

Working Well

Annual Report 2018/19

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FOREWARD

Our 'Working Well' approach is encouraging us all to think and act differently about absence, attendance and wellness at work. In the last 12 months, The Working Well steering group has led, supported and encouraged fresh approaches to wellness at work, including;

- Visible leadership and communications about the programme and our ambitions – the profile of 'Working Well' has been raised across the organisation through a planned communications campaign including social media postings, leaflets, banners and staff briefings. In addition, the co-chairs commenced a programme of face to face engagement sessions with teams across the workforce, which will continue during 2019/20, to listen to the views of staff on what 'Working Well' means to them
- A Staff resilience and wellbeing programme led by the Acute directorate which offered yoga, Tai Chi, meditation and mindfulness taster sessions for staff with access to drop in sessions with HR and Occupational Health staff
- A research questionnaire, led jointly by Psychology and Occupational Health, to explore with those who have had a period of absence due to a mental health issue, what were the causes of it, the impact on them, and crucially what different support could have been provided to support them to have remained in the workplace. This research will help inform a review of our current absence management approach with those dealing with mental health issues in the workplace, which will be taken forward in 2019
- An in depth data analysis exercise undertaken by the Performance and Intelligence team to identify links and correlations between a range of employment and demographic factors which may help us to predict absence levels more accurately, to help inform our 2019/20 work plan
- Pilots of new, more person centred approaches to absence and attendance management and to workplace stress and resilience

This is our first annual report, and with it, we aim both to raise the profile of the 'Working Well' programme, as we have been doing over the last 12 months, and also to provide a baseline for assessment of our progress and impact in 2019/20 and beyond as the programme builds, is embedded across the NHS, and is developed with our partners as key themes and ideas are shared and spread across the wider Heath and Social Care partnership.

We would like to thank all of the members of the steering group, and all those in the wider staff community and Staff Governance Committee who have supported our work, and led on the development and implementation of the diverse range of ideas and changes that now form the foundations of our exciting, and fresh conversations with staff about Working Well in NHS Dumfries and Galloway.



Caroline Cooksey
Workforce Director



Stephen Hare
Employee Director

INTRODUCTION

‘By 2020 our goal is to have an engaged and motivated workforce that recognises and values both physical and mental health and wellbeing as a key workforce asset. By achieving this cultural shift we aim to achieve 96% of our workforce to be consistently well, motivated and at work, in line with the current Scottish Government ... standard’

(Working Well Strategy and Action Plan, January 2017)

In 2018 we established a Working Well Steering Group to lead on the programme of work required to help the organisation to achieve this aim. The steering group oversees the prioritisation and implementation of the recommendations made in the Working Well report which was submitted to the Board’s Staff Governance Committee in September 2017. This report built on the Working Well Strategy and action plan agreed with the Staff Governance Committee in January 2017.

The objective of the Steering Group is to lead the delivery of the strategic change programme and action plan for building health and wellbeing resilience within the workforce in NHS Dumfries and Galloway. This is different to the traditional focus we have taken as an organisation in the past – within which we have primarily focused our policies, processes and resources towards those who are absent from work. Our ‘Working Well’ approach aims to rebalance our attention, and our resources to ensure that we work proactively with our staff to co-create the conditions for workforce wellness and resilience, and nurture the conditions required for every staff member to be well and at work. This approach extends well beyond the traditional boundaries of absence management, into much wider issues of leadership, management, culture and staff experience, and this is reflected in the approach we have taken in our first year, and our future work programme for 2019/20.

The programme and the associated steering group is a partnership initiative, reflecting our shared ambition as management and staff side / Trades Union organisations to achieve a resilient, integrated, high performing workforce who are well and at work. The steering group is chaired jointly by the Workforce Director and the Employee Director. The Steering Group reports to the Staff Governance Committee, and provides regular updates on progress via the Area Partnership Forum, to ensure that the focus of the work remains relevant to the organisation’s and the workforce’s needs.

MEASURING OUR ‘WELLBEING’ PERFORMANCE

To Date, NHS Scotland, and NHS Dumfries and Galloway have not developed or identified a specific ‘staff health and wellbeing’ performance measurement, and levels of sickness absence remain the standard ‘proxy’ measure used. Sickness absence levels across the organisation are routinely monitored and reported to our Area Partnership Forum and Staff Governance Committee.

Sickness absence data for the last three years shows that our overall absence levels generally mirror the pattern and levels of average absence across NHS Scotland (see charts 1 and 2 below). The pattern of absences month on month between October 2017 and January 2018 coincide with the timing of the final preparations and move to the new DGRI site, and the subsequent impact of winter flu, which was experienced within the workforce cohort, as a mirror of the wider D&G population. Absence levels throughout 2018 do not replicate the previous year’s seasonal variations, and may reflect the wider context of the increasing levels of activity experienced across the system throughout the last year, and the impact that this has had on individuals and teams.

Chart 1

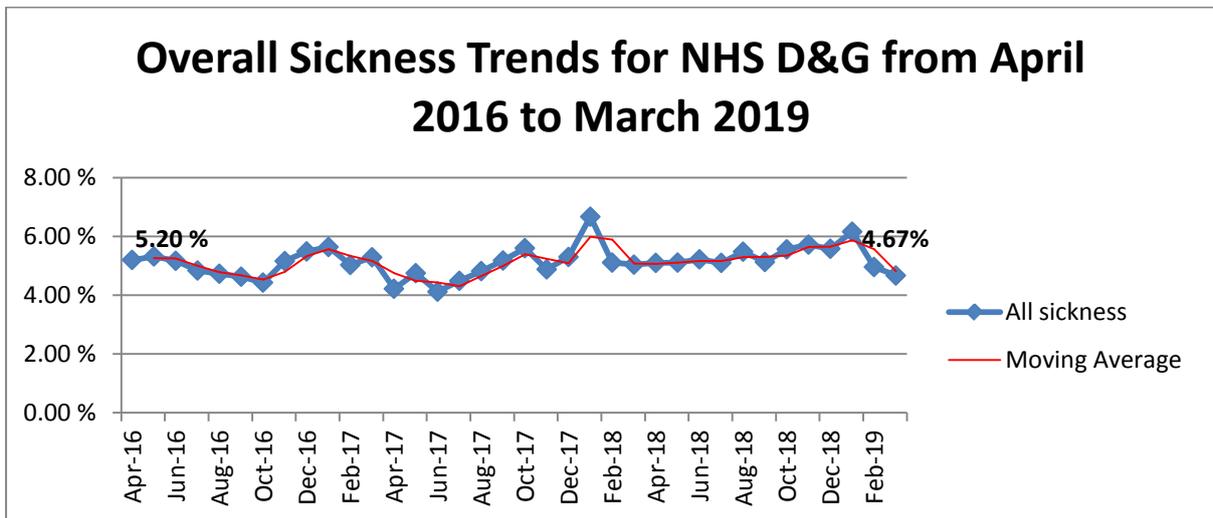
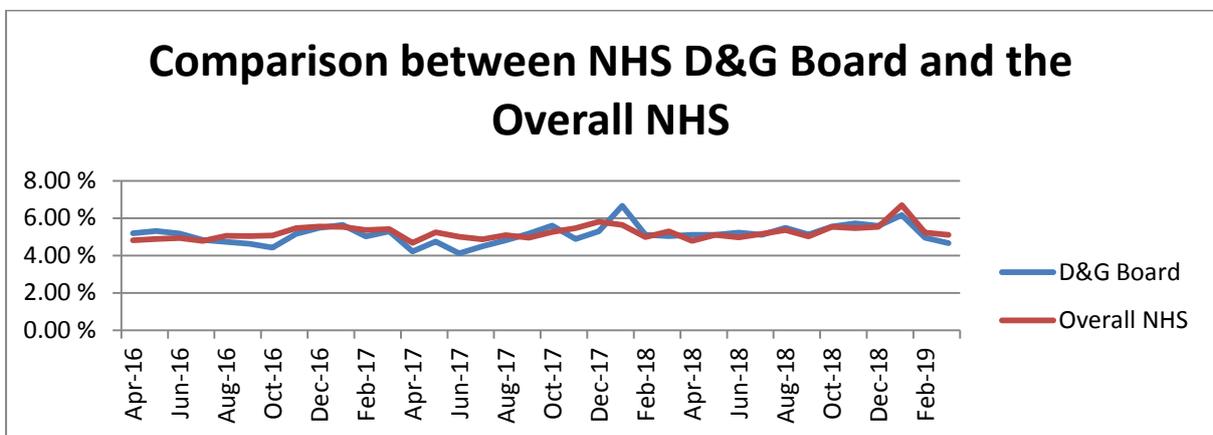
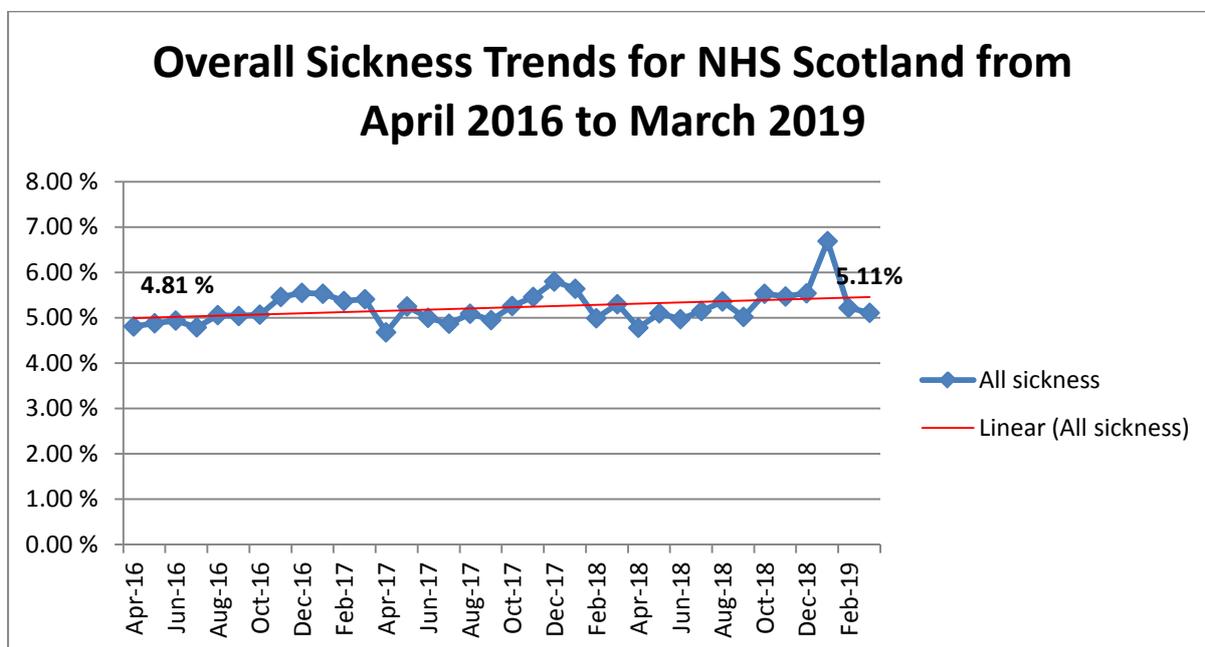
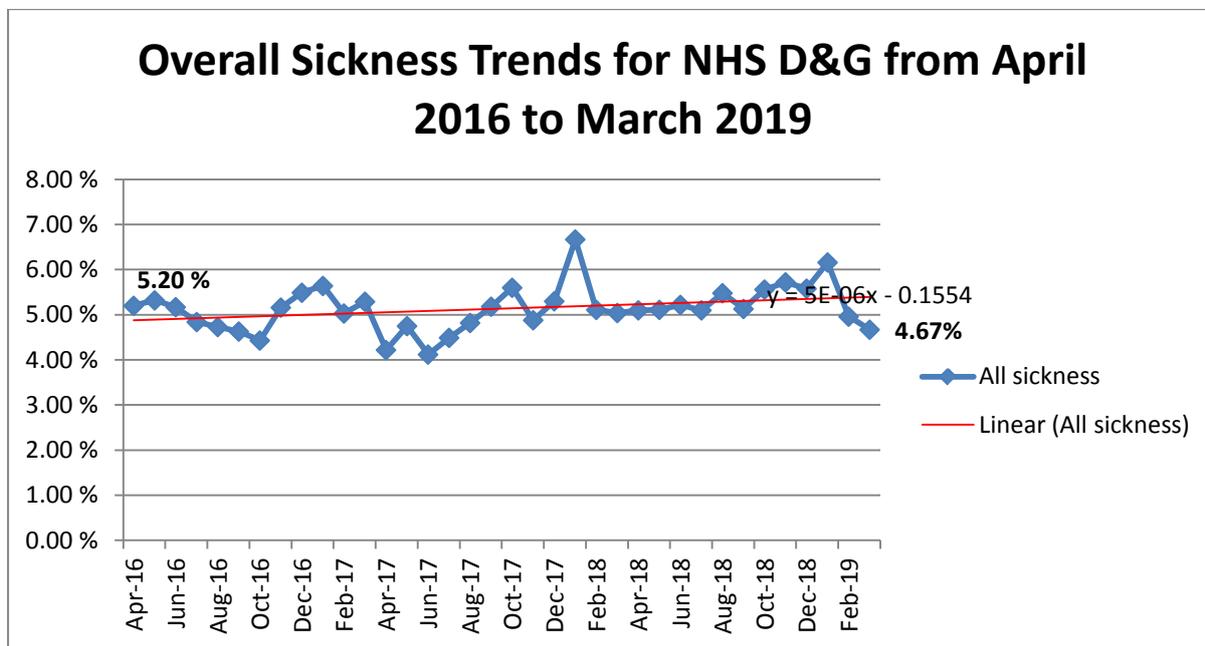


Chart 2



Charts 3 and 4 (below) show the overall trends in sickness absence, both for NHS Dumfries and Galloway, and for NHS Scotland, for the same 3 year period. Once again, our marginal upward trend over the time period again mirrors the NHS Scotland picture.



These trends demonstrate the importance, and relevance of our focus on staff health and wellbeing – if we continue along the same trajectory as we have followed over the preceding three years, then our workforce may be further depleted and less resilient, our services more vulnerable and our patient and service user experience correspondingly diminished.

If it is accepted that staff health and wellbeing is an integral component of the wider measure of staff experience, which is itself a key driver of patient experience, then going forward, the results and feedback we gain through the iMatter Employee Engagement Index (EEI) will also help us to 'feel the temperature' of our workforce, and assess the gap between those teams who are 'just' working, and those who are 'working well' with each other and for our patients and service users.

Our iMatter results in 2018, which will act as our benchmark for comparative purposes in 2019 were;

- 59.99% of our workforce completed their iMatter questionnaire – we were 1 questionnaire short of receiving a 'whole organisation' report and EEI score.
- 2018 saw a huge increase in completion of action plans for Dumfries & Galloway, from joint lowest at 12% in 2017 to achieving 46% at the point of deadline (October) in 2018, an increase of 34 percentage points. This is one of the largest increases from a geographic board in 2018. By the end of the year, 54% of teams across our workforce had chosen to complete iMatter action plans, and we aim to build forward from this baseline in 2019/20

2018/19 WORK PLAN REVIEW

Communications Campaign and Communications Plan

The communications sub-group following consultation with the Working Well Steering Group created a 'Working well' branding, developed a campaign, and took ownership of a communications plan for the programme. The plan was created to enable, promote and enhance communication and engagement about initiatives and activities developed especially for the Working Well programme, those happening at a local level about any single aspect of staff wellbeing but not specifically for the programme, and links to national staff wellbeing initiatives and campaigns.

The branding for the campaign was created adapting existing branding within NHS D&G and linking to the 'Work Live Play' theme.

The group have developed a suite of campaign materials for promotion and raising awareness.

- 20 banners – 15 with the main campaign message and 5 for a specific staff involvement / feedback initiative have been designed and produced. The set of 15 banners have been distributed throughout the region. The set of 5 banners for the staff involvement / feedback initiative have been in use throughout the region from May 2019.
- Leaflets/flyers were used for the campaign launch and again for specific initiatives like the Mental Health survey.

A series of videos have also been produced in line with the communications plan on key topics. For example:

- Campaign launch
- Mental Health Survey
- Bereavement – supporting staff with bereavement
- Mental Health Survey
- Winter Resilience
- Flu jag campaign
- Staff Wellbeing Programme

The communications plan incorporates the use of a wide range of platforms and channels for communication and engagement with staff. The steering group identified groups of staff not regularly, or at all, accessing electronic means of communication and so work has been done on using other means. For example the use of flyers and leaflets is not only for awareness raising and publicity for all staff but specifically for these groups of staff. This means not only distributing flyers and leaflets in locations where all staff may access, but directly to where these specific harder to reach staff groups are located.

Data Analysis

Many of our existing local policies on sickness absence focus on people who have already taken a period of sickness absence. It has been recognised that there are potentially a substantial number of people currently at work who have an increased risk of having a period of long term sickness absence. The Performance and Intelligence team were asked to explore existing data to support the Working Well Steering Group to identify potential ways in which people with this increased risk could be supported.

Between September 2018 and March 2019 data was analysed and a draft report prepared. This was a new way of looking at the data and has brought challenges. It required aggregation of data from multiple systems, manipulation, data cleaning and handling various degrees of data quality. Initial findings from the report identify that female workers, part time workers, older workers, workers on fixed term contracts and workers having a period of short term sickness in the year before a long term sickness were all factors which increased the likelihood of a long term sickness absence.

A draft report has been prepared for the Working Well Group to review on 30th July and a final report will then be submitted to Staff Governance Committee for consideration in September 2019.

Improving our Approach to Managing Mental Health in the Workplace

Mental health issues, including stress and anxiety, are the most commonly cited reason for staff absence, and levels of absence attributable to mental health issues have been growing overall in recent years within the organisation. Exploring these issues and finding new ways to support our staff to remain in the workplace during such times has been one of our key work programmes in our Working Well strategy and action plan for 2018/19. Our starting point for this work has been to undertake a survey with our staff, to seek to understand better their staff experience of working and dealing with mental health issues.

This work was led by our Director of Psychology and our Occupational Health and Safety General Manager to seek confidential feedback from staff who have had a period of absence due to stress, anxiety or depression over a specified period of time during 2017, in order that we can redesign our approach to supporting staff with mental health issues within the workplace whenever it is appropriate and in the employee's interest for us to do so. The survey sought responses from individual members of staff who had been off, as well as from managers, HR staff, staff side colleagues and others who had been involved in supporting a member of staff who had been absent with stress, anxiety or depression. Overall, nearly 200 staff participated in the survey, which provided a comprehensive data set for our Psychology team to analyse and consider. The results of the survey were presented to the Working Well Steering Group in May 2019, and further work is now underway to develop an action plan for implementation in 2019/20.

Absence / Attendance Pilots

The Working Well Programme, in conjunction with the Area Partnership forum, and with full support from trades unions / Staff Side, HR and appropriate clinical leadership, have commenced two tests of change in this first year of the programme, with the aim to identify new ways of work with staff who are at risk of a long term absence. These tests of change will continue to run in 2019 and will be evaluated later in the year to assess outcomes and impact for both individuals and the organisation, with a view to rolling out across the organisation, should they prove beneficial to supporting enhanced staff wellbeing at work.

Promoting Attendance Working Group – Pilot launched March 2019

This group, which includes membership from our Psychology department, have developed a different approach for staff who feel they are getting close to going on to long term sickness absence or for managers who identify a staff member within their team who they feel may be in this position. Employees can either seek assistance themselves or can be referred by their manager to a team of trained Facilitators, who then work directly with the employee to discuss at length any issues, whether work related or personal, that they feel are contributing to the way they feel. This is a process aimed at enabling employees to identify triggers to their symptoms and through this approach, to help them to identify their own way of combating them. The first small scale pilot was undertaken within a team within the Mental Health Directorate, and outcomes of the pilot, including qualitative feedback from staff who were involved is now being gathered for evaluation, review and spread of the test of change into selected teams outwith the Mental Health Directorate, for a wider test of the concept during 2019/20.

Supporting Work Attendance Procedure (SWAP) – Pilot plans developed Spring 2019

This group, led in partnership by senior nursing and Occupational Health leadership has developed a process for managers to pilot in order to look at more innovative ways to support their staff to maintain attendance at work. With personal stress and anxiety related issues the employee can often find maintaining work attendance difficult and may also see work itself as an additional stressor. The group have started from the hypothesis that an employee's solution to reducing their stress has historically been to take a period of absence from their work, a decision which is, at least in part driven by a belief that the organisation / management and team have an 'all or nothing' view of workplace and work time attendance. The overriding principle of this pilot is to work with the staff member to identify mutually agreed options that enable the staff member to be on duty for at least some of their hours/days, and undertaking meaningful work, rather than not being at work at all. The pilot is thus looking to test if and how we can appropriately facilitate options to 'SWAP' absence for attendance in the workplace, in a form that benefits both the employee, the team, and wider organisation. The concept is now ready to pilot and will be tested and evaluated during 2019/20.

Bereavement and Loss

During 2018/19 the work of our Spiritual Care Lead, Dawn Allan, to raise the profile, and our organisational understanding of the impact of bereavement and loss across our workforce was a crucial first step for the Working Well programme in developing networks and support infrastructure for staff dealing with bereavement and loss. As part of her work on the Steering Group a video was produced to help to develop our understanding of the impact of bereavement and loss, and this is now held as part of our 'Working Well' communications and signposting resources. During 2019/20 we anticipate that our new Spiritual Care Lead will continue the important work that Dawn Allen started, and that an employee led self help network will be developed, to provide peer support to staff members dealing with bereavement and loss.

Our staff are exposed to bereavement and loss in both their personal and professional lives; with family, friends, colleagues, patients and clients. In some cases, the circumstances associated with the loss can be very challenging and traumatic. Experiences of bereavement and loss are personal and individual, there is no 'one size fits all' solution – and thus our approach to bereavement and loss at an individual, team and organisational level must be anchored in the principles of person centred care, and our Working Well approach to staff health and wellbeing. Some staff will remain at work and not take much time off, whilst others may need sometimes significant recovery time and support. Levels of support required will depend on the nature of the loss and the depth of the relationship with the deceased and the way each person copes with bereavement and loss including how mentally resilient they may be, life and work experience and other circumstances including financial and/or other pressures in their personal lives.

The reason the majority of staff accessed confidential, one-to-one support with our Spiritual Care lead during 2018 was for bereavement and loss. The following figures and information provide some detail.

Between April 2018 and March 2019 -

- 45% of all one-to-one staff support provided by the Spiritual Care Lead was for bereavement or loss.
- 50 initial one-to-one sessions were undertaken for bereavement or loss, and in total over 110 one to one sessions were undertaken for bereavement by the Spiritual Care lead
- The majority of all bereavement support sessions occurred in the DGRI sanctuary office with flexibility offered to suit individual circumstances

Employees seeking support from the spiritual care lead were able to access the support either via Occupational Health referral, line management referral, or self referral. Access to bereavement and loss support was given to both staff who were absent from the workplace, and to those who were still at, or had returned to work, following the bereavement or loss.

Resilience and Wellness in the Workplace

Acute Services Pilot Winter Wellness Programme

Research (see links below) evidences the positive impact and importance of looking after staff wellbeing. 85% of staff feel that their health & wellbeing impacts on patient care; staff who feel supported and engaged have 21% increased productivity, 37% less absenteeism, 47% fewer errors leading to a 7% lower patient mortality rate.

<https://www.kingsfund.org.uk/publications/articles/improving-nhs-care-engaging-staff-and-devolving-decision-making>

<https://www.kingsfund.org.uk/audio-video/jill-maben-impact-staff-wellbeing-patient-experience>

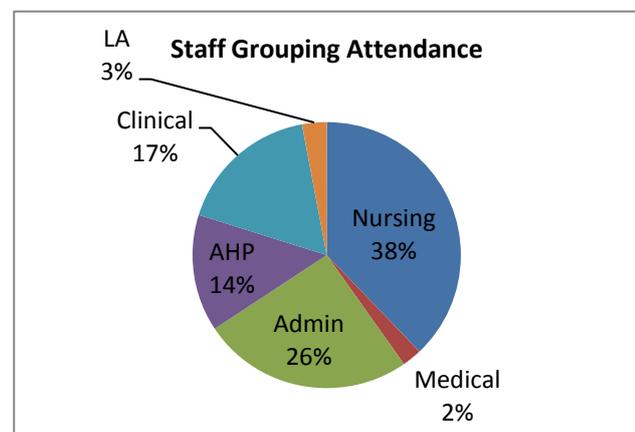
From December 2018 – March 2019 the Acute Services Directorate organised the delivery of a staff wellbeing programme providing a range of activities to support staff wellbeing, which all staff across the organisation could access. The pilot period of December to March was requested as traditionally this is considered the busiest period of time of year for the hospital and staff across the region.

Activities of Yoga, Mindfulness and Staff Relaxation ran within DGRI and Waverley Medical Centre. Following feedback in February activities were extended to run from Newton Stewart Health Centre also.

The results of the evaluation of the pilot for the 3 month period are detailed below.

Attendance

DGRI	No.of sessions	Places	Registered	Attended	Sessions Cancelled
Mindfulness	15	270	53	33	4
Yoga	14	210	127	67	1
GCH/WEST					
Mindfulness	7	91	32	26	1
Relaxation	8	110	50	40	2
Total	44	681	262	166	8



Feedback

What made you choose that activity?

This can be clearly split into 3 themes;

1. Staff looking to try something new
2. Staff looking for techniques to support stress/relaxation
3. The time suited

98% of staff found the sessions beneficial

"I wanted to learn new skills to help me learn to relax more"

"Stress at home causing absence at work"

"To learn about techniques to help relax when feeling stressed"

General Comments:

"I really enjoyed this and it helped me feel valued", "thank you for providing these sessions", "I just think it's a fantastic idea and very well executed. I hope as many staff as possible make use of it to keep it going and get the benefits", "it's really good to see that something like this is being provided for staff"

To see full feedback from staff please visit the following link:

<https://www.surveymonkey.com/stories/SM-QPC8Y838/>

Whilst the overall take up of the places available was significantly less than planned during the pilot, the qualitative feedback from staff who participated in sessions was very positive, and the feelings of increased wellbeing and positive staff experience individual participants described gives evidence for consideration of a more 'mainstreamed' approach to staff wellbeing activities. In addition, feedback from staff outwith the Acute Services directorate and base locations of DGRI and GCH suggest that there is a demand for access from staff across the partnership, which will be explored by the Working Well group as part of its 2019/20 work programme

Pilot Mental Health and Wellbeing Support for GPs

The Psychology Department have been trialling a direct access support service for GPs and their staff since December 2018. This trial, which includes access for GPs to psychological support from a psychologist 'outwith' the NHS Dumfries and Galloway core Psychology team, to ensure confidentiality, and psychological safety, has been extended based on the initial positive evaluation undertaken following the first 7 months of the trial. The outcomes of this extended trial will inform the next steps for this programme, and the Working Well Steering Group will act as sponsors for the proposals being made.

There has been significant concern about the psychological well-being of General Practitioners and GP staff for some time some time given the pressures that they are experiencing. Compared with the general population, doctors, including general practitioners (GPs), continue to experience high levels of workplace stress and burnout, with some evidence suggesting higher rates of mental ill health in this population than elsewhere. Amongst doctors, GPs, particularly GP trainees are reported to have higher levels of stress than other medical staff. The pressures facing GPs have been compounded by increased patient demand (evidenced by a 16% increase in workload over the past 7 years (Hobbs et al 2016, Lancet)), as well as workforce recruitment and retention issues. Consequently, the pressure on primary care is currently at its highest ever, and is predicted to increase in the future. It is argued that these pressures have contributed to low job satisfaction and low morale among staff, as well as stress, burnout and early retirement, which further compounds workforce shortages. In a Department of Health survey in England in 2012, 20% of GPs indicated that the likelihood of leaving their job was 'high', while reported levels of stress were higher than previous years. In addition to the personal cost to individuals, the financial cost of losing doctors to burnout, early retirement and reduced clinical hours already impacts adversely on the sustainability of adequate patient services.

2018/19 Flu Vaccination Campaign

NHS Dumfries and Galloway continues to have one of the best uptakes of staff flu vaccination across Scotland, and for winter 2018/19 we achieved a 65% uptake overall once more. We have achieved these levels through a planned and personally targeted communications and appointments programme, led through the Occupational Health Team, alongside a comprehensive programme of open clinics across the region, to support all staff to have easy access to a clinic during working time to get their annual vaccination. This approach has been endorsed by the NHSS Chief Medical Officer as an example of best practice, and is now promoted by Scottish Government as their expectation for Boards to deliver in future annual flu campaigns.

Our 2019/20 staff vaccination programme will be extended across the health and social care partnership, to provide wider staff access to help reduce staff sickness absence as a result of winter flu, and increased patient safety by reducing the risk of spread of infection.

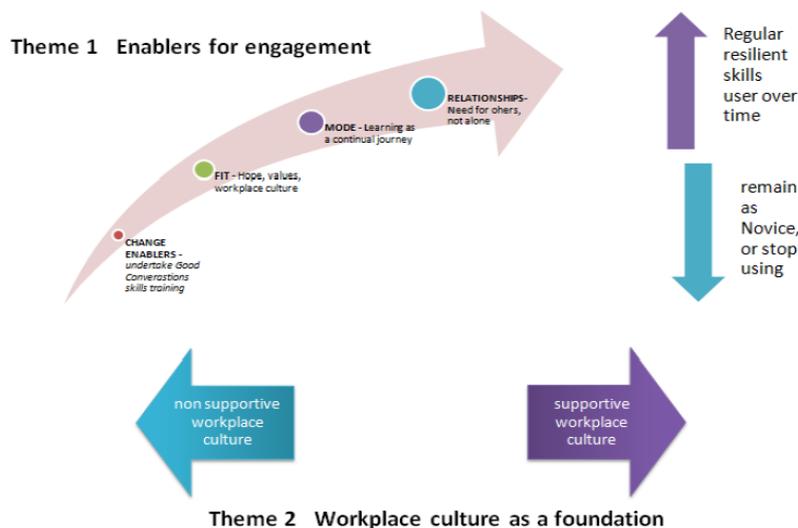
How Organisation Development is supporting Positive Workplace Culture and Wellness

Good Conversations

The Good Conversations programme builds understanding of the personal outcomes approach and provides a wide range of tools to help build even more effective and positive relationships with service users. The personal outcomes approach is also being used in Dumfries and Galloway to support and maintain more positive relationships between colleagues, which can in turn enhance individual and team resilience and wellbeing. 300 staff from across the Health and Social Care Partnership took part in the three day programme.

The tools demonstrated within the programme are seen as key in working towards the ideal organisational culture described in the IJB cultural diagnostic project. The Nursing, Midwifery and Allied Health Professionals (NMAHP) research Unit supported a formal evaluation of the programme and an examination of its potential for longer term impact on workplace culture. This work was carried out by Wendy Chambers Allied Health Professional Practice Education Lead with NHS Dumfries and Galloway. The diagram below summarises the main findings; using these tools is most effective when whole teams are using them, learning goes far beyond the initial training and is again most effective when support to continue and practice is available and existing workplace culture also influences the uptake and continued use of these tools.

Figure 1 - Thematic Map – Good Conversation skills training



The next phase of the Good Conversations Programme will include developing trainers internally and delivering elements of the programme as briefer interventions

Appraisal

The NHS Dumfries and Galloway Appraisal Booklet was launched in 2018 encompassing the principles of Good Conversations, encouraging staff to take ownership of their appraisal and appraisers to support and enable staff self awareness and development. Whilst the number of

completed appraisals is still low, feedback about the booklet and process is very positive with 400 staff engaging in training and 100% of those engaging feeling more positive about the appraisal process.

Feedback from staff at Working Well engagement sessions highlights the value that staff members place on adequate and meaningful professional supervision and feedback. Feedback from past iMatter reports highlights a perceived lack of organisational focus on performance management. The appraisal process of objective setting, personal development planning, mid year review and meaningful end of year reviewing and feedback on performance is an integral, and essential part of both supervision and performance management, and is an area in which as a whole organisation we must focus and improve our performance during 2019/20. This has been highlighted as a priority by the Health and Social Care Senior Management team (HSCSMT), and the Working Well Steering Group welcome the leadership that the HSCMT will bring to this over the next 12 months.

LOOKING FORWARD – OUR PLANS FOR 2019/20

In 2018/19 we have established the foundations for a fresh way of thinking about wellness at work in our organisation, and have promoted a shift away from a single minded organisational focus on absence, to a more person centred, assets base approach that recognises and values the wellness and resilience felt at individual, team and organisational levels.

Key to our success in 2019/20 is staff and manager engagement and awareness raising, so that we can harness the ideas and enthusiasm of staff and managers across the organisation to align policies, practices and behaviours that will support 'Working Well' and help us achieve our shift towards a Compassionate Leadership culture and behaviours style. The chairs of the Working Well group have established a programme of visits to teams across the organisation to raise awareness of the Working Well programme, and to understand what 'Working Well' means to staff, and what gets in the way of great 'working well' days. Feedback and reflections from these visits will be used to inform future priorities for the group over the next 2 years.

During 2018/19 our primary focus was internal to NHS, and during that time partners have engaged with us to reflect both the similarity of need that the whole Health and Social Care partnership workforce faces, and also the range of work that is being undertaken already in other organisations, and in particular within the Council. Over the next year we will work more collaboratively with partners to share the concept and principles of Working Well, and learn from the experiences of partners, to share and integrate initiatives and programmes where it is appropriate, and will add value and positive impact across the Partnership.

Also during 2019/20 we will progress with the key pieces of work that we started last year, in order to realise the benefits that each programme offers. In particular we will;

- Evaluate the outcomes of the Mental Health survey and support a programme to undertake a mental health support pathway redesign for staff affected by mental health issues
- Complete the absence / attendance pilots underway, evaluate the results and determine which initiatives should be rolled out and mainstreamed across the organisation
- Review the findings of the data evaluation, and agree areas for action which will be incorporated into our future programme planning
- Undertake a Menopause awareness raising and support campaign, recognising the gender and age demographic of our workforce, and the health and wellbeing impact that the menopause can have on women over a prolonged period of time
- Progress our Carer positive programme with the goal to achieve Exemplar accreditation status by the end of 2020
- Promote and champion the 'Life curve' and Activate programmes and approach to physical health and wellbeing within the workforce, to support achievement of the organisations wider strategic health, wellbeing and activity goals
- Support the evaluation of the results of the GP Mental health and wellbeing support pilot and sponsor the recommendations which follow from it
- Develop an organisation wide submission for Healthy Working Lives accreditation, recognising the breadth of work being undertaken via the Working Well programme

- Evaluate the key messages from our staff engagement events and our collaborative working with partners and identify further areas for focussed work for our future work programmes, both for prioritisation during 2019/20, and for 20/21 and beyond.