



**Staff Health and
Wellbeing Strategy**

2015

What is a staff health & wellbeing strategy?

The Staff Health & Wellbeing strategy for our Trust has been developed by our Staff Health & Wellbeing Group which includes representatives from Staff Side groups.

In simple terms, what can we, as individual employees, expect from our employer and what, in return, is expected of us?



1. Introduction

Our Trust employs over 7,250 staff, including a number of volunteers and contractors who work with us across both our sites. As a Trust we have developed a number of strategic objectives concerning 'Our Services, Our Patients, Our Business and Our Staff' as part of a framework which is made up of our Mission, Vision and our Values.

The 'Our Staff' objective is to 'further develop a highly skilled, motivated and engaged workforce which continually strives to improve patient care and trust performance.' Integral to this is the development of a People Strategy which sets out how we will achieve this and includes an Employee Proposition which sets out both the mutual expectations and obligations between staff and the Trust as employer. In simple terms, what can we, as individual employees, expect from our employer and what, in return, is expected of us? A very clear element of these mutual obligations is that;

- Every employee will be supported to maintain and improve their health and wellbeing and every employee will be expected to take reasonable steps to improve their own health and wellbeing

These sentiments are echoed in the 'Five Year Forward View' of the NHS proposed by NHS Chief Executive Simon Stevens in October 2014 with some very clear direction in terms of the importance of workplace health generally and in particular, the ambassadorial role of NHS staff. Addressing this subject directly, Simon Stevens writes;

- 'We will also establish with NHS Employers new incentives to ensure the NHS as an employer sets a national example with the support it offers its own 1.3 million staff to stay healthy and serve as "health ambassadors" in their local communities.'

This is a hugely important challenge and one we are prepared to accept. This strategy addresses how our Trust will meet this challenge.



This is a Smokefree Zone



At our Trust

Our vision

To be recognised as a health-promoting Trust, one that makes an active contribution to promoting and improving the wider health and wellbeing of those with whom we come into contact.

Our ambitions

We have identified three broad ambitions, reflecting the three groups of people with which we come into contact – our staff, our patients and the wider community. These ambitions will underpin our vision and be reflected in our annual work programmes.

- Every employee will be supported to improve their health and wellbeing and encouraged to act as role models to their colleagues and the broader community
- Every patient contact will count for promoting health and wellbeing
- The wider community will also benefit through our involvement in the broader countywide health and wellbeing agenda



2. The compelling case for action

Our responsibilities

Our responsibility for the health and wellbeing of our staff extends far beyond a core responsibility to provide a safe working environment. We seek to be an excellent employer, an 'employer of choice' within the NHS and we recognise the concept of 'good work' – work which is healthy and safe and offers the individual some influence over how the work is done and as a consequence, an increasing sense of self-worth.

In addition to these outcomes, which in themselves are positive for staff, there is also a significant impact on the care that we are able to offer our patients.

The link between a healthy workforce and positive outcomes for patients is well documented. A number of significant public figures have produced the evidence base which encourages organisations to go beyond the core health and safety perspective described above, to positive health promotion. Notable contributors include Dame Carol Black, *Working for a Healthier Tomorrow* (2008), Lord Darzi, *High Quality Care for All* (2009) and Dr Steve Boorman, *NHS Health and Wellbeing* (2009).

All the above make very clear the link between improved staff health and wellbeing and improved patient care. This was further enshrined within the NHS Constitution (2009) with the pledge to staff that organisations would 'provide support and opportunities for staff to maintain their health, wellbeing and safety'.

It is really important to be honest with staff about the mutual benefits that arise from a staff health and wellbeing strategy; as shown below.

As part of this honesty about the mutual benefits, there is the compelling economic argument for improving the health and wellbeing of our staff. It is estimated currently that something like 92,000 full time equivalent days are lost to the Trust annually. This is equivalent to losing 383 full time staff with an annual cost of up to £10 million, at a time when effective management of resources, whether staff or costs, is a top priority.

It is estimated that if through effective promotion of staff health and wellbeing we reduced our current absence rates from

3.75% to the Department of Health target of 3%, the net financial gain to the Trust would be in excess of £1m, which in turn could be used for reinvestment of services.

Whilst managing absenteeism is a crucial component of any staff health and wellbeing strategy, it must not be and is not, the main thrust. Staff turning up to work when they clearly shouldn't, 'presenteeism', is believed to cost the NHS even more than absenteeism as it inevitably leads to conditions not being treated at the appropriate point with a potential for longer term conditions to develop.

Our approach therefore in developing this strategy, is less around enforcement of policies, than inspiring staff to take a greater interest in their own health and wellbeing and providing the opportunities to do so.

This will include an equal focus on mental health and wellbeing. In recognition of this being an increasing issue both nationally and locally, we will be less concerned about the distinctions between work related issues and non-work related issues, but will focus on ensuring appropriate signposting of managers and staff to appropriate resources and in particular, attempting to remove the stigma associated with such conditions.



3. How will we do this?

We are using the five key strategies set out in 'NHS Health and Wellbeing' (Boorman, 2009) to underpin our approach and these will all be developed in the following paragraphs;

- Ensuring senior level ownership of health and wellbeing
- Investigate, understand and target local needs and underlying influences
- Map all health and wellbeing services
- Involve staff in identifying and designing appropriate interventions
- Learning from good practice

In turn, these key strategies will be supported by 5 'high impact' interventions recommended in the report by NHS Employers in April 2014, 'Reducing Sickness Absence in the NHS Using Evidence Based Strategies';

- Developing local, evidence based improvement plans
- Strong, visible leadership
- Improved management capacity
- Access to local, high quality, accredited occupational health services
- Encouragement and enablement of staff to take personal responsibility.



3.1: Ensuring Senior Level Ownership of Health and Wellbeing

Clearly this will incorporate the 'strong, visible leadership' referred to above. We will build on existing activity which includes;

- A Trust Health and Wellbeing Group chaired by the Executive Director of Clinical Strategy which oversees the delivery of both the patient and staff health and wellbeing strategies, reporting on progress to the Trust Sustainability Committee, which is a full sub-committee of the Trust Board.
- A Trust Staff Health and Wellbeing Group (Appendix 1), chaired by a Joint Staff Side Chair, responsible for co-authoring, implementing and monitoring the effect of this strategy and reporting in to the Trust Health and Wellbeing Group.
- To demonstrate the equal prominence given to mental health issues, this group will also incorporate the previously separate Stress and Wellbeing Group. The positioning of a joint Staff Side Chair to chair this particular group is a conscious decision in terms of promoting this agenda.

The Executive Director of Human Resources and Organisational Development and the Joint Staff Side Chair sit on both groups. The presence of, and ownership by senior management including Staff Side colleagues of this agenda is designed to not only raise the profile of health and wellbeing issues within our trust, but more importantly to drive positive change and solutions.

Staff health and wellbeing is a subject on which management and staff side speak with one voice. Both Staff Side Chairs fully support this agenda and accept the principle of mutual obligation. From a communications perspective it is vital that staff do not perceive this as simply another 'management initiative'.

Five Year Forward View

Some of the proposals of relevance to this strategy:

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

National facts

- Smoking remains the single biggest cause of preventable ill-health in the UK
- The average consumption of alcohol by adults in the UK is 10% higher than the EU average. In 2010 alcohol use was the third leading risk factor contributing to the global burden of disease after high blood pressure and tobacco smoking
- There has been a marked increase in rates of obesity over the last ten years - around a quarter of both men and women nationally are classed as obese and almost half of these have high blood pressure
- Mental and behavioural disorders (22%) and muscular skeletal (MSK) disorders (31%) account for over half of all years lived with disability in the UK
- Long term health conditions now consume 70% of the NHS budget



3.2: Investigate, understand and target underlying local needs and influences

We recognise that the vast majority of our staff not only work in the locality but are resident here as well. Therefore understanding the local factors which aid or detract from health and wellbeing is fundamental to the development of local, evidence based improvement plans. In particular the data concerning current reasons for staff sickness, is crucial.

Fair and appropriate sickness absence management systems are a key aspect of staff health and wellbeing. In order for our trust to be able to provide safe, effective and efficient patient care we need a healthy workforce.

Sickness absence as well as presenteeism (attending work when not fit to perform their job role) is a major challenge for our Trust as well as the NHS in general. Currently our Trust's level of sickness absence is 3.79%. This compares favourably with the local healthcare community, regionally and nationally. This percentage may not seem all that large, particularly in an environment where staff on a daily basis come into contact with patients with a range of healthcare issues.

However, when the figures are broken down it becomes obvious that whilst we have an 'average' sickness rate as described above, our data tells us that there are certain areas which are both significantly below and above that average. Failing to address some of those specific areas over time would create an additional pressure on the staff working in that area, with a potential to impact on the care of patients and our ability to effectively and safely function.

We are striving to develop an environment in which the achievement of a 3% sickness absence level is both possible and sustainable. This involves treating all staff fairly and equally with appropriate recognition of the distinction between short term sickness and those with longer term chronic conditions.

In particular it is recognised that we will have a number of staff with such long term conditions, including a number who may be classified as 'disabled' and for whom it is appropriate to make 'reasonable adjustments' to ensure that wherever possible, we are enabling them to make the fullest contribution to their team, ward, department and as a consequence, the care of patients. There is

a legal case, but more importantly a moral case for doing this effectively and we need to improve the perception of staff who classify themselves as disabled with regards to the support they receive. Managing sickness absence can be a highly sensitive issue and we will both train and counsel our managers and supervisors in the most effective ways to do so, to the benefit of all parties.

The Staff Health and Wellbeing Group (including management, staff side and professional representatives) have been examining the reasons for staff sickness with a view to identifying interventions that can be taken across our trust to reduce these incidences. Some of the issues identified will be generic, others may be specific to teams, departments or wards.

The work completed so far has identified the following four most common reasons for sickness absence in the last year, these were:

- Anxiety/Stress/Depression and Psychiatric illness (13.59%)
- Back and musculoskeletal problems (12.04%)
- Cough, cold, flu (9.26%)
- Gastro-intestinal problems (7.48%)

The Staff Health and Wellbeing Group will develop plans to improve/reduce these areas of sickness as well as all other identified areas. In a number of areas this will involve supporting and building upon current good practice. For example, promoting both the availability of influenza vaccines as well as the responsibility of staff to take up these opportunities will be important in reducing the incidence of this type of illness.

Supporting and building on the current excellent work on infection control will be fundamental in reducing a whole range of workplace acquired infections. Ensuring that staff are encouraged (and not penalised) to take the appropriate action in staying off work in certain circumstances and not spreading infections will be key. It is recognised that constant review of this data is required to ensure that the right interventions are designed at the right time.

It is also important to recognise the changing nature of the workforce and in particular some of the social and political changes in recent years which predict not only (for example) an ageing population, but inevitably an ageing workforce. Understanding the changing health needs of staff as they get older and how these can be supported, will be crucial.

Sickness absence

Sickness Absence in the Labour Market (2014, ONS), gives some key facts about sickness absence in the UK as a whole, which highlight particular challenges for the NHS.

- Sickness absence rates are lower in the private sector, although the gap with the public sector has narrowed over the past 20 years
- Of the larger public sector organisations, sickness rates are highest for those working in the health sector
- Largest organisations report highest sickness levels
- Nationally, the highest number of days lost through sickness are attributable to musculoskeletal conditions, minor illnesses and stress/anxiety/depression



Fundamental to this strategy will be the development of a very strong partnership with our occupational health provider (currently 'Working Well' which is making progress towards the accreditation standards referred to by NHS Employers in their '5 high impact interventions') and our active management of this relationship and agreeing mutual outcomes is as important as any individual aspect of their service.

This is about more than having a referral system, but how we use it to the maximum benefit of staff and therefore our patients. Ensuring timely referrals and advice for all of our staff and managers, ensuring that case management is progressed with the same rigour that we would expect on behalf of our patients will involve a change to current practices.

As a core part of our strategy to promote the mutual responsibility of staff and our trust to improve and maintain health, it is important that we establish procedures to ensure that our staff are able to access appropriate clinical diagnosis and care at the earliest opportunity.

The objective of this process is not to give Trust employees an unfair advantage over other patients but rather to speed up the assessment or treatment of Trust employees where this in turn will benefit patient care. With this in mind, the criteria for fast tracking in this sense are that it should only apply to our employees and where its use would;

- Reduce sickness absence
- Reduce the risk of sickness absence
- Reduce the duration of restricted duties
- Improve patient safety
- Bring a net benefit to patient care

Ensuring that referrals are made against these criteria with the appropriate authority will be set out in a separate procedure and action card.



3.3: Collating the matrix of Staff Health and Wellbeing Groups and Activities available for staff

Integral to our strategy of 'enabling' staff to maintain/improve their health and wellbeing is the collation of any schemes, groups or activities that may be of benefit, including location and access points.

This will include not only what is available internally, but also through a network of health providers and community services. This information will be shared with all staff through as many media as possible (including our intranet 'home page', a dedicated health and wellbeing web page, global emails, posters and team briefings).

The Staff Health and Wellbeing Group is keen for this list to be organic, therefore it can be added to at any time by both the group and by any member of trust staff. We will encourage colleagues who are aware of any activity that they feel may have a positive impact or ideas, skills or expertise related to Health and Wellbeing to make these known to the communications lead on the Staff Health and Wellbeing Group.

The activities/resources are grouped into four categories:

- Health and Exercise
- Food and Diet
- Mental Wellbeing
- Community

There are a few activities that fit into multiple categories. These have been identified in their 'lead' category for the purposes of this classification. The group will aim to fully support and publicise any new initiatives that are deemed to be in the interests of staff health and wellbeing.

3.4: Involve Staff in identifying and designing appropriate interventions

As described earlier, it is important that in addition to the maintenance of staff health and wellbeing being accepted as a mutual responsibility, that staff feel inspired to do so. This is no different from any other form of staff engagement in that it benefits from a collaborative approach.

An ethos adopted across a number of work streams, both with our patients and our staff is encapsulated in the phrase 'What matters to you'. In order to understand what matters to staff and to respond to it appropriately, it is important to develop means of checking in with staff on a regular basis.

It is also important to understand that for a number of staff, health and wellbeing is a very sensitive issue and it is important that they do not feel that their employer is lecturing them which can be counter-productive.

There may be a number of staff who wish to change their lifestyle, whether in terms of smoking, alcohol consumption, diet or exercise and would happily do so publicly and draw support from a peer group, whereas for others, it would be preferable to do so privately.

We need to ensure that whatever the preference of staff, there are opportunities internally and externally to do so. The balance between direct interventions and signposting is equally applicable to mental and physical wellbeing.

There are a number of ways in which we can involve staff in identifying and designing appropriate interventions;

- The involvement of Staff Side is critical in staff believing that this is a positive movement to promote health and not simply designed to reduce absenteeism. It is hoped that the Staff Health and Wellbeing group will be seen as

a positive addition by all staff members and will aim to be an interactive forum. This will mean that all staff will be able to access all the information regarding any groups or schemes available, but also that they will be able to contact the committee and put forward ideas, schemes and clubs which could also benefit their colleagues. The committee therefore act as a 'steering group' and conduit for new ideas.

- The group will not just expect staff to provide potential ideas independently; the committee will also attempt to engage various groups of staff to establish the most appropriate ideas. In particular, it is important to recognise that different occupations and different demographics produce different challenges. Some of the more sedentary occupations will potentially benefit more from exercise and diet resources whereas some of the more physical roles may require access to advice on a range of different issues.



Again we have to recognise the challenges posed by the different working age groups across the trust, developing specific interventions or access to advice at different stages of a career. This type of activity has already taken place throughout the trust.

- Staff Survey data. The annual staff survey provides colleagues with the opportunity to comment on a range of issues relevant to their health and wellbeing at work. One example is members of the Staff Side engaging with staff who classify themselves as disabled (and who frequently report a worse experience at work). They will establish what changes could be made by our Trust to make a positive change to work life on a day to day basis. It is important that any interventions or work streams developed as a direct response to feedback given in the staff survey are fed back to staff.

- A questionnaire to staff asking them to identify issues on health and wellbeing that require resolution as well as identifying possible solutions and barriers.

- Facilitating managers and staff at all levels to suggest/take forward initiatives in terms of health and wellbeing where there is a groundswell of support. The development of the 'Caring Chorus' was a particular example of a staff member-generated idea receiving Trust support and sponsorship. Traction exists because this is something that staff wish to do, as opposed to having it imposed.
- The stress risk assessment process is designed around a dialogue between staff and managers locally to identify where the conditions for stress may exist and to enable local action plans to be formulated, with strong input from staff.
- 'Return to work' interviews which focus on solutions to help the staff member maintain their health and re-integrate (as necessary) into the team.
- Ensuring that the relationship between trust, staff member and our occupational health provider operates as a true partnership, focusing on finding solutions which helps the member of staff return to full health as soon as possible. This also means ensuring that the terms of reference for the initial referral are clear regarding this partnership working.
- Broadening the pool of expertise from which advice can be sought and offered internally and externally.
- Creating a dialogue on health and wellbeing issues using social media. 'Tips' can be provided on a range of health and wellbeing issues and similar to the 'safety' agenda internally, certain themes can be diarised with a dialogue built around them – eg. a weekly/monthly campaign could focus on an aspect of fitness, with tips provided/published by an internal/external 'expert', but with the opportunities for others to add to the dialogue with tips and hints of their own.

The role of strong communications including our intranet and the specific pages dedicated to staff health and wellbeing cannot be overestimated. We will need to involve staff both in the ongoing design as well as monitoring data regarding its effectiveness.

3.5: Learning from Good Practice

Health and Wellbeing at work is a well-trodden path both in terms of research and resources. One of the roles of the Staff Health and Wellbeing Group will be to ensure that it reviews new evidence in this field on a regular basis and how it may be applied internally. This will include NICE and HSE guidance as appropriate as well as accessing the NHS Employers 'toolkit' for health and wellbeing. However, it is important to include more generalised studies, beyond the confines of the NHS.

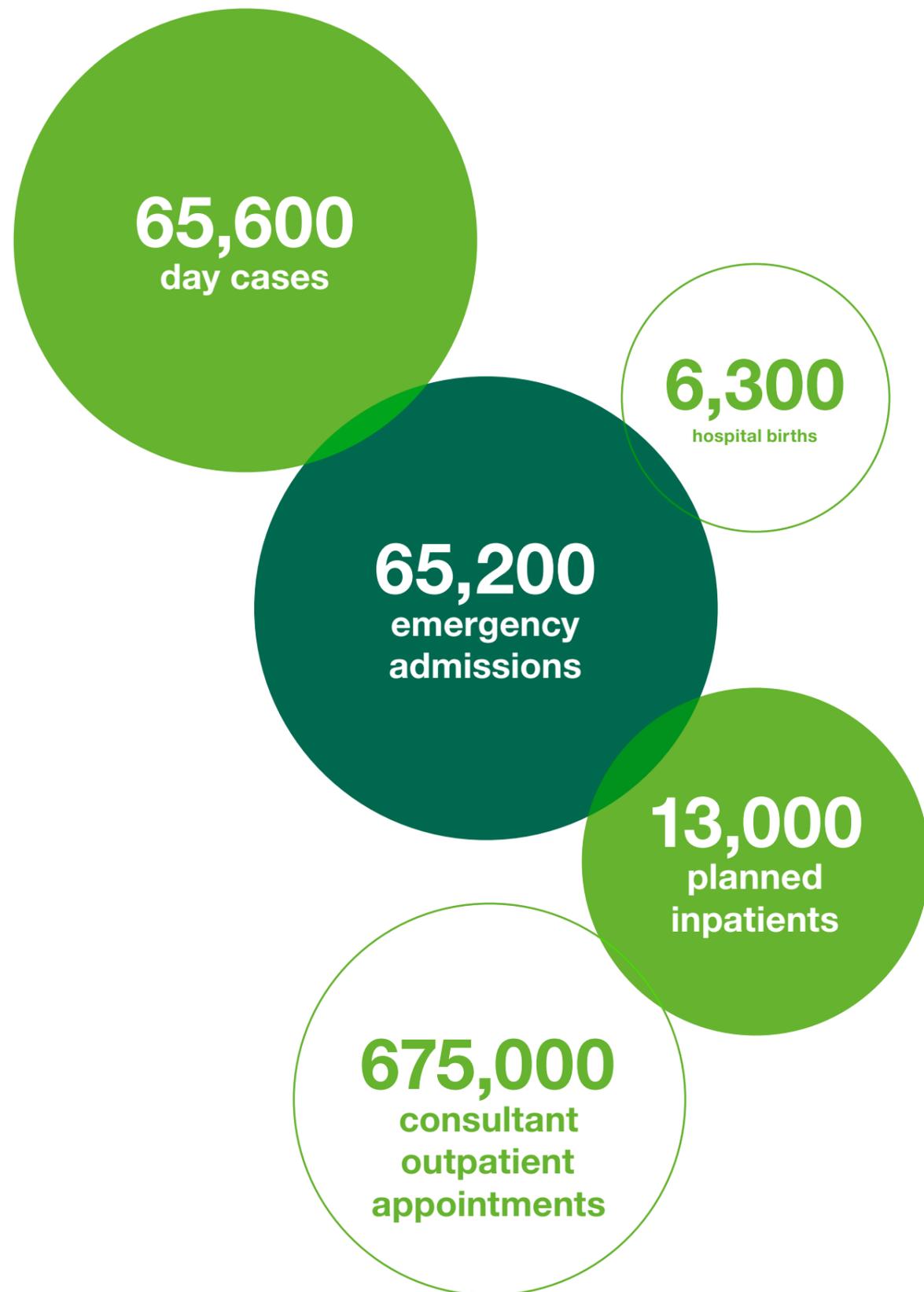
As members of a broader healthcare community it is also important to work in a spirit of partnership with other local organisations.

In some areas, this will translate into contractual arrangements eg. the current contractual arrangement with 'Working Well' to provide occupational health services to our workforce. These arrangements are defined by service/activity level agreements as well as quality reviews with our relationship manager to ensure that we are receiving the best possible value. Other relationships will be less transactional and will involve sharing information on strategies, policies, resources, best practice and interventions. This may include co-hosting cross organisational events. These relationships will extend outside of the county as more and more trusts see health and wellbeing as an important part of their employee engagement strategy.

Another opportunity for partnership working, extending that currently in existence with Staff Side internally, exists within the South West Regional Partnership Forum, consisting of full time 'Regional Officers' from the major trade unions as well as senior managers from across the region. One of the partnership working projects for the next two years is collaboration on this particular agenda with a view to breaking barriers down not just between trusts but between management and trade unions.

The benefits of shared working and shared knowledge on this agenda will be significant and have been readily accepted. As a Trust we will play our full part in this forum.

Our staff see thousands of patients every year:



4. Measuring Success

This is a long term strategy to improve and maintain the health and wellbeing of all those who work in our trust. It is important therefore to recognise that whilst there are some aspects of improved health and wellbeing that can be measured in the short term, of greater importance is consistent and constant improvement.

There are a number of tangible measurements that we will consider immediately. Already built into the trust annual objectives is the objective agreed with the Department of Health to reduce sickness absence to below 3%. Our starting position is circa 3.79% and this currently is a crude measure which does not distinguish between staff groups and divisions. Part of the work of the Staff Health and Wellbeing Group will be to set parameters in these areas for stretch (but achievable) targets and their trajectories.

Success may also be measured through analysis and reduction of local sickness patterns and adopting strategies to deal with particular issues eg. tackling the trustwide and nationwide increasing incidence of stress related absence.

There are a number of questions within the annual staff survey specifically dedicated to health and targeting improvements on these will be crucial as well as measuring progress throughout the year through pulse tests using devices such as

survey monkey. Within this and linking to our trust Equality and Diversity Steering Group will be recognising (and addressing) differences in outcomes between different groups of staff.

Other metrics to be considered include numbers of staff who refer themselves to stop smoking services as well as numbers of those joining clubs/societies promoting health. In addition, seeking feedback from those colleagues who are leaving us (via exit interviews) as well as new starters (new starter questionnaires) will also contain health related questions to enable us to set benchmarks and measure progress.

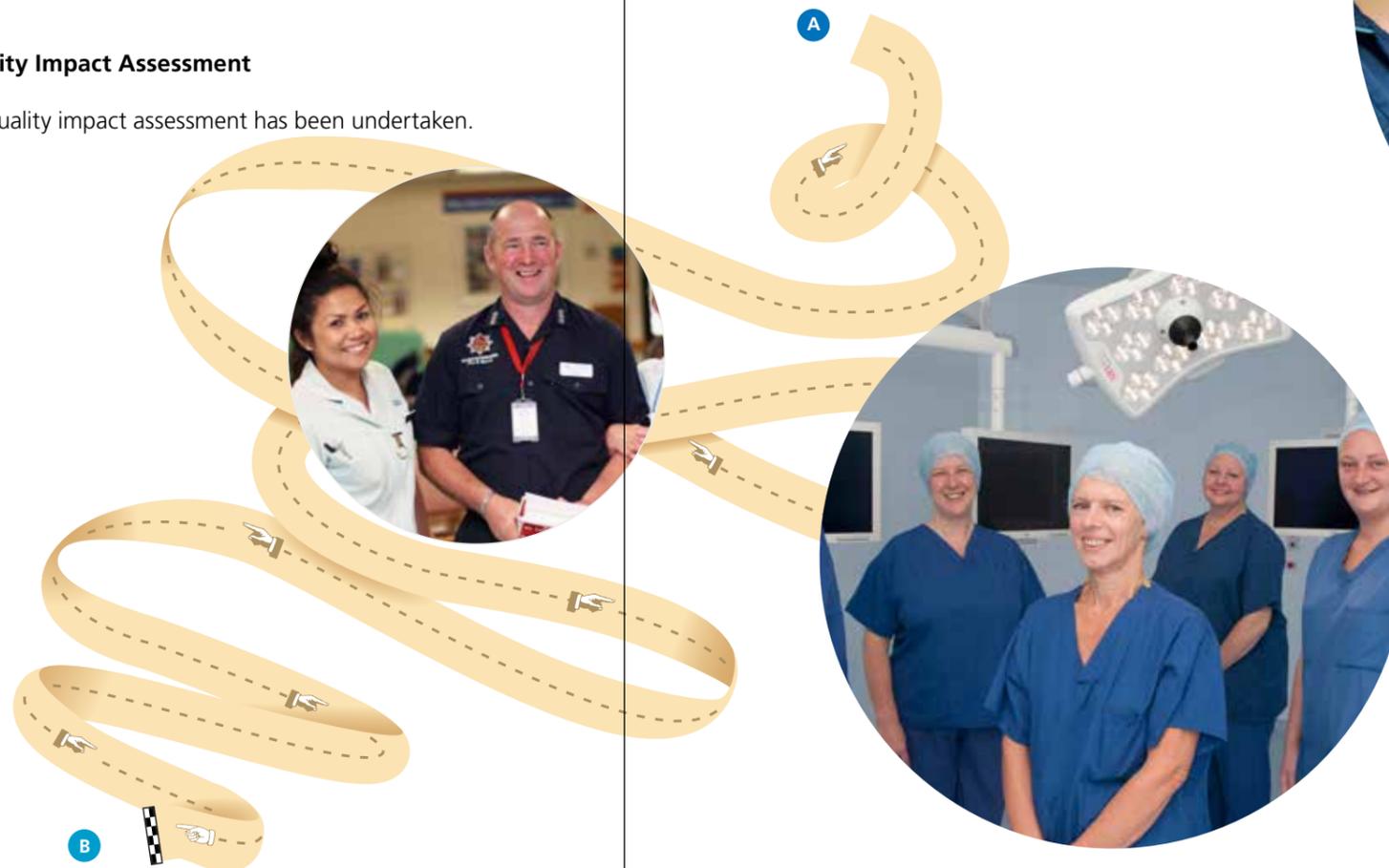
To consolidate all of these ideas, the Staff Health and Wellbeing Group will agree and publish an annual work plan to be shared with the Trust Board and internal stakeholders. In the first year this will include actions to fulfil the pledges made by our Trust with regards to the 'Public Health Responsibility at Work' pledges in terms of general workplace health and actions to fulfil our pledges under the 'Time to Talk' campaign, dealing with mental health. It is expected that these two highly visible campaigns will provide momentum to the strategy.

Equality Impact Assessment

An equality impact assessment has been undertaken.

“It is health that is the real wealth, not pieces of gold or silver”

Mahatma Gandhi



Glossary of terms

| Term | Definition |
|------------------------------------|---|
| Disadvantaged groups | Sometimes called 'marginalised', 'hard-to-reach' or 'seldom-heard' groups, these are people who experience inequalities in health, healthcare and employment, but who are not specifically protected by the Equality Act. They can include homeless people, sex workers, people who misuse substances, people with low socioeconomic status, and people living in rural isolation |
| Equality Impact Assessments | Process used to ensure the impact upon all protected characteristics has been considered prior to any service changes being introduced. |
| Foundation Trust | NHS providers who achieve foundation trust status have greater freedoms and are subject to less central control. Foundation Trusts are part of the NHS and have to meet the same national targets and standards |
| Health | A complete state of physical and mental health and wellbeing and not merely the absence of disease and infirmity |
| Health promotion | The process of enabling people to increase control over, and to improve, their health |
| Internal stakeholders | Our staff are the Hospital Trust's internal stakeholders |
| Long term conditions (LTC) | Chronic health conditions which cannot at present be cured, but which can be controlled by medication, and other therapies and action. Among the most common LTC's are: diabetes, coronary heart disease, stroke, heart failure, respiratory diseases and asthma, severe mental health conditions and epilepsy. |
| NHS Constitution | A national document which describes the principles and values of the NHS in England, and the rights and responsibilities of patients, the public and staff |
| NICE | The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care |
| Public Health | The science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society |
| Stakeholders | Any person or group of people who have a significant interest in services provided, or will be affected by, any planned changes in an organisation or Local Health Community |
| Wellbeing | Wellbeing is a subjective concept, often associated with people feeling comfortable, secure and fulfilled in their lives, or with improving economic, social and environmental factors. |

Our future objectives are to:

- Develop a compelling action plan each year to improve the health and wellbeing of our staff, including our responsibilities under the Public Health Responsibility Deal at work and the Time to Change campaign
- De-stigmatise issues surrounding mental health by providing training to staff which helps them identify issues in themselves and others and signposts to appropriate services
- Develop further a sense of community amongst those working in the Trust
- Use all of our data sources including reasons for sickness and our Staff Survey to design interventions to improve the health and wellbeing of our staff
- Ensure our staff are able to access appropriate clinical care which will enable them to return to their duties at the earliest opportunity
- Promote and publicise the It's Better For You campaign, ensuring that staff are aware of all of the opportunities to maintain and improve their health and are encouraged to act as role models to their colleagues and to the broader community



Appendix 1: Staff Health & Wellbeing Group, Terms of Reference

PURPOSE:

To improve and maintain the Health and Wellbeing of all our staff.

OBJECTIVES:

1. Write and oversee a 'Health & Wellbeing Strategy for Staff' with an equal focus on mental health
2. Define all of the enablers current and desired to improve health & wellbeing
3. Sponsor training and communications which de-stigmatise mental ill-health
4. Identifying blocks and barriers to improving staff health & wellbeing
5. Promoting a sense of mutual responsibility to improve and maintain health & wellbeing
6. Defining measurable outcomes for staff health & wellbeing and establish an annual programme of work
7. To develop internal and external partnerships which assist with health & wellbeing promotion
8. To develop communications which ensure staff are aware of all opportunities to improve health.

Frequency: Monthly for 1st 3 months

Timing : then bi-monthly

Chair: Jane Hadlington

Membership:

Jane Hadlington, Dawn Cooper, Dave Smith, Mark McBride, Jane Hadlington, LNC + Jnr Doctor representatives (TBC), Divisional Engagement Group representative (TBC), Leslie Morrison, Andrew Seaton, Gary Monaghan, Karina Stallard, Cathy Perkin, Kate Jeal

Reports to: Trust Health & Wellbeing Committee (Sustainability Committee)

Links to: JSCC, SWBG, Culture Group, Staff Benefits Committee



Health & wellbeing - some current areas of focus



Keeping active

- Workout @ work
- Charity challenges
- Community health trainer referrals
- Falls prevention
- Cycle to work
- Sun awareness sessions
- Active & sustainable travel
- Take the stairs and StepJockey

Healthy start

- Smoking cessation referrals
- Substance abuse midwife
- Harpist in neonatal unit
- Aromatherapy in labour
- Baby massage & yoga
- Breast feeding promotion and support, including UNICEF Baby Friendly initiative



Mental wellbeing

- Creating a sense of community:
 - Caring Chorus, We bake the difference, Artworks
- Staff support services
- Moodometer – 2gether Trust
- World Book Night, 6 Book Challenge and reading for relaxation
- Time to Change - mental health awareness
- Stress audit and action plans
- Training for violence & aggression and conflict resolution
- Actions to address findings of staff survey
- Emotional support for Oncology patients - referrals to Maggie's centre

Drugs and Alcohol

- Seasonal reminders – keep safe
- Change 4 Life drinks tracker and campaigns
- Dry January (social media)
- Alcohol awareness in media: shadowing liver specialist nurse, contributing to debates about 'how much is too much?'



Social responsibility

- Seeing is Believing - charity using innovative training methods to train health workers in Indonesia, Botswana and Bangladesh
- Kambia - a formal link with a charity that supports the medical district of Kambia in Sierra Leone
- Our Extraordinary Everyday events
- Safeguarding, multi-agency working:
 - Learning disabilities
 - Patients with dementia
 - Hearing and visually impaired
- Apprenticeship schemes
- Volunteering
- Raising profile of homelessness and its effect on health
- Equality & diversity (eLearning, working with different communities)



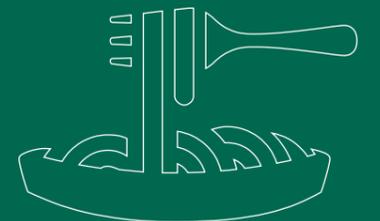
Healthy eating

- Locally sourced produce
- Healthy options
- Nutrition & hydration week – promoting events
- Involvement of Dieticians in all menus for patients
- Coloured crockery to assist those with cognitive impairment
- Training hospital volunteers to help patients at mealtimes



- Working with partners – GSSS
- Champions & training
- Smokefree site
- Stop before the Op campaign
- Social media and other media opportunities
- Supporting national campaigns – Stoptober and No Smoking Day
- Quitmanager and prescribing NRT

Smoking





“Good health
and good sense
are two of
life’s greatest
blessings”

Publilius Syrus

