

Wellbeing at Work Forum



In partnership with...

South Tyneside 
NHS Foundation Trust



horizonworks 
your marketing team

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Today

- Welcome
 - John Baines, Assistant Chief Fire Officer, Tyne and Wear Fire and Rescue Service
 - Steve Williamson, Chief Executive, South Tyneside Foundation Trust
 - Hamish Moore, Chief Executive, Wellbeing Works
- What we will be looking at today
- Background
- Case Studies
- Q&A



Key factors correlated with wellbeing in the workplace

- Increasing productivity
- Improving staff morale
- Reducing staff turnover
- Increasing skills levels
- Improving attendance
- Reducing recruitment and training costs
- Improving your organisation's reputation
- Improving financial performance
- Managing change more effectively



Background

Some examples of research and publications in this arena

- 2008 Dame Carol Black “Working for a Healthier Tomorrow”
- 2014 David MacLeod and Nita Clarke, Engage for Success “THE EVIDENCE: Wellbeing and Employee Engagement”
- 2014 CBI “Getting better workplace health as a business issue”
- 2013 Gallup” Global Workplace Report”
- 2015 NICE “Workplace policy and management practices to improve the health and wellbeing of employees”
- 2015 Harvard Business Review “The Impact of Employee Engagement on Performance”
- 2016 CIPD ” Growing the health and well-being agenda: From first steps to full potential”
- 2016 Lansons “Britain at Work”



Background data

- Growth in UK Productivity – Low circa 1-2%.
- Total Absence Costs UK 2015 £10Billion¹
 - 55% Psychosocial and its causes
 - 40% of MSK attributed to Line Manager behaviour²
- Estimated Presenteeism UK 2015 £15Billion¹.
- 1:4 of the UK workforce will have mental health issue during their working life³.
- In the NHS as staff wellbeing rises patient mortality falls⁴.

1. ONS

2. Oslo, Chisteson JO, Knardahl OI

3. MIND

4. West

The significance of job satisfaction

Proposition:

- Productivity, Engagement and Wellbeing strongly dependant upon non pecuniary job satisfaction (NPJS)
- Attendance is strongly dependant on psychosocial wellbeing

Relationships:

- As NPJS increases – Financial performance increases
- As NPJS increases – Labour productivity increases
- As NPJS increases – Quality of work increases
- As NPJS increases - £/Labour production/work quality increases
- As Psychosocial wellbeing decreases – Absence increases

Correlate

- NPJS and wellbeing are correlated
- Psychosocial wellbeing and absence are correlated



Health
MOT's

Sleep

Alcohol
Awareness

Resilience
Training

Nutrition

Coping
Skills

Exercise



Data
Analysis

Institutionalise
Wellbeing

Leadership
Imperative

Psychological
Safety



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Psychological Safety

“Where Psychological Safety is present, individuals and teams are able to express views, different ideas or concerns in the belief that they will not be harmed. There is a shared belief that the team can take interpersonal risks. Managers actively promote the Mental Health of their teams”.





South Tyneside Foundation Trust

Case study

- Demand for services increasing faster than the rate at which resources are increasing.
- 6% absence rate - costs £7m.
- Significant investment in process improvements have occurred.
- Occupational Health (OH) invested heavily in “Fruits”.
- The Trusts desire to address fundamental “Root” based issues.

Underlying thinking

- Staff Wellbeing directly affects patient care (M. West 2011).
- Staff Wellbeing is closely allied to Job Satisfaction, Decision Making, Working Relationships, Staff Turnover and Costs.
- Job Satisfaction and Mental Health are closely linked.
- Leaders and Managers create the Psychological Environment in which staff carry out their work.
- There are significant and increasing demands on staff.
- Staff Wellbeing is now a priority for the NHS (Stevens/Carter).

If the Trust can improve the Wellbeing of Staff then there are direct benefits not only to staff but to patients and the Trust.

“We need to create the environment in which staff can Thrive.”



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Where did we start?

- Chief Executive/HR Director initiation
- Selected 4 pilot areas – 300 staff
- Strong positive communication to staff
- Evidence based approach
- Deployed online predictive wellbeing tool (Wbi)
- Individual personal wellbeing reports provided
- “High Risk” individuals referred to OH
- Production of aggregated anonymised results/solutions
- Board level support for holistic approach



What did we find?



Highlights of data

| Support | Weak |
|--|-------------|
| Work: Feeling valued by colleagues and line manager, where ones line manager understands ones circumstances and where personal relations are positive in the team | 34% |
| Job Satisfaction: enjoying your job, variety in the role, stimulation and challenge in the role, level of the role | 38% |
| Autonomy: Pace of work, role flexibility, breaks at work, work volume, work planning | 83% |

Highlights of data

| Stressors | Weak |
|---|-------------|
| Non Work Factors: Major changes in ones private life, home responsibilities, taking up majority of time/energy, actions/behaviours of others | 18% |
| Work Factors: Work volume, exhaustion, needing to work very hard to finish tasks, stress at work, not being able to switch off | 45% |
| Personal characteristics | Weak |
| Avoidance Behaviour: Putting off difficult conversations, difficulty in asking for help, difficulty in making decisions, avoiding difficult situations | 20% |
| Perfectionism: Doing more than is asked, demanding a lot of oneself, hating to disappoint others, being a high achieve at work | 59% |



Highlights of data

| Symptoms | Weak |
|---|-------------|
| Pressure and Tiredness: Not being able to focus or concentrate, not feeling fit and rested in the morning | 25% |
| Anxiety, Worry and Low Mood: Feeling anxious, feeling nervous or worried about what might happen, feeling down, having no interest in anything | 13% |

| Impact | Weak |
|--|-------------|
| Work Aggravated Symptoms: Negative effect on work performance, needing to have time off, fear that symptoms will worsen if work increases | 11% |

Evidence based solution

1 What does it mean?

Gather data

Involve staff

Briefings to board/senior managers

2 Thinking differently

Understanding the data

How do you see the problem

Accountabilities and responsibilities

Introducing Psychological Safety

Understanding a solution framework

3 Actions and behaviours

Board level reporting

Using the PSRM framework

Proactive OH

Self care workshops

4 Implementation /co-ordination

Board level monitoring

Strategic integration

Care over integration/duplication

Re measure

Psychologically Safe and Responsible Manager

- Physical and psychological safety links and differences
- Psychologically safe workplace benefits and risks
- Looking after your own psychological wellbeing
- Self assessment
- Actions and behaviours of the Psychologically safe and Responsible Manager
- Creating a psychological safe workplace

More info at www.well-being-works.co.uk/psychological-safety/



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Features and Benefits

Features

- Data is gathered using the only wellbeing predictive tool
- Individuals at risk of absence are identified
- A integrated solution to productivity, engagement, performance, wellbeing and attendance
- Psychologically Safe and Responsible Manager
- Highly Innovative and structured holistic approach

Benefits

- Individuals receive personalised instant wellbeing reports
- OH proactively supports those at risk
- Detailed reporting identifies areas for improvement in performance, engagement, wellbeing, productivity and attendance
- Managers adopt a psychologically safe and responsible approach so generating incremental and measurable improvements
- Improvements are demonstrable



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And finally....

“What would your organisation look like if it had predictive data and a structured approach?”



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Thank You