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Investing in NHS staff health and wellbeing,
the new provider trust code of governance and what boards can do

NHS staff health and wellbeing: time for action

A paper by the Good Governance Institute and Reset Health

December 2022

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Investing in NHS staff health and wellbeing: the new provider trust code of governance and what boards can do

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NHS staff wellbeing: time for action

Staff sickness and absence rates have been increasing in the NHS for years. They rose sharply in late 2019 into 2020, at the start of the pandemic, and have stayed fairly high since. At the same time, there are well-documented issues with retention and recruitment. It is a perfect storm and one of the biggest strategic risks and costs for the NHS.

The NHS nationally has been responding. The NHS Long Term Plan has a whole chapter (4) on supporting NHS staff, large parts of which are dedicated to health and wellbeing, especially around mental health. The Long Term Plan also put new responsibilities on the NHS Chief People Officer, working with the national workforce group, to take action for all NHS staff to improve health and wellbeing. In November 2021 it published the new NHS health and wellbeing framework – a high-level culture change toolkit aimed at health and wellbeing staff, human resources (HR) and organisational development (OD) staff, HR and OD directors, wellbeing guardians, managers and leaders and anyone with an interest in health and wellbeing.

This national work and support is helpful but what happens in each provider organisation will be crucial. Here the picture is more variable. As this report will show, there are many examples of good but with the problem worsening and the cost and impact on quality, service provision, staff retention and recruitment increasing, more needs to be done.

In May, NHS England consulted on a new provider trust code of governance, part of which creates new responsibilities for trust boards on staff wellbeing; among the most interesting of which is a requirement to evidence how they have invested in staff wellbeing and to report on this annually.

This report is the result of a collaboration between the Good Governance Institute and Reset Health, specialists in employee health. It was inspired by staff wellbeing responsibilities in the new code of governance for provider trusts as a potential impetus for trusts to take greater action to address the prevailing issues.

The purpose of the report is to help NHS provider trust boards with how they lead on staff wellbeing and in particular to make decisions on investment in this area by providing examples of solutions and support being employed across England that are having an impact.

The report explores the scale and various challenges around NHS staff wellbeing, barriers to action and areas of good practice and solutions with impact. It ends with a series of questions and prompts for trust boards.

Our approach to developing this report has been straightforward. We began with an extensive literature review on NHS staff health and wellbeing, key national policy and guidance documents, referencing many sources – including the excellent data repositories of NHS Digital – and consulting the national NHS staff survey results.

We then identified senior leaders as interview subjects from a cross-section of different types of trusts, geographically spread across England. For a system perspective, we also interviewed two ICS senior leaders.

To prepare for the interviews we looked at national NHS data around staff wellbeing and sickness across all trusts. We also looked at the specific absence rates for the trusts we spoke to, their governance structures around staff voice and wellbeing, staff wellbeing reports from recent board meetings and the staff survey results.

The questions we asked were:

- What do you make of the proposed changes in the draft trust code of governance around the new responsibility on the board around staff wellbeing? Do you welcome the change?
- How will the new triple aim change how you think and what you do about population and staff wellbeing as a board?
- How well are your staff and what are the costs of staff sickness and absence to your trust?
- What are the key challenges around staff wellbeing in your trust? How do you currently engage with these as a board?
- How do you think the proposed changes, especially when it comes to investing in staff wellbeing, will change what you currently do as a board?
- Will you be looking at new ways to support staff health and wellbeing?
- What do you think the future of NHS staff wellbeing will look like? And how do you see the board's role in supporting and championing support?

The input from the individuals we interviewed was then analysed. The key points have been triangulated and aggregated into this report.

1. Key findings

The feedback from the research and interviews was diverse. It covered a broad spectrum of issues, opportunities and strategic areas.

The general feedback from our conversations with NHS senior leaders about the new code and the challenges and opportunities around staff wellbeing, can be summarised as follows:

- The focus that the new emphasis in the code brings was unilaterally welcomed but many were sceptical about how much it would change what boards already do, invest in and report
- There was a uniform acknowledgement of the scale of the issue and the challenges, particularly the cost of addressing the challenges
- Conditions are driving out lots of staff and making it increasingly hard to recruit
- Covid has put a renewed emphasis on staff health and wellbeing
- It is an increasingly complex picture, consequently staff require increasingly tailored support
- The cost-of-living crisis is a real threat and is exacerbating challenges
- There is a genuine desire and sense of intent to do more but this is constrained by other pressures which distract the board, such as waiting lists, cancer performance, or financial issues
- A number of boards demonstrated a shallow understanding of staff sickness and absence
- Other pressing issues lead to a lack of focus on workforce challenges
- There are significant variations in how well-equipped and engaged boards are to address the challenge – particularly with respect to the use of data, engagement and skills
- Variability of board ownership and leadership on staff wellbeing
- Evidence of some pockets of good practice and creative ways to fund staff health and wellbeing

Some of the key challenges identified were:

- The rise of stress, depression and anxiety-related absence
- The lingering impact of Covid on fatigue, working conditions, and its impact on emotional and mental health as much as physical
- Boards having the right mix of robust understanding of the issues to challenge and seek the right assurances
- Boards having the right skills to provide strategic leadership on staff wellbeing
- The cost of living crisis exacerbates various impacts
- Boards may not have the time to adequately focus on staff wellbeing issues given everything else vying for their attention
- Trusts do not have the money they need to invest in staff wellbeing
- Staff wellbeing is not being approached in a strategic or coordinated way

Some of the key opportunities identified were:

- The new code of governance provides renewed emphasis and clearer board responsibilities
- The cost of living crisis has, along with Covid, moved staff wellbeing up the agenda for most boards giving it the profile and attention it needs
- Using charitable funds to invest in staff wellbeing
- New market solutions to significant staff wellbeing issues like obesity and type 2 diabetes, mental health and other common absence causes

Some areas of good practice:

- The strategic approach to staff wellbeing challenges and associated investment and its impact at Dartford and Gravesham
- One trust we spoke to runs an annual healthy eating food festival in partnership with their local authority and VCSE organisations in the communities they serve
- Life Rooms model at MerseyCare
- Regularly presenting staff experience stories at board meetings to bring the challenges, and impact of interventions and support, to life
- Some boards were very active in doing regular walkabouts to speak to staff and build their understanding of the problems
- A number of trusts have invested in psychological support services, some using charitable funds

2. NHS staff wellbeing, a new provider code of governance and new responsibilities

"Perhaps the biggest priority is addressing workforce issues in health and social care"

Matthew Taylor, NHS Confederation chief executive in a recent BBC interview

The NHS is the largest employer in England with around 1.4 million staff[1], a figure which doesn't include all of those working in social care. Collectively the health and care workforce is one of the largest in the UK economy and it is going through one of the most testing times in its history. This is having a significant impact on staff wellbeing.

Staff sickness and absence rates have been increasing in the NHS for years and rose sharply in 2020 at the start of the pandemic. Rates have stayed fairly high, with regions such as the North West and the Midlands seeing consistently high absence rates – at near 6%. Some trusts are experiencing sustained absence rates of 10% and over, especially in the North West, North East and the Midlands.

Figure 1 - NHS sickness absence by month and region

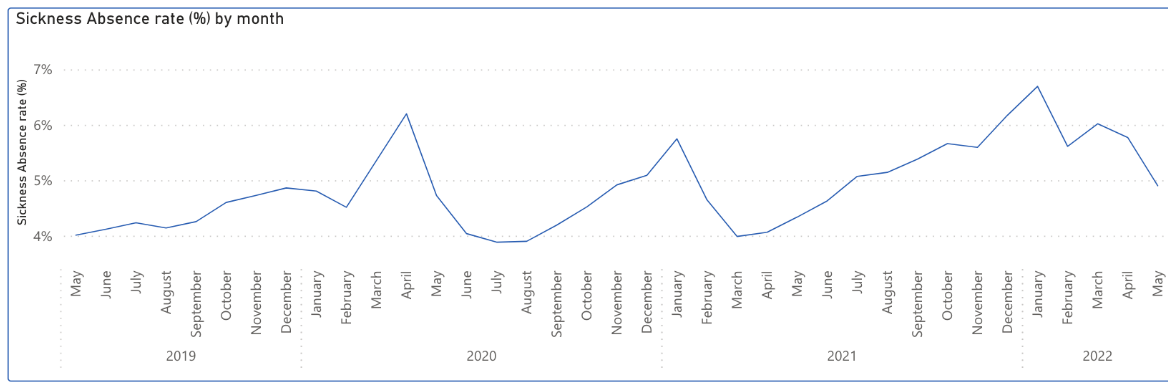


Figure 2 - NHS Digital, Region Sickness Absence rates[2]

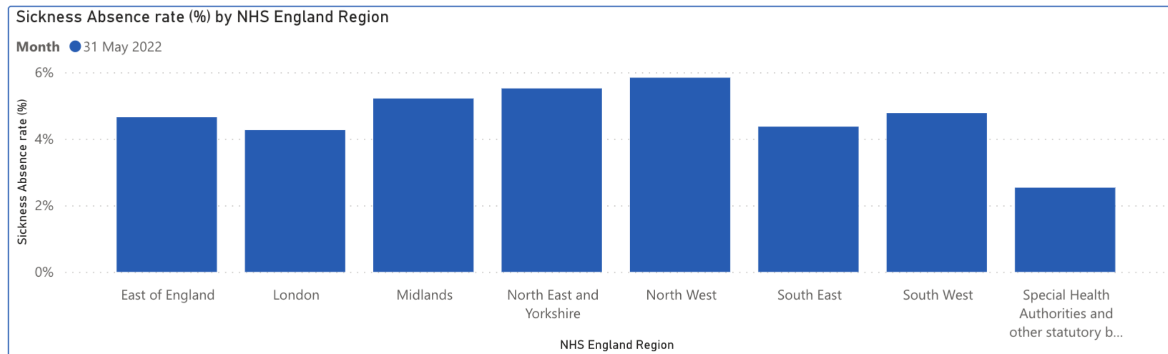
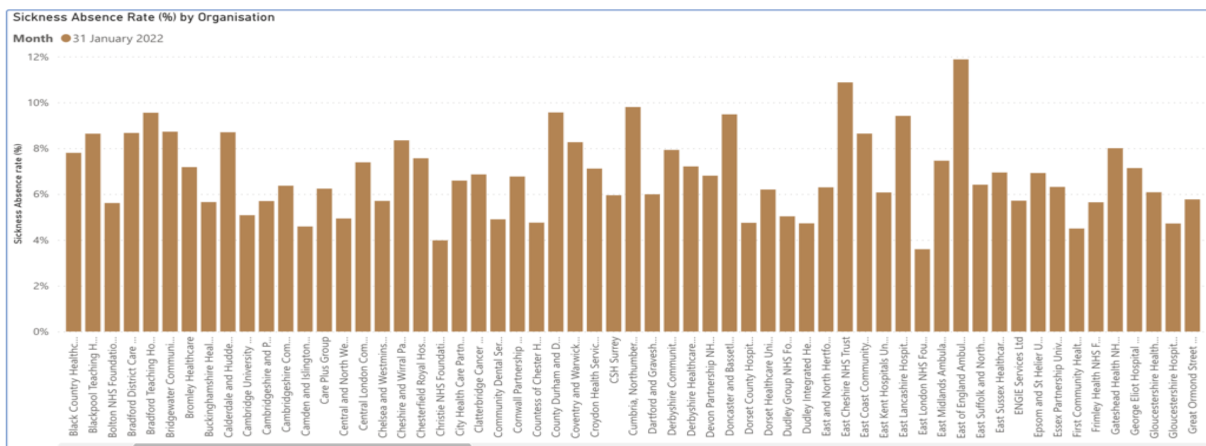


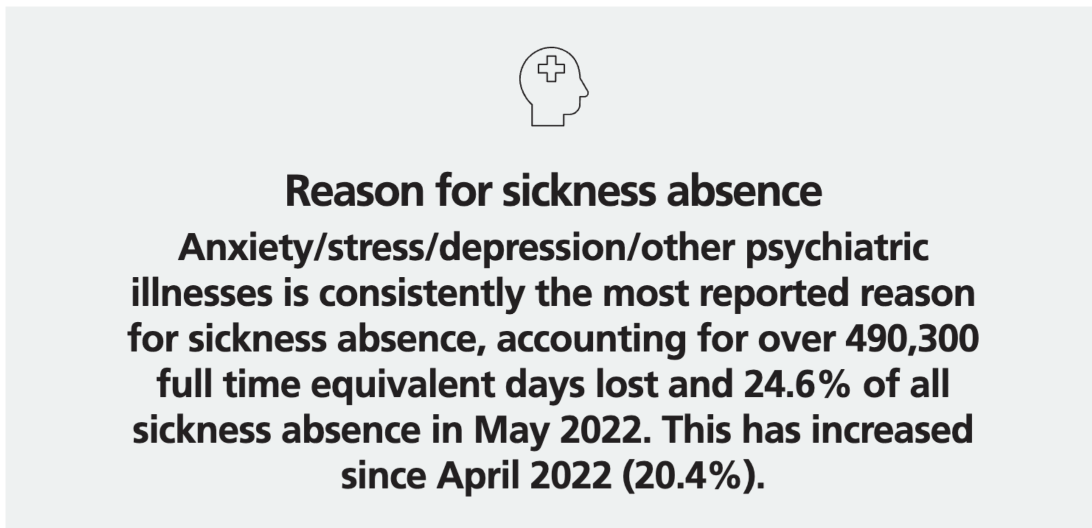
Figure 3 - NHS sickness absence by trust[3]



1. NHS Digital, workforce data - https://digital.nhs.uk/workforce
2. NHS Digital, Region Sickness Absence rates - https://app.powerbi.com/
3. NHS Digital, Sickness Absence Rates by Trust - https://app.powerbi.com/

Covid and flu related absence has been an obvious contributor to these rises but stress and depression, musculoskeletal and gastro-related conditions are also high contributors, with diabetes and other long term health conditions on the rise alongside long-Covid and exhaustion.

Figure 4 - NHS reason for sickness absence[4]

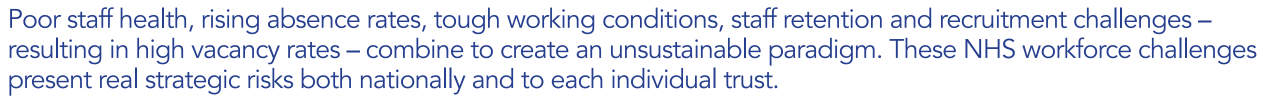


Staffing is the single largest cost to the health system. Staff absence has huge financial costs, implications on service provision, quality, safety and operational planning. It also creates a vicious cycle, with absence of staff putting extra pressure on those working. This in turn presents significant challenges to retention and recruitment.

At the same time vacancy rates are very high. Retention remains a challenge, especially in the context of the pandemic. This is illustrated by the vacancy rate for London shown in figure 5 below.

Figure 5 - NHS staff vacancy rate London[5]

4. NHS Digital, Staff Sickness Absence Rates - https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/may-2022-provisional-statisticsview?r=eyJrljoiYTY3MjE0NmEtYzY2Yi00MmY4LTg4NDQtZTM2ZTI5YjZiOGMyIiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9
5. NHS Digital, NHS Vacancy Statistics Data Visualisation Report - https://app.powerbi.com/



Poor staff health, rising absence rates, tough working conditions, staff retention and recruitment challenges – resulting in high vacancy rates – combine to create an unsustainable paradigm. These NHS workforce challenges present real strategic risks both nationally and to each individual trust.

On 27 May 2022 NHS England went consulted on a new draft code of governance for NHS provider trusts – the overarching framework for the corporate governance of trusts.

It is the first refresh of the code of governance for NHS provider since 2014. The new code of governance aligns far more than it did previously with the current UK Corporate Code of Governance and it reflects the recent changes to the legislative and policy landscape for health and care provision. The most significant being the Health and Care Act 2022. It sets the scene for the new era of integrated care with an increased emphasis on wellbeing, collaboration and systems working. It will frame the way NHS provider boards work until 2030.

The consultation period for both documents closed on 8 July. The final version of the new code of governance for provider trusts was published by NHS England on 27 October 2022. It will come into force on 1 April 2023.

One of the key aspects of the new code is additional provider trust board responsibilities for organisational culture and staff health and wellbeing, the latter succinctly summarised in point 2.3 in the code:

"The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce."[6]

6. NHS England, Draft code of governance for provider trusts - https://www.england.nhs.uk/publication/draft-code-of-governance-for-nhs-provider-trusts/

3. A changing context

There are two important frames that contextualise the NHS workforce challenges and the timing of the new code of governance for provider trusts:

- The ongoing pandemic and the aftermath of the early waves of COVID
- The formal constitution of Integrated Care Systems

Integrated Care

Health and care in England is undergoing one of its most significant legislative reforms in a decade. In July 2022, all remaining Clinical Commissioning Groups (CCGs), established under the Health and Social Care Act 2012, transitioned into new Integrated Care Boards (ICBs), under the Health and Care Act 20221.

Integrated Care signals a movement away from the competition model of the Lansley reforms to one of collaboration and integration. This new approach is to be coordinated and delivered by the most significant structured partnerships of service providers in the history of health and care in England.

Integrated Care Systems bring together partners across the NHS, local authorities, and the VCSE sector. They will take over the statutory commissioning role of CCGs but with a broader remit and increased responsibilities.

Their focus will particularly be on achieving the following four key aims:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Achieving this will not be easy. ICSs face a significant task – how to deliver on these aims whilst safely and effectively serving an increasingly ageing population with multiple and long-term health needs within the context of financial and workforce constraints. At the same time, ICSs also represent a substantial opportunity for reform, innovation and improvement through greater collaboration and partnership.

Provider trusts find themselves at the heart of all of this change, and the success of Integrated Care will be hugely dependent on the role they play and how they adapt to working in this new systems context. This change, however positive in purpose and intent, is another strain on the workforce and another area of focus for boards.

ICSs change some of the key parameters for the operation of trusts as well as re-shaping their partnership environment. A significant part of this is related to the broadening out, under the new Act, of the role of health providers to encompass wider wellbeing and population health agendas.

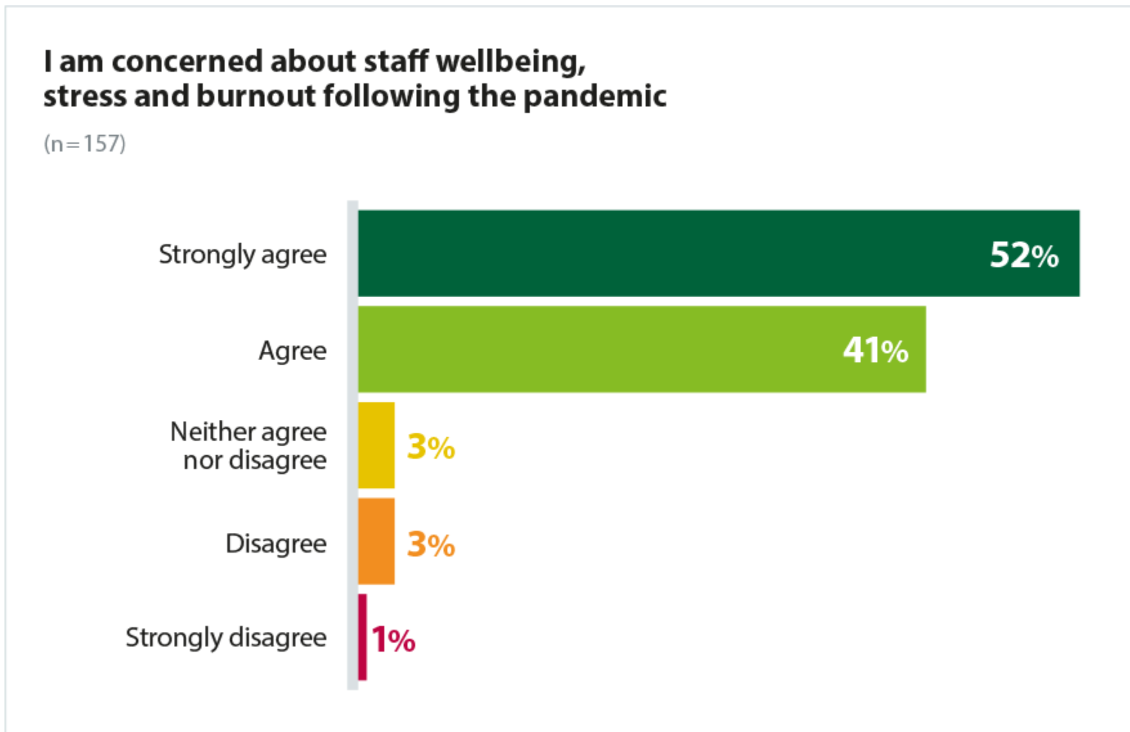
The impact of the pandemic

The pandemic has put NHS services and the NHS workforce under the worst strain in living memory. The NHS workforce challenge – some call it a crisis – predates the pandemic but COVID-19 has no doubt accelerated it.

A recent report by NHS Providers highlighted that trusts are almost unanimous in their concern for staff, with 92% agreeing with the statement "I am concerned about staff wellbeing, stress and burnout following the pandemic".[7]

7. NHS Providers, Recovery Position - https://nhsproviders.org/recovery-position-what-next-for-the-nhs/the-impact-of-the-pandemic-on-the-workforce

Figure 6 - NHS staff burnout



The results of the NHS Staff Survey 2021 are also revealing, showing 38 per cent of respondents often or always find work emotionally exhausting, while 47 per cent said they had felt unwell as a result of work-related stress in the past 12 months.

The survey showed a worsening position on health and wellbeing measures. There were increases in stress, in staff attending work when unwell, and in musculoskeletal (MSK) injury levels when compared to 2020. In addition, the new burnout question demonstrated high levels of burnout.

The 2022 NHS staff survey is underway and it will be interesting to see what the results show when they are released early next year. Of particular interest will be whether further trends around burnout and exhaustion emerge.

4. NHS staff wellbeing challenges

NHS staff wellbeing is a well-known issue. It is one of the biggest challenges facing the NHS. The scale of the challenge was evident from our desktop research and conversations with senior NHS leaders and staff. A number of clear areas that boards are wrestling with emerged:

Lingering impact of Covid

Staff wellbeing is a problem that has been exacerbated by COVID-19. At the peak of the spike in infection numbers around the beginning of 2022, nearly 36,000 NHS staff were off work for Covid reasons – 4% of the workforce – which piled even more pressure onto those still working.

What can be done about the ongoing impact of the pandemic on staff, especially frontline staff? Does there need to be more investment in treatment for exhaustion? More support around resilience?

A common theme in the interviews was the ongoing impact of the pandemic and the strain it has placed – and continues to place – on the NHS workforce, with burnout and exhaustion highlighted as particular challenges.

"We've still got a big issue with burnout. We've had a lot of burnout. I mean, they are the frontline of the frontline."

"It's been constant pressure, stress, long hours and new 'peaks' for our frontline staff to deal with. They are exhausted"

"I mean, sickness absence is a big issue for us, yes. I mean, pre-pandemic, we were typically running at 5–6%. And that was relatively high for what we do. We're typically running 7–8% now, and that's obviously higher."

"One of the cities really significantly affected because of our composition, and I think the underlying poor health of the population meant that we had really significant numbers of patients with COVID admitted to hospital, and then that whole spiral of staff absence. We're still experiencing some of those challenges."

Stress and anxiety

All of these pressures have had an impact on health workers' mental health. According to research published in the British Journal of Psychiatry Open, mental health problems quadrupled during the first wave of the pandemic, with record levels of stress, anxiety and depression reported.

Anxiety and depression have long been one of the most significant causes of absence in the NHS workforce. Covid has only served to exacerbate this and there is a clear link between the long-term impact of the pandemic particularly on frontline staff. But stress and anxiety related absence is felt and seen across the workforce.

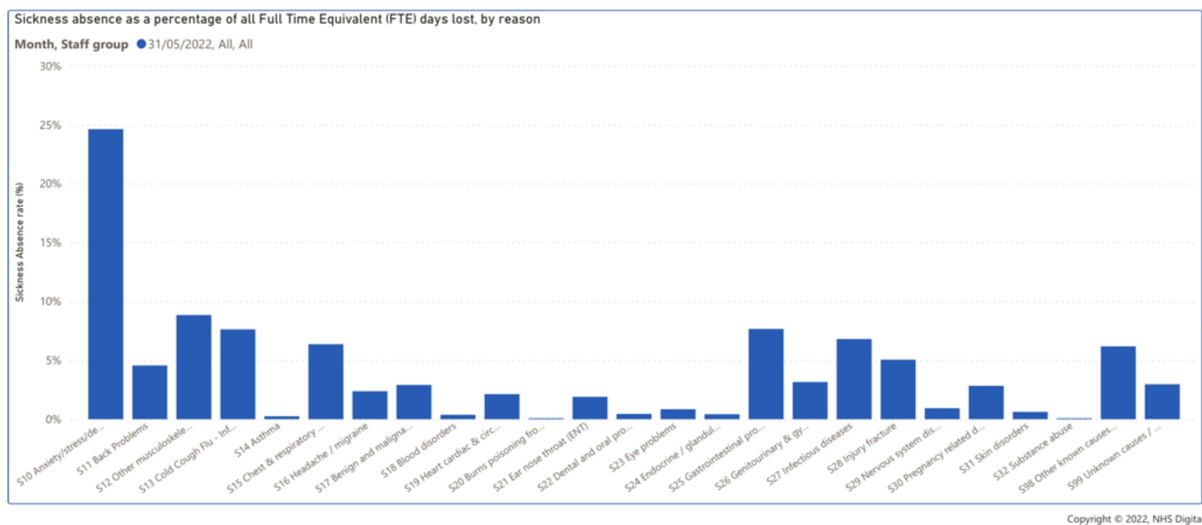
It was repeatedly highlighted by our interviewees as one of the most significant challenges:

"There's a chunk that's about underlying sickness absence and, for us, actually, stress-related absence has been a big issue for quite a while. Largely, I think, driven by workforce capacity pressures, but there's a set of things there that we're working hard to get better at."

"Anxiety around being physically and mentally exhausted, and then having financial pressure and anxiety about the future and uncertainty about your bills and about how you can afford to travel to and from work and how you can afford to heat your home and look after your kids and provide food for them, I mean, it's just a toxic mixture.

"If you look at the proportion of our sickness absence, that's due to stress, anxiety, depression, it's been about a third of our sickness, and that has been for the last couple of years. So, you could say, is what we're doing working? Or do we need to look at it differently? Because actually, we don't seem to be correcting that sickness absence proportion."

Figure 7 – NHS workforce sickness absence causes



Obesity and musculoskeletal

Many recent studies highlight that obesity is on the rise in the general UK population and this increase is felt particularly in the NHS. Many studies, including the much talked about 2017 study by the University of Edinburgh, showed that the obesity rates are much higher in the NHS than in the general population – particularly in nurses and social care providers. The shock statistic from that data set is that 1 in 4 nurses are obese.

Given this difficult context, there it is likely that the NHS could do more to support its staff to stay healthy. A BMJ article in 2014 reported that: "While three-quarters of NHS trusts say they offer support to help staff to quit smoking, only about a third offer them support in keeping to a healthy weight and diet. Three-quarters of hospitals do not offer healthy food to staff working night shifts."

According to the BMJ, many hospitals made it too easy to fall back on nutritionally poor, sugary food and drink, not placing enough emphasis on specific, evidence-based advice on diet and exercise. This combination of high stress and poor diet raises the spectre of one of the biggest drains on NHS resources: diabetes.

Nearly 4 million people in the UK are already living with diabetes, with perhaps another million undiagnosed cases across the country, according to Diabetes UK. A further 13.6 million are at risk of type 2 diabetes. More than 700 people with diabetes die prematurely each week and treating the condition consumes about 10% of the entire NHS budget, or around £10 billion. That number is on the rise.

A number of our interviewees flagged obesity and musculoskeletal issues as being significant causes of staff ill-health and absence, which is borne out by national NHS figures on causes of staff absence.[8]

"We have a problem in some areas with staff weight and general fitness and mobility"

"Staff are overweight."

"A significant amount of staff absence for us is musculoskeletal related"

"Most of our sickness falls into two camps, so musculoskeletal backs, knees, those sorts of things, and mental health, stress, anxiety, depression. That, broadly-speaking, makes up about two thirds of our sickness, the majority of our long-term sickness"

8. NHS Digital, Staff absence - https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/april-2022-to-june-2022-provisional-statistics#:~:text=Anxiety%2Fstress%2Fdepression%2Fother,since%20May%202022%20(24.6%25).

5. Barriers to action

The senior leaders and staff we spoke to identified a number of barriers preventing, slowing down or reducing the efficiency and impact of work to address staff wellbeing challenges.

Boards skills, understanding and ownership

When asked about the links between different types of absence and whether any analysis had been done on this, few trusts reported that this analysis had taken place. Yet data shows that there are strong correlations between different types of absence. Understanding these would allow for more targeted intervention and personalised support.

Our research and interviews identified that across provider trusts more needs to be done to develop board skills and understanding, in order to better equip them to deal with challenges around staff wellbeing.

Are boards well equipped enough to lead on staff wellbeing? Do they have the right skills? Exhibit the required leadership? Really understand the issues and needs of their workforce?

The need for boards to have the right skills and understanding was one of the most common themes from the interviews:

"I think that the key challenges for boards, frankly, are going to have the ownership and right type of leadership."

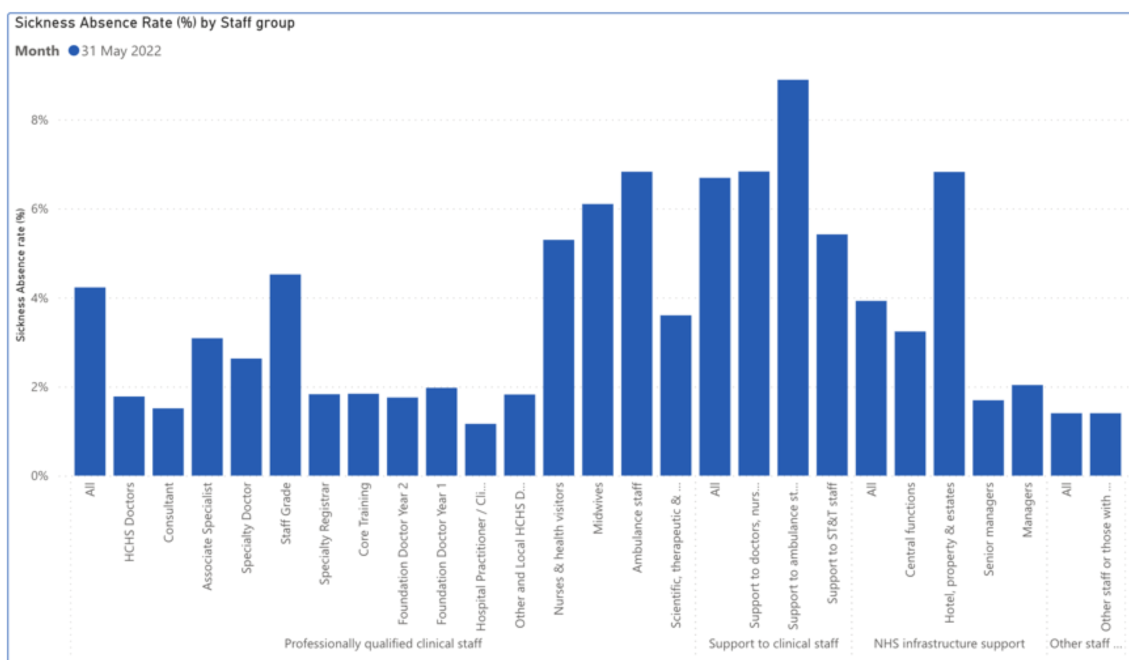
"My fear is that we will end up patting ourselves on the back, because we can hold a mirror up to each organisation and say, 'look at all the stuff that we're offering our staff in terms of their wellbeing', when for me, again, wellbeing has got nothing to do with that. Wellbeing, for me, is about having influence over your working life, having a say in how you do your job, being listened to, having a voice. That's a greater sense of wellbeing in a role. Really clear knowledge of the company that you're working for and understanding of why decisions are being made. And then some sense of reward, which isn't financial at all. It's that thank you, it's the opportunity to do more, it's opportunity to stretch yourself, training."

"Board knowledge. Both of my boards, I would say, have got excellent people on them, they all care about people, but they don't know what they don't know."

"You look at lists of values, which obviously everybody's got plastered on walls, we care, we this, we that. It's words like that, what does that mean? We have to give those words, those values, value."

Different challenges in different roles

Staff in almost all roles operate under a certain level of constant pressure, with little time to eat well, often subsisting on sugary snacks provided by patients as way of thanks. And there are different health and wellbeing issues for staff in different roles, as is evidenced by NHS Digital data.



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Our research also demonstrates that trusts are increasingly tailoring staff wellbeing offers to the differential needs and impacts of staff groups and developing their engagement with such groups.

NHS data on absence rates across roles shows those undertaking support staff roles or more junior clinical roles have disproportionately higher absence rates. As the cost of living crisis bites, this confirms a correlation between sickness rates and lower disposable income.

How do you motivate an exhausted, time poor, staff to exercise and look after themselves outside of work? How can you fairly address staff health and wellbeing issues that are so variable across the workforce? Is your staff support offer flexible enough? Does it empower the staff to determine and have agency over what support they get, when and how?

Cost of living

We heard much about the impact of the cost of living crisis on staff health and wellbeing. A story unfolding as we were conducting our research and interviews:

"Every trust, I think, has staff, including clinical staff, who are using food banks. I know of some trusts that have started their own food banks. Cost of living is an absolute hit for us."

"I've been told by some district nurses that it is getting to the point where they can't afford to work, they can't keep up with the rising costs of working. That's astonishing"

"And the last bit is probably the thing about inflation and the cost of living and what you can and can't do to help people in that space."

Board and senior leadership focus

Boards, alongside broader trust leadership and management, have faced growing difficulties in focusing on staff wellbeing amidst so many other urgent operational issues – as a result of the pandemic and rising backlogs:

"At the moment, again, with the pressures of COVID increasing again, attention isn't always able to focus in directions that you'd like it … And it's always for all organisations, it's balancing what has to be done immediately with what actually also has to be done. It's the urgent vs the important."

"It can be difficult to get the board to discuss these types of things [staff health and wellness issues]. They want to be supportive. It's that role, isn't it, sort of the critical friend. But at the same time, when you are presented with a set of figures like a really high absenteeism rate and the cost, and, as I said, you've got the money flowing in the front door from the commissioners, and you're trying to improve performance, it's that story, isn't it? It has to all connect."

"As a board we do get trust-wide, high-level statistics. But we are talking about more than 15,000 employees. So it's a really significant number. And often, when you look at things at such a high level, it can mask the specific root causes and insight into hotspots. So, I think the board's role is very much to apply that curious lens asking several times why, and seeking insight into the complex factors that affect absence. It always comes back to some basics around good people management, good first line management and leadership, where individual leaders are really in touch with their teams and understand where people are at and have – are able to have a good dialogue with them, supportive dialogue."

Finance

The lack of funding to invest in staff wellbeing was highlighted regularly in our interviews, often alongside comments refrencing the staggering costs of staff absence:

"There are lots of factors affecting absence, and the cost for us is eye watering. I think just the cost of the sickness absence is exceptionally high, which we do monitor, but you've also got filling rotors, and triggering the added expense of agency, bank, locum use, which is exceptionally painful. So yeah, we've got triple whammy of costs. I think if you just look at the cost of sickness absence related to people who are not present, that's only one element really of a very scary picture."

"The NHS needs to be braver in moving on, because it'll become a self fulfilling prophecy if it's not careful, that I'm overworked, I'm burnt out, my wellbeing is on the ground therefore I'll leave."

"I think when we look at the NHS, I don't know what the percentage is, but I would guess something like 70% of people in the NHS actually haven't been impacted in that awful way that those frontline people have that were driving ambulances and running COVID wards. So, if that was the John Lewis Partnership, we would have done everything we can to tailor and independently support the people who were most impacted."

"Because clearly we've got the money we've got, and that comes to us on the basis of broadly an allocation set by government and systems. So, how much we then carve out to spend on our, if you like, directly on staff versus on services is a tricky judgement, actually."

Recruitment and retention

In 2018, joint research from the King's Fund, the Nuffield Trust and the Health Foundation painted a bleak picture of the long-term workforce challenges facing the NHS.

In its summary, The Nuffield Trust commented that "Across NHS trusts there is a shortage of more than 100,000 staff. Based on current trends, we project that the gap between staff needed and the number available could reach almost 250,000 by 2030."

The problem, they reported, was fuelled by poor long-term planning, the fragmentation of responsibility for workforce issues, cuts in funding, immigration restrictions caused by Brexit, and a growing tendency for clinical staff to leave their jobs early. They also described a vicious circle of poor health caused by the shortfall: "Current workforce shortages are taking a significant toll on the health and wellbeing of staff."

"There is a definite shortage of midwives. It's harder for trusts not in big cities or more disconnected from key transport infrastructure. If you're a midwife and you work around Manchester and Liverpool, there are lots of vacancies much closer to home, much better transport, probably better hours in terms of home care and things like that."

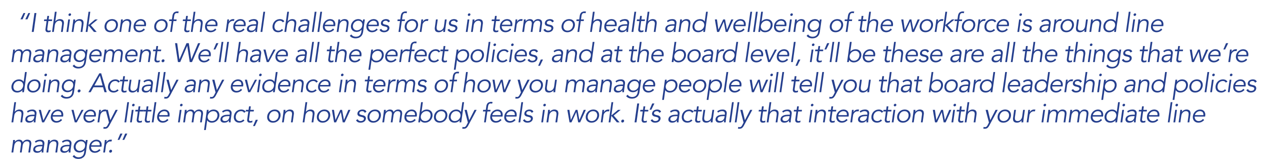
"So there's not a lot broken with our people. But I'm really concerned that we've got these big issues around pay, pensions, valuing them."

"I think we've got a lot of work to do with our inpatient staff. Like everything, staff recruitment is always a problem, and it just adds pressure"

Staff experience, management and engagement

Common points that arose during our interviews concerned the changing expectations of staff, the disparity of experience across the workforce and the need for greater flexibility around management:

"I look at my daughter, she's starting her NHS career as a doctor. She wants to know, can she get a career break? Can she go to Australia for a year? Can she do this? She doesn't want to be a consultant quickly. All of those sorts of things we have to factor into the way we're doing things."



"I think one of the real challenges for us in terms of health and wellbeing of the workforce is around line management. We'll have all the perfect policies, and at the board level, it'll be these are all the things that we're doing. Actually any evidence in terms of how you manage people will tell you that board leadership and policies have very little impact, on how somebody feels in work. It's actually that interaction with your immediate line manager."

"Another wellbeing challenge that we're very focused on as a board is the disparity of experience and how these things land. So we've got a significance of people who are not massively well paid, we've got a lot of people captured in some of the pensions traps, we've got people who, as I say, are dependent on public transport, or facing increased petrol costs and things that make it really challenging for them to be able to commit to come and work for us and stay."

6. Opportunities and areas of good practice

Our research unearthed a treasure trove of good practice happening in trusts across England, much of which is easily replicable and aligns with the seven elements of the NHS health and wellbeing model:

- Improving personal health and wellbeing
- Profession wellbeing support
- Data insights
- Environment
- Managers and leaders
- Fulfilment at work
- Relationships.

The opportunities and areas of good practice below provide boards with useful ideas and frames of reference for looking at what more they could be doing and the solutions that are having an impact on improving staff health and wellbeing in their trusts.

Addressing cost of living impact

Evidence of trusts introducing excellent interventions to support staff with the impacts of the cost of living crisis emerged from our research. Trusts are using these interventions as an opportunities to promote the broader support they offer and to raise the profile of staff wellbeing in board consciousness:

"During the petrol crisis, we upped the mileage rate of our community staff, because we have 3000 staff in the community, we cover 1000 square miles. So we upped the mileage rate to cover the increased cost of fuel. Now that the cost of fuel is coming down, we've left the mileage rate up, because we think now it contributes to their cost of living fuel costs and things like that."

"There's a lot, at the moment, with pay scales, pay bands, what we're not allowed to do, but where we can work with our unions, hopefully, to help engage and work with other sectors, particularly the third sector, in what we might be able to do outside."

"We've been providing access to advice, support, and safe financial credit access. We some years ago set up a safe organisation that we work with to provide credit to just help over that timescale, the time lag."

"We respect the privacy and dignity of our staff when they want to discuss sensitive topics. So, we're trying to facilitate access to food banks through a voucher where you can be anonymous, and you don't need to be recorded as experiencing financial stress or wanting to access services where you don't really want to be visible in your own organisation."

"We've worked on developing with our staff side colleagues around staff being able to access their bank payments really quickly, and also get an advance on their salaries, if that's helpful, I think it's called advance pay or something like that."

Strengthening governance and the role of governors

We also heard suggestions about foundation trusts making more use of their governors and trusts generally making better use of governance. Particularly how they capture staff voices, engaging and involving staff in the support they need:

"I think the strengthening role of governors and getting them involved and engaged in staff health and wellbeing work is something we should do and others too. It's not a conversation that many people are having."

"Governance doesn't necessarily improve sickness absence but it does enable you to manage it in an informed, intelligent way to support your staff. We've been working on our governance around staff wellbeing to ensure all staff have a voice and we can keep sighted on staff delivering a diverse service across 121 locations. Governance gives you an infrastructure to ask some very challenging, supportive questions."

"We have regular staff experience stories come to our board and we use them as an opportunity to discuss/explore issues that are live to staff."

"We have a very mature strategic workforce committee – which is an excellent source of information and assurance for the board. It's one of our most effective board sub-committees."

"We've got very well-established staff networks one called REACH, race, equality and cultural heritage, LGBT, carers and disability. I go to the last half hour of every meeting personally to hear their feedback, to hear what's coming out. But also, they've got a route right up to the chair, they've got to route right up to the board."

Using data more effectively to drive decision making

Data was a common theme in our research and interviews. The NHS is still, as a whole, far behind other sectors in how it collects and uses data. Staff health and wellbeing is somewhat of an exception to that, though while most trusts seemed to have a good grip on the main causes of absence and general patterns, few seem to have cross-correlated absence data or done any further, deeper analysis.

This seems to be changing though. Increasingly trust boards, senior leaders and managers are collecting, analysing and making use of data to drive decision-making around staff support. There is a lot of work to do though.

"As an acute specialist with that huge focus around maternity services and predominantly a female workforce, very significant in that 45-plus age range, we have lots of associated absence with menopause, stress, anxiety, depression. We study the data around this closely when we are looking at support. It means we have a really good understanding of the reasons why we see those high rates of absence and enables us to take a strategic approach addressing them."

"I think in the medium to long-term boards are going to have to hone in on pockets of areas of interest or priority, like do we do assessments on staff on an annual basis? Do we have staff who are getting what you could call employment related illnesses, like we do with back problems? How many staff have we got off with back problems? What's causing these problems? I think there'll be more onus on high blood pressure, on sleep patterns, on decision-making. I think there'll be more emphasis when we do SIRI type reviews, serious incidents, on what was the person's health, health state before an incident occurred, if they'd be working 24 hours, and all those sort of things."

"In addition to the annual staff survey we work with an organisation who've got a specific staff wellbeing survey that we carry out three times a year, and that gets reported all the way through up to the board."

"We're using data that gives us a really good insight into people's wellbeing, right down to team level, including differences in experience between different bits of the organisation, different emerging themes and trends in terms of people's wellness. It also allows us to cut it by diversity statistics. So, we can see if wellbeing is different based on different protected characteristics. That's some of the evidence that we use in terms of bringing in the BAME health and wellbeing practitioner role in terms of an example of that."

Reforming policies and practice

We heard about some really interesting approaches to policy reform. Some trusts told us they are taking radical approaches to typical HR and OD, including scrapping policies and taking an more and more individualised approach, in an attempt to redefine relationships and ensure all support is tailored:

"One of the things we've done is we've ripped up our short-term sickness absence policy, we've done away with it, which has blown the minds of many managers in this organisation who think I've completely lost the plot. We've moved to an approach that's tailored based on discussions between managers and staff."

"We were spending lots of time formally managing people through a process, you've been sick, therefore we're going to talk to you about your being sick, and if you're sick again, then we're going to move you on to a different level of policy, and if you're get sick again, we're going to move you on to another one. And the whole thing felt extremely punitive. Actually, the evidence suggested that approach had little impact on sickness rates. But what it did do was have an impact on morale. So we are reforming our approach and looking at really minimising policies."

Leadership

Leaders have a really important role to play in staff wellbeing, from the decisions they make and take to the culture and values they set and the behaviours they role model. We were told of some good things around the active role of leadership, especially in engaging with staff:

"We need to see more values-based leadership. To embody and role model the culture, the values, the behaviours. Be vocal about the challenges and support."

"From a leadership perspective, we're really clear that we expect our Band 7s to be regularly sitting down and having a conversation, saying, 'How are you?' 'Yeah, fine.' 'No, how are you, really?' Those sorts of conversations. It's not a magic wand or a panacea, but it just helps so people can say, 'Do you know what, I'm finding it pretty hard at the moment'."

"We're looking at a simple John Lewis model in terms of people representing others being able to speak at board. So, it's just a more formal informal way of instead of the CEO going on a visit and hearing that I've had to wait four months for most of my uniform to come through – it's all focused on the small stuff – 'my parking price, I can't park the car, it's 20 quid a day', and things like this, that we have routes through."

"We've been encouraging our board to do more walkabouts – to go and see staff, talk to them about how they feel, see for themselves the working conditions, hear their concerns."

Staff communication and engagement

We heard some really encouraging things in our interviews, backed up by the documentation research we did, about more thorough engagement and involvement of staff in the support and help they need. Many trusts had done work in the last few years to improve the direct line of communication from staff on wellbeing issues to the board. We heard just as much good practice around engaging staff outside of formal governance structures. A number of trusts had gone beyond the homogenous single staff forum to having a number of staff groups.

"We have a thing called All of Us. It's really visible and brings together all of our wellbeing. Everything is clearly branded. It links to our strategy and it goes through our mission, our vision, our values."

"Our forensics team is doing loads in terms of wellbeing, the wards are coming out, they're covering for each other so they can come and have some time out, have these wellbeing conversations. They've got some of the fun competitions about who's walking the most in a month, those sorts of things."

"We've been looking at staff reward. One way might well be, like we've done with the COVID medal, for example, recognising the work they did through the COVID period, and the wellbeing around that. Other ways to reward staff, it might well be you could give them a financial bonus, and we've given out bonuses this year to do with contribution during the COVID crisis. But it doesn't have to be COVID. It could be championing or role modelling staff wellbeing."

"We've completely revamped our onboarding, and our induction processes, really trying to make it a real effort to welcome people, to get them to feel part of the team in a very inclusive way, and then to make sure that we're also investing in first line management."

Funding support

A constant theme in our research and interviews was how finance, or lack of it, creates one of the key barriers facing boards wanting to do more. Interesting, few trusts seems to have done an analysis of what their sustained levels of absence and vacancies were costing them. Some had and the figures we heard were astonishing.

We learned how some trusts are taking the time to build business cases for further investment – supported in terms of value for money by the growing costs associated with rising absence.

We also heard of trusts using charitable donations to fund staff wellbeing support.

"We've decided that some of the charitable donations money, which is called the beneficiaries, that we should use for things to support staff to stay well and healthy, things like funding gym memberships, running clubs, those sort of things. So we contribute towards that."

"We've got our own psychological support service, which we've used charitable funds for."

Developed staff wellbeing support

We heard some great things about how trusts have been developing and broadening their staff support offers in light of both the pandemic and the cost of living crisis, particularly around mental health and weight management. Most of the trusts we spoke to and looked at had a broad range of support though there was variability about how well this support was communicated to staff and how easy some of it was to access.

We heard a lot in our interviews about the move away from one size fits all offers to more tailored and segmented support.

"We have this excellent support offer at Merseycare, its called the Life Rooms. It's a service that provides staff with a safe and welcoming space to meet others and learn about and access support."

"We have a food festival once a year, which we run with members of the public and the third sector on healthy eating. There's all the usual public health advice around, get a good night's sleep and have a normal habit."

"We have a partner that provides staff with financial advice and easy access to loans."

"We've a chunk of musculoskeletal-related absence. I've also got one of the biggest physiotherapy services in the country actually in the trust. So we're using their expertise to develop our support offer to their colleagues."

"We have developed our staff support offer, it now has these different categories around supporting staff and their physical wellbeing, their mental wellbeing, their financial wellbeing, and how we can support them at work and make work doable in terms of understanding their roles and functioning."

System collaboration

Although it is early days for Integrated Care Systems, it was clear from our interviews and research that staff health and wellbeing is something that partners in systems are starting to really think about and act on collectively which is a real opportunity:

"The other is we're looking at seconding and swapping staff across different providers. So, if an area is considered good, then we'd like an area that would require improvement, their staff to go to the good area and spend some time there and the staff from the good area to go to the other area. We're looking at the NHS passport, for instance, around patient and pathways so that clinical staff can work across trust and work inside trusts. We're exploring … honorary consultant contracts with general practitioners, so they can come on the wards, ask for tests for their patients and be part of the discharge team."

"We're also working with our ICB colleagues across the Cheshire and Merseyside piece. That has been to set up a Cheshire and Merseyside wellbeing hub for staff, and that also offers psychological support, and has grown from, I think, three staff to 30-plus."

7. Positive impact case studies

We uncovered an impressive case study of the work being done at Dartford and Gravesham NHS NHS Trust. The trust is perhaps unique in how it strategically brings together many of the areas of best practice identified above into a clear outcome-driven programme backed by substantial financial investment.

Dartford and Gravesham NHS Trust – A strategic approach to staff health and wellbeing

Dartford and Gravesham NHS Trust, a medium-sized acute trust with around 4,500 employees in the south east of England, has one of the lowest staff absence rates in the country. The secret to their approach is quite simple – they applied a strategic approach to health and wellbeing and matched it with protected investment.

Leslieann Osborn, Director of Wellbeing and Engagement, took over responsibility for staff wellbeing in August 2020, having previously been in strategy roles. Her strategic approach to workforce challenges has yielded some incredible results.

The Dartford approach

The Dartford approach, inspired by Leslieann, was to first understand the scale of the problem and its mutli-lateral nature and then to look at the impact on the Trust, including financial cost, Two things were developed:

- A business case for investment
- A detailed programme of support, matched to the health and wellbeing issues in the Trust and informed through engagement with staff

Once Leslieann had secured the investment for the programme of work – which included charity funds – she set up a Health and Wellness team to oversee and lead the programme:

Occupational Health and Wellbeing came together in July 2022 to form the Health and Wellness Team

- DGT were highly commended in the HSJ Awards in 2020 coming 2nd to the national vaccination programme
- On site Mental Health support via Time to Talk Team, Counsellors, OH Nurse, Health Psychologist, Clinical Psychologists and Incident Support Team
- Wellbeing Wheel and Conversations in place, all staff have a Wellbeing Objective as part of their PDR
- Mindfulness & Meditation Sessions, The Retreat, Wellbeing Events, KMPT Project Wingman Talking Wellness Bus
- Dedicated Wellbeing areas, include a marquee, igloos and lounges, plus upgrade of all staff rooms
- Wellbeing Days given (extra day leave – 3 to date)
- Achieved Gold Accreditation in the Kent and Medway Healthy Workplace Programme
- High pressure areas supported with snack bags if unable to leave area for lunch during peak periods
- Agile and Flexible working policies in place
- DGT Doers Band 2 – entry point role into the NHS, Doers support the whole organisation
- Reset Health Programme (currently at cohort 6); resets staff key health indicators such as BMI, hypertension, cholesterol, pre and type II diabetes, plus improved MH
- Wellness Programmes include: Menopause Clinics and M Café; Acupuncture; Sophrology (Sleep)
- Physical Health support via Staff gym, Reflexology, Indian Head Massage, Reiki, Walking Club, Cricket Team, Long Covid Clinics, vaccinations (flu and Covid boosters)
- Moving and Handling Training and ergonomic assessments in place
- EDI Networks set up for LGBTQ+, Disability and Gender
- Full Occupational Health service in house and offered to external organisation
- Staff Welfare and Hardship Fund in place to support staff struggling with the cost of living
- Wellbeing Areas stocked with free refreshments for staff

Discussing the Trust's strategy at a recent GGI and Reset Health event on staff wellbeing, Leslieann said: "Our strategy here is joy at work, and the health and wellness element is ensuring our staff are happy, healthy and heard." She said her Trust had adopted a holistic approach, merging the wellbeing and occupational health departments into a single staff health and wellness team.

Incredible results

Leslieann described how Dartford and Gravesham have a weighing machine that gives staff their BMI and risk indices for conditions such as stroke and heart attacks. Leslieann contacted Reset Health when she realised that 10% of Trust staff were at risk. The Trust is currently on its sixth cohort of 50 staff members going through the Reset programme, which means around 300 staff have benefited from it.

The benefits of the programme are clear, she said. "It has reversed staff diabetes, it has reversed hypertension, it is improving their health. We are in the top quartile for all health and wellness measures on model hospital, and we now have probably one of the lowest sickness levels for work-related stress and anxiety. We're currently at 0.2% of our staff are off for stress related conditions."

Leslieann highlighted a strong focus on mental health support at the Trust, with clinical psychologists and mental health support nurses on site. They have also looked at complementary therapies, including Reflexology, Indian head massage and Reiki.

Worth the significant investment

The programme cost nearly a million pounds to deliver across the 2 years, with Leslieann adding: "If you're going to do it and do it seriously, you have to put staff wellbeing on par with patient care. It's got to be viewed as that important. We cannot deliver excellent patient care if we don't have staff that feel cared for, valued, healthy and happy."

The future

Leslieann's Trust has been exploring, with Reset Health, ways to develop the programme and to develop relationships with the local community and businesses – particularly with colleges and universities – exploring how to offer mutual support. They are also looking at possible commercial opportunities with local organisations, including Amazon and Tesla.

Reset Health – Thinking differently about staff wellbeing

Reset Health's staff wellbeing offer around obesity and type 2 diabetes is one example of an external market solution that Trusts with high levels of these types of absence and staff wellness issues could invest in. Reset's solution has proven to have a positive impact and has been one of the contributors to the success at Dartford and Gravesham.

"I'm passionate about caring for people and helping in any way, love to crotchet and read but most of all I enjoy spending time with my husband and 2 children. Since joining Roczen (Reset) programme, I now have more energy, feel more in control of my health and can't wait to share with others."

Bridgette Fraser, a Specialist Nurse Practitioner

According to Diabetes UK, over 4 million people in the UK are already living with diabetes, there are perhaps another million undiagnosed cases. A further 13.6 million people are at risk of type 2 diabetes.[9]

In the UK, government spending on the direct medical costs of obesity is currently £6 billion, equivalent to 5% of the National Health Service (NHS) budget and this is estimated to double by 2030.[10] In 2021, treating type 2 diabetes accounted for 8.5% of the NHS budget.[11]

Reset Health is an emergent care provider with a specialism in staff wellbeing and particularly type 2 diabetes and obesity. Around half of the workforces Reset is working with are either overweight or living with obesity. And about one-seventh of the workforce have type-2 diabetes, with 30% being pre-diabetic. They have been working across sectors, with a special focus on organisations with workforces operating in some of the most mentally and physically demanding jobs – including HM Prison & Probation Service, national rail and a number of NHS providers.

9. International Diabetes Foundation, About diabetes - https://www.idf.org/aboutdiabetes/what-is-diabetes/facts-figures.html
10 British Medical Journal, Obesity prevelance among healthcare professionals - https://bmjopen.bmj.com/content/7/12/e018498#ref-6
11. Diabetes, Cost of diabetes - https://www.diabetes.co.uk/cost-of-diabetes.html

A new care model

The Reset Health mission is innovation of traditional care models. The Reset Health model is based on a philosophy of accessibility, patient empowerment, evidence and engagement:

Messaging + real-time

Instead of infrequent 15 min visits, Reset's clinicians, mentors, and content engage the patient on an almost daily basis to make healthier habits top of mind.

More frequent comms

The platform facilitates messaging and real-time conversations for our patients, clinicians, and mentors. All content is reviewable whenever.

Automated workflows

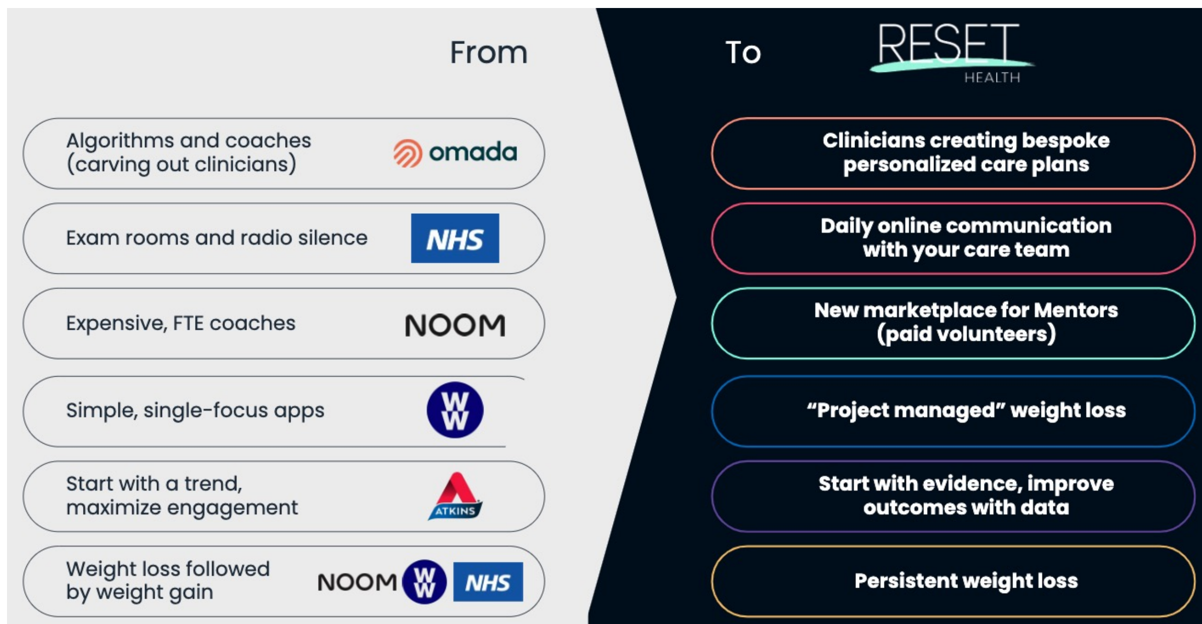
Exam room conversations can't scale. Online workflows and the automations to support them, enable Reset's clinicians to scale their repetitive tasks found across all their patients.

Mentors augment clinicians

Mentors are patients who conquered their own chronic illnesses via Roczen who offer practical advice based on personal experience, something clinicians can't do.

Continuous improvement

Every single interaction, lab test, question answered, check-in, etc. provides actionable data to supporting continual improvement



Impact

The Reset model has shown to reverse type 2 diabetes and obesity, generally without drugs and very cheaply. Staff on Reset's programme typically see a metabolic impact, physical improvement, HbA1c improvements, and also a fairly significant positive impact on anxiety and depression.

A solution that works:
Impact at 12 weeks.

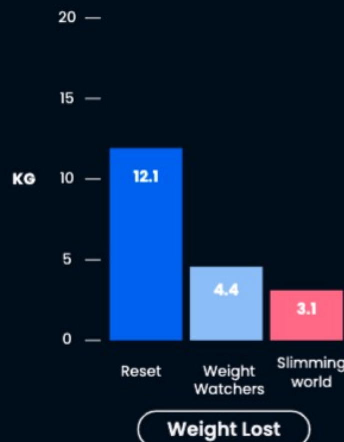
Since 2020 we have focused on helping NHS staff reverse Type 2 Diabetes & Obesity.

The impact at 12 weeks

8.1 kilos lost per person (1)	8% reduction in HbA1c (1)	62% reduction in depression (1)	33% reduction in anxiety (1)	60.2% titrated off diabetes meds (2)

Sources:(1)Clinical Service Evaluation, Dartford and Gravesham NHS Trust, Cohort 1-3, Jan '22
(2) Reset Clinical evaluation (longitudinal), Dec 2020

A continues to work:
Impact at 52 weeks.



Source: K Jolly et al 2011, Reset DGT 52 week CSE Feb '22

HbA1C is the average blood sugar level over 3 months

Source: S Hallberg et al 2018, L Saslow et al 2018, Reset Clinical evaluation (longitudinal), Dec 2020

The mental wellbeing improvement is frequently picked up by trusts, given the scale of absence related to mental health.

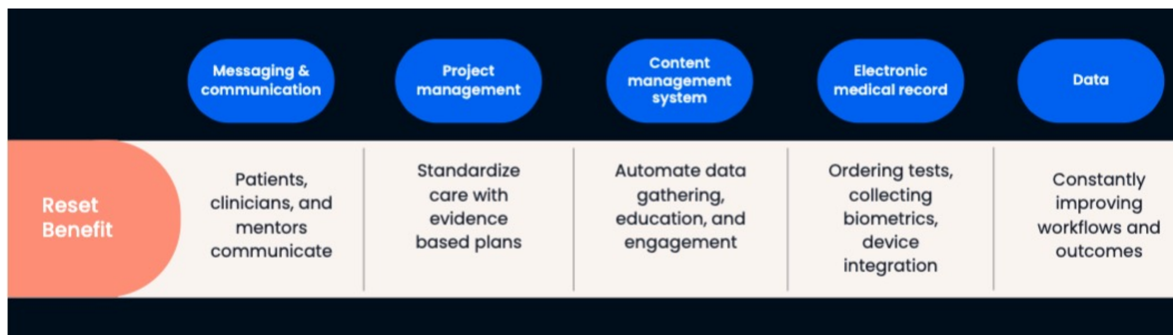
Reset's model is built on patient empowerment and patient community, which it believes contributes, along with the physical health transformation, to this mental health improvement. Reset's model also tends to create staff support networks through its impact, in the words of Reset's strategy director, Grant Harrison: "If you can turn around these metabolic conditions within 12 weeks, as we are, and then continue to make improvements, people get really evangelical, and they start offering to mentor people in their own organisations."

Reset uses these staff members as mentors in the programme, paying them to advise and support others, which magnifies the impact of doctors, nurses and Reset's technology. As Grant Harrison explains: "We've realised that financial health is an important part of overall health and wellbeing so we're extending the mentor rewards programme so that mentors who are helping other people can earn between £1,000 and £5,000 per month by supporting others.

The general resource requirement for 10,000 patients is:

ROC team for 10,000 patients	
Number of doctors	1
Number of nurses	2
Number of mentors	500
Doctors and nurses are full time Reset employees Mentors are patients who we reward for every patient they mentor	

Which in turn makes it very scalable:



Those organisations, including Dartford and Gravesham, are seeing the impact of Reset's care model. So too are patients from the cohorts:

Reset Health patient impact stories

Andrew Taylor, a Pre-assessment Nurse at Queen Mary's Hospital in Sidcup. He started Reset Health and joined the Roczen platform in January. Since then he's reset his Diabetes and lost 9.7kg in the first 12 weeks. His blood pressure has decreased to the extent that hypertension, heart failure and strokes are no longer a massive worry. His hobbies and interests have always been around keeping fit and in the past he has run the London marathon a few times. After a period of inactivity he struggled to return sustainable and long lasting programme. Since joining Roczen, constant support and guidance from his clinician has kept him 'in-check'.

Bronwyn Botes, Sonographer with hobbies ranging from spending time with her furry friends and taking short courses to increase her knowledge and understanding around health and wellbeing. Through Reset Health, she has taken up yoga and adapted her lifestyle to keep her metabolism reset. Through the programme, she has lost 10kg, with her waist size dropping by 16cm. On top of that her diastolic blood pressure also decreased by 15% and her hbA1c has decreased, which prevents any future complications with T2DM.

Find out more about Reset Health: www.resethealth.clinic

8. Key questions & prompts for boards

Questions for boards

Is your board sighted on the new provider trust code of governance?

- Have you thought about what the new code will mean? Especially around the new staff wellbeing responsibilities?
- How much thinking have you done on staff health and wellbeing support investment in the last year? What solutions have you looked at? What information is informing what you're looking at?
- How are you as a board recording and tracking investment? How are you / will you assess return on investment?
- Are you assured that your trust is doing all it can to address staff wellbeing issues and improve staff health and wellbeing?
- What assurance do you have that this is the case?
- What parameters/ evidence are you looking for/ at to show that this is the case?
- How do you seek it? When? Where?
- Are you looking to the private and other sectors for learning? Is this being done regularly?
- Are you looking at solutions from the private sector? What is available to tackle the issues native to your trust? How they work? What impact they have had in other organisations/ contexts?

Does your board know the scale of the challenge?

The first step in solving any problem is recognising that there is one. The second is to thoroughly understand it. Trusts that do this have better outcomes.

- What is being reported on in your trust?
- How?
- Through what channels?
- Are they the right measures? Do they really aid understanding the issues?
- Is your board getting the right assurance?
- How do you hear from staff? On this issue, do you have participatory governance that includes staff voices in decision making?

Does your board have the right knowledge and skillset?

Significant staff absence, recruitment challenges and retention difficulty. All of these are strategic risks. Boards that have thought more strategically and holistically about this challenge have seen better outcomes.

- Are you thinking about them strategically?
- Have you got the skills on your board to do so?
- Are you skilled and knowledgeable enough to really challenge the assurance you get? To have truly constructive and challenging discussions?
- Can you think laterally about the issues? Would you consider things such as radical redeployments and investing in cross-skilling workforce flexibility as a possible solution?

Is your board focused on improvements in productivity?

- Are you spending enough time on how improved productivity can be measured/achieved?
- Do you understand how staff health and wellbeing issues affect productivity?
- What metrics are being used and is the data reliable?
- Is this in all honesty seen as a step too far when the focus is on scarcity of people and stress?
- Is there an appetite to really explore and address productivity?

Is your board willing – and set up – to be bold and take hard decisions?

This is about choices and making hard decisions. Trusts that are well set up to make them them have better outcomes.

- Do you have the courage as a board to make hard decisions?
- Addressing the challenge will take big financial investment. One trust doing particularly well invested £1m. Could you? When these trusts they looked at the cost of staff absence, the business case was clear. Would yours be?
- Would you be willing to invest less in other areas, so that you can invest more in caring for staff?
- What would legitimise these decisions?
- What evidence would your decisions be based on?

What are the limits of the board's responsibility?

There are limits and sensible boundaries to what the board can and should seek to do about key workforce challenges. The boards that know this have better focus and see better outcomes.

- Currently, a big inflationary driver of NHS workforce issues is the cost of living crisis. What is your board's sense of its moral obligation to address its impact on staff? Do you have a consensus on that?
- What about other social and economic dynamics in your area?
- What would Tesco do? What would John Lewis do?
- Given that this impact is disproportionate across the workforce, how can the board make fair decisions? Is it important that the decisions are fair? How is fairness defined?
- What is the balance of accountability between the board, teams and individuals?
- Should board responsibility and accountability be informed or shaped by staff engagement?

9. Concluding thoughts/ recommendations

This report has highlighted some of the key questions boards could be asking themselves in light of the NHS workforce challenges. There are no doubt others. The main point is that boards would be wise to regularly have robust, constructive and challenging discussions about these issues – to make sure they are getting the right assurance and providing effective leadership.

Although the scale of the challenge is significant, our research demonstrates that there are solutions available and that some trust's, especially those applying a strategic mindset, are effectively dealing with many of these challenges.

Blueprints for others to follow exist. They provide hope and agency to boards, while the stimulus questions give leadership teams a structure for constructive dialogue and challenge.

We will leave the final words to one of our interviewees:

"Board needs to be authentic – take a real, pragmatic interest and scrutiny in what is being offered and consider whether it is up to date – we need to be agile in the wellbeing support that is needed as pandemic wellbeing issues will emerge over the next 2/3 years in both mental and physical wellbeing issues; we have the cost of living crisis now layered on top of this – and all of this is on top of many of the existing issues that staff were reporting. We need to be doing more and we need to be doing it now."

Contributors

This paper has been made possible by the significant contributions of many NHS leaders who gave up their time to inform this research.

Our thanks to them.

References

https://www.nhsemployers.org/publications/nhs-health-and-wellbeing-framework

https://www.england.nhs.uk/wp-content/uploads/2021/11/NHS-health-and-wellbeing-framework-strategic-overview.docx

https://www.england.nhs.uk/ournhspeople/

https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf

https://www.england.nhs.uk/our-nhs-people-promise

https://www.england.nhs.uk/future-of-human-resources-and-organisational-development/

https://www.kingsfund.org.uk/blog/2022/10/how-can-managers-and-leaders-support-staff-wellbeing-nhs

https://www.nhsemployers.org/articles/nhs-staff-survey-2021-results

https://www.nhs.uk/conditions/type-2-diabetes/finding-help-and-support/

https://commonslibrary.parliament.uk/research-briefings/sn03336/

https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2021

https://governmentbusiness.co.uk/features/obesity-%E2%80%93-what-are-consequences-your-department

https://www.kingsfund.org.uk/sites/default/files/2021-07/Tackling%20obesity.pdf

https://bmjopen.bmj.com/content/7/12/e018498

https://ukhsa.blog.gov.uk/2021/03/04/patterns-and-trends-in-excess-weight-among-adults-in-england/

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