

# Knowledge Management for Health & Wellbeing: board level metrics and tools for Self Assessment

Steve Glover, Head of Library Services

Manchester University NHS  
Foundation Trust



## What matters to trust boards and directorate managers

- **Setting the context**
- **NHS Health and Wellbeing Framework**
- **Describe the trust level Key Performance Indicators**
- **External validated H&WB data sources**
- **Look at the NHS Improvement Self Assessment Tool**

## NHS Long Term Plan

As medicine advances, health needs change and society develops, the NHS has to continually move forward so that in 10 years time we have a service fit for the future. The NHS Long Term Plan is drawn up by frontline staff, patients groups, and national experts to be ambitious but realistic.



Areas of work

Workforce

Cancer

Ageing well

Learning disability and autism

Mental health

Personalised care

Respiratory disease

Cardiovascular disease

Primary care

Starting well

Stroke

Prevention

Digital transfor

## Workforce



The NHS's greatest strength is its people, and as demand for healthcare continues to grow, it is essential that NHS staff get the support they need to do their jobs effectively.

## What we will do

- **Make the NHS a great place to work** by prioritising staff support and wellbeing
- **Strengthen and support leadership** at all levels
- Make sure that we have enough ~~people with the right skills to help care~~ for patients now and in the future
- **Enhance retention drives for nurses** to continue their NHS careers
- Empower our workforce to use **new technology**.



## Improvement

[Home](#) > [Resources](#) > [A focus on staff health and wellbeing](#)

# A focus on staff health and wellbeing

## About the programme

Improving the health and wellbeing of our staff is an essential component in making the NHS the best place to work, which was a commitment of the [NHS Long Term Plan](#).


Understanding absence trends and causes are key to improving health and wellbeing for staff across the NHS. In 2017, the sickness absence rate across all NHS providers was 4.2%, while the overall average in the public sector was identified by the Office of National Statistics as 2.6% for the same period. Key findings from the 2018 NHS Staff Survey show record highs of staff feeling unwell due to work-related stress (39.8%) and musculoskeletal issues (27.6%).



## Improvement

[Home](#) > [Resources](#) > [A focus on staff health and wellbeing](#)

# A focus on staff health and wellbeing

In the first year of the programme, we have worked with a number of NHS trusts and foundation trusts to build and shape our work. 70 of these trusts have received direct support from the programme to help them improve staff health and wellbeing and reduce their staff sickness rates. Our programme is founded on the organisational enablers described in the [NHS Health and Wellbeing Framework](#) .

- leadership and management
- data and communication
- healthy working environment

# Board level KPIs as indicators of H&WB

- Absence rates
- Staff appraisal (ESR)
- Employee Health and Wellbeing/occupational health service referrals
- Staff engagement
- Pulse Check (Friends and Family Test)
- NHS annual Staff survey
- GMC Survey (2019 pilot questions)



# Data driven decision making

## Why does this matter?

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- By using data organisations can make more evidence based decisions to improve staff health and wellbeing. Reviewing detailed and accurate absence data allows interventions to be more targeted so that they can better help to reduce unplanned absences

*(NHS Health and Wellbeing Review, Boorman, 2009)*

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- “Routinely monitor employee mental health and wellbeing by understanding available data, talking to employees, and understanding risk factors”

*(Recommendation 6: Thriving at Work: Stevenson/Farmer review of mental health and employers, 2017)*

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# Data driven decision making

## What does this look like?

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Data and organisational intelligence is used to inform decision making on matters related to staff health and wellbeing

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### **Aligning health and wellbeing programme to workforce challenges**

- Existing data is identified and used to inform the health and wellbeing plan. This data includes staff survey results, sickness absence, demographics, data about people with protected characteristics, retention rates and patient feedback. Further surveys and qualitative research can supplement this data, for example focus groups
- Data is used to build an accurate staff profile e.g. absence at organisational level and in specific teams. This is used in conjunction with the health needs assessment to build a whole picture of staff health and wellbeing
- Data is used in case management. This enables the identification and monitoring of staff who are absent, or at risk of being absent from work. The quality of data is improved over time to ensure that it is as accurate and up-to-date as possible

# Data driven decision making

## **Reporting links to the health and wellbeing plan and organisational objectives**

- Reports to the board and other committees are regular and use a wide range of data sources
- Data (quantitative and qualitative) is used to measure and improve performance against the health and wellbeing plan and org strategic objectives
- Data is shared across teams e.g. between occupational health and HR. This supports joint activities such as case management

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## **The impact and quality of interventions are measured and reviewed**

- The impact and quality of staff health and wellbeing interventions are measured and included in reporting e.g. intervention impact, staff feedback
- Quality improvements are identified and implemented
- Target groups for health and wellbeing interventions are identified using data e.g. teams with the highest absence rates. Feedback is collected to identify any reasons for low take-up e.g. shift-patterns. A plan is made to address reasons for low take-up or poor quality support

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# Absence rates

KPI	May 19	Jun 19
WTE	127.8	130.7
Headcount	146	150
Sickness Rate – Month	2.9%	3.8%
Sickness Rate – Short Term	0.6%	1.8%
Sickness Rate – Long Term	2.3%	2.0%
Sickness R12 Months	3.0%	3.1%
Turnover R12 Months	11.4%	10.3%
Retention R12 Months	87.7%	88.6%
Appraisal Non-Medical	71.8%	82.5%
Appraisal Medical	Not available	Not available
Core Level 2 & 3	72.0%	78.5%
Core Level 1	94.2%	95.7%

## RAG Key for each KPI

KPI	Green	Amber	Red
Sickness	0 – 3.6%	3.61 – 3.9%	3.91% and above
Turnover	0 – 12.6%	12.61 – 13.6%	13.61% and above
Retention	80 – 100%	79 – 60%	59% and below
Training	90 – 100%	89 – 80%	79% and below

# Imperial College Healthcare NHS Trust

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## Improving measurement of sickness absence:

Penny Parker, Head of People Planning and Information

Imperial College Healthcare NHS Trust was created through the merger of two NHS Trusts in 2007 operating different absence recording and reporting methods which didn't reflect and accurately capture the wide variety of working patterns within its workforce; only 20% of their staff work a standard Mon-Fri for example.

The Trust moved to capture working hours lost to sickness absence as a percentage of contractual hours for all staff across all sites, interfacing this data to the Electronic Staffing Record (ESR) on a monthly basis. From this, the Trust exports the absence data from ESR to report both internally and externally.

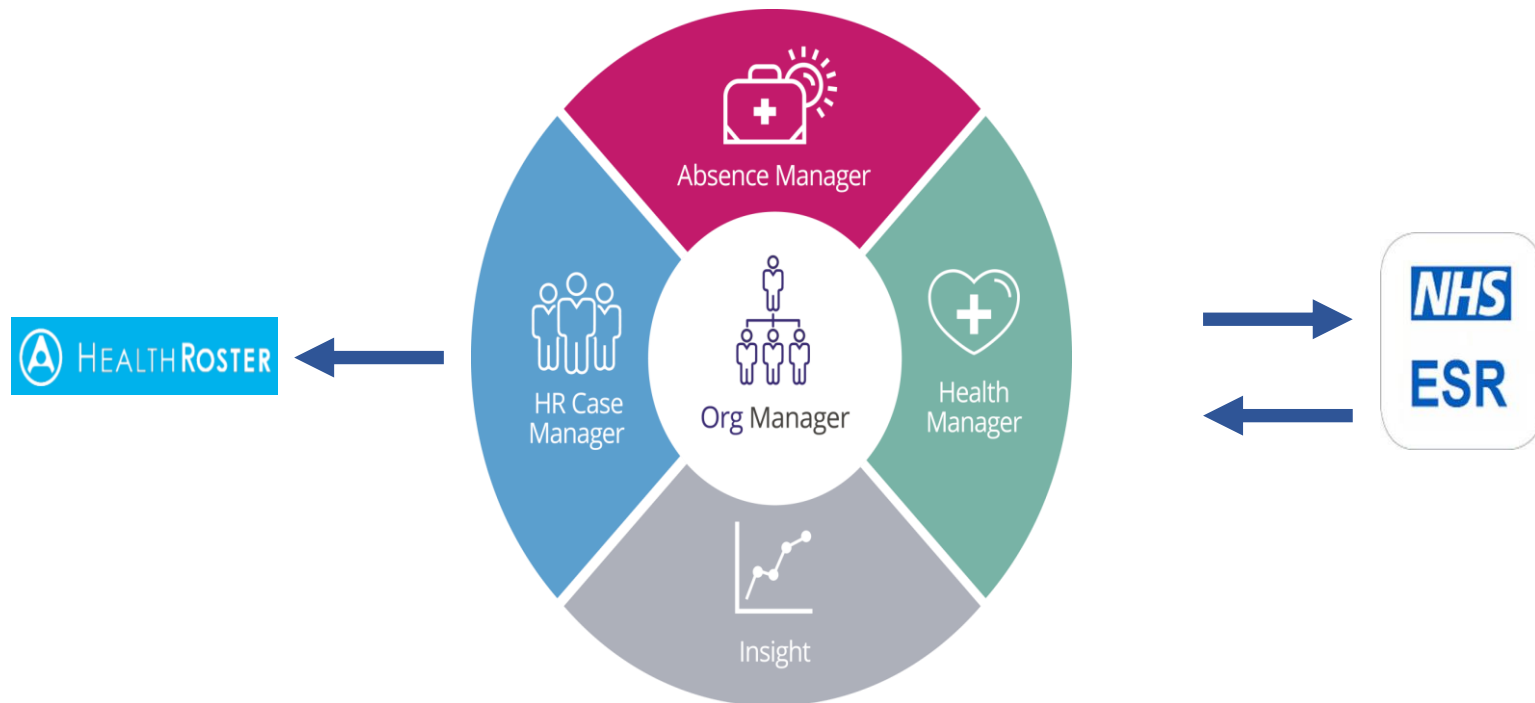
By using working hours lost, the Trust is able to report sickness absence, from employee level upwards, reflective of all shift and working pattern arrangements. This allows for comparative analysis and consistent management of the sickness absence triggers across all staffing groups.

Recording sickness absence in this way has allowed for the accurate provision of sickness absence information to line managers and their HR support at employee level. With this increased visibility, the Trust is capturing all recorded absence data, enabling proactive management support and intervention.

The implementation of a comprehensive sickness absence management policy, introduction of training for managers, centralising of the Employee Relations Service, and this more accurate data recording has resulted in the sickness absence rate, in the last 5 years, reducing from 3.6% (12/13) to 2.9% in 17/18.

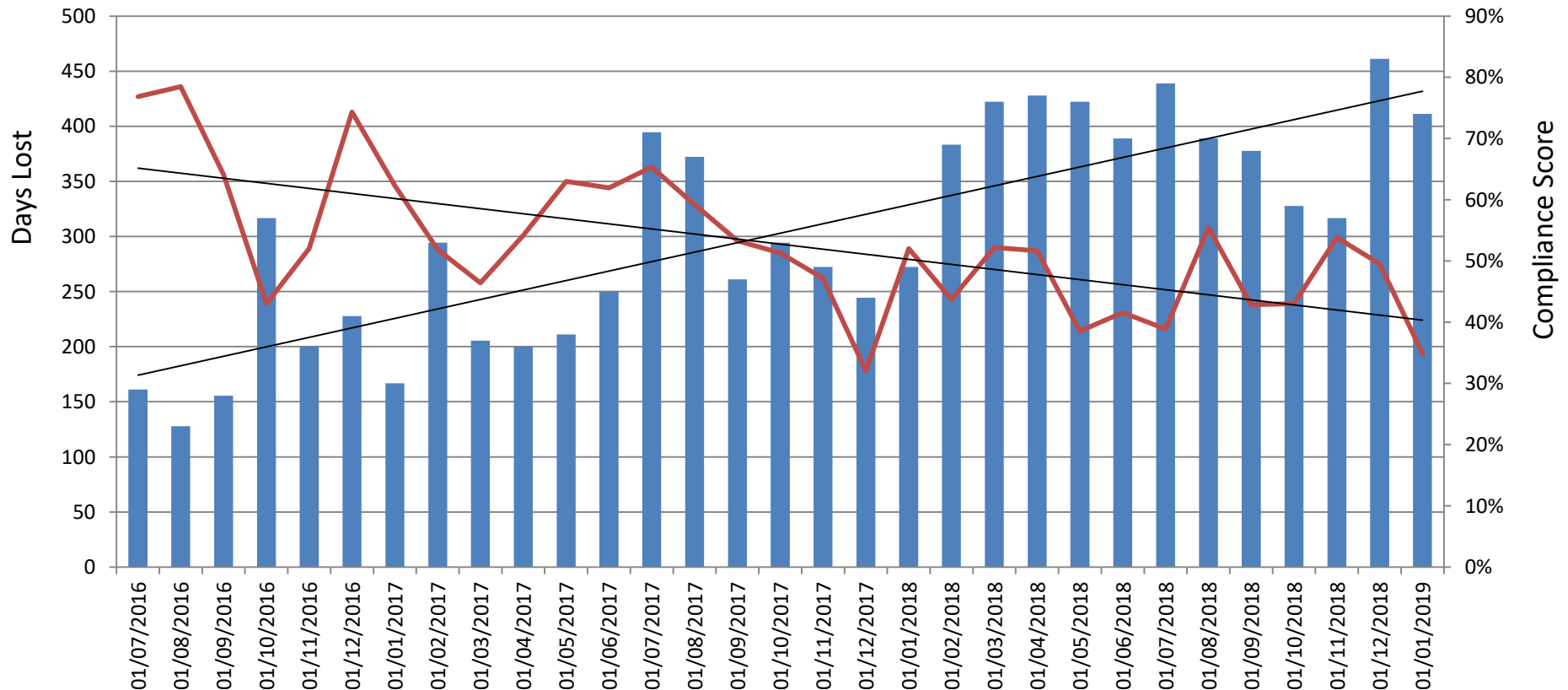
Any central reporting through the data warehouse will default to the standard ESR calculation used i.e. reporting on days lost as a proportion of whole time equivalent. Reporting on working hours lost, as a percentage of contracted hours, results in a higher sickness absence rate than the standard ESR calculation, at approximately 0.50 percentage points.

# Absence Manager





# Opereating theatres at Hospital X



# Board level KPIs as indicators of H&WB

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**The Pulse check & Staff survey are tools which are used to measure a number of criteria of how you view your organisation and how you feel valued by that organisation .....**

**Validity**

**Anonymity**

**Relevance**

**The Pulse check & Staff survey are tools which are used to measure a number of criteria of how you view your organisation and how you feel valued by that organisation .....**

**Validity**

**L6 – Directorate level**

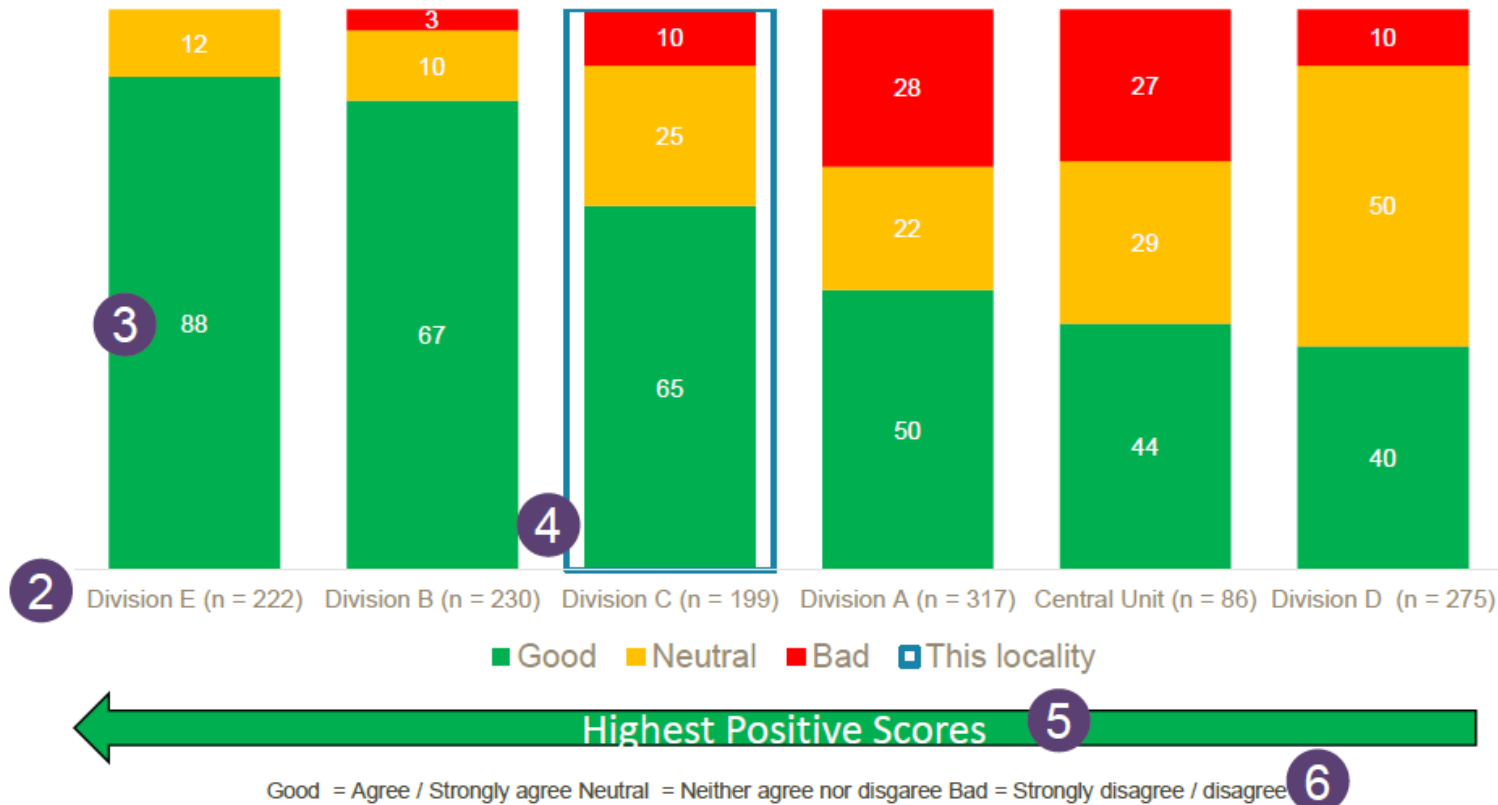
**Anonymity**

**“186” WTE**

**Relevance**

# Explanation of RAG Profile graphs

My workload is manageable 1



- 1 - Positive score text - statement summarising the positives respondents are reporting
- 2 - Divisions/splits in the graph
- 3 - All figures shown are percentages, Division E scored 88% for this question.
- 4 - In divisional reports the report being shown is identified quickly by its border
- 5 - Divisions are shown in order, with the highest positives score on the left, lowest positive score on the right.
- 6 - Key for showing how the responses have been classified

# How likely are you to recommend your organisation to friends and family if they needed care or treatment?

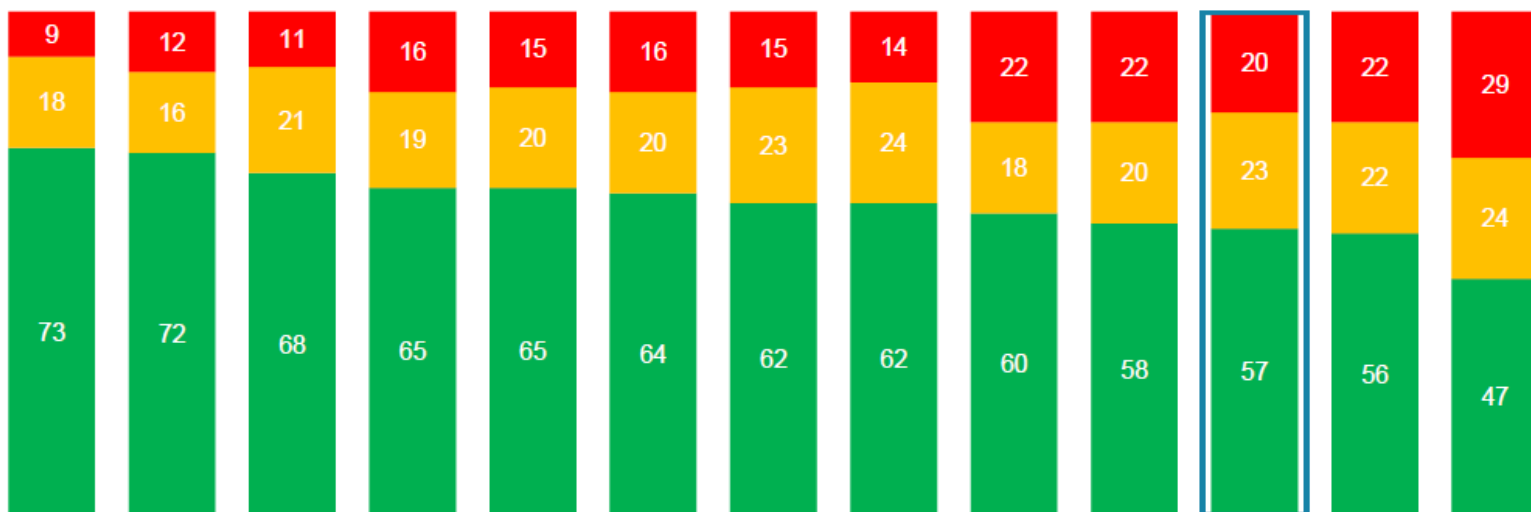


■ Good 
 ■ Neutral 
 ■ Bad 
 ■ This locality

Highest Positive Scores



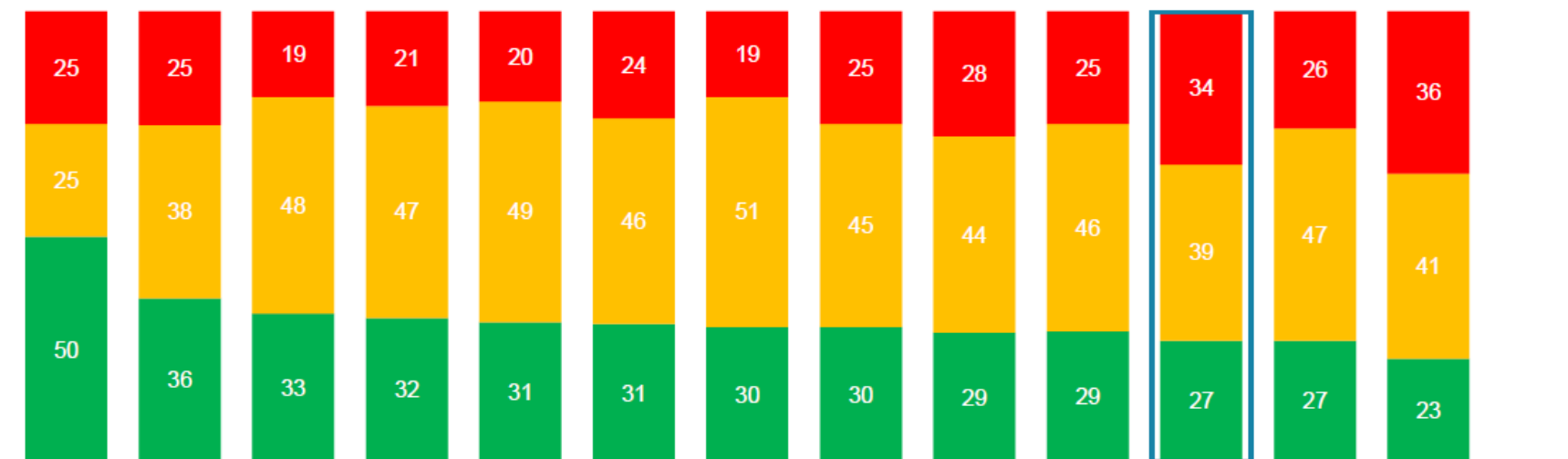
# How likely are you to recommend your organisation to friends and family as a place to work?



■ Good 
 ■ Neutral 
 ■ Bad 
 ■ This locality

Highest Positive Scores

My last appraisal helped me agree clear objectives for my work.



■ Good ■ Neutral ■ Bad ■ This locality

Highest Positive Scores

## My immediate manager takes positive interest in my health and wellbeing



■ Good ■ Neutral ■ Bad ■ This locality

Highest Positive Scores

# Q2 2019-20 Pulse Survey Medical Director Summary Results

incorporating the Staff Friends and Family Test (SFFT) questions\*\*\*

Thank you to everyone who took part in the survey.

## Staff engagement ,SFFT and Appraisals:

Change since Q4	Theme/SFFT*	Score	Previous quarter
↑	Overall Staff Engagement	7.1	7.0
↔	Recommendation – Care***	84%	84%
↑	Recommendation – Work***	71%	61%
↑	Quality of Appraisals	6.0	5.0

## Our views:

81%

Agree that care of patients / service users is MFT's top priority'

79%

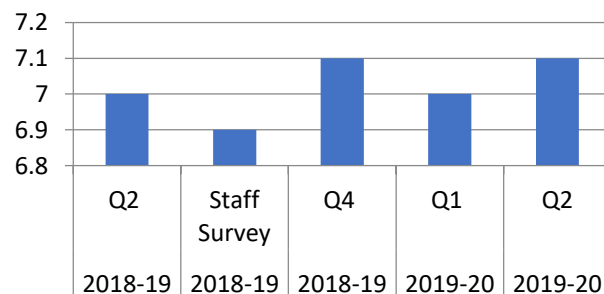
Agree that they are able to make suggestions to improve the work of their team/department.

90%

Agree that their last appraisal contributed to their agreeing clear objectives for their work

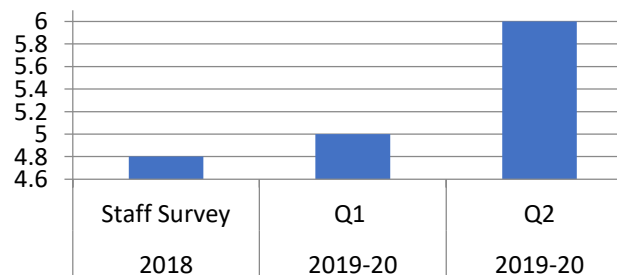
## Overall staff engagement - trend

### Medical Director



## Quality of appraisals - trend

### Medical Director



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# General Medical Council

[Registration and licensing](#)[Ethical guidance](#)[Education](#)[Concerns](#)[About](#)

[Home](#) > [Education](#) > [How we quality assure](#) > [National training surveys](#)



## Doctors in training survey

Find out how to complete the survey, how your answers are used to help improve training, the confidentiality of your answers and more.

[Doctors in training national training survey guide](#)

### Quick links

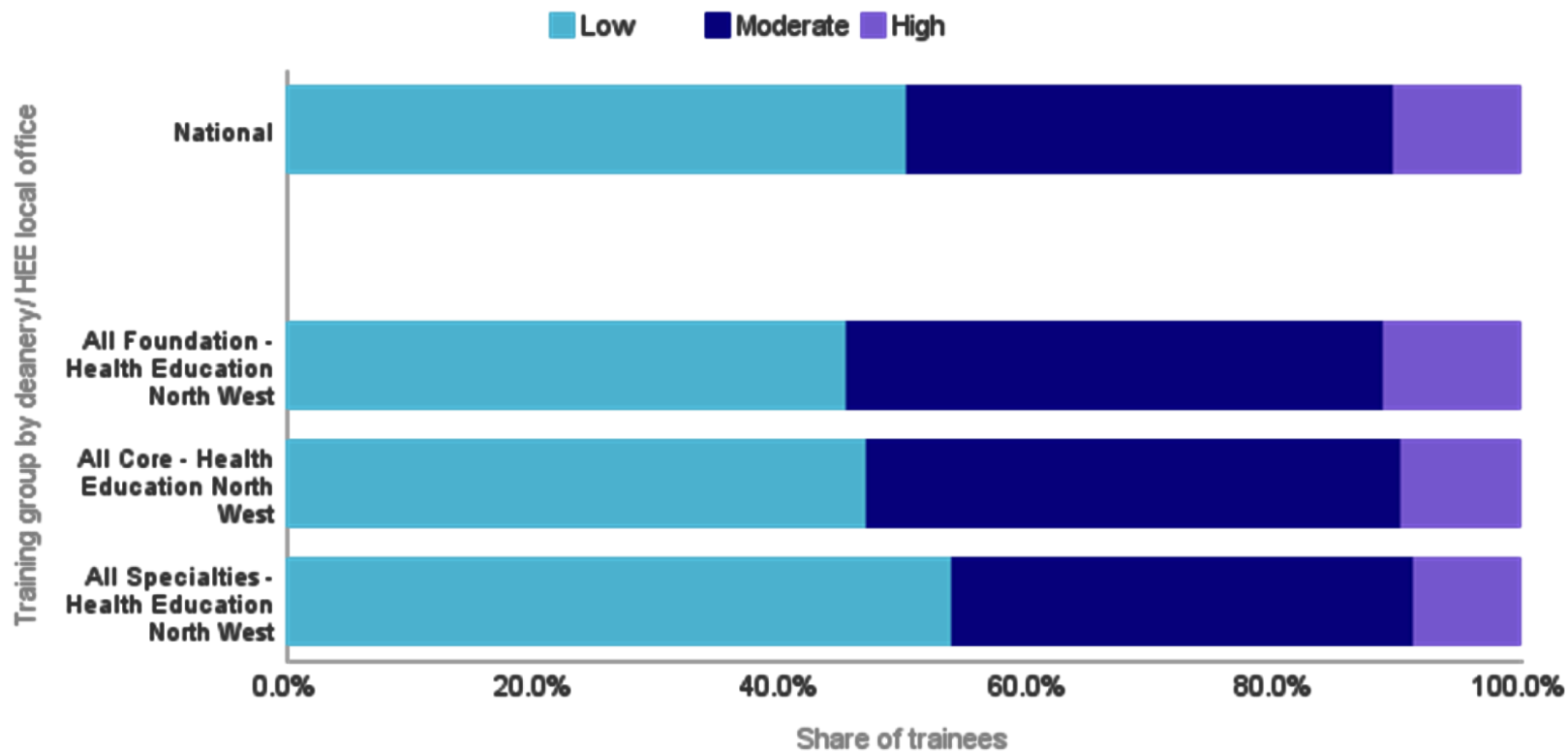
- [Explore the survey results](#)



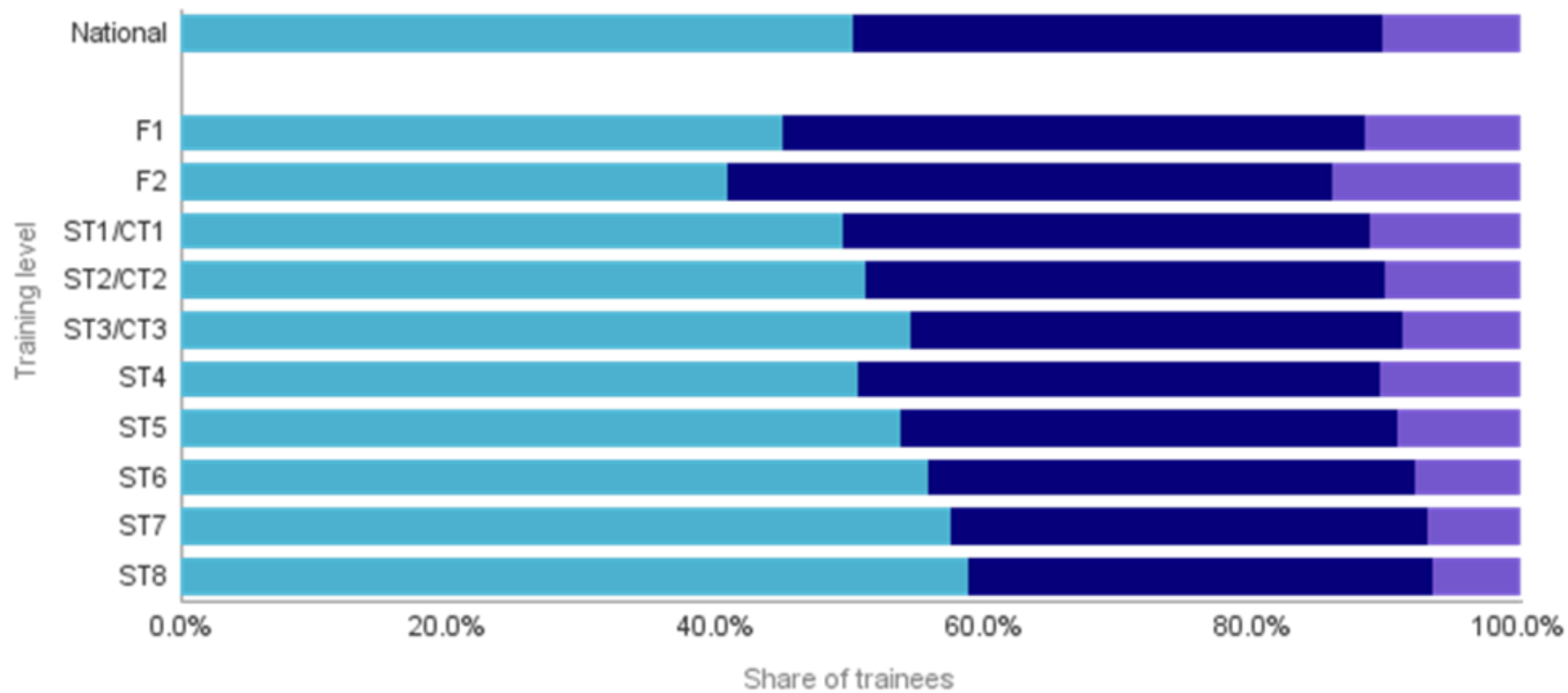
# GMC Training Survey 2019

- Rest, facilities, Burnout
- I know who to contact in my trust to discuss matters relating to occupational health and wellbeing?
- Is your work emotionally exhausting?
- Are you exhausted in the morning at the thought of another day at work?
- Do you have enough energy for friends and family during leisure time?

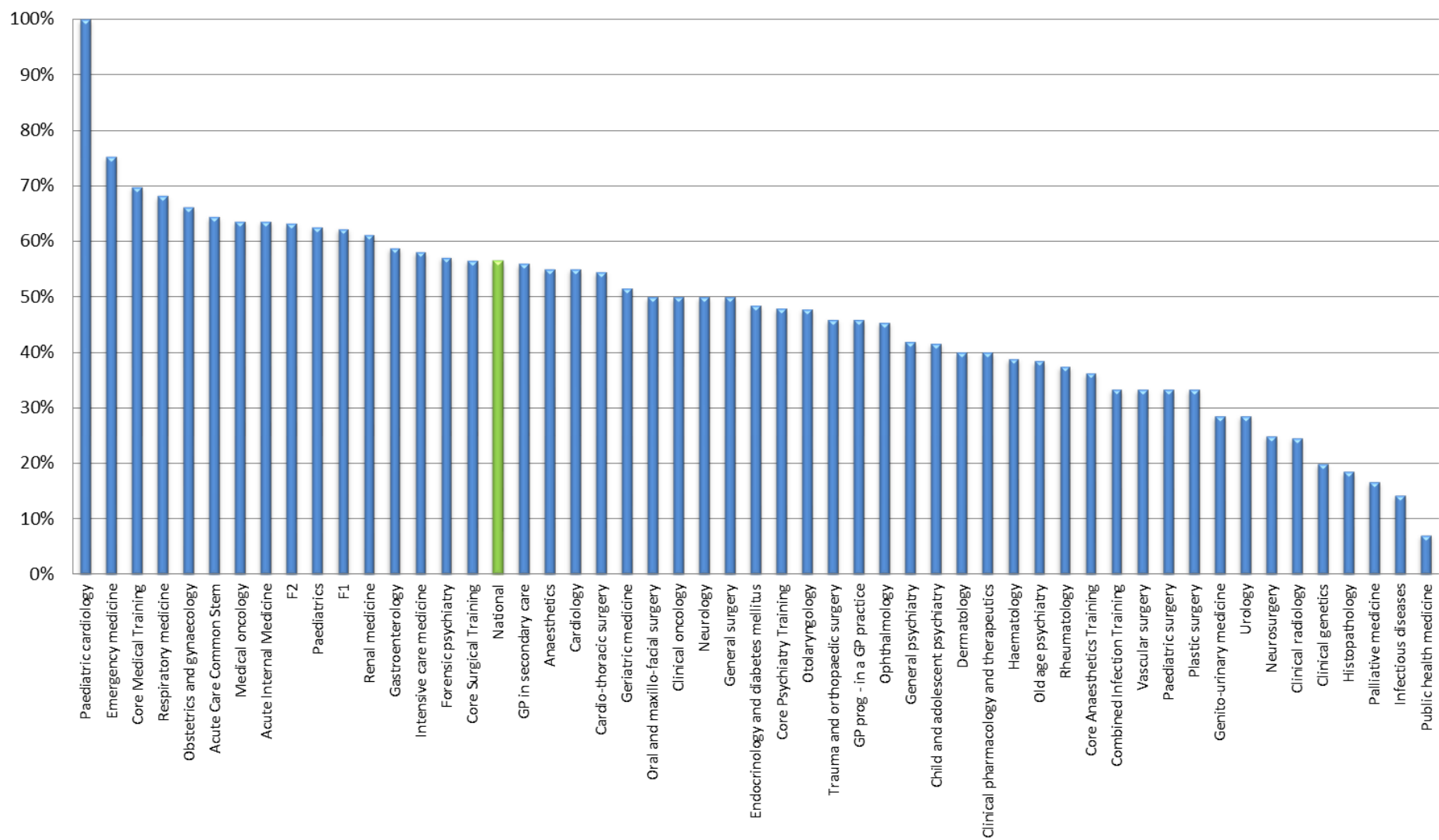
## Burnout category share of trainees by training group by deanery/ HEE local



Low Moderate High



## High plus Moderate Risk of Burnout by Specialty, HENW



A portrait of a woman with short brown hair and green eyes, looking directly at the camera. She is wearing a dark top. The background is a blurred clinical setting with medical equipment.

# Workforce Health and Wellbeing Framework

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## Get Started

# Organisational Enablers



# Health Interventions



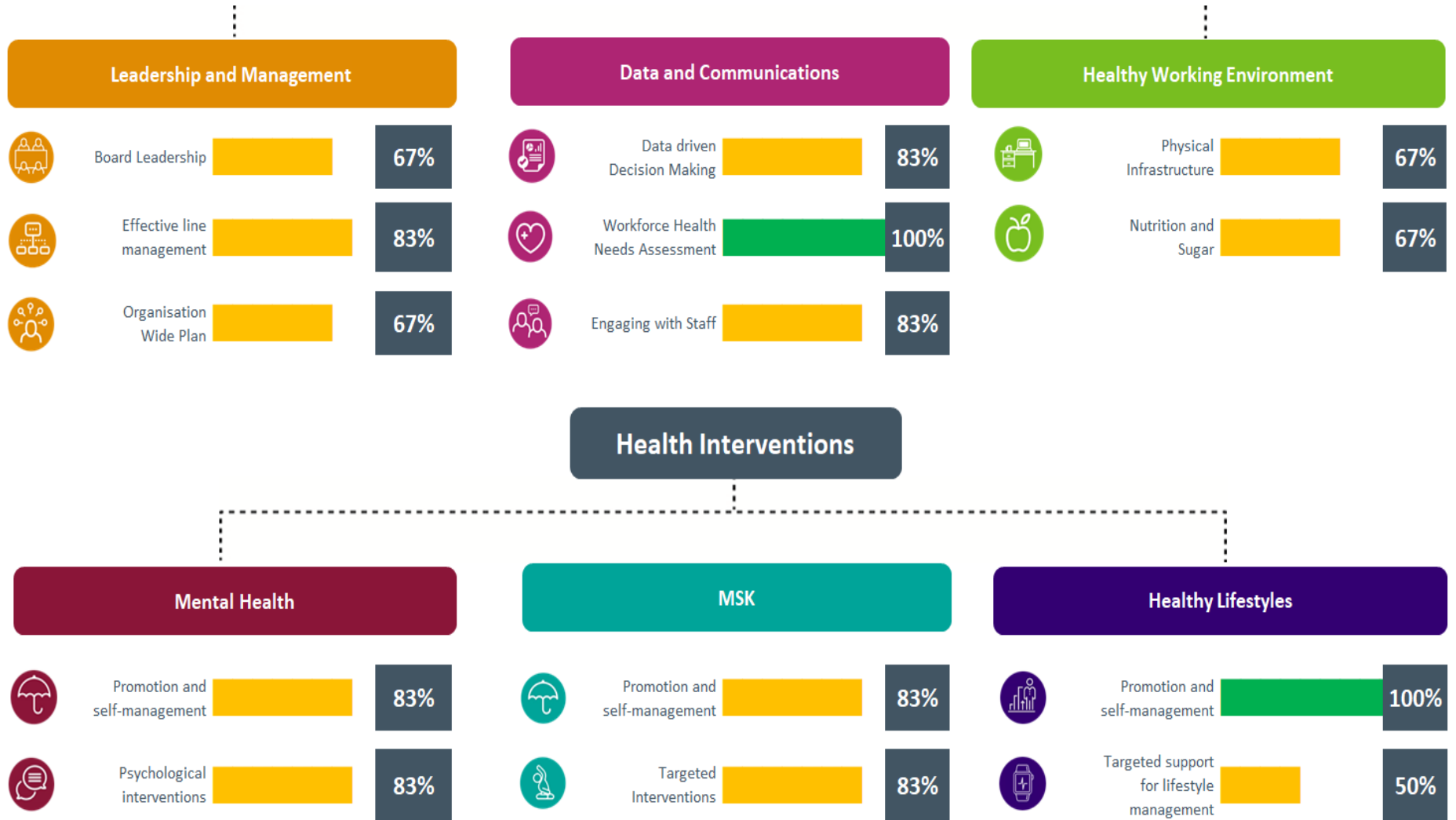




## Data Driven Decision Making

Decisions related to staff health and wellbeing are informed by the effective use of data.

Enablers	What does this look like?	RAG status
<b>Workforce Challenges:</b> Is data and intelligence used to ensure health and wellbeing support is aligned to workforce challenges?	<ul style="list-style-type: none"><li>- Core data on absence, retention, staff survey scores, patient feedback is used to understand workforce issues</li></ul>	Green
<b>Reporting:</b> Is reporting to board and relevant committees evidence based and linked to a delivery plan and strategic objectives?	<ul style="list-style-type: none"><li>- There are regular reports to the board on staff wellbeing</li><li>- Data is used to track progress against wellbeing objectives</li><li>- Data on staff wellbeing is shared across teams (e.g. HR and OH)</li></ul>	Green
<b>Review:</b> In the past year have health and wellbeing interventions and support been measured and evaluated to ensure impact and quality?	<ul style="list-style-type: none"><li>- Impact and quality of wellbeing interventions are measured</li><li>- There is a continuous improvement cycle as quality improvements are identified and delivered</li><li>- Data is used to track take up of interventions across different staff groups</li></ul>	Amber



# Summary



Manchester University  
NHS Foundation Trust

- **NHS Long term plan sets out the framework for Health and Wellbeing Framework**
- **Trust boards use a standard set level Key Performance Indicators to monitor H&WB**
- **Internal & Externally validated H&WB data sources**
- **NHS Improvement Self Assessment Tool**

# MFT Emergency Department Spa

- The emergency department identified that a place to relax during and after shift was needed in 2017
- Funding was sourced and a room was set up containing sofas, books, artwork and mood lighting
- The Library was consulted to help with a list of health and wellbeing stock
- The Library has placed marketing within the room to show that a wider selection of stock is available onsite

edspa\_mcr Retweeted



**MFT Libraries**  
@mftlibraries

Happy 1 week anniversary to [@edspa\\_mcr](#) - its great to see new innovative ideas! [#healthandwellness](#)  
[#readingcanhelp](#)



1:06 PM · Aug 4, 2017 · [Twitter for iPhone](#)