Evaluating Staff Wellbeing in the NHS

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Michael Whitmore
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RAND Europe is a not-for-profit research organisation that aims to improve policy and decision-making through objective research and analysis. We work across all aspects of health and wellbeing, with prominent expertise in workplace wellbeing. **We have worked extensively with the NHS for many years:**

- We provided much of the analytical support for the seminal Boorman Review, looking at health and well-being in the workplace in the NHS
- We have conducted comprehensive surveys of NHS staff in order to measure the physical and mental health of staff and organisational culture within the NHS
- We recently provided health and wellbeing workshops and analytical support to the NHS HRD network across the North-West
- We are currently leading the evaluation of the body-worn camera programme across the ambulance trusts in England
- Michael Whitmore led the NHS national COVID-19 Vaccine workstream for estates, equipment and logistics on the national design and implementation
- We have evaluated numerous programmes across the NHS, e.g. reviewing the evidence base for de-escalation training.

To learn more about us and our work, go to:
https://www.rand.org/randeurope.html
Click on Wellbeing at Work

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Michael Whitmore is a Research Leader at RAND Europe with over 30 years experience in the health, wellbeing and social care arenas, including global, national, and local leadership and research roles in occupational wellbeing and return to work. Mike has published various research reports on occupational health and workplace wellbeing, and is currently leading the national evaluation of NHSEI's implementation of body worn cameras across all 11 ambulance trusts. He also led the set-up of the NHS national COVID-19 Vaccine workstream for estates, equipment, and logistics. Furthermore, Mike is an accredited Cognitive Behavioural Therapist and has a clinic on Harley Street.

William Phillips is a Senior Analyst in the Health & Wellbeing research group at RAND Europe. Will has worked extensively on research and evaluation projects in the health and wellbeing arenas, for clients spanning the public, private and third sectors. His main area of interest is in mental health and psychosocial work dynamics. Will holds an MPhil in economics from the University of Cambridge and a BSc in mathematical economics and statistics from the University of Birmingham.

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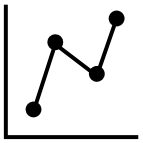
Overview Approach

1. Making the most out of pre-existing staff data 
2. Using Other Data 
3. How data and evaluation are different 
4. How to most effectively use available data to evaluate interventions 
5. How to build effective business cases to enhance health & wellbeing 

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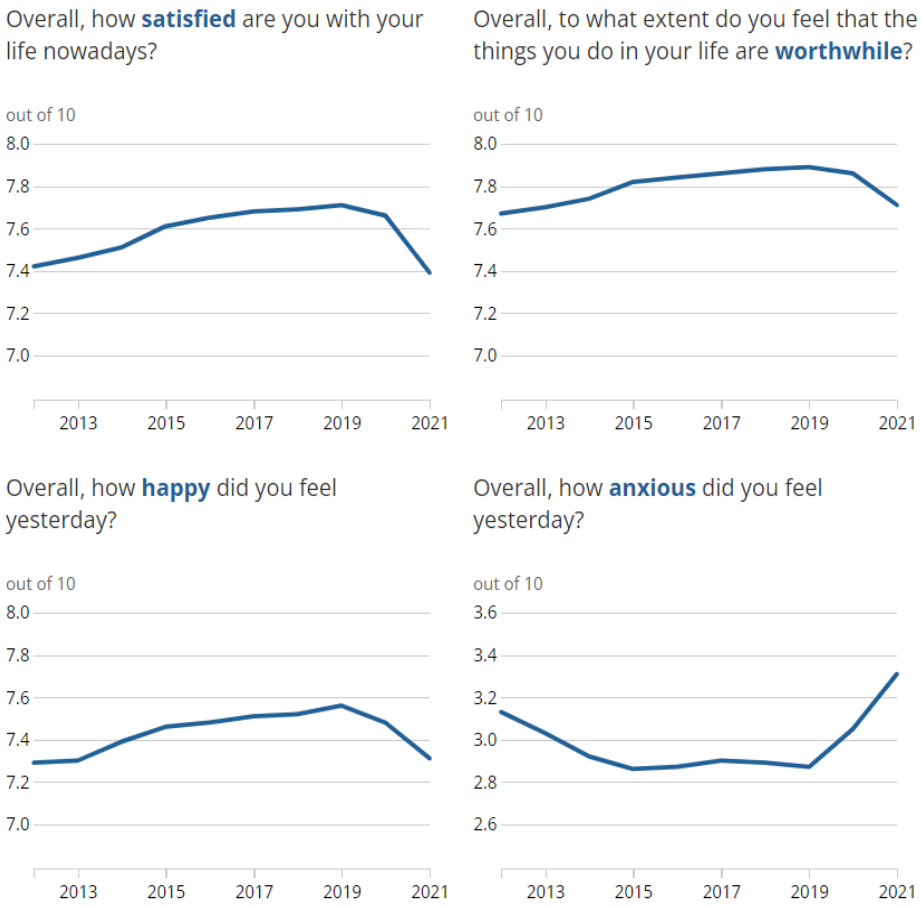
Wellbeing in the context of the pandemic

- Wellbeing rates have fallen across the general population, not just within the NHS
- Health and wellbeing professionals provide essential support for employees
- Keep doing what you are doing!



Source: Office for National Statistics – Annual Population Survey

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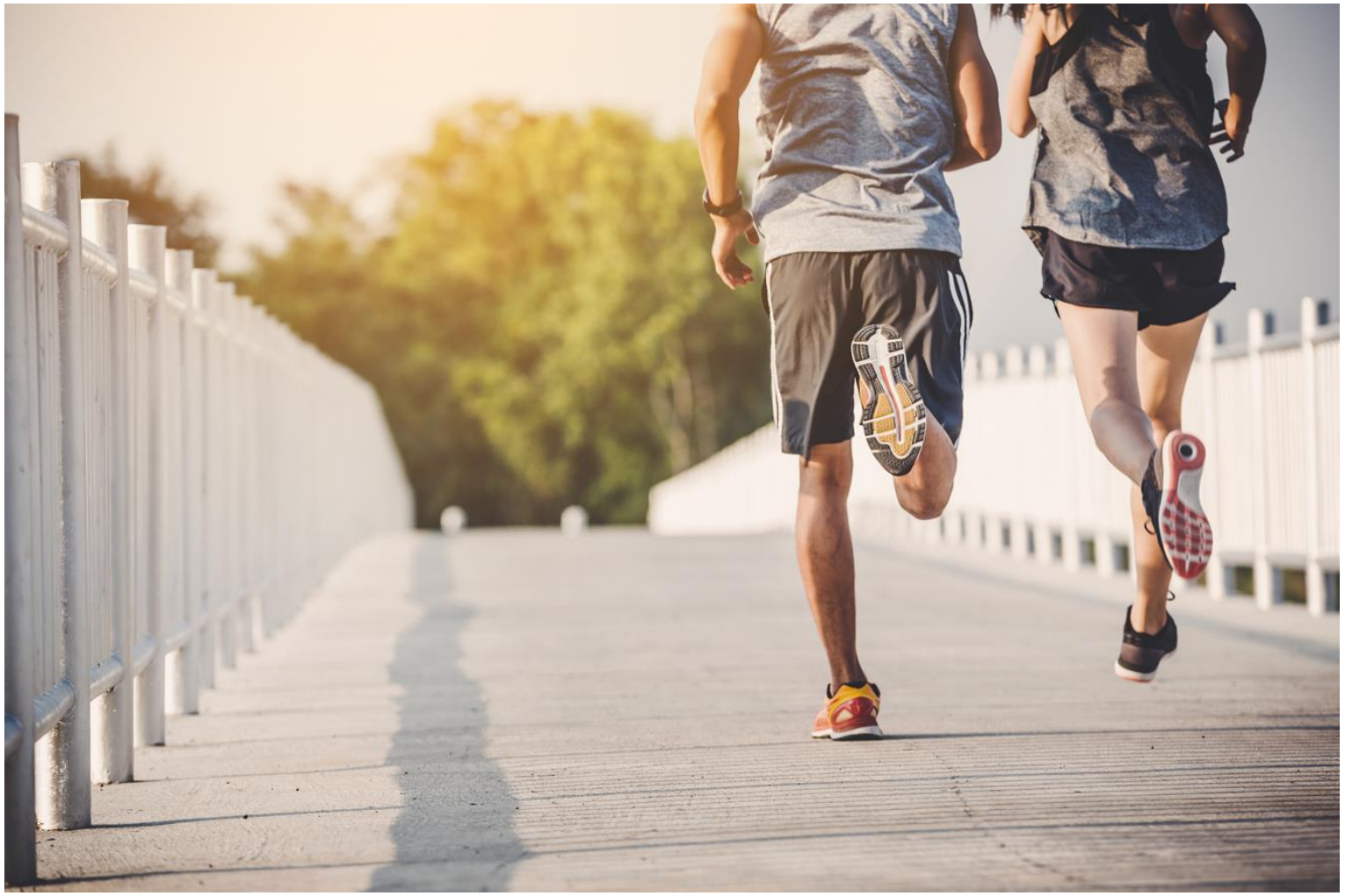
WHY EVALUATION MATTERS



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Why Evaluation Matters

It matters because otherwise you're potentially:

Wasting money - Wasting time - Jeopardising Choices

- **Leadership** – setting out vision and knowing why it works
- **Aims** - you can operationalise and map your actions and interventions to those aims
- **Outcomes** – knowing what you're setting out to achieve and that you're achieving it
- **Level** of rigour will depend on resources and scale

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Making the most out of pre-existing staff data

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Using Data for Evaluation

- Conduct a Health Needs Assessment:
  - The health needs of the workforce
  - The health interventions the workplace currently offers

- Decide what the evaluation should measure, this could be
  - How the intervention was done (process)
  - How effective the intervention was at achieving its aims (impact)
  - The savings that the intervention has yielded (economic)

- Formulate key questions that the evaluation should answer

- Develop an evaluation design
  - Decide on data collection methods
  - Decide on either internal or external evaluation
  - Consider the level of academic rigour/evidence required

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For more information on developing and evaluating workplace health interventions, see this toolkit: https://www.gov.uk/government/publications/developing-and-evaluating-workplace-health-interventions-employer-toolkit

Potential existing sources of data

PULSE SURVEYS

NHS STAFF SURVEY

ADMINISTRATIVE DATA (E.G. ELECTRONIC STAFF RECORDS, SICKNESS ABSENCE RATES, STAFF DEMOGRAPHICS, RETENTION RATES)

OTHER SOURCES (E.G. PATIENT FEEDBACK, STAFF PERFORMANCE EVALUATIONS, DATA DASHBOARDS, DIAGNOSTIC SURVEYS, OCCUPATIONAL HEALTH REFERRALS)

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See this NHS source for business case examples of using data to evaluate interventions: https://www.nhsemployers.org/sites/default/files/media/NHS-Workforce-HWB%20Framework-updated-July-18_0.pdf

USING ‘OTHER’ DATA

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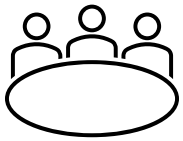
What types of ‘other’ data can be collected?

- Surveys
  - Pulse surveys
  - Large scale health and wellbeing surveys
    (e.g. Britain’s Healthiest Workplace)
  - Composite scores to measure areas of interest
    (e.g. mental health, MSK conditions, productivity)

BRITAIN'S HEALTHIEST WORKPLACE

- Real time health and lifestyle tracking
  - E.g. using health tracking apps technology to capture heart rate, physical activity, steps, etc.

- Focus groups
- Interviews



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Health and wellbeing in the NHS workplace: Understanding the challenge

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Using Other Data: An NHS case Study

- We analysed workplace health and wellbeing survey data from staff across 19 different UK NHS trusts and health organisations
- The full study can be accessed here: https://www.rand.org/pubs/research_reports/RR2702.html

Headcount		Headcount	
Birmingham Children's Hospital NHS FT	3,632	Great Ormond Street Hospital For Children NHS FT	3,900
Bradford District Care NHS FT	2,827	Rotherham Doncaster and South Humber NHS FT	3,664
Epsom and St Helier University Hospitals NHS Trust	4,725	NHS Milton Keynes CCG	73
Northumbria Healthcare NHS FT	8,764	Northern Devon Healthcare NHS Trust	4,431
Nottingham University Hospitals NHS Trust	12,646	South Central Ambulance Service NHS FT	3,075
NHS Rotherham CCG	92	Sandwell and West Birmingham Hospitals NHS Trust	6,883
Sheffield Teaching Hospitals NHS FT	15,435	East Cheshire NHS Trust	3,451
Walton Centre NHS FT	1,335		
University Hospital Southampton NHS FT	9,714		
West Midlands Ambulance Service NHS FT	4,271		
York Teaching Hospital NHS FT	8,508		
NHS England	6,000		

Source: Health and Social Care Information Centre, Provisional NHS Hospital & Community Health Service (HCHS) monthly workforce statistics, February 2016

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Employee engagement in the NHS

A secondary data analysis of the NHS Healthy Workforce and Britain's Healthiest Workplace surveys

Marco Hafner, Martin Stepanek,
Eleftheria Iakovidou, Christian van Stolk

Do we know the health challenges in the NHS?

- 80% of NHS staff report work-related stress (54% in BHW)
- 87% of staff report at least one MSK issue (75% in BHW)

	BMI		Mental wellbeing
Group	**% of staff overweight (BMI 25-30)**	**% obese (BMI >30)**	**% at risk of poor mental wellbeing**
Health Professionals	28%	17%	18.1%
Medical and Dental	29%	10%	14.1%
Ambulance (operational)	**37%**	**31%**	**24.0%**
Commissioning	33%	23%	21.7%
Registered Nurses and Midwives	30%	27%	15.9%
Nursing or Healthcare Assistants	**33%**	**34%**	**22.2%**
Wider Healthcare Team	31%	25%	21.1%
General Management	33%	22%	18.6%
Other	29%	28%	19.7%

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Do we know the NHS groups facing the challenges?

- Financial concerns are common among certain groups

Financial concerns?

Income band	Percentage concerned	Age group	Percentage concerned
Bands 1-5	37%	18-30	37%
Bands 6-7	27%	31-40	34%
Band 8A-8B	24%	41-50	30%
Band 8C-8D	14%	51-65	22%
Band 9+	16%	66+	11%

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What about toxic issues?

- The proportion of NHS staff that reports being bullied at work 'at least sometimes' is 12 %.
  - Among all BHW participants this is 6.5%

	Bullied by patients, their relatives\or other members of the public	Bullied by managers	Bullied by other colleagues	Bullied by none of these	Prefer not to say
NHS	3%	6%	6%	0%	1%

	Physical violence by patients, their relatives or other members of the public	Physical violence by managers	Physical violence by other colleagues	Physical violence by none of these	Prefer not to say
NHS	4%	0%	0%	1%	0%

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Knowing it's not a tick box exercise

For Leadership organisations	% of employees who are aware of the intervention	% of employees indicating they have used the intervention	% of users indicating the intervention improved their health
Health and wellbeing awareness events	28%	10%	61%
Support in returning to work after illness	27%	5%	70%
Stress management information	24%	5%	60%
Bicycle purchase scheme	35%	3%	83%
Smoking cessation information	33%	1%	48%
Means to prepare or heat up your own food	24%	20%	74%
Occupational health / safety programme	30%	6%	48%
Bicycle storage facilities	40%	6%	85%
Healthy eating information	23%	6%	70%
Employee assistance programme	19%	2%	70%

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HOW DATA AND EVALUATION ARE DIFFERENT

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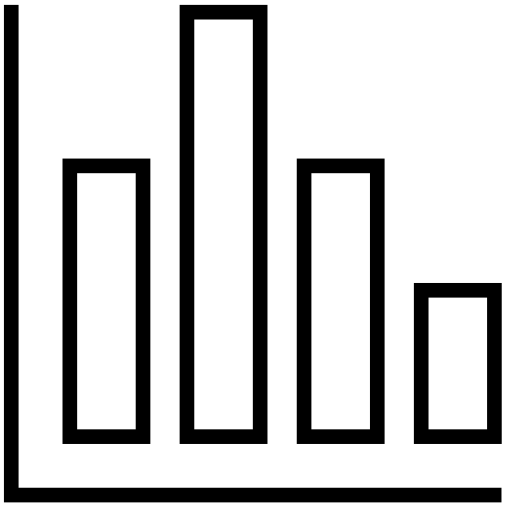
What is data?

- Information (qualitative or quantitative) that can be analysed to help inform decision-making

- It can come in all sorts of forms
  - Interview with a staff member
  - Survey results
  - HR records etc.

- And can be collected in many different levels
  - Individual/team/ward/function/department level
  - Trust/organisational/systems level
  - Patient/carer/consumer/service-user level



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What is evaluation?

The formal answer**: A structured approach to providing a judgement about the value of something, using transparent and defensible tools of data collection and analysis.**

- In essence – fit your evaluation for purpose. Consider:
  - Are you evaluating your full wellbeing programme/offer or not?
  - Are you evaluating a wellbeing intervention or service?
  - What is the evidence you are relying on?
  - What are the workforce population boundaries – system or organisation?
  - Behaviour change – individual vs organisational vs socio-environmental

- Data can be used as a tool to evaluate
  - When analysed in the context of an evaluation, data can reveal patterns and relationships that help us come to a judgment about something

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Data, Evidence and Evaluation

- Resources are wasted if they don't:
  - address issues that matter;
  - support learning and;
  - report within timescales that help support decision-making.

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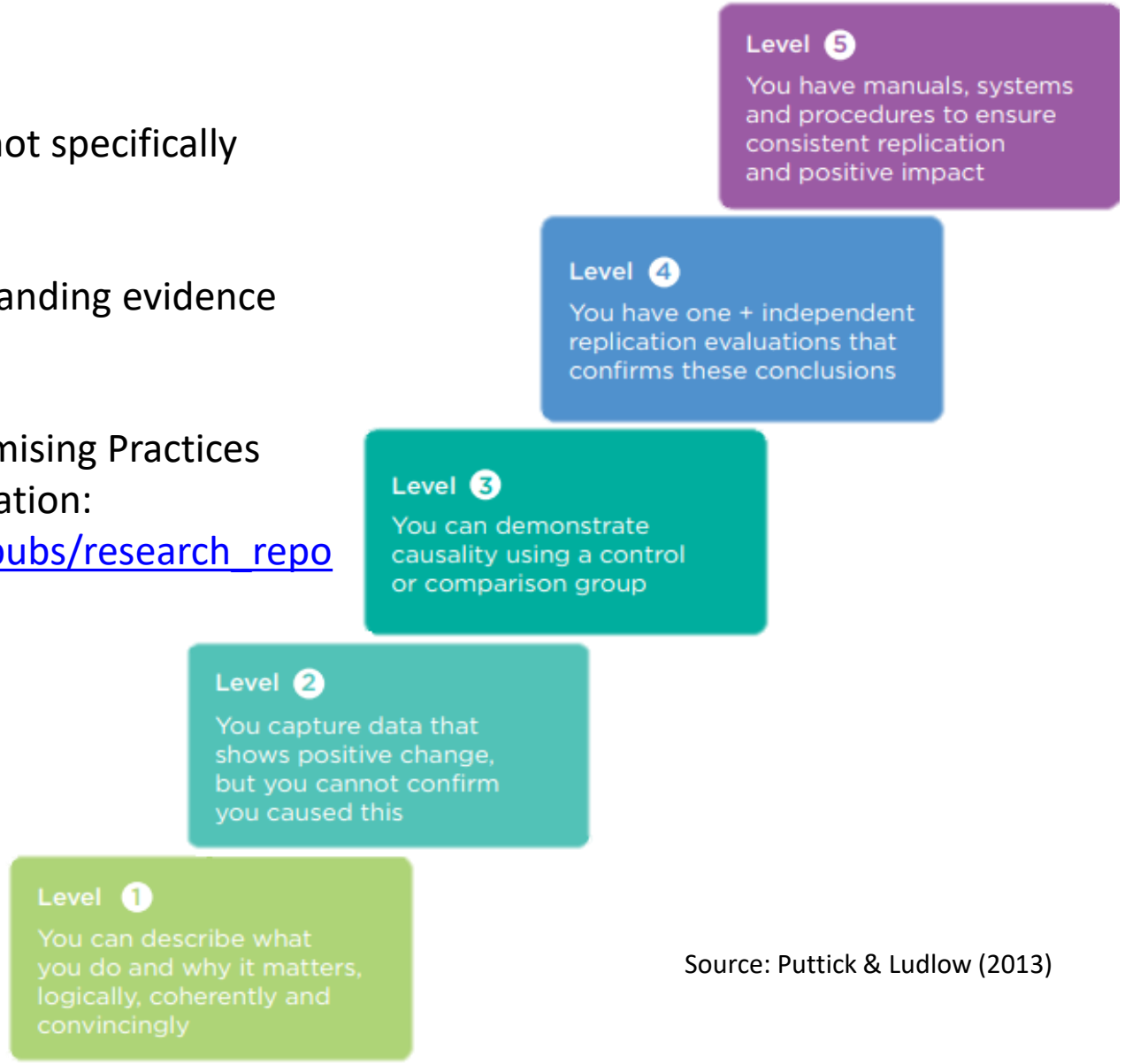
Nesta Standards of Evidence

- Hierarchy of evidence, not specifically effectiveness
- Allows a way of understanding evidence levels
- See RAND Europe's Promising Practices Report for More Information: https://www.rand.org/pubs/research_reports/RR2409.html



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Source: Puttick & Ludlow (2013)

Use of External Support May Help

There are pragmatic approaches to evidencing health in workplace settings:

- External charters, awards and surveys can support approaches to evidence and benchmarking or assess what to develop for greatest effect.
  - See e.g. Investors in People https://www.investorsinpeople.com/accreditations/we-invest-in-wellbeing/

- Using external providers may provide more robust health evidence but you need to know what to buy
  - look for: external evaluation, replication, workplace populations, randomised control trials (RCT), sustainable outcomes, appropriate subjective and quantitative methods

- Employers are able to co-produce and co-design with staff and function in more integrated ways

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In reality, organisations use a mix of methods to evaluate

There is a pragmatic approach to evidencing health in workplace settings:

- Organisations that set aims and evaluate tightly against those aims are often provided with clearer evidence bases
  - i.e. sewing the golden thread between outcomes, intervention type and aim
- Digital platforms may help turn on access, stats and outcome tracking
- Direct quantitative measures of change lend themselves well to certain interventions
  - e.g. weight loss or physical activity
- Mixed approaches are often used, quantifying and evaluating using scales based on symptoms of conditions and subjective reporting
  - e.g. knowledge and confidence levels before and after training, interviews, focus groups

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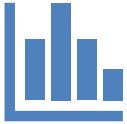
Data types that can be used to evaluate

Document review

Semi-structured interviews

Focus group discussions



Surveys including social network analysis

Ethnography

Other flexible components to match the intervention

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Take a Break!

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HOW TO EFFECTIVELY USE DATA TO EVALUATE INTERVENTIONS

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Analyse > plan > implement > then evaluate!

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Source: https://www.gov.uk/government/publications/developing-and-evaluating-workplace-health-interventions-employer-toolkit

What works?

Source: UEA/What Works Centre, see:
https://measure.whatworkswellbeing.org/intro-to-wellbeing-evaluation/

High quality jobs produce higher individual wellbeing. Improving how the job is carried out and other practices to support workers to do their jobs improves worker wellbeing and performance

Training leaders to be effective and supportive in managing employees may enhance wellbeing for both managers and employees

Shared activities can improve wellbeing and performance by improving the social atmosphere in the workplace

Programmes directed at encouraging a healthy lifestyle and wellbeing can improve self-reported health and productivity

There are steps organisations can take to minimise problems for struggling workers and to improve wellbeing and minimise costs associated with absence

Questions to consider in evaluation and acquiring data

What cultural and organisational indicators will show you the change?

(e.g. psychosocial work dynamics such as communication, autonomy and time pressures)

What individual behaviour change indicators will show you the change?

(e.g. mental health, physical activity)

How are marginalised groups, roles and inequalities in the working population managed?

(e.g. do ethnic minorities have worse outcomes?)

What are the basic interventions that are going to work for workplace wellbeing and are they in place?

(e.g. hydration)

Is the focus on the highly pressurised work environments first?...if so what are they and which staff?

(e.g. A&E department)

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Measurement and evaluation matters

In other words:

- Target the right people
- Get bang for your buck - manage your scarce funds
- Know intended people are accessing
- Know intended people are benefiting
- Prove it's as a result of something you're directly doing
- Do something positive for health and wellbeing

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Use of Theory of Change in evaluation – a case study

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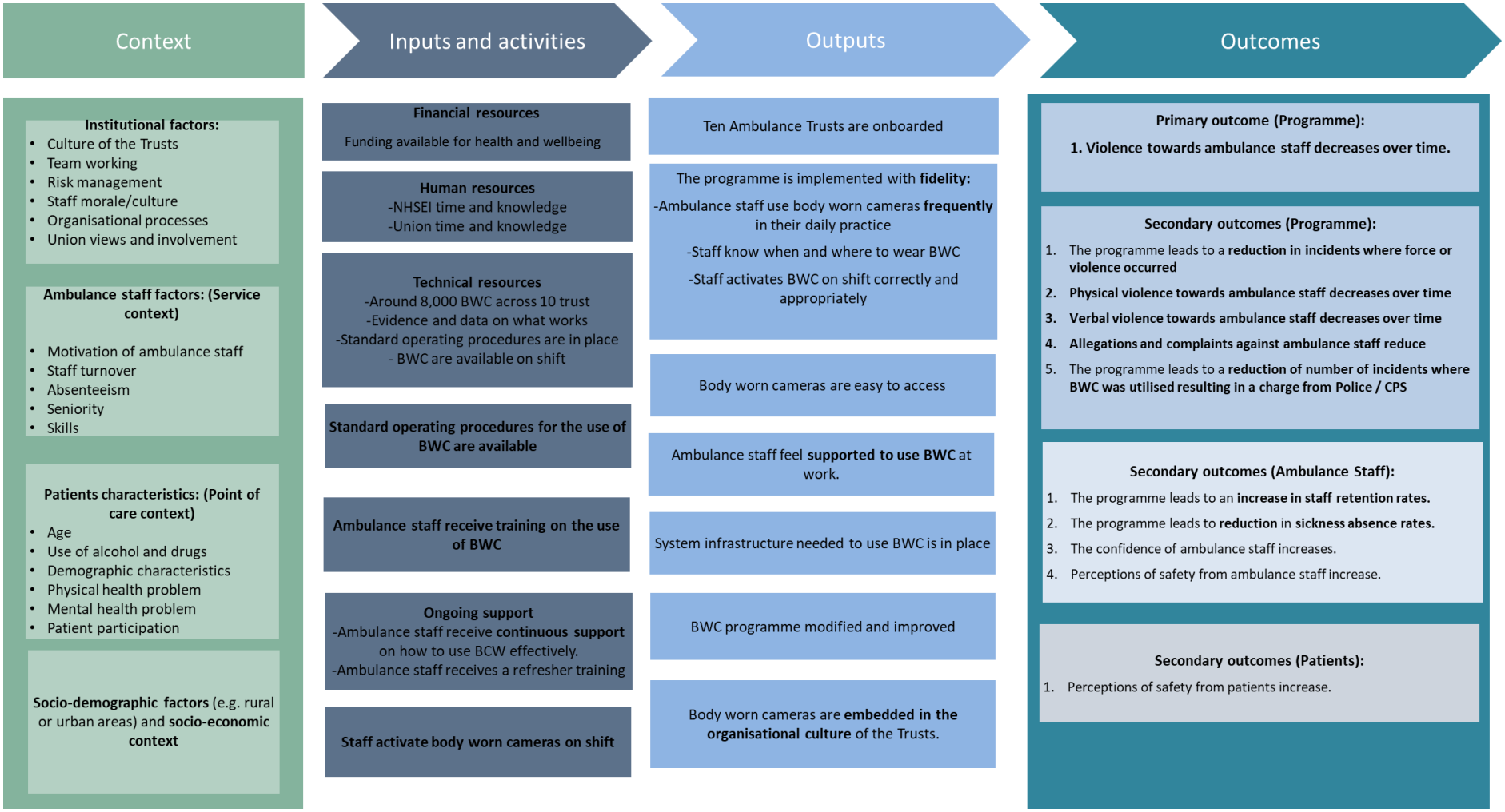
Using a Theory of Change (ToC) to Understand What You Want to Achieve



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Example of Evaluation Data Collection Mapping

ToC section	ToC topic	Mode of data collection	Collected by	When
Context	Institutional factors	Secondary data and through interviews and surveys	?	?
Context	Ambulance staff factors	Secondary data and through interviews and surveys	?	?
Context	Patients characteristics	Secondary data	?	?
Context	Socio-demographic data	Secondary data	?	?
Context	Soci-economic context	Secondary data	?	?
Inputs	Financial resources: Health and wellbeing funding available	Meetings; Interviews with NHSEI	?	?
Inputs	Human resources: NHSEI time and knowledge	Interviews	?	?
Inputs	Human resources: Union time and knowledge	Meetings; Interviews	?	?
Inputs	Technical resources: Around 8,000 BWC employed across 10 trusts	Meetings; Interviews	?	?
Inputs	Technical resources: Existing evidence and knowledge on what works	Meetings; Interviews	?	?
Inputs	Technical resources: Evidence & data on what works and target groups (high FSM %)	Meetings; Interviews	?	?
Activities	Training: Ambulance staff receive training on the use of BWC	Surveys and interviews with ambulance staff	?	?
Activities	Support: Ambulance staff receive continuous support on how to use body worn cameras effectively.	Surveys and interviews with ambulance staff	?	?
Outputs	All 10 trusts are onboarded		?	?
Outputs	The programme is implemented with fidelity	Surveys, qualitative data collection	?	?
Outputs	Ambulance staff trained to use video technology to mitigate and reduce the escalating incident rates of violence against NHS staff.	Surveys, qualitative data collection	?	?
Outputs	Ambulance staff feel supported to use BWC at work.	Surveys, qualitative data collection	?	?
Outputs	System infrastructure needed to use BWC is in place	Surveys, qualitative data collection	?	?
Outputs	BWC programme modified and improved	Surveys, qualitative data collection	?	?
Outputs	Body worn cameras are embedded in the organisational culture of the Trusts.	Surveys, qualitative data collection	?	?
Outcomes	Programme outcomes [Primary outcome]: Incidence of violence towards ambulance staff decreases over time	Metric: Change in overall V&A incidents	?	?
Outcomes	Programme outcome: The programme leads to a reduction in incidents where force was used by staff against patient	Metric: Change in number of incidents where force was used by staff against patient / MOP	?	?
Outcomes	Programme outcome: Reduction in number of incidents where BWV was utilised resulting in a charge from Police / CPS	Metric: Change in number of incidents where BWV was utilised resulting in a charge from Police / CPS	?	?
Outcomes	Ambulance staff: The programme leads to an increase in staff retention rates.	Metric: Change in the number of staff leaving the trust	?	?
Outcomes	Ambulance staff: The programme leads to reduction in sickness absence rates	Metric: Change in number of incidents resulting in a period of absence	?	?
Outcomes	Ambulance staff: The confidence of ambulance staff increases.	Surveys and interviews	?	?
Outcomes	Ambulance staff: Perceptions of safety from ambulance staff increase	Surveys and interviews	?	?
Outcomes	Patients: Perceptions of safety from patients increase.	Surveys and interviews	?	?

Data Planning Template

Data Item	Serves to support which ToC evaluation outcome	Included already in the metrics currently being collected in the organisation/ intervention? – where / process to receive it?	New data metric required to be collected – how?	How will data be regularly monitored / reported?

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BUILDING AN EFFECTIVE BUSINESS CASE

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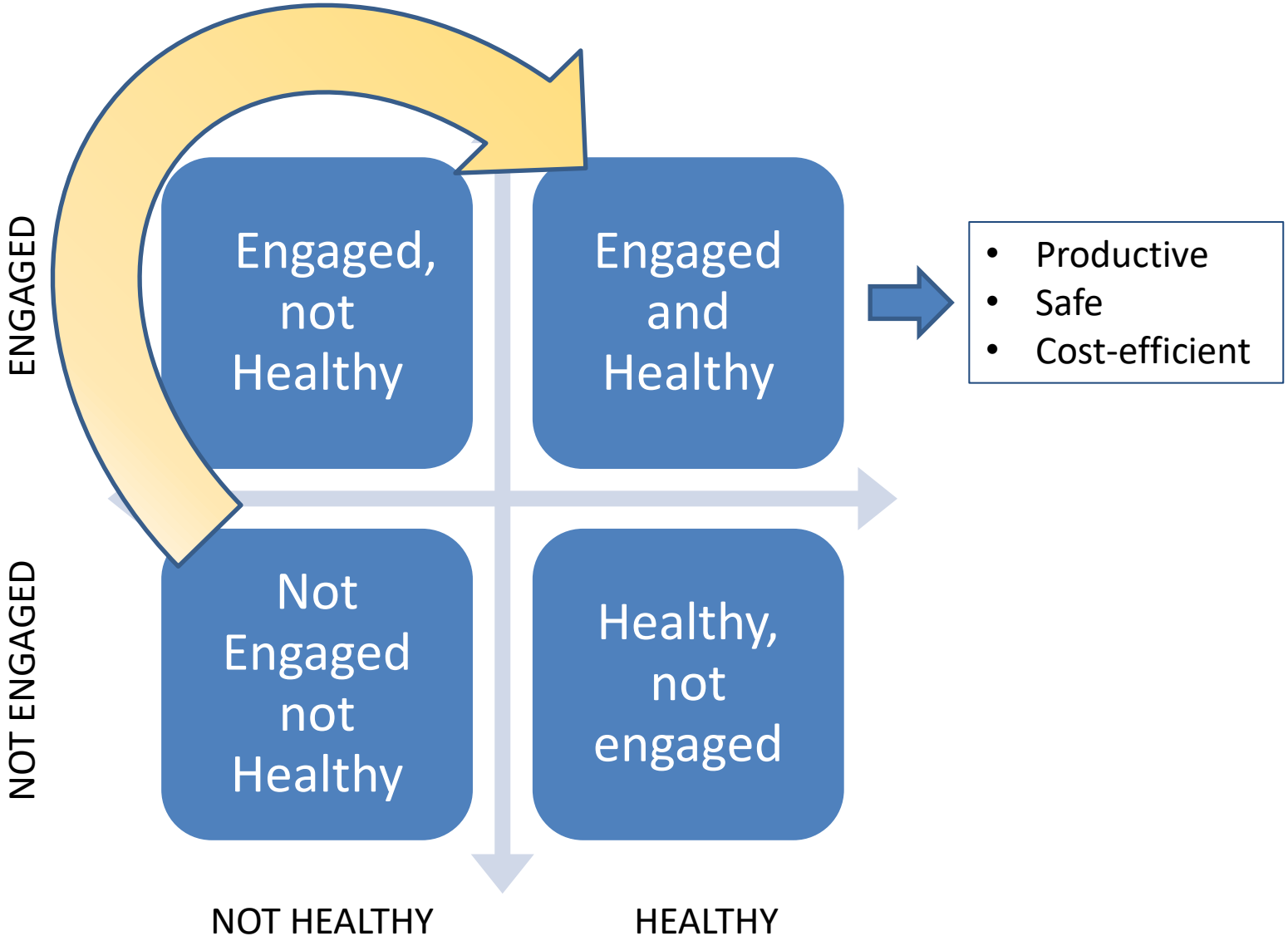
People Aims For High Performing Systems



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People Promise & Supporting People

Agreeing what the priorities are and how they can be transmuted regionally and locally.

Matching national to regional and local priorities.

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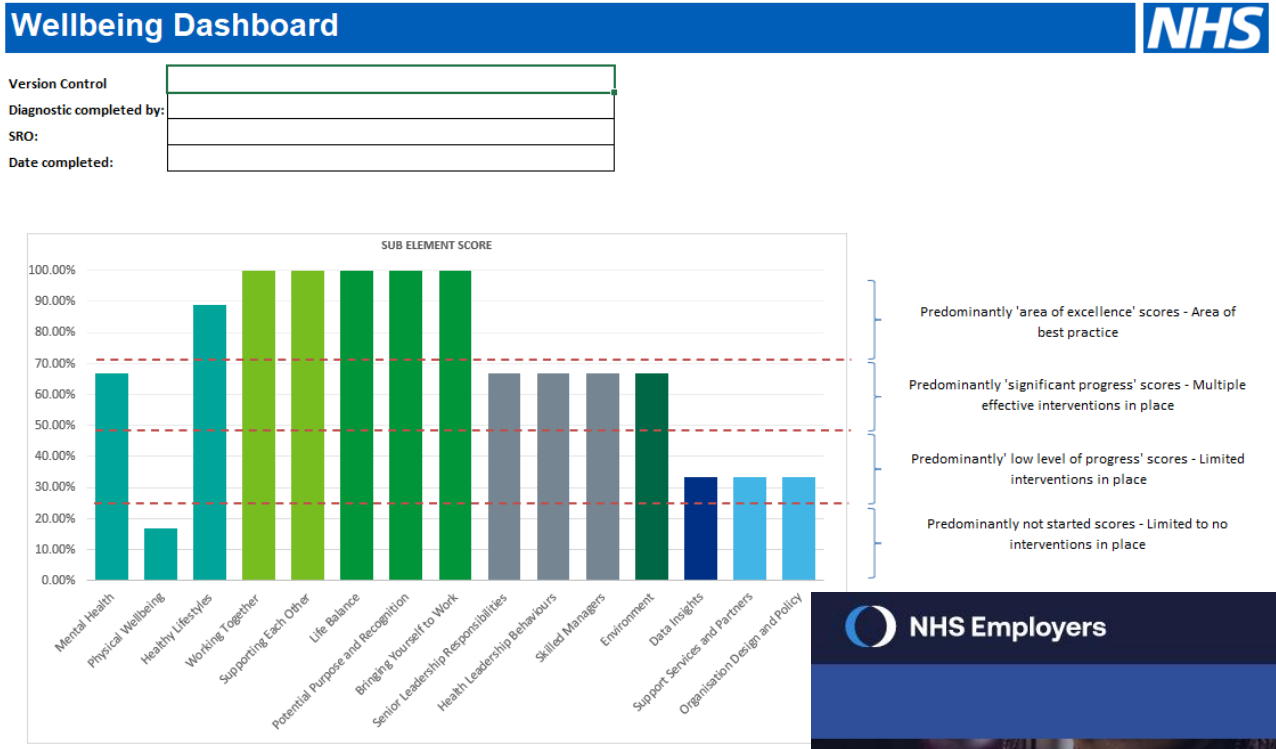
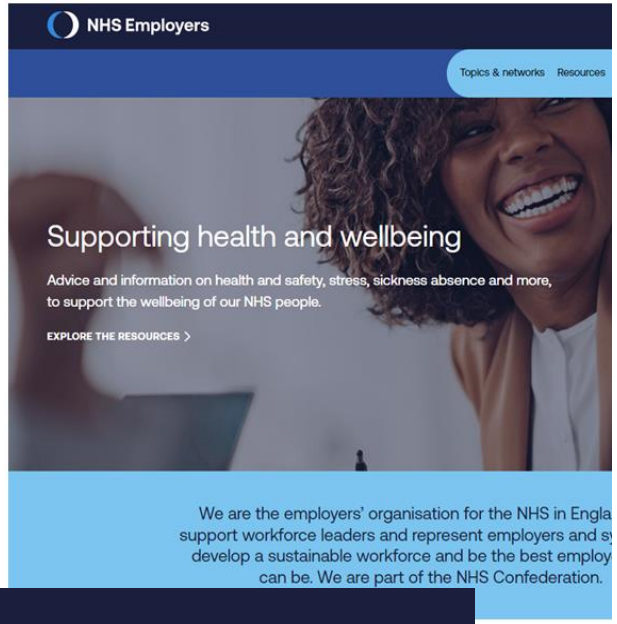
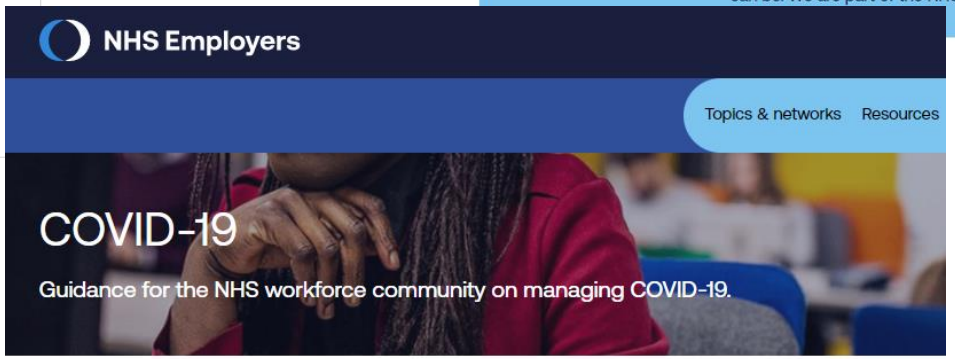
The Wellbeing Framework Diagnostic Tool can be useful here







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This section provides information to help workforce leaders and their teams in the health system to continue to respond to the COVID-19 pandemic.

This page brings together, in one place, any nationally agreed temporary workforce guidance and relevant resources. It also provides signposts to relevant government guidance.

Overarching Themes

1. **Building a thriving workforce**: psychological safety, sustainable expectations, tolerating imperfect situations and changing demands, modelling compassion, managing moral injury, improving Trust and ICS performance metrics

2. **Developing a supported and supporting line management culture**: training, wellbeing competence, clinical and management pathways, a supported workforce as the end outcome

3. **Developing senior leadership** and/or guardian responsibilities

4. **Measurement and reduction of presenteeism:** using a proactive framework

5. **Creating a vibrant staff wellbeing offer**: that measures and incentivises uptake and drives clear, positive outcomes

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Using Productivity to Define the Business Case

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Presenteeism is the strongest driver of productivity loss

- The average productivity loss in the Britain's Healthiest Workplace (BHW) surveys has worsened from 7.8% in 2014 to 14.6% in 2019

- This is mainly driven by presenteeism:
  - Of this 14.6%, 13.4% is due to presenteeism, whereas just 1.2% is down to sickness absence

- Common significant drivers of presenteeism are poor mental health, lack of sleep, MSK conditions and financial concerns

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recapping
the key productivity* loss numbers

48.2 days

mental ill-health

9.2 days

financial concerns

4.4 days

<7 hours sleep

1.9 days

BMI in obesity range

2.2 days

high-risk blood pressure

6.1 days

<150mins physical exercise

*Productivity = Absenteeism + Presenteeism

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BRITAIN'S HEALTHIEST WORKPLACE

Vitality · RAND EUROPE · MERCER · FT · UNIVERSITY OF CAMBRIDGE

2013-2019

7 years · 510 organisations · 172,000 responses

Summarising from the Research

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Given limited time/resources, what is the one thing you could do differently that will help evaluation?

- This could be:
  - A new method of data collection you had not considered before
  - Creating a theory of change
  - Start planning your evaluation right at the start
  - Etc.

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Useful References

- RAND Europe website pages:
  - *Wellbeing at Work*
  - *Evaluation*
- Resources from the NHS:
  - NHS Health and Wellbeing Framework
- An evaluation toolkit co-developed by Northumbria Healthcare NHS Foundation Trust and RAND Europe:
  - Developing and evaluating workplace health interventions: employer toolkit
- Other:
  - What Works Wellbeing

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Discussion and Q&A

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