.walker2@tewv.nhs.uk, Tel: 01642 516068*

2.44. Tower Hamlets PCT

Feel Good And Work Well In Tower Hamlets

A combination of Mind's innovative approach to mental health in the workplace and healthy work strategies designed to promote staff well being and increase employment opportunities for people with mental health problems prompted Tower Hamlets PCT (THPCT) to commission Mind Workplace's Model Mental Health Employer Project. The project assessed THPCT's mental health needs as an employer, made recommendations to improve the mental well being of staff and provided bespoke initiatives that increase staff productivity and reduce financial costs due to staff sickness absence and presenteeism. The aim of the project is to promote staff well being, manage mental health and evidence a decline in sickness absence. All of which will ultimately improve the quality of patient care.

Mind Workplace interviewed 10% of staff from identified departments, ranging from Band 8c to Band 3 on issues such as mental health awareness, work demands, support etc.

Approximately 50% of employees in each department attended in-depth interviews. 70% of employees in each department received mental health training, to promote a mentally healthy workplace. Average increase in knowledge and confidence cited by each delegate was 50% following the training.

Organisational initiatives implemented:

- PCT Executive to monitor mental health as part of Healthy Workplace strategy
- Mental health categories included within staff sickness absence monitoring systems
- Revision of HR policies, including managing sickness absence, induction policy and presented to unions for agreement and implementation

- Senior management workshops on mental health to embed mental health within relevant strategies and practices
- NHS Tower Hamlets signed to Mindful Employer charter
- 25% of staff trained in mental health awareness
- Managers trained on managing mental health
- Mental health awareness included in staff induction and management development training

The project ends in March 2010 and the legacy will be a PCT that:

- Has active health and work strategies monitored by PCT Executive
- Implements revised policies which promote managerial support and encourages staff disclosure
- Monitors diverse mental health problems as part of staff sickness absence reporting systems
- Includes mental health training in staff induction to counter stigma of mental ill-health
- Incorporates mental health in management development programmes to ensure managers are equipped to manage mental health
- Remains a Mindful Employer

Contact: Alex Tambourides, Mind Workplace Lead or Jacqui Ruddock, Workplace Development Consultant, Hammersmith and Fulham Mind, 309 Lillie Road, London SW6 7LL, Email: alex.tambourides@hfmind.org.uk or jacqui.ruddock@hfmind.org.uk, Tel: 020 7471 0580

2.45. Trafford PCT

Health and Wellbeing programme

Trafford Primary Care Trust (PCT) runs a number of activities that staff can access either in their own time or by using their 'health and wellbeing time'. A summary of the outcomes were 225 staff purchased gym membership, Health checks for over 70% of staff (700), combined weight loss of 1000lbs.

Elements of the programme

Examples of activities that have been delivered by the programme include yoga, pilates, skiing lessons, hula dancing, basketball, cheerleading, swimming, football, rounders and British military fitness. The majority of these activities are self-sustaining or free to staff.

Staff had the opportunity to purchase a gym membership at the cost of £6.71 per month. Over 225 staff took up this offer. In addition, all staff have access to free one-week gym passes that allow them to get a taste of what facilities and classes are available. Both of these offers are a result of close partnership working between the PCT and Trafford Community Leisure Trust.

The programme has provided an opportunity for those less physically able to participate in activities that are within their capability. For example, pedometers have been issued and competitions run to find who has most improved or who has done the most steps. Fifty members of staff were selected to participate in a national pedometer pilot called 'Fitbug' and over two hundred additional PCT workers have been provided with pedometers as a means of maintaining weight loss. Our swimming classes and group walks have been risk assessed with wheelchair accessible locations and appropriate routes selected.

Coping with stress has been addressed on several occasions at staff workshops. The introduction of bullying and harassment guidelines to be used when dealing with difficult patients or members of the general public is an example of staff survey issues being raised and then addressed. A referral pathway to a psychologist was established to support employees with cases of stress.

All staff are able to access the Employee Assistance Programme, which allows them to freely view information covering a variety of topics. It also acts as an instant telephone counselling and stress-busting service.

A monthly health awareness sheet and programme of events for the forthcoming month is given to every member of staff at the PCT. All our staff, at every one of our sites, have access to the traditional occupational health service, a staff physiotherapy service, a six-week back-care programme and scheduled influenza vaccinations.

Ergonomic workplace assessments are provided to improve working environments and enhance productivity. In addition, return to work assessments and early intervention support alongside advice from a back care adviser are available for staff with back pain. The referral is made on the first day of absence and advice and support is offered within 48 hours.

A health check programme has been running for two years and has been utilised by over 70% of staff. Cholesterol, blood pressure, blood sugar and BMI are checked and advice is offered. Referrals to GP services are made if necessary. The programme has proved a real success largely due to the number of site visits throughout the borough as well as the day and night shift patterns also covered.

Weight management The 1000lb challenge

Weight management has been addressed using a two-tier approach. Staff are offered places on a subsidised group programme at Weight Watchers, which lasts 12 weeks. They also then receive free advice via e-mail. This approach has been very popular with our staff, with 140 people participating so far and resulting in a collective weight loss of over 1000lbs. Fruit baskets have been made available at every site and fruit can be purchased on a non-profit basis. Dietary advice is also available.

A weekly dance session has been running for the past two years. The type of dance changes in relation to demand and has included Salsa, Latin American and Jive. The uptake of these classes is usually very good.

A staff travel plan has been implemented which encompasses cycle rates equivalent to a car, improving estates cycle facilities (which include the provision of new bike stands) and the opportunity to take up a tax-free cycle scheme. There have additionally been several nationally accredited cycling courses on offer this to encouraging staff to cycle.

Staff engagement

Staff were initially surveyed to establish what type of activities they would like to participate in and a working group was formed from a mixture of clinical and non-clinical staff. They meet every two months to ensure the programme is kept fresh and vibrant.

A proposal was taken to the PCT's Chief Executive, Sheena Cumiskey, and support was gained at this level, and associate HRD Claire Scrafton championed initiatives at board level, support was forthcoming from Abdul Razzaq, Director of Public Health. The Health improvement programme was presented to managers and staff alike.

The Health and Wellbeing programme was launched at a health fair and was well received by staff at the PCT. The health fair saw a variety of information stands about services, physical activities and holistic therapies on offer.

A communications officer at the PCT worked closely with the working group, to ensure that the programme and all the activities and schemes on offer were promoted effectively to staff.

Challenges to be overcome

Due to workplace circumstance, a minority of staff have been unable to access health and wellbeing time. This time is currently set at 2 hours per month and is classed as a benefit rather than an entitlement. We are currently looking at affected areas and discussing the benefits to staff, team spirit and the organisation as a whole with line managers and heads of service. Some members of staff have also been unable to access their health and wellbeing time due to staff shortages.

The future

- A new, up and coming programme working alongside mental health workers will be supporting staff with mental health issues.
- Wellbeing training and support for managers.
- Exploring health and wellbeing in a wider context; Can this tool be used by other organisations?
- Exploring green travel and activities within the local community.
- What can we learn from others?

***Contact: Deborah Byrom, Manual Handling & Health and Wellbeing adviser,
Trafford PCT, Email: Deborah.byrom@trafford.nhs.uk, Tel: 07974262165***

2.46. NHS Wakefield District

The trust been developing and delivering education programmes on topics related to health behaviour change. The aim of this training is so that the workforce is better able to help motivate patients/clients to change their health behaviour and to help people translate their intentions to change into action. This work can also be applied to the workforce so that they themselves are better able to change their own behaviour, which would enable them to become more effective role models for the public. Many staff members who have attended the training said that they also wanted to apply their learning to their own lives so that they can carry out the health behaviours they have been struggling with.

The trust has covered a range of Health Psychology topics depending on what has been requested including:

- Reasons why people do and don't change their behaviour
- Social cognition models of health behaviour (this identifies important factors that influence health behaviours and how to affect these factors)
- Illness beliefs (this identifies psychological barriers people have with existing illnesses/conditions to altering their behaviour)
- Adherence
- Health behaviour change techniques (such as motivational interviewing, cognitive behaviour therapy, solution focused therapy, self care etc., these are brief techniques taken from these approaches that can be used in a short space of time)
- Assessing and developing health messages (if we are to provide messages to the public or to our workforce that aim to persuade them to take part in health promoting activities we should devise them according to psychological principles of persuasion and health communication)
- Dealing with resistance to change
- Risk perception and risk communication

This work is being carried out by a Health Behaviour Specialist as part of a new role that is being piloted. Due to the success of the pilot, a business case has been prepared that aims to mainstream this post. If business case is accepted, one of the main focuses of the post will be on staff health and well-being. The specific aim will be on using psychological approaches to increase motivation among staff in order to address their health behaviour.

Contact, Gráinne Johnston, Health Behaviour Specialist (Health Psychologist in Training) Wakefield District Community Healthcare Services, Email: Grainne.Johnston@wdpct.nhs.uk Tel: 01977 665710

2.47. West Suffolk Hospitals NHS Trust

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

*Contact: Karen Charman, Head of Employment Services, NHS Employers DDI,
Email: Karen.Charman@nhsemployers.org, Tel: 0113 306 3228, Mobile:
07754238294*

2.48. Worcestershire Acute Trust

Self Care Courses

These are two-day courses developed by the Working in Partnership Project and implemented through Worcestershire Acute Hospitals NHS Trust. Of those employees referred onto the course due to high sickness levels, the early results are that an average 21 days per person are saved (i.e. 21 days less of sickness absence) in the year following the course as compared to the year prior to the course. This has been collected for 23 individuals so far, ongoing data also supports this positive trend. The course is well received by individuals and 100 per cent of the participants to date have responded that they would recommend the course to others.

Telephone triage/case management of Occupational Health referrals / electronic (email) reporting

The introduction of these systems enables individuals to access occupational health , physiotherapy or counselling services in a timelier manner. The telephone system has improved contact with OH professional from an average 13.4 days wait to 3.4 days. Electronic reporting provides managers with instant occupational health advice and recommendations.

Provision of free counselling services

The Trust provides up to six sessions. Currently the evidence is subjective via an evaluation form. Feedback from these is extremely positive. Statements such as ‘find the service invaluable’, ‘could not afford to go privately’, ‘I have gained lots of confidence’, ‘gave me the ability to cope with work and life in general’. Work is ongoing to introduce a meaningful objective assessment of this service.

*Contact: Occupational Health, Worcestershire Acute Trust, Email:
OHAdmin@worcsacute.nhs.uk, Tel: 01905760693*

2.49. Wolverhampton PCT

My previous role was as Head of Occupational Health Services for both the PCT and Acute Trusts in Wolverhampton. We have had some excellent responses to health at work initiatives. Recent external audit conducted within Occupational Health Department, highlighted the good work carried out by OHD with regards to walking for health initiatives, well-being screening, stress awareness training/advice and complementary therapies, which are available to all staff.

Contact: Kathy Wilde, Health and Well-being Advisor, Wolves PCT NHS Trust, Email: bbkathy40@hotmail.co.uk, Tel: 07794696155

2.50. Worthing and Southlands Hospitals NHS Trust **Occupational Health Physiotherapy Service**

A management review of the Occupational Health physiotherapy service for staff at Worthing and Southlands Hospitals NHS trust set up in 2005 in partnership with West Sussex PCT showed a reduction in the level of MSD related sickness absences amongst staff by 25percent in the first 6 months. Specifically for nurses and midwives – the largest staff group experiencing musculoskeletal disorders, their sickness absence fell by 39percent. These positive experiences have been repeated with the Doncaster and Bassetlaw Hospitals NHS Trust 2005 pilot physiotherapy services to staff. Furthermore the difficulties that newly qualified physiotherapists are still finding in obtaining their first job in healthcare provides an excellent opportunity to establish physiotherapy roles within all OH settings in the NHS."

Contact: Kim Sunley, Senior Employment Relations Adviser, Royal College of Nursing, 20, Cavendish Square, London, W1G 0RN, Email: Kim.Sunley@rcn.org.uk, Tel: 020 7647 3570

3. Non-NHS Organisations

3.1. Ginsters

In 2006, Caradon District Council (now Cornwall Council) responded to the Government's Choosing Health: Making Health Choices Easier white paper by inviting all organisations in their District to take part in workplace health checks. Ginsters decided they would like to offer this to their staff and over 250 employees across all shifts took part. The results showed there was a general apathy around health amongst the workforce. Employee's perceptions of fitness vastly differed from reality; they were not aware of key health messages and had poor diet choices and nutritional awareness. Staff were especially keen to point out there were not the facilities or opportunities for them to exercise.

There was no robust evidence available to suggest that concentrated health promotion would be an effective and viable investment for businesses. Jane Abraham (project manager) met with Mark Duddridge (Ginsters Managing Director) and agreed the welfare and happiness of staff was paramount to a successful, well-motivated business. Jane Abraham identified existing resources and partnerships in Cornwall and coordinated lead partners to help set up the project. The senior partner was the local authority Caradon District Council and partners included Cornwall and Isles of Scilly PCT, University of the West of England, Bristol Business School, Sport England, Cornwall County Council and Sustrans. This partnership working allowed funding for a full-time active workplace co-ordinator to be employed on-site to encourage and deliver a range of health and lifestyle initiatives.

Context

The majority of Ginsters employees work 12-hour shifts and some people work alternate shifts to their partners. The project needed to be inclusive and consider the rigorous 12-hour shift demands and incorporate the whole family where possible. It was essential to engage all staff and make them aware that health and fitness isn't just about sport and competition.

Ginsters were spending a lot of money on advertising & agency fees indicating a low number of candidates approaching Ginsters directly for work. The stability figures were poor and the company was scoring near if not bottom of the fifteen Samworth Brothers company's staff survey results.

What action did the organisation take?

Once the major partners were established, an onsite active workplace co-ordinator was employed to lead the project.

The company worked closely with the restaurant to offer free fruit for staff, open a salad bar and now have at least two healthy options available to staff at all times as well as a variety of vegetarian meals. The kitchen also uses healthy cooking methods and has won awards for giving staff the opportunity to eat healthily no matter what shift pattern they are on.

An on-site gym was built next to the learning academy, which is open 24hrs a day for staff and their partners. Weekly activity sessions including badminton, football, spinning and kettlebell training run before and after shifts meaning activities are inclusive to all. A lunchtime weight management group which to date has lost over 20 stone of fat is run by a member of staff.

Working closely with occupational health we offer holistic treatments including reflexology and Indian head massage as well as offering free chiropractor and chiropody assessments onsite. Sports massage and physiotherapy is also available for staff. Healthcare services have been accessed from the local PCT, health promotion agencies and hospitals to offer an array of health services at no or little cost to the company. Health assessments across all shifts and return to work programmes have been very beneficial for staff as barriers have been broken down to prevent people from living a healthier lifestyle. Employees who have been signed off work are welcome back onsite during this period of illness to under go exercise referral programmes in the gym or lifestyle consultations meaning they are far more likely to return to work faster. By integrating these people back into work are far more likely to return to work and can gain valuable support from their colleagues.

A staff newsletter was started so employees and their families can learn what activities are available for them to take part in, as well as having relevant health messages. The project has allowed for safe cycle and walking routes to be connected to schools and train stations benefiting the whole community as well as the companies walking and running clubs. Environmental volunteer programmes have been set up and 40 staff allotments have been built to allow staff and their families the chance to grow and eat their own fruit and vegetables.

Staff have been trained to run classes and champion activities encouraging greater attendance figures. Where possible, family participation is encouraged to make activities available for all. Strong club links and discounts from activity providers have benefited the project and kept attendance high.

How did it implement the changes?

The key aspect of implementing change came from the senior management. Their continued support allowed for the project to flourish. In year three of the project as the trust and understanding had developed between staff it was possible to run health awareness campaigns on previously not talked about subjects such domestic violence and sexual health. Health promotion campaigns have been designed relating to national and regional initiatives and have often been tailored to different audiences i.e. men's health week

The Company Action Team which is made up of staff from all shifts was used to promote activities and set up departmental challenges. Activities were also marketed using plasma screens, notice boards, emails, bakery briefs, newsletters, PDM evaluations, toilet door posters and road shows in restaurants and meeting rooms.

Partnership working and having the knowledge of how to contact the right people within the PCT, NHS bodies and other public and voluntary organisations was crucial to the success of the programme.

Flexibility for activities was very important as we had a large commuting workforce from Plymouth. We also needed to be ready for individuals 'time for change' so we could act immediately when the time was right for them.

Volunteering schemes not only aided staff morale and self esteem but environmental issues were able to be addressed as well as helping disadvantaged groups such as the homeless, unemployed, charities, people with mental health problems and disadvantaged schools.

By specifically targeting families it allowed more people to access the events and meant the project was accessible to all. By using local providers and existing resources affordable pricing was obtained so anyone could take part. Local providers were often delighted to have off season work and would offer longer sessions or reduced rates.

New on-site facilities are being designed to continue the good work and encourage more people to take part. Staff have been trained to deliver classes so cost to employees remains low. The company encourages their chain of supply to adopt similar programmes and are working on including these companies in some of their initiatives.

The migrant population within the workforce which is approximately 19%. When I started the project I identified that they were predominantly single males who worked long hours and who did not engage within the workforce community or larger community in which they lived. They were isolated and did not engage with local health services at all. This scheme has not only encouraged them to integrate via all the activities and informal learning with others but also to educate others on their own cultures and also enabled them to access health care, information and screening. This has had a significant impact on the working environment at Ginsters.

Has the organisation seen any benefits from its health interventions?

The University of the West of England are collating robust data using a Samworth Brothers control site will demonstrate the validity of investment in health promotion within the workplace. Covert and non-covert researchers in the bakery have seen how employees feel valued and are grateful to their employer for offering them the chance to lead a more active and healthier lifestyle.

Ginsters have moved from last place in the group of 15 Samworth Brother companies to joint 1st in this year's Employee Satisfaction Survey.

Ginsters health insurance premiums have reduced by 14% per employee from 2006 to 2009. They have seen a 9% reduction in staff turnover from 2006 to 2009 and over £32,000 has been saved on advertising costs and agency fees indicating a rise in the number of candidates approaching Ginsters directly and increased staff stability. Ginsters retention levels are high and can now be seen as an employer of choice.

With activity figures of over 1000 activity sessions a month the project has created an excellent platform for staff to change their lifestyles and improve their mental well being.

The programme has greatly improved Ginsters social and corporate responsibility with among other things football tournaments being arranged among local companies with profits going to disabled schools and active workplace abseils, skydives, water walking and sponsored climbs being arranged for the company charity 'Chicks'.

With high profile visits and the project being used as an example of good practice by the Department of Work and Pensions, Sport England and Department of Culture, Media and Sport the company has seen an improved brand and corporate image.

Improved physical and mental wellbeing, staff cohesion, communication, loyalty and morale are often linked to the active workplace in staff survey questionnaires and PDMs

Self development for staff has led to the introduction of passion evenings at the training academy where staff share their passions with their colleagues. These are often very popular evenings with staff sharing hobbies such as learn your family tree, Christmas cake making, snake evenings, gardening tips, flower arranging and letterboxing treks across the moors. Camera and gardening clubs have been set up following the success of these evenings.

The company now has a question in each member of staffs PDM asking them what activities they have taken part in and what activities they would to join in the future. This individual approach means employees feel the company cares about them and motivational levels are enhanced. All new employees receive an introduction to the active workplace at their corporate induction so feel part of the project and able to take part as soon as they join the company. This in turn enables staff to meet people across a variety of departments and shifts and has created harmony and increased team working across shifts, departments, and ethnicities as well as breaking down barriers between senior management and workers on the shop floor.

Ginsters won the World Leisure award for their active workplace project.

“This Prize represents the use of leisure as a creative solution to enhancing collectively the social, cultural, environmental, and economic quality of life in an area. This innovative project can be replicated in any area in any business for the benefit and development of individuals.

Contact: Jane Abraham, IDeA, Email: Jane.Abraham@idea.gov.uk

3.2. Mental Health First Aid

The NHS Health & Wellbeing Review Interim Report (Boorman Review) identifies a number of key priorities and recommendations for action by NHS employers in relation to improving staff health and wellbeing. One of the key priorities highlighted is the need to ‘improve the mental health and wellbeing of NHS staff’.

Mental Health First Aid (MHFA) England is a tool which can enable organisations to improve the mental health and wellbeing of their staff. MHFA England does not intend to train people to become therapists, but to provide the non-expert with knowledge of the signs and symptoms of a range of mental health problems and the confidence to intervene early when a problem is observed. The Boorman Review reports that early intervention and identification is key in ensuring the wellbeing of staff with adequate services in place to support them.

While people are often aware of common physical health problems, there is a lack of knowledge about mental health problems. This leads to stigma and prejudice, discouraging those affected from seeking help. Those witnessing signs of distress in the individual can also be uncertain of how to respond. MHFA England works to address these issues. The basic MHFA is a 12 hour course is for anyone, in this case NHS staff. MHFA England concentrates on training independent Instructors (like Abi). We have over 300 Instructors nationally and they in turn have so far delivered our 12hour course to an estimated 11,000 individuals. Abi Grant is a MHFA England Instructor who gives her experiences of MHFA England:

“Hey Abs, what are you doing next week?” asked my friends. “Attending a suicide prevention course” I replied. Cue blank expression... That sums up a lot of people’s reactions to mental health and suicide – they simply don’t know what to say. (If I’d said ‘cancer’ or anything involving children, the response would’ve been different). Which is why the MHFA course is both necessary and effective. Simple without being simplistic, and serious without being solemn (some of the team exercises are even fun), it provides you with a language, strategies and the confidence to challenge everyday prejudices and stereotypes, and of course, to help prevent suicide. The information is cleverly constructed, the discussions on my course were well handled by our diligent and thoughtful team leaders. A surprise to me was how much I enjoyed meeting the others on my course - like minded people with their own reasons for being there, who generously shared their personal experiences around mental health and I’m pleased to say several have become friends. For too long mental illness has been the red headed stepchild at the public health party – MHFA is leading the way in spreading the news that with early intervention, professional support and self help strategies mental illness need not be the end of the world. Highly recommended.”

(Abi Grant, Writer, Journalist, MHFA England Instructor)

MHFA England is an RSPH (Royal Society of Public Health) accredited training programme. It is valuable in providing education on a range of mental health problems along with reducing stigma and encouraging early intervention. As such it adds constructive support to the NHS Health & Wellbeing Review.

MHFA does not intend to train people to become therapists, but to provide the non-expert with knowledge of the signs and symptoms of a range of mental health problems and the confidence to intervene when a problem is observed – parallel to the competency provided in physical “first aid” programmes.

The aims of Mental Health First Aid are:

- to preserve life where a person may be a danger to themselves or others
- to provide help to prevent the mental health problems developing into a more serious state
- to promote the recovery of good mental health
- to provide comfort to a person experiencing a mental health problem
- to raise awareness of mental health issues in the community
- to reduce stigma and discrimination

MHFA England is a tool available to organisations across England to empower and educate the workforce and employers so that they are enabled to support staff who may be suffering silently from mental health problems. The vision is to have a Mental Health First Aid imbedded into organisations as physical ‘first aid’ programmes are.

Contact: Poppy Jaman, Director MHFA England, poppybrowne@btinternet.com, poppyjaman@ntlworld.com, Web: <http://www.mhfaengland.org.uk>, Mob: 07795 298 944

3.3. Sevenoaks and Area Mental Health Awareness Group

Chances4change is the South East regional portfolio funded by the Big Lottery Wellbeing Fund. The Portfolio is made up of 62 projects working with one or more of the three health strands: Mental Health, Physical Activity and Healthy Eating. chances4change has a number of projects that focus on workplace health and wellbeing. One of our projects, SAMHAG is highlighted below:

SAMHAG

SAMHAG is a voluntary sector project working to promote understanding of mental health problems. It provides workshops for professional and voluntary sector organisations, using the skills of people with first hand experience of mental ill health. Recently, in collaboration with the Disability Action Group of Maidstone and Tunbridge NHS Trust, SAMHAG is running a number of workshops.

The project delivers 3- hour workshops to employers which include a mixture of factual information, group exercises and short presentations by people with experience of mental ill health either personally or as carers. The workshop outcomes are to ensure people become less prejudices and increase knowledge about mental health issues.

“I now realise some of my staff may experience mental health issues”

SAMHAG undertook an in-depth evaluation with all employers attending their workshops. Each person was asked to fill out a pre- and post- knowledge questionnaire along with post workshop evaluation followed up at 4-6 months. Overall, knowledge ratings increased from the beginning to the end of their workshops, with, on average, the overall correct scores changing from 48% to 92%. Additionally, two course attendees noted that they were now aware of cases of discrimination where they had not been before the course started.

In comments on the post workshop evaluation, participants reported on an increased ability to recognise mental health issues in other, along with increased empathy and confidence in ability to support employees with mental health issues.

“I have a deeper understanding of how isolating it can be”

Contact: Phil Kessel, SAMHAG, Kent, Email: samhag@sevenoaksareamind.org.uk

3.4. Sussex County Sports Partnership Trust - Active & Healthy Workplace Project

Chances4change is the south east regional portfolio funded by the Big Lottery Wellbeing Fund. The Portfolio is made up of 62 projects working with one or more of the three health strands: Mental Health, Physical Activity and Healthy Eating. chances4change has a number of projects that focus on workplace health and wellbeing. One of our projects, Active Workplace is highlighted below:

Active Workplace

The Active Workplace project works in partnership with key agencies to develop workplace physical activity and health initiatives to effect a change in culture within the workplace resulting in increasing participation in physical activity, reducing obesity and work related illness and improving wellbeing.

The project has been providing advice and guidance to organisations on planning, running and promoting wellbeing events for its staff, as well as signposting to local services like health trainers and the stop smoking service. The project is currently working with 15 organisations by supporting them to run activity sessions for staff.

Programmes such as 'Get Active After Work' have been developed to catch the after work crowd by running activities such as tennis, dance, basketball and netball.

The project has been working with partners to develop creative ways of targeting new businesses as well as organising road shows to highlight the project and its services. More recently, Active Workplace has begun working with a PCT and following up on interests from other NHS organisations.

Active Workplace has also been working with partner organisations to deliver 'Managing Stress' courses which has shown an increase in knowledge and skills gained as a result of attending the courses.

The Nibbles of Worthing Ltd – Case Study

Nibbles of Worthing is a manufacturer and supplier of top quality 'food on the go' products. Based in a chilled factory unit on the Ham Bridge Trading Estate in Worthing, they deliver sandwiches and related products throughout Sussex and beyond to independent retailers, hospitals, schools, petrol stations and more.

Nibbles initially got involved with the active & healthy workplace programme in April 2009. After initial consultation they completed the FREE workplace audit and never looked back. The results of the audit were used to shape the individual programme, tailored to the requirements of the business.

With advice, guidance, support and a little funding from the active & healthy workplace, Nibbles have gone from strength to strength and have fully embraced all aspects of the programme.

“The programme has had a really positive effect on our staff. Not only have they joined the gym at subsidised rates, which will obviously have a positive impact on their fitness and well being but we have had great team building events with the Volleyball tournament (which they are still talking about now!) Cycling to work challenge, and are looking forward to the next challenge.

We've taken part in stop smoking advice sessions, healthy eating information and now offer fruit as a staff perk at tea break.

As a Small Business Owner its great to offer staff corporate facilities that I would not be able to offer in normal circumstances, I actively promote these benefits to potential employees in job interviews as a benefit of working here.”

(Wendi Knibbs, Managing Director of Nibbles)

**Contact: Donna Imrie, Active Workplace Officer, Sussex, Email:
dimrie@sussex.ac.uk**

3.5. University of Cumbria Training for Occupational Health Practitioners

There has been a long standing and wide ranging debate within the field of occupational health about the range and type of educational courses that are being made available to support professionals entering this field and of the value of the professional standards against which NMC approved courses have to be delivered. The challenge is now how to best respond to the immediate and pressing needs of the profession for educational courses that are fit for purpose and fit for the award of academic credits and at the same time meet the needs and demands of occupational health services who are engaged in the essential work of protecting and promoting the health of the economically active population. We can no longer wait for others to debate the issues, or to set standards for occupational health education and training, we need to be able to deliver those courses that best meet the needs of those professionals working in this important field.

In order to best meet the needs of nurses and technicians entering the field of occupational health, those who wish to progress to become Specialist Practitioners in occupational health as well as for those who wish to undertake advanced academic study by undertaking research in the field of occupational health, we have developed a unique and exciting suite of courses that aims to meet the broadest range of needs at the highest possible standard. Whether this be a single module undertaken for CPD purposes or a Diploma, Degree or Masters degree level qualification, we aim to make each module the best that it can be, relevant, practical, evidence based and to develop well rounded health care professionals that can operate at the most junior to the most senior levels within occupational health teams across the UK and beyond.

Innovation has been shown in this entry by those leading academics in the field taking the bull by the horns and producing a single suite of courses capable of meeting the education and training needs of occupational health nurses and technicians working at all levels in the field of occupational health. In carrying forwards the academic development of the occupational health speciality within an academic setting by creating opportunities for occupational health nurses to work at the very highest levels of academic study, at Doctoral level, and by research. Creating an academic centre of excellence in occupational health nursing, sometimes against the tide, within a University setting and by making our small specialty punch far above its weight has demanded leadership, innovation, effective use of very limited resources and at the same time intelligently building on the vast traditions of occupational health nursing. Occupational health nurses and others interested in the field of work and health can find our rich traditional approach to workplace health reflected in the Diploma level modules that concentrate on giving nurses working in the field the underpinning knowledge and understanding of occupational health for safe and effective practice.

We concentrate on the value that these professionals can bring to the occupational health team and aim to maximise their value in protecting health at work.

The Diploma and University Advanced Diploma course offers an academic escalator for those nurses who wish to gain sufficient academic credits to gain entry to a degree course, if that is what they want, and their service needs.

The Specialist Practitioner in Occupational Health courses, approved by the Nursing and Midwifery Council to meet the standards for Specialist Community Public Health Nursing maintains a clear focus on providing nurses with the knowledge, skills and competencies necessary to practice at a more advanced level. There is a greater focus on public health, health needs assessment as well as the traditional occupational health topics reflected in these awards, now with an option for a Master's degree that specialises in SCPHN. Within this suite of courses opportunities have been created for occupational health nurses to work at the very highest levels of academic study, M.Phil and PhD's by research are now possible for OH nurses.

This development has come about by the work of a small team of four academics supported by an able team of two administrators who have prepared all of the courses, the teaching and assessment materials, and have now successfully taken this suite of programmes through a rigorous academic validation procedure that is designed to ensure that all courses are fit for purpose, fit for award and meet the needs of the professionals. We are indebted to those working in the field and other academics that acted as our critical friends and supported this initiative through the rigorous academic validation process within the University.

The impact that these courses will have, by preparing professionals at all levels in the occupational health team will be invaluable in helping to better protect and promote the health of workers in all sectors. By providing occupational health nurses and technicians with the very best possible educational opportunities, we aim to contribute to the development of the field of occupational health, to raise the academic standards by which all courses can be compared and to provide leadership, innovation and health improvement for the economically active section of the population. It is envisaged that these courses will be mirrored by other centres for occupational health nursing across Europe and further a field – this is innovation in the preparation of the next generation of occupational health nurses and as such will contribute to the ongoing success and development of the fascinating, and vitally important field of practice, that is 'occupational health'.

We want to recognise, and build upon the success of those that have gone before us in developing occupational health education and training in the UK, to build upon our legacy and heritage in this field, but also to celebrate the present and prepare for the future for occupational health nursing. This is our aim, our goal, and our achievement in bringing forward this innovative suite of courses.

Contact: Dr. Stuart Whitaker, Senior Lecturer in Occupational Health, University of Cumbria, Faculty of Health, School of Nursing, Royal Albert Annex, Ashton Road, Lancaster LA1 5AL, Email: Stuart.whitaker@cumbria.ac.uk, Tel: 01524 526 634

3.6. Wakefield Metropolitan District Council

We are working closely with the PCT in Wakefield but the work being looked at is currently at the development stage so can only share WMDC work at this point. The work Wakefield is/has undertaken is:

- Physio and counselling services are provided through our occupational health unit. The aim of this is to keep people at work and provide support to improve their well-being. It is difficult to determine if this makes a positive difference statistically but it is a well-used service and the feedback we get from staff and managers is that it is beneficial to staff, and they believe it enables staff to continue working or return to work sooner than anticipated.
- We have agreed a well-being agenda and are currently undertaking a health and well-being questionnaire. From this, areas of concern will be highlighted and focus groups will be held in these areas by trained staff to look at how we can improve staff morale, what are the real issues being low morale and high levels of absence.
- We are currently training more staff to undertake stress risk assessments to support this process.
- We arranged a men's health event that will offer blood pressure, cholesterol checks etc.

- We have also commissioned an external company to meet with some of the areas with high levels of absence, high levels of disciplinary action and grievances and areas where stress is a high reason for absence. This included undertaking some proactive work within some units. This included an occupational health specialist and a member of HR attending the unit and looking at:
 - Understanding barriers to a return to work and differentiating between health and social issues.
 - Understanding influencing factors within the group to staying at or returning to and sustaining work.
 - Developing targets and solutions with appropriate timescales and supporting communication based on the above analysis.
 - Health promotion sessions (eg group talks, individual health assessments) for staff, targeted towards reasons for absence and issues noted via above analysis.
 - Develop appropriate action plans for the teams that took part in the sessions.
 - This is all relatively new work so it is not possible to see if this has had a positive effect yet.
- In one team with a high absence rate, we commissioned Let's Get Healthy who did some work with the team which included encouraging healthier lifestyles and pedometer challenges. This work was undertaken a few months ago so difficult to see if any positive impact has been made.
- Lunchtime walks are often arranged which are well attended.

Contact: Jill Clayton, Service Manager HR Advisory Services, County Hall, Bond Street, Wakefield, WF1 3QW, Email: jillclayton@wakefield.gov.uk, Tel: 01924 305854, Fax: 01924 307740

3.7. Wales National Public Health Service

Good practice guidance on managing alcohol misuse in the workplace

Document which provides a summary from the evidence, professional opinion and existing policy statements on best practice in relation to the management of alcohol misuse in the workplace. It will be used by Welsh Assembly government to inform the publication of a consultation document. (Full document available on: wales.gov.uk/docs/dsjlg/consultation/090821consultation.pdf)

Contact: Woody Caan, Email: woody.caan@anglia.ac.uk

3.8. Work and Well-Being Limited

We have worked with large NHS trusts to generate statistical evidence that correlates eight different components of staff well-being with drivers of absence, commitment levels and intentions to quit. This approach is new and is based on proven clinical practices. It provides trusts with empirical data that allows them to quantify and prioritise underlying issues so they can make informed choices on how best to optimise performance. Our instruments are developed and validated to capture the work-related challenges of individual populations within the NHS. The questions are answered online and take approximately seven minutes to complete.

Contact: Bridget Juniper, Director, Work and Well-Being Ltd, Email: bridget.juniper@workandwellbeing.com, Web: www.workandwellbeing.com

3.9. Hammersmith and Fulham Mind:

Parachute – a tool for managing mental health conditions.

The Deputy CEO of Hammersmith and Fulham Mind has developed a tool for managing disclosed mental health conditions, which works very well. It is based on an advanced directive and fits onto one side of A4. The tool is called the ‘Parachute’ and it enables line managers and a member of staff to plan for reasonable adjustments and fluctuating capacity for mental health. It is incredibly simple and won’t put people off like the KSF framework. Basically, it enables a conversation and then agreement which helps the manager not only recognize what the individuals ‘early signs’ are but outlines what steps the manager and the organization should take should the persons health deteriorate.

Contact: Alex Tambourides, National Workplace Lead, Deputy CEO, Hammersmith and Fulham Mind, 309 Lillie Road, London, SW6 7LL, Tel: 020 7471 0597. Mb: 07980 560193