

The Boorman Report on the Health and Well-Being of NHS Staff:

Practical advice for implementing its recommendations.

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May 2010



The context

The Boorman report on Health and Well-Being in the NHS has the potential to stimulate a significant step forward in terms of the health and well-being of NHS staff and the care that NHS users and patients receive.

The report was part of the NHS and Department of Health's response to Dame Carol Black's report (www.workingforhealth.gov.uk) on employee health and well-being across the UK workforce. Importantly, there are some consistent messages in the findings and recommendations made in the Boorman report that overlap

with other national policy reports on well-being, including: 'The NICE guidelines: Promoting Well-Being through Productive and Healthy Working Conditions' (www.nice.org.uk), the report from the Foresight project, 'Mental Capital and Well-Being' (www.foresight.gov.uk) and features of David Macleod and Nita Clarke's

report on employee engagement (www.bis.gov.uk).

This paper provides a short summary of the Boorman report and the final recommendations, as well as practical considerations that are based on our experience in the field.

The Interim report

The review process that Dr Steve Boorman and his team adopted was extremely thorough and they have actually produced two reports. Both of these are available at: www.nhshealthandwellbeing.org

The first (Interim) report contains a lot of information and an extensive set of recommendations. Included is a detailed summary of a wide-ranging survey of NHS organisations, based on responses from over 11,000 people. The findings are NHS-specific but, importantly, they are broadly aligned with research carried out in other sectors in the UK and elsewhere in the world; the results provide further evidence for the positive associations between well-being and relevant organisational performance measures.

The Interim report supports the growing 'business case' that demonstrates the advantages in improving staff well-being. Using quantitative models, the report shows how improved staff well-being would feed into overall improvements and provide substantial cost savings for NHS organisations.

The Final report and the summary of recommendations

The Final report is more focused and the recommendations are fewer in number – with emphasis on the issues that are seen as central to delivering real change. The recommendations in the Final report are grouped into the following three main areas (for a full list please refer to Appendix 1):

- Organisational behaviours and performance
- Achieving an exemplar service
- Embedding health and well-being in NHS systems and infrastructure

The critical areas that each of the recommendations focus on are as follows:

Organisational behaviours and performance

- The development of prevention-centred approaches to health and well-being
- Developing and equipping leaders and managers

Achieving an exemplar service

- A broader concept of staff engagement
- Encouraging staff to be engaged in the health and well-being strategy
- Risk assessment and prioritisation; with early and effective intervention

Embedding health and well-being in NHS systems and infrastructure

- National and local issues such as the inclusion of health and well-being in the NHS Operating Framework and the Care Quality Commission's assessments
- The need for all NHS organisations to develop a strategy for staff health and well-being, with the full involvement of staff

Practical considerations for implementation

Organisational behaviours and performance

- The development of prevention-centred approaches to health and well-being

The move from reaction to prevention makes a great deal of sense, for individual members of staff, patients and service quality. However, achieving this shift is strongly linked to other recommendations; prevention can only be prioritised if there is a good understanding of the future risks that need to be managed, combined with sufficient commitment and resources to take preventative action.

In order to develop prevention-centred approaches, NHS organisations need to use systematic strategies that look beyond merely the 'apparent' well-being problems and outcomes. In addition, it is important to collect information that enables problems to be foreseen and prevented effectively. Such an approach involves identifying the existing levels of absence or ill-health – ideally for the organisation as a whole and for specific staff groups. Once the prevalence of sickness-absence is clear, ascertaining the likely causes of ill-health will help NHS organisations to identify more pertinent preventative actions, ones that go deeper than the 'tip of the iceberg' that is represented by recorded sickness/absence and actual illness.

- Developing and equipping leaders and managers

The Boorman recommendations emphasise the important role that leaders and managers play in determining the well-being of staff. This focus on leadership and management is linked to some very important practical issues.

For example, it makes sense to task leaders and managers with key performance indicators (KPIs) related to the well-being of their employees. However, careful thought should be given to the expected timing of these KPIs. Some leaders and managers may need to be trained (some more than others) in developing the skills and knowledge to balance the demands of well-being and productivity. Otherwise, there is a significant risk of just adding more KPIs without supporting managers to implement them. Ultimately, an intended positive impact could turn into a negative one.

As well as developing the required skills and

knowledge, there is also the question of how managers can find time to add yet another priority to their existing workload, without doing serious damage to their own well-being. Therefore, an authentic focus that genuinely prioritises staff well-being and engagement may require a significant reframing for many managers and leadership teams. Senior level champions and ownership are crucial here.

Achieving an exemplar service

- A broader concept of staff engagement

Staff engagement is a popular phrase in all organisations. Discretionary effort, commitment, attachment and organisational citizenship are usually understood to be components of staff engagement; which is broader than 'satisfaction' with work. Broader still are definitions of engagement that include psychological well-being and positive emotions, as well as physical well-being. Indeed, looking at well-being and engagement together is important as there is clear evidence that high levels of well-being (especially psychological well-being) help to build and sustain successful performance.

- Encouraging staff to be engaged in the health and well-being strategy

A collaborative approach in identifying priorities, developing strategies and embedding actions is more effective than a solely 'top-down' approach. A validated tool that measures well-being levels and the drivers of well-being is the best way to do this, but in situations where carrying out a well-being survey is not practical, there are alternatives. For example, the relevant information can be collected by using focus groups, perhaps by following up in more detail on the relevant questions from the NHS Staff Survey. Even when information is limited to the NHS Staff Survey, it is still important to ensure that the results are viewed through a 'well-being lens' and that action plans and internal communications are mapped clearly onto results from the survey.

It is likely that future NHS surveys will include some questions on health and well-being. Although these may be useful as 'summary' well-being indicators they are unlikely to provide the detail required to

enable organisations to adopt the kind of preventative approach recommended in the Boorman report. This is because it is seldom clear what levers to pull to improve well-being when the analysis takes place at a summary level – in this sense, focused and detailed information about well-being levels and the key drivers of well-being will be essential. This information can best be obtained by supplementing the NHS survey (at a different time of year to avoid survey fatigue) with a survey tool that is specifically focused on well-being and engagement – for example, 'ASSET'.

- Risk assessment and prioritisation; with early and effective intervention

This recommendation overlaps with taking a prevention-centred approach. First, priorities need to be identified, through proper risk assessment and consultation with relevant staff groups. Following this, there are practical issues related to budget and resources for providing effective 'core' interventions, as well as additional well-being services.

Embedding staff health and well-being

- National and local issues such as the inclusion of health and well-being in the NHS Operating Framework and the Care Quality Commission's assessments

National and regional actions already taken include a clear commitment to staff health and well-being in the NHS Constitution. From a practical perspective, it seems critically important that NHS organisations do not simply see staff health and well-being as separate additions to an already large set of commitments.

Improved staff health and well-being is partly a goal and partly a means to an end – the end being better patient care and services. If staff health and well-being is integrated into the strategic goals and performance management systems of NHS organisations, it can provide important benefits for everyone involved with it.

- The need for all NHS organisations to develop a strategy for staff health and well-being, with the full involvement of staff

This recommendation is linked to all of the other Boorman recommendations; in that it emphasises the importance of making staff health and well-being a strategic (i.e. Board level) issue in all NHS organisations. It's a call

for Trusts to take ownership of well-being and engagement and to embed a long-term preventative approach to managing it.

NHS organisations, perhaps now more than ever, face significant challenges in finding the resources and budget to identify, improve and sustain an effective staff health and well-being strategy. However, those organisations

that do prioritise the development of such a strategy, with full involvement of their staff and clearly defined accountabilities, will be better placed to meet their patient-care aspirations.

Psychological well-being

Psychological well-being is strongly related to engagement and also to absenteeism, presenteeism and job performance. In turn, psychological well-being is very strongly determined by workplace factors, such as quality of supervision, relationships with colleagues and degrees of control and autonomy.

Well-Being & Engagement

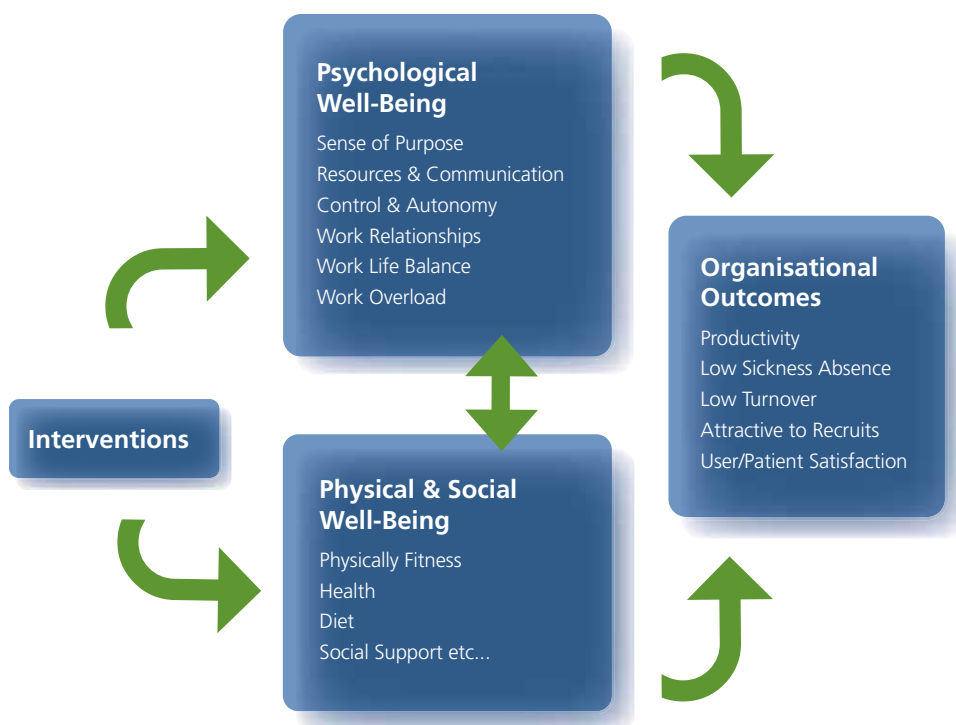


Figure 1 above shows how interventions to improve both physical and psychological well-being combine to generate improved staff well-being (and engagement), leading to improved outcomes for the organisation.

Once sufficient data on the causes and effects of well-being problems have been collected and analysed it is necessary to design interventions to address these problems. It's important that this is done in a structured and integrated manner. If a well-being auditing approach has been used then there may already be an action plan created in the last stage of the audit which includes suggested interventions. To help ensure long-term success, intervention action should be structured in a way which is strategic, co-ordinated with other initiatives and evaluated over time. The interventions must also strike a balance between what an organisation has decided it wants to change in terms of policy and working practices, and what individuals should take responsibility for, with support where required. Listed below are three 'levels' of interventions that are commonly used to structure interventions that are designed to have a positive impact on the drivers of psychological well-being at work:

- **Primary level** – intervention designed to remove, or reduce exposure to, the stressor from or in the working environment. May take the form of a change in policy or working practice, including job re-design or organisational restructure.
- **Secondary level** - intervention designed to help individuals cope better with stressors that exist in the working environment that cannot practically be removed or reduced in impact by primary level intervention. May take the form of training or coaching.
- **Tertiary level** – intervention designed to support recovery and rehabilitate individuals clearly suffering from substantial stress or strain, e.g. individual counselling.

Putting all this into practice in the real world – a case study

Mersey Care NHS Trust working with Robertson Cooper Ltd (www.guardianpublic.co.uk/mersey-care-nhs-trust)

An illustration of how this can be done effectively is provided by the work done at Mersey Care NHS Trust. The approach they took illustrates how developing awareness and capability in managers plays a key role in strengthening organisational resilience and performance (Tinline and Crowe, 2010). The first step was to conduct an audit of levels of well-being in the Trust, using the research-based ASSET model (Johnson, 2009).

This was followed by a series of management development centres that integrated the NHS Leadership Qualities Framework with a model that helps leaders and managers to create the right climate for employee well-being.

"The work we have done with Robertson Cooper on this project provides our managers with excellent resources to build new and highly effective teams and CBUs – we expect this to have a direct positive impact on our service users." Kim Crowe, Executive Director of Service Development and Delivery

This was the approach that best suited the situation at Mersey Care. There are, however, several alternative approaches being implemented by Strategic Health Authorities and individual Trusts to strengthen the management of well-being and performance. Some Trusts have chosen to audit levels of well-being within certain key groups of staff rather than across the whole organisation, and to apply a process of analysing the impact of the leader's style on the well-being of each group. This approach (Vector) involves working with the leadership team to (a) help them understand and manage their own impact on well-being and (b) ensure that the Trust's strategic and operational planning takes into account the other factors affecting employee well-being in the organisation.

Summary comments

This paper has summarised the three key areas of recommendations which all NHS organisations have been directed to address by the Department of Health. The government has accepted the recommendations in full, and within their response, Health Secretary Andy Burnham said,

"Dr. Boorman's findings demonstrate clearly to the NHS that investing in staff health and well-being will reap long-term benefits. NHS organisations need to be exemplars in promoting the health and well-being of their staff. By doing this, they support the NHS to play its key role in promoting public health. I expect NHS organisations to take action to implement the recommendations in the Boorman report. They will be supported by national and regional action to ensure system incentives support delivery of the changes needed."

As mentioned above, the national and regional actions already include a clear commitment to staff health and well-being in the NHS Constitution. This is exactly the kind of strategic approach and 'leadership buy-in' that the top teams of all NHS organisations will need in order to implement the Boorman recommendations. In the coming years successful NHS organisations will be led by a senior management team who recognise that well-being and productivity are inextricably connected. Senior leaders make a serious error if they focus only on the narrow aspects of employee engagement, rather than the broader concept of 'Full Engagement'

(Robertson & Cooper, in press). The broader concept of engagement also incorporates the psychological well-being of staff – and hence provides transparent benefits for both the organisation and its workforce. It takes time and resources for key stakeholders to ascertain and address barriers to health and well-being in their organisation (as well as build on the many things that are going well). But, time and time again, the organisations that proactively measure, improve and evaluate the broad concepts of staff engagement, health and well-being are shown to perform better in key performance measures.

References

- Johnson, S. (2009). Organisational screening: the ASSET model. In S. Cartwright and C.L. Cooper (Eds) *Oxford Handbook on Organisational Well-being*. Oxford: Oxford University Press.
- Robertson, I.T. and Cooper, C.L. Full engagement: The integration of employee engagement and psychological well-being. (In press) *Leadership and Organisation Development Journal*.
- Tinline, G. and Crowe, K. (2010) Improving employee engagement and wellbeing in an NHS Trust. *Strategic HR Review*, 9(2), 19-24

Appendix 1: Summary of recommendations from the Final Boorman report

Improving organisational behaviours and performance

1. All NHS organisations provide staff health and well-being services that are centred on prevention (of work-related and lifestyle-influenced ill health), are fully aligned with wider public health policies and initiatives, and which are seen as a real and tangible benefit of working in the NHS.
2. All NHS leaders and managers are developed and equipped to recognise the link between staff health and well-being and organisational performance and that their actions are judged in terms of whether they contribute to or undermine staff health and well-being.
3. All NHS Trusts develop and implement strategies for actively improving the health and well-being of their workforce, and particularly tackling the major health and lifestyle issues which affect their staff.
4. All NHS Trusts should implement the forthcoming guidance both from the National Institute for Health and Clinical Expertise (NICE) on promoting mental health and well-being at work and from the National Mental Health and Employment Strategy.
5. All NHS Trusts put staff health and well-being at the heart of their work, with a clearly identified Board level champion and senior managerial support.
6. Training in health and well-being should be an integral part of management training and leadership development at local, regional and national level and should be built into annual performance assessment and personal development planning processes.
7. High priority should be given to ensuring that managers have the skills and tools to support staff with mental health problems.

Achieving an exemplar service

8. When drawing up a staff health and well-being strategy, Trusts undertake a proper assessment of key health priorities and risk factors, which should fully reflect the legal requirements on them in this area.
9. We recommend that there should be consistent access to early and effective interventions for common musculo-skeletal and mental health problems in all Trusts as they are the major causes of ill health among NHS staff.
10. We recommend that, as well as providing core staff health and well-being services to nationally specified standards, all Trusts should provide a range of additional staff health and well-being services targeted at the needs of their organisation. To do this they will need both to assess the specific needs and requirements of their staff and to engage with staff to determine the services they wish to see provided.
11. Staff engagement will be critical to ensuring both that the range of services and the way in which they are provided are seen as credible and addressing staff concerns. Trusts need to go beyond simply meeting their legislative obligations to embrace a wider concept of staff engagement.
12. It is essential that staff health and well-being services commissioned following the sort of risk assessment process we have outlined are then properly resourced.
13. Core early intervention services should form part of the minimum service specification for staff health and well-being recommended in our earlier report.
14. There should also be nationally agreed service standards for early intervention.

Embedding staff health and well-being in the NHS systems and infrastructure

15. We now recommend that the NHS Operating Framework should clearly establish the requirement for staff health and well-being to be included in national and local governance frameworks to ensure proper Board accountability for its implementation.
16. We recommend that the Care Quality Commission's annual assessment of NHS organisations and their delivery partners should in future include standards and targets for staff health and well-being. Similarly Monitor should consider support for staff health and well-being in its assessment process for Foundation Trusts status as well as in its in-year monitoring arrangements.
17. It is important that the approach to improving support for staff health and well-being is developed in consultation and partnership with staff and trade unions.
18. We recommend that all NHS organisations put in place a staff health and well-being strategy developed with the full involvement of staff and staff representatives, and that its implementation is routinely monitored, reported and discussed with staff and their representatives.
19. It is essential that staff health and well-being strategies, and the services which are subsequently commissioned, are available to all staff on an equitable basis.
20. It is also important that delivery of staff health and well-being services is properly monitored and regularly assessed and reviewed.