

Improving performance through wellbeing and engagement

HEOPS
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Agenda

1. Context
2. Risks
3. Business case
4. The project
 - Phase 1
 - Phase 2
4. Stakeholder feedback

Context

Challenges for institutions

- Reduced funding/uncertainty about future funding
- Doing more with less
- Managing major change (restructures, redundancies)

Challenges for individuals

- Uncertainty (job, change etc.)
- Mismatched expectations
- Increased workloads (including compensating for downsizing)
- Increased pressure/stress (inside and outside work)
- Mismatch of skills



Risks

CIPD have reported ...

- Reduced job satisfaction
- Increased absenteeism and presenteeism
- Lower levels of trust in senior managers
- Reduction in living standards
- Decreased productivity



Business case

Engagement, motivation and productivity

- In UK HE sector, if a 10% increase in performance is worth a minimum of 5% of salary (£1,606 per employee, per yr), the potential saving to a university such as Birmingham is £9,636,000 (Robertson Cooper Ltd, 2008).
- Presenteeism costs approx. £600 per employee, per year (Sainsbury Centre for Mental Health, 2007)

Sickness absence

- Sickness absence costs approx. £692 per person, per year therefore £2,422,000 to a university such as Leicester (CIPD, 2009)
- University of Liverpool - absence reduction from 4.7% - 2.3%



The challenges

So...

- How can we support individuals so they can remain in work and able to perform?
- How can we ensure that resource and activity is aligned with organisational need and context ?
- How can we ensure return on investment?



The project



Phase 1 project (Oct 2008-9)

- HEFCE funded
- Understand current practice
- Are people evaluating their work?
- Workshops
- Engagement with stakeholder groups
- Clear gaps
 - Evidence
 - Practice



Phase 2 project (Oct 2009-11)

- HEFCE, SFC and HEFCW funded
- Led by Universities of Leeds in partnership with the Universities of Aberdeen, Birmingham, Bristol, Cardiff, Chester, Glasgow, Heriot Watt, Newcastle, Queen Mary and Winchester and Grimsby Institute for Further and Higher Education
- Three key strands
 - Wellbeing and performance mapping
 - Interventions (piloting and evaluation)
 - Communications, events, toolkits and case studies



Evaluating interventions

- Communicating the wellbeing proposition (Newcastle)
- Board level communications(Birmingham)
- Resilience through goal orientation (Leeds)
- Supporting change through Executive Coaching (Leeds)
- Redefining the academic psychological contract (Queen Mary)
- Leading and coping with change (Bristol)
- Physical activity and nutrition (Chester)
- Encouraging peer support (Grimsby)
- Resilience training (Glasgow)
- Stress management (Aberdeen)
- Sickness absence management (Cardiff)
- Leadership and management development (Heriot Watt)
- Employee communications (Winchester)



Wellbeing and performance mapping

- Exploring the relationship between wellbeing survey scores and RAE, and NSS results
- Are there aspects of wellbeing which seem to make the biggest impact (or no impact) on performance
- Using data gathered in 11 institutions (2002)
- Working with 6 institutions to gather and analyse results (confirmed Grimsby, Bristol, Chester, East London and Aberystwth)



Communications and events

- Website – access case studies, findings, toolkits etc (www.wellbeing.ac.uk)
- E-newsletter
- Consultation programme (October/November 2010)
- Regional events (February/March 2011)
- Final conference (Leeds, 9th September 2011)



Occupational health – stakeholder feedback



What would a proactive OH service look like?

- Partnership approach internally (HR, sport, counselling, line managers, H&S, student services)
- Partnership approach externally (PCTs, GPs)
- Proactive rather than just reactive (more than ill health)
- Providing input at a senior/strategic level
- Need to be seen as flexible
- Changing perceptions of OH (promoting how we can help!)
- Creating a healthy institution



The role could include:

- Health screening
- Health awareness events and campaigns
- Musculoskeletal advice/back care workshops
- Sickness absence review
- Helping with return to work
- Workplace assessments
- Sign posting to other services
- Triage facility
- Case conferencing
- Early flagging
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What are the key challenges in achieving this?

- Traditional views of what OH services should consist of
- Outsourced OH contracts can make it difficult to be flexible and responsive
- Lack of resource – only enough time/money to be reactive or focus on ill-health referral
- Institutions may perceive some activities as NHS duplication/an unaffordable luxury
- Difficult to make the business case/show return on investment
- Implementing the fit note (feasibility of GPs advice)





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