

# Elements of Health and Wellbeing







Many factors influence the health and wellbeing of our diverse NHS people and teams. Some of these, such as physical and mental health, are well understood. However, there are other factors such relationships, management skills and the environment that we work in, that are fundamental to healthy people who are able to provide world class health care to our patients. This resource aims to provide the evidence base and inspiration for change for all these components of health and wellbeing.

The proactive interventions and services that empower our people to manage their own health and wellbeing

The ways our teams work together with civility, respect and care

How our work at the NHS inspires our diverse people and how we support their growth and passion

How our leaders define, implement and embody a positive health and wellbeing culture and how they provide health and wellbeing support as part of their role



The teams and services, like occupational health, who are available to support organisations and our people's health and wellbeing

Our approach to understanding our health and wellbeing needs and then measuring our effectiveness in supporting them

Physical work spaces and the facilities available to our people to rest, recover and succeed

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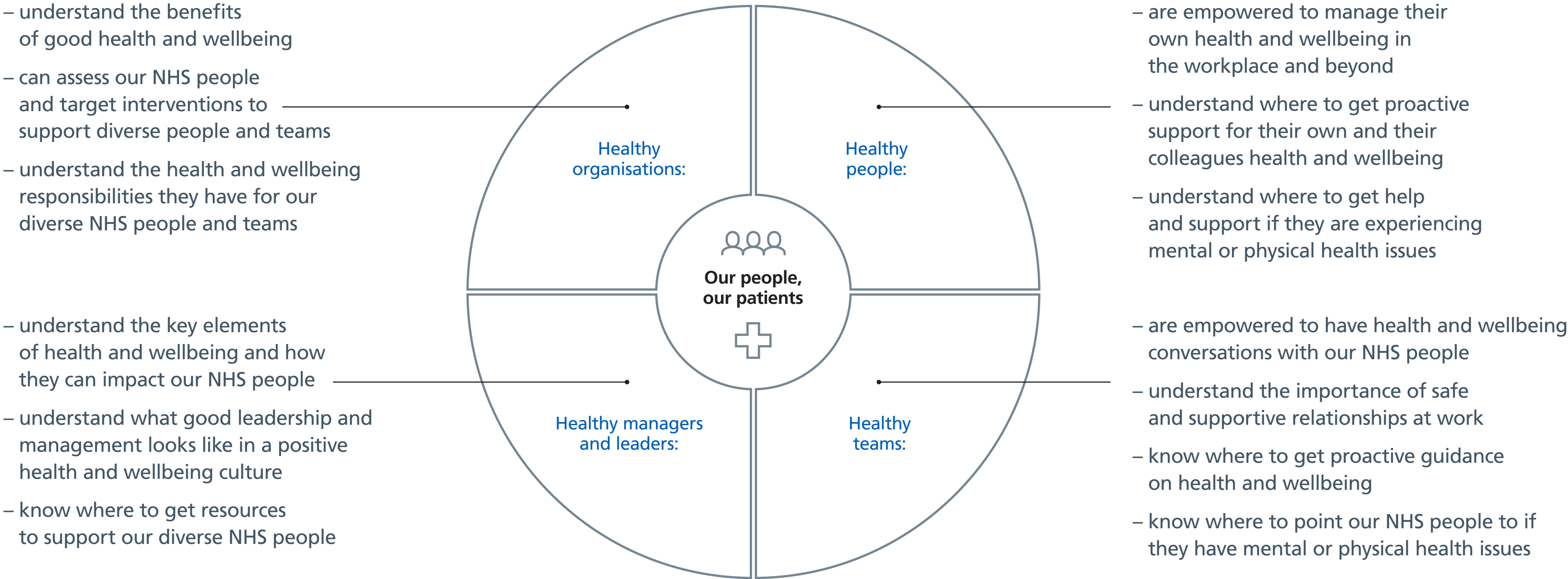
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# Audience

Whilst health and wellbeing is often considered at the personal level, there are more audiences that we need to think about if we aspire to have a positive, supportive health driven culture in the NHS. From the direction set at an organisational level, to enabling managers and teams to have open conversations about wellbeing, health and wellbeing at the NHS is multifaceted and needs to consider all our key audiences.



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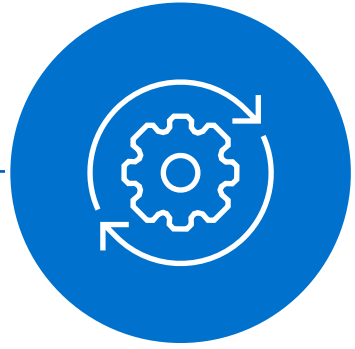
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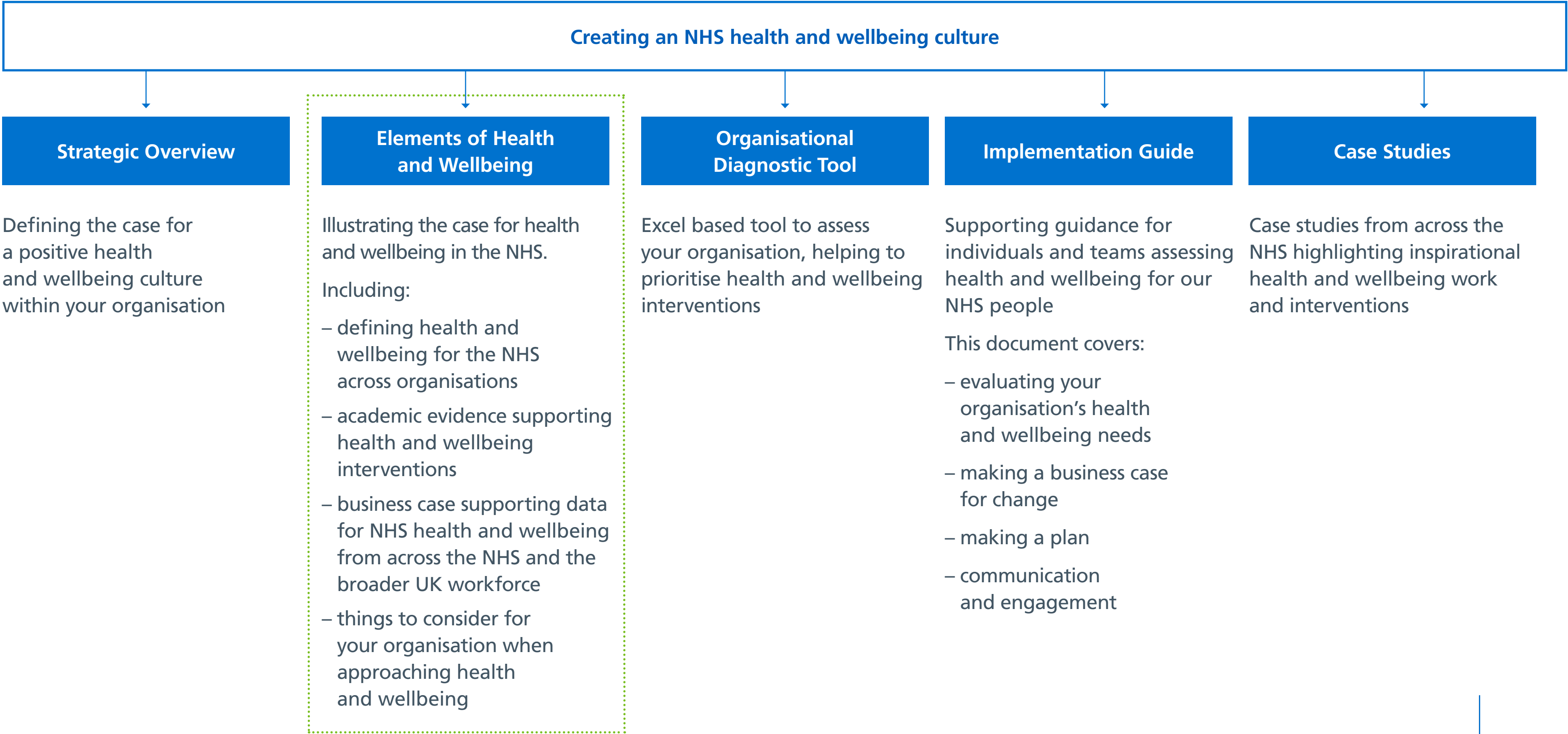
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# What resources are available?

Five core resources have been developed to support your organisation in building a positive health and wellbeing culture.



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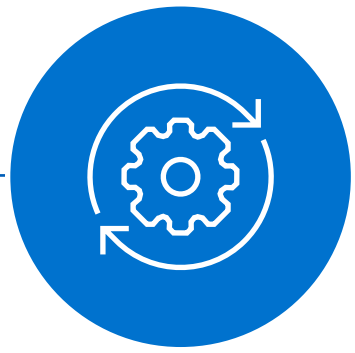
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# How to use these health and wellbeing resources

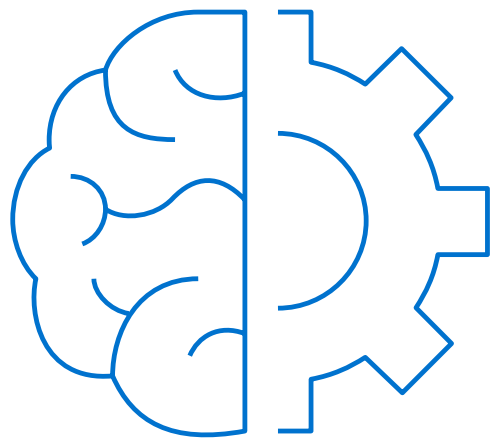
Every NHS organisation is different. Different in terms of people and different in progress towards a positive health and wellbeing culture. The resources are designed to be used in a flexible way to meet the needs of your organisation. They can be used to start, revise or relaunch a programme and either be used in total or in parts, depending on your starting point.



Getting started

Strategic Overview

- explanation of the health and wellbeing resources
- high level case for a positive health and wellbeing culture



Understanding your needs

Organisational Diagnostic Tool

- excel based tool to assess your organisation, helping to prioritise health and wellbeing interventions



Planning

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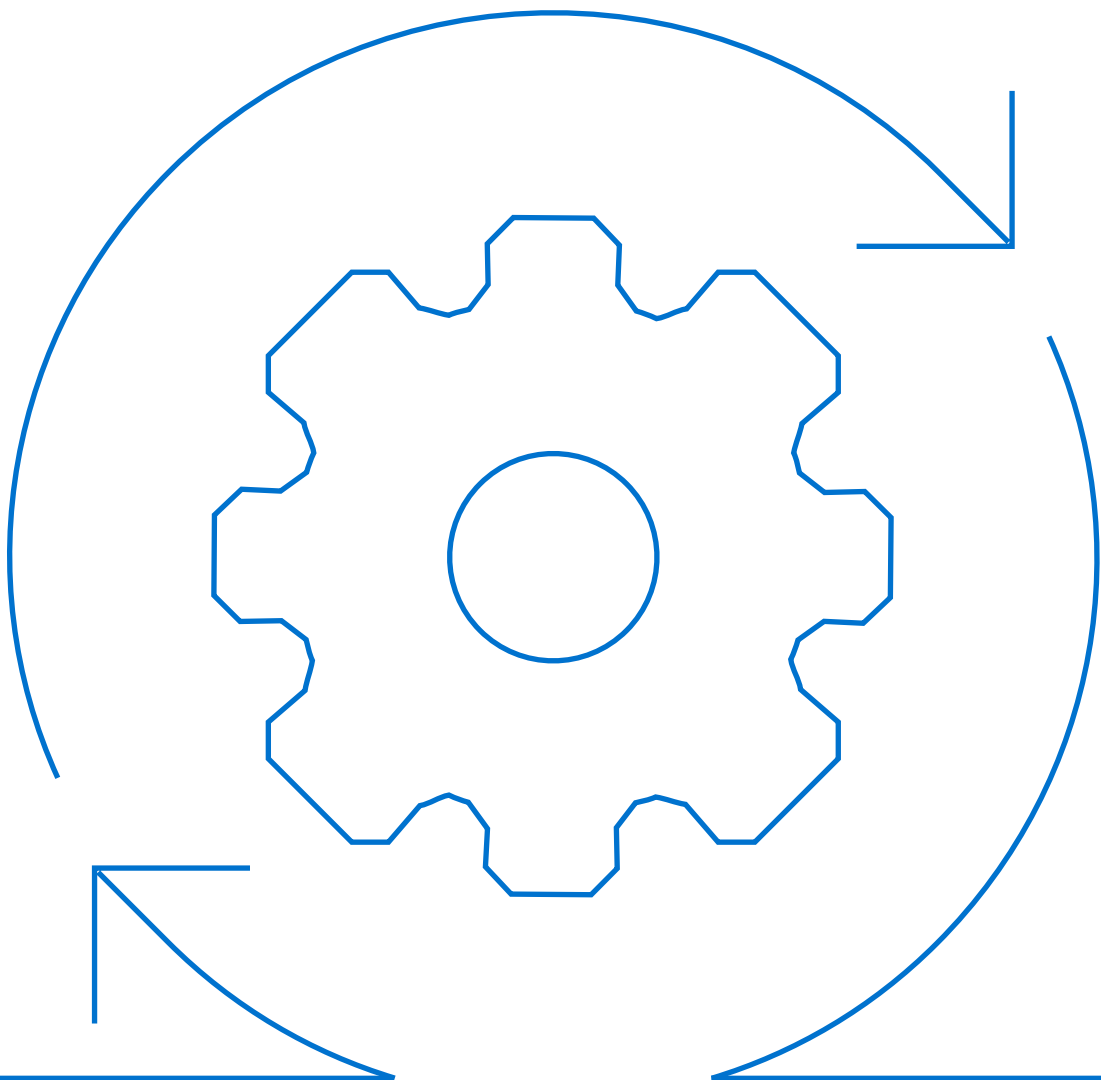
- details on the areas of health and wellbeing
- evidence for the impact of health and wellbeing on individuals, teams, managers and the wider NHS

Case Studies

- inspirational health and wellbeing activity from across the NHS

Implementation Guide

- practical delivery guidance from evaluation through to delivery





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# Improving personal health and wellbeing





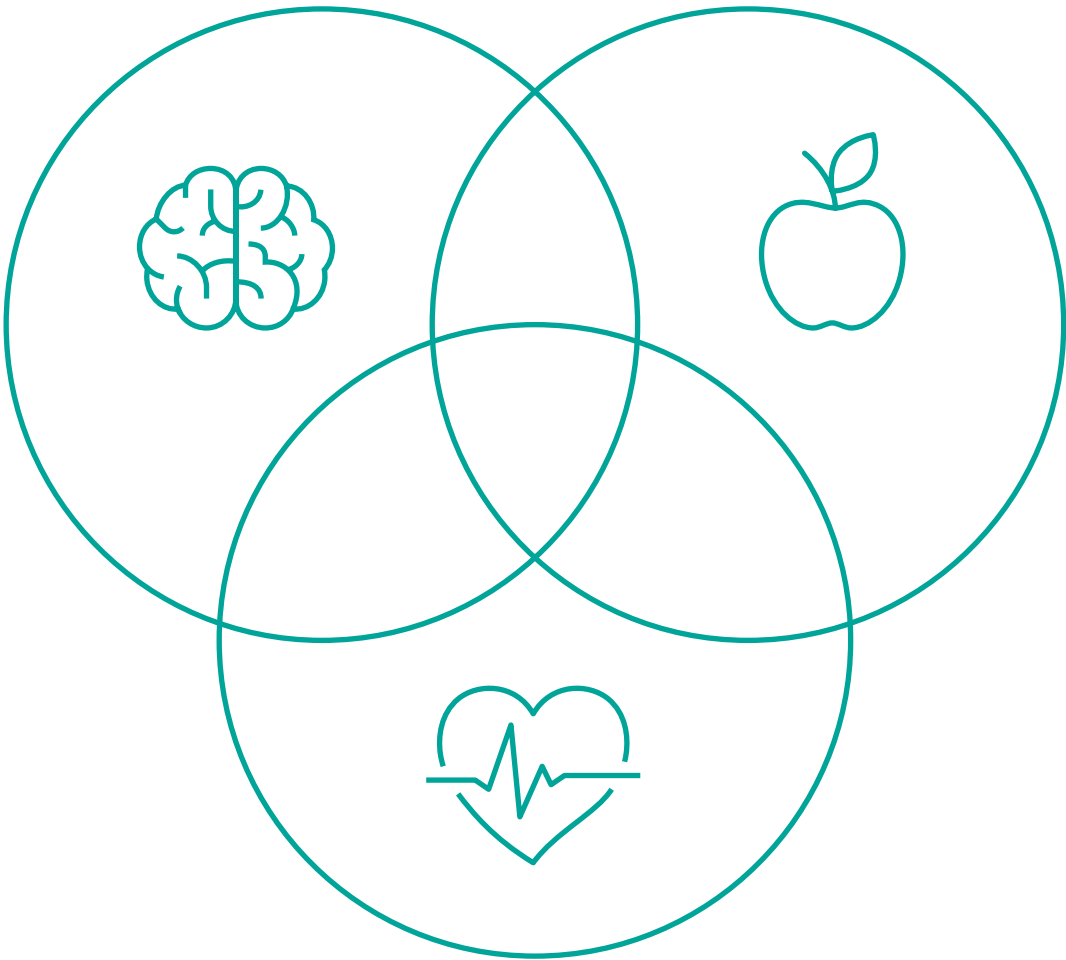
# Improving personal health and wellbeing

Personal health is more than the absence of dysfunction and disease. Mental and emotional health, physical health and a healthy lifestyle all contribute to an individual’s health and wellbeing. The following section includes definitions of each of these facets of health, why they matter and things to consider, as well as inspirational case studies from across the NHS.

Health and wellbeing issues will change with time, not only because of pandemics or economic environment but also as the societal concept of health and wellbeing changes. The last few years has seen post-traumatic stress order, financial stress and the wellbeing impact of menopause become more relevant and visible in the workplace. Our evaluation of health and wellbeing needs to bear this ever-changing landscape in mind.

## Mental and emotional health

Supporting the management of active mental disorders and and day-to-day stressors to ensure a person’s ongoing wellbeing and happiness is maintained



## Healthy lifestyle

Not all diseases are preventable but a large proportion of deaths, particularly those from coronary heart disease and lung cancer, can be avoided. Health is not only about avoiding disease. Diet, exercise, hydration and sleep are essential

## Physical health

For most NHS organisations, physical health will focus on musculoskeletal health which is an important component of maintaining a person’s functional abilities, both in and out of work

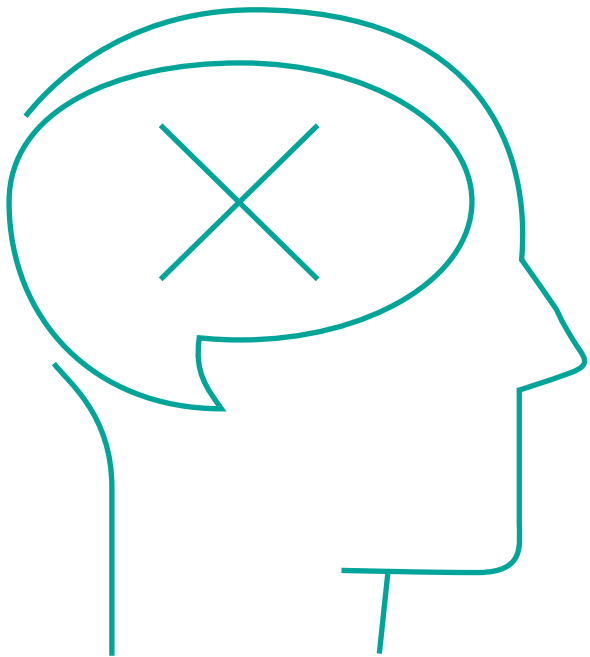


# Mental and emotional health

According to the World Health Organization, mental health is a state of wellbeing in which an individual realises their own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to their community.

## Why does this matter?

Mental health conditions are consistently the highest reason for sickness absence in the NHS. Even at its lowest level in 2020, it accounted for 21% of sickness absence, c472,000 days lost in a single month <sup>(1)</sup>



Poor mental health at work costs the NHS upwards of £3bn per annum <sup>(2)</sup>

## Mental health considerations:

everyday pressures  
 financial stress  
 menopause  
 bereavement  
 depression  
 anxiety  
 moral injury

“It is more than just the absence of mental disorders or disabilities. Peak mental health is about not only avoiding active conditions, but also looking after ongoing wellness and happiness”

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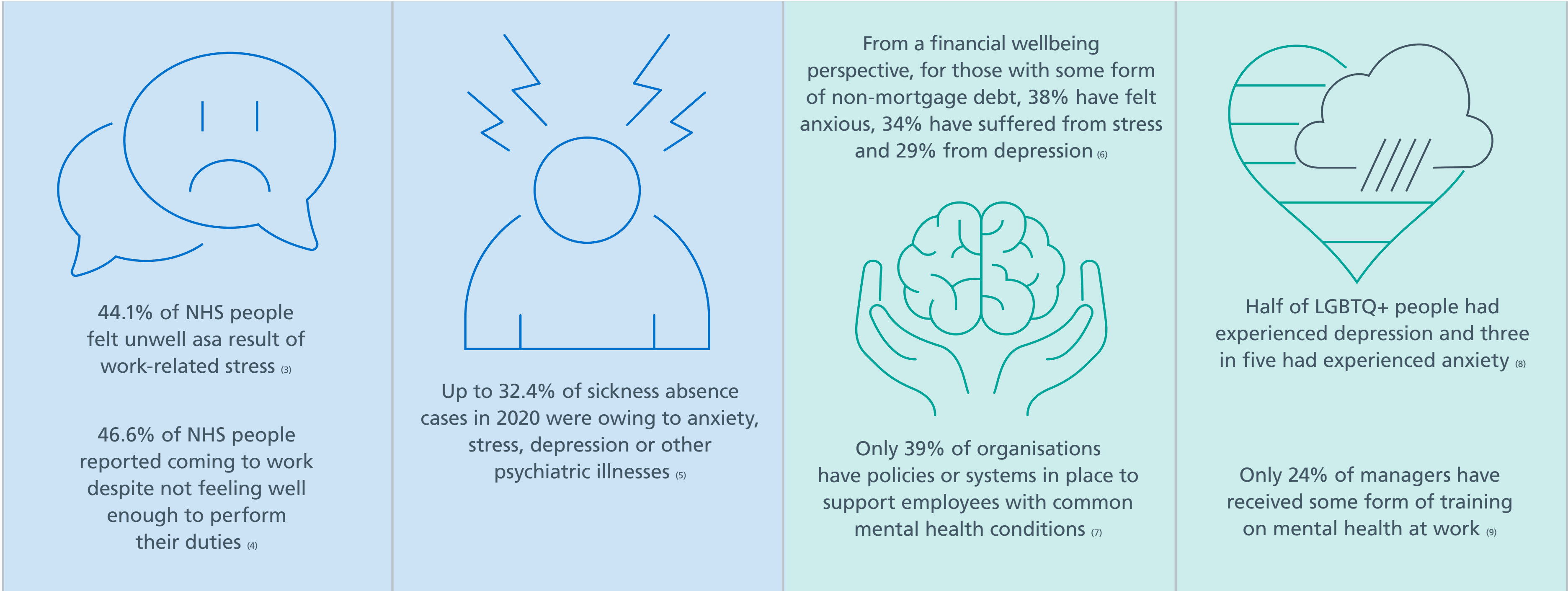


## Experiences of people

The data below gives an insight into how mental health impacts people in our NHS and in the wider community. Our NHS possesses a huge amount of diversity and every part of our organisation is unique. Therefore, the below information should only be used as a starting point to help you to consider why mental health is important.



In our review of the previous framework it was clear that mental wellbeing needs to be viewed more broadly, such as the inclusion of financial wellbeing and menopause support



Consider how mental and emotional health may be impacting people in your organisation. Use relevant data points available to you to gain insights into your own organisation and consider the next steps you need to take in this area in relation to the unique position of your organisation and our NHS people?



# What does ‘good’ look like?



## ...allows people to:

- realise their full potential
- cope with the stresses of life
- work productively
- make meaningful contributions to their communities

## ...supports the organisation through:

- increasing productivity, efficiency and innovation
- reducing sickness absence, presenteeism and attrition, leading to reduced business costs
- enhancing your reputation as an employer

“Mental health should be discussed openly with employees wherever possible and appropriate. This is not just about discussing mental health problems but about creating an environment in which employees feel able to talk openly” <sup>(10)</sup>

“Investments and wellbeing programmes should improve both the local work culture and the wider organisation’s performance...acknowledge that health problems are an ordinary part of life and respond positively and helpfully when staff become unwell” <sup>(11)</sup>

“Ensure provision of tailored in-house mental health support and signposting to clinical help” <sup>(12)</sup>

“Psychological interventions can improve mental health and help with the management of mental health issues. Interventions can play a role in helping staff to stay in work, return to work and improve general health and wellbeing, which can contribute to improvements in patient care and organisational productivity” <sup>(13)</sup>







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# What does ‘good’ look like?

Consider whether working practices and conditions that are identified as contributing to poor mental health are managed, with workplace support being available for our NHS people to maintain good mental health and manage mental health conditions.

Are connections made across mental and physical health?

## Healthy people and healthy teams

- do people have access to preventative interventions that improve mental and emotional health?
- do interventions include broader initiatives that support areas such as bereavement and financial worries/education?
- is confidential and timely psychological support available to people with mental and emotional health issues?
- are clear referral pathways developed?

## Healthy managers and healthy organisations

- has a healthy and supportive working environment been created?
- are people upskilled to support and improve their own and others health and wellbeing?
- is the mental and emotional provision evaluated to ensure it meets the needs of the diverse workforce and organisation?



## Staff psychology and counselling team

Northumbria Healthcare NHS Foundation Trust has a long-term commitment to health and wellbeing and mental health in particular. It has a dedicated internal psychology team and in 1999 was the first trust in the UK to have a staff clinical psychologist.

Eighty percent of their people experienced a clinical and statistically significant reduction in their level of distress



## Improving wellbeing of the IAPT workforce

Frontline clinical staff at West London Mental Health Trust formed a wellbeing team and surveyed their colleagues to capture several ideas for changes to working arrangements.

The low-cost changes made as a result helped to significantly improve staff wellbeing, with the number of people rating themselves as having good mental health rising from 57% to 84%



For support to help define and prioritise initiative areas for your organisation, please refer to the ‘**Organisational Diagnostic Tool**’

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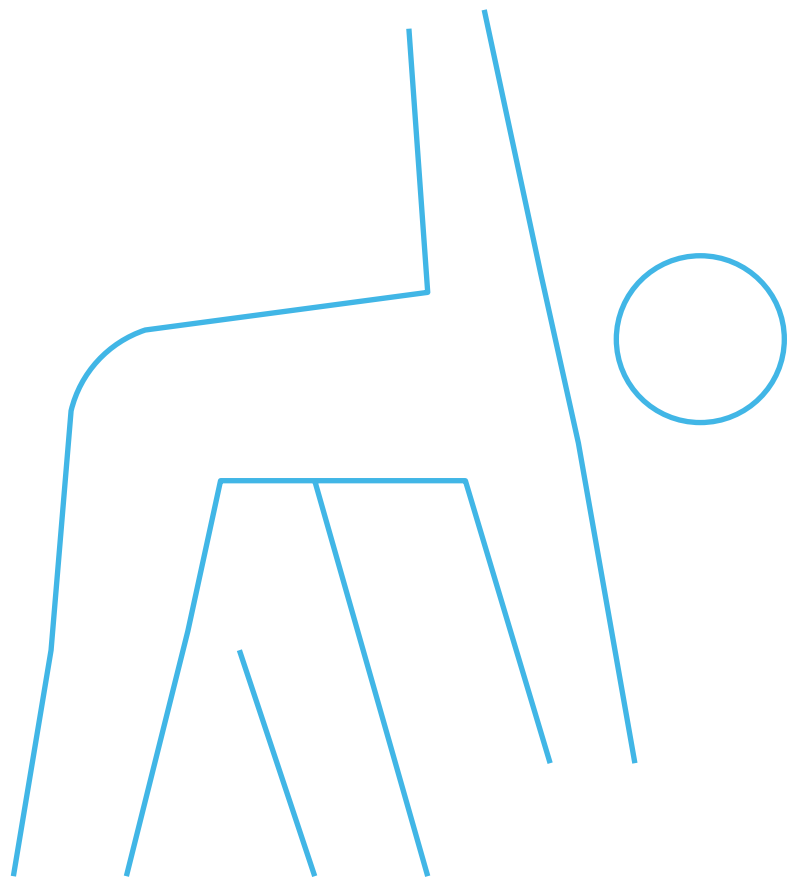
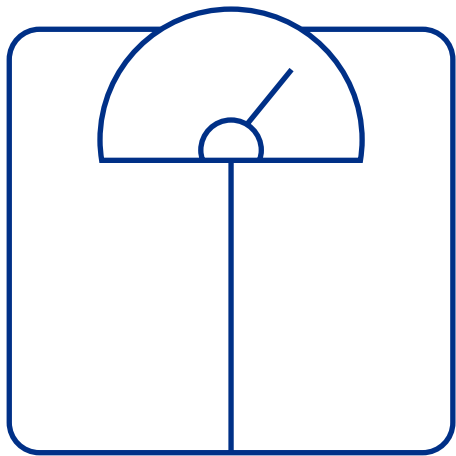
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# Physical health

Physical health is a broad topic. For most NHS organisation’s the focus will be on musculoskeletal health which is an important component of maintaining a person’s functional abilities throughout their life course. It is also fundamental to healthy ageing, which the World Health Organization has characterised as ‘the process of developing and maintaining the functional ability that enables wellbeing in older age’.

## Why does this matter?

Arthritis and musculoskeletal conditions affect over 17 million people across the UK, causing pain, disability, fatigue and often anxiety, depression or social isolation <sup>(14)</sup>



Musculoskeletal problems such as back, shoulder and knee pain are the leading cause of working days lost in the UK – it is estimated that 31 million days a year are lost due to these problems <sup>(14)</sup>

## Physical health is:

balanced diet  
healthy weight  
back pain  
alcohol support  
menopause  
exercise  
osteoporosis  
inflammatory conditions  
osteoarthritis  
not smoking

“Investing in prevention and self-management organisations can lower the likelihood of absence due to injury in or out of work. This will improve staff wellbeing and contribute to better patient care and improved productivity” <sup>(15)</sup>





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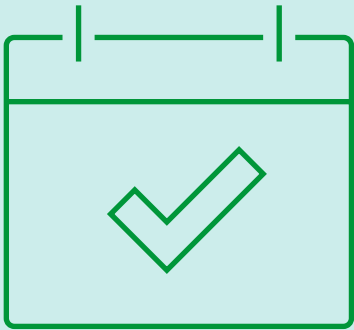
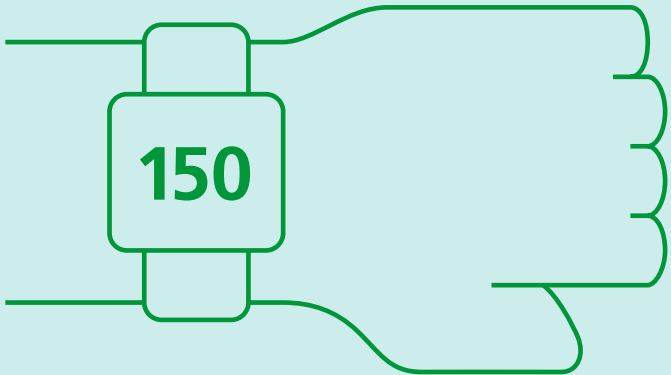
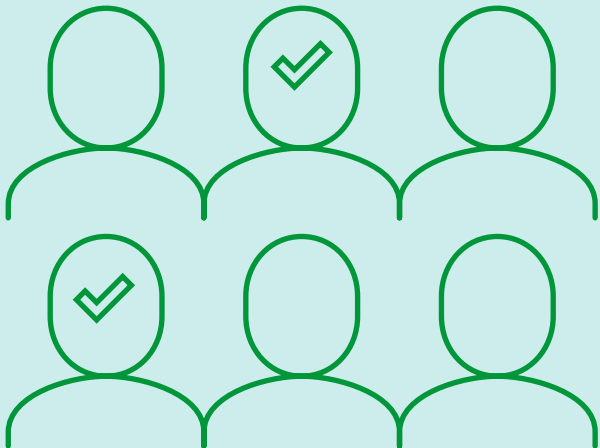


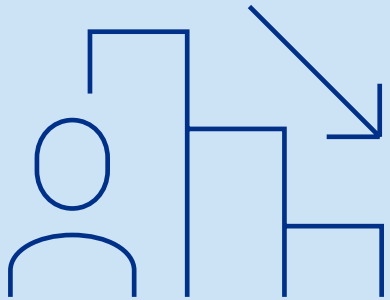

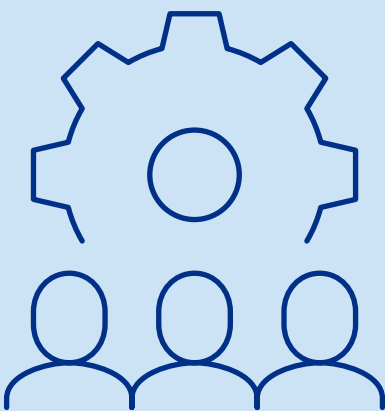
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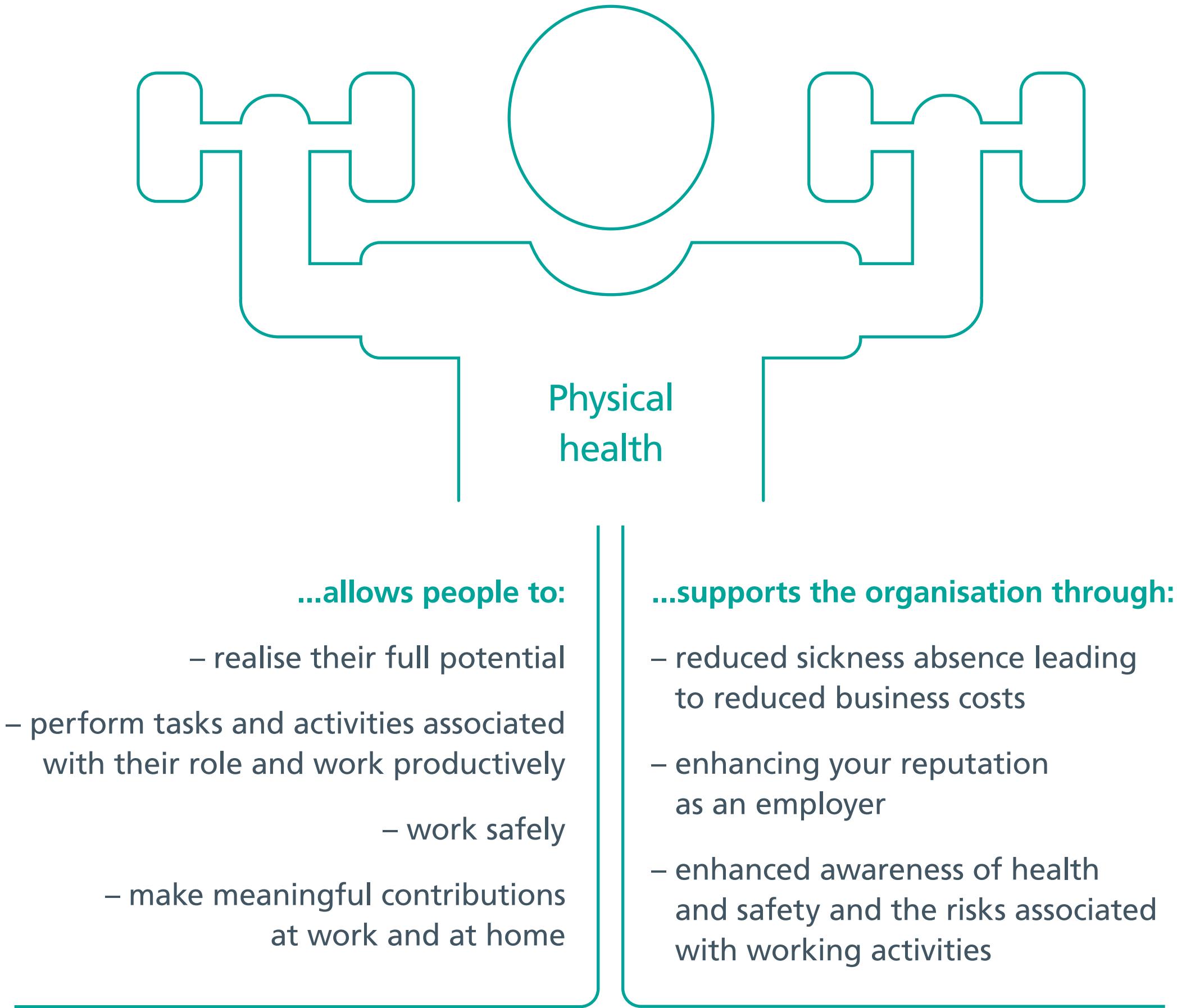
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How can you use data and market insights to inform the action required for your organisation and our diverse NHS people?

 <p>For employees with lower back pain, interventions by occupational health services have been shown not only to return employees to work up to five weeks earlier than under normal care but also to reduce the recurrence of back pain in the following year by up to 40% <sup>(16)</sup></p>  <p>Adults should engage in at least 150 minutes of moderate intensity physical activity each week <sup>(17)</sup></p>	<p>Low back pain probably affects around one-third of the UK adult population each year <sup>(19)</sup></p>   <p>9.1 million people live with long-term back pain in England alone, and over 8.7 million people aged 45 and over have sought treatment for osteoarthritis <sup>(22)</sup></p>	 <p>At 65 years of age, almost 1 in 2 people with a heart (47.1%), lung (49.2%) or mental health (47.3%) problem also have a musculoskeletal condition <sup>(18)</sup></p> <p>Since a small group of patients with severe, chronic low back pain generate the majority of costs, successful intervention in a few cases can generate substantial cost savings <sup>(20)</sup></p> 	 <p>Adults should aim to do activities to develop or maintain muscle strengthening on two days per week <sup>(21)</sup></p>  <p>Only 59.4% of people of working age with a musculoskeletal condition are in work</p>
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# What does ‘good’ look like?



“Physiotherapy is a clinically proven way of improving outcomes and supporting recovery and management of injuries and musculoskeletal disorders. It can play a role in helping staff to stay in work, return to work and improve general health and wellbeing which can contribute to improvements in patient care and organisational productivity.” <sup>(23)</sup>

“The high prevalence of musculoskeletal disorders, including back problems, may account for the relative abundance of studies which inform us of the interventions that are worth undertaking from an economic perspective. Since a small group of patients with severe, chronic low back pain generate the majority of costs.” <sup>(24)</sup>

“Employer support is key to providing access to modified work. Early and good communication between the worker, employer and occupational health professionals is more effective and cost-effective at helping employees with musculoskeletal conditions on sick leave return to work compared with other non-collaborative workplace interventions.” <sup>(25)</sup>





# What does ‘good’ look like?

Consider whether working practices, the working environment and facilities are contributing to poor physical health and how it can be managed. Is workplace support available for our diverse NHS people to maintain good physical health and manage physical health conditions?

## Healthy people and healthy teams

- do people with musculoskeletal disorders and injuries have access to physiotherapy?
- are wider interventions in place to support job specific activities, such as clinical handling duties and desk bound activities?
- are clear referral pathways developed?
- do our NHS people have access to self-management interventions?

## Healthy managers and healthy organisations

- are our NHS people and managers upskilled to improve their own physical or musculoskeletal health and wellbeing?
- are the organisation’s health needs assessed to understand the requirement for musculoskeletal interventions?
- has a healthy and supportive working environment been created?



### Fast-track musculoskeletal support

Epsom and St Helier University Hospitals NHS Trust introduced a fast-track programme for our NHS people off sick with musculoskeletal health issues, offering them an appointment with physiotherapy as soon as they phoned in sick. They also developed a video showing strengthening for those involved in moving and handling duties and introduced desk based exercises. They saw a decrease in time off work for back related causes of musculoskeletal absence; and non-back related causes of musculoskeletal sickness have now steadied



### Training redesign

Birmingham Women’s and Children’s NHS Foundation Trust built a culture that promoted physical resilience to improve the trust’s musculoskeletal absence rate. The first action was to redesign the mandatory online training package. The trust ran a co-design process, bringing in subject experts alongside front line staff and managers to scope out their interpretation of the national mandatory training requirements and organisational needs



For support to help define and prioritise initiative areas for your organisation, please refer to the ‘**Organisational Diagnostic Tool**’

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# Healthy lifestyle

A healthy lifestyle is a way of living that lowers the risk of being seriously ill or dying early. Not all diseases are preventable but a large proportion of deaths, particularly those from coronary heart disease and lung cancer, can be avoided. Health is not only just about avoiding disease. It is also about physical, mental and social wellbeing.

## Why does this matter?

The cost of cardiovascular disease to the UK economy (including premature death, disability and informal costs) is estimated to be £19 billion each year <sup>(26)</sup>

In the year to November 2019, 62.3% of UK adults (people aged 18 and over) were overweight or obese <sup>(27)</sup>

## Healthy lifestyle is:

hydration  
healthy weight  
**eat well**  
stress management

drug and alcohol support  
physical activity  
not smoking

“I am continually reminded of the impact of social and environmental factors on health and that when good health can best be restored by the provision of healthcare, the delivery of that healthcare needs to be sensitive to the patient’s circumstances in the home, at work and in society” <sup>(28)</sup>

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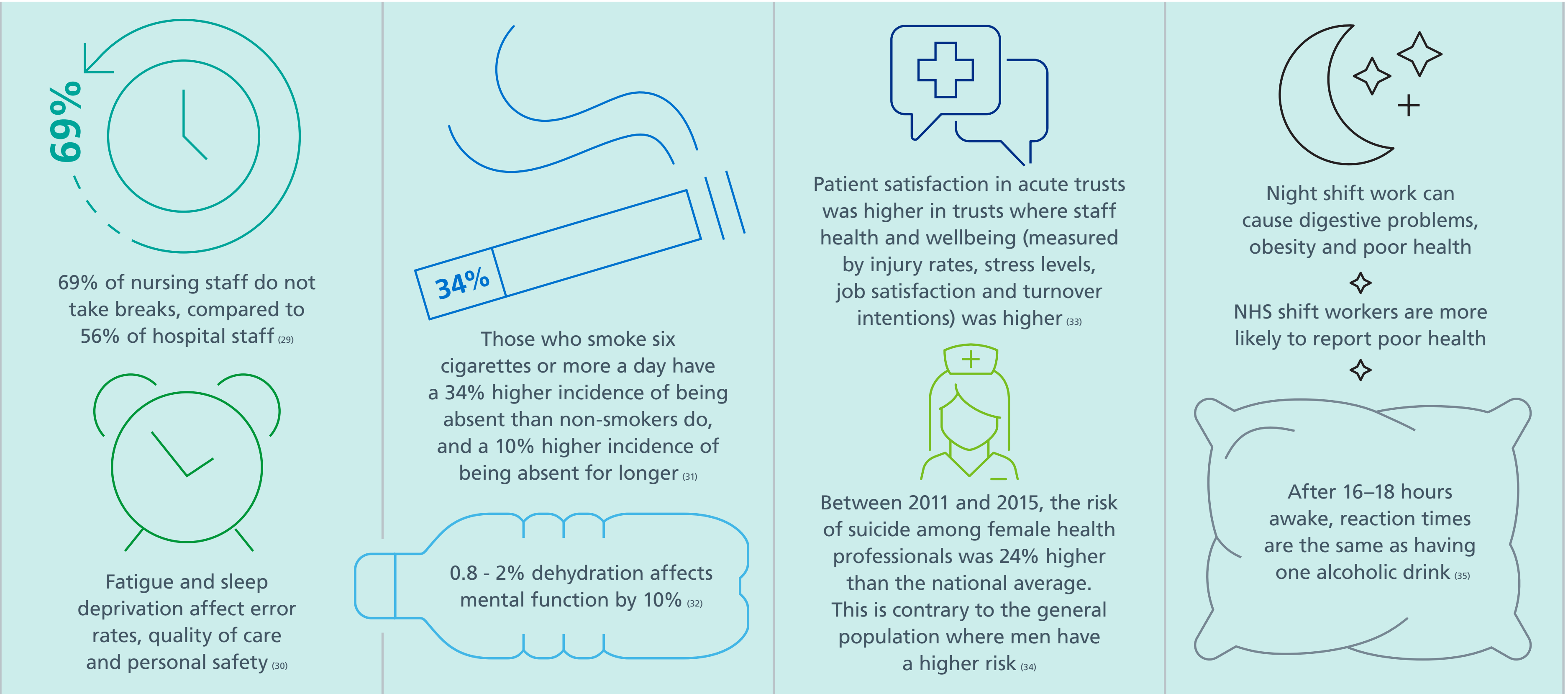
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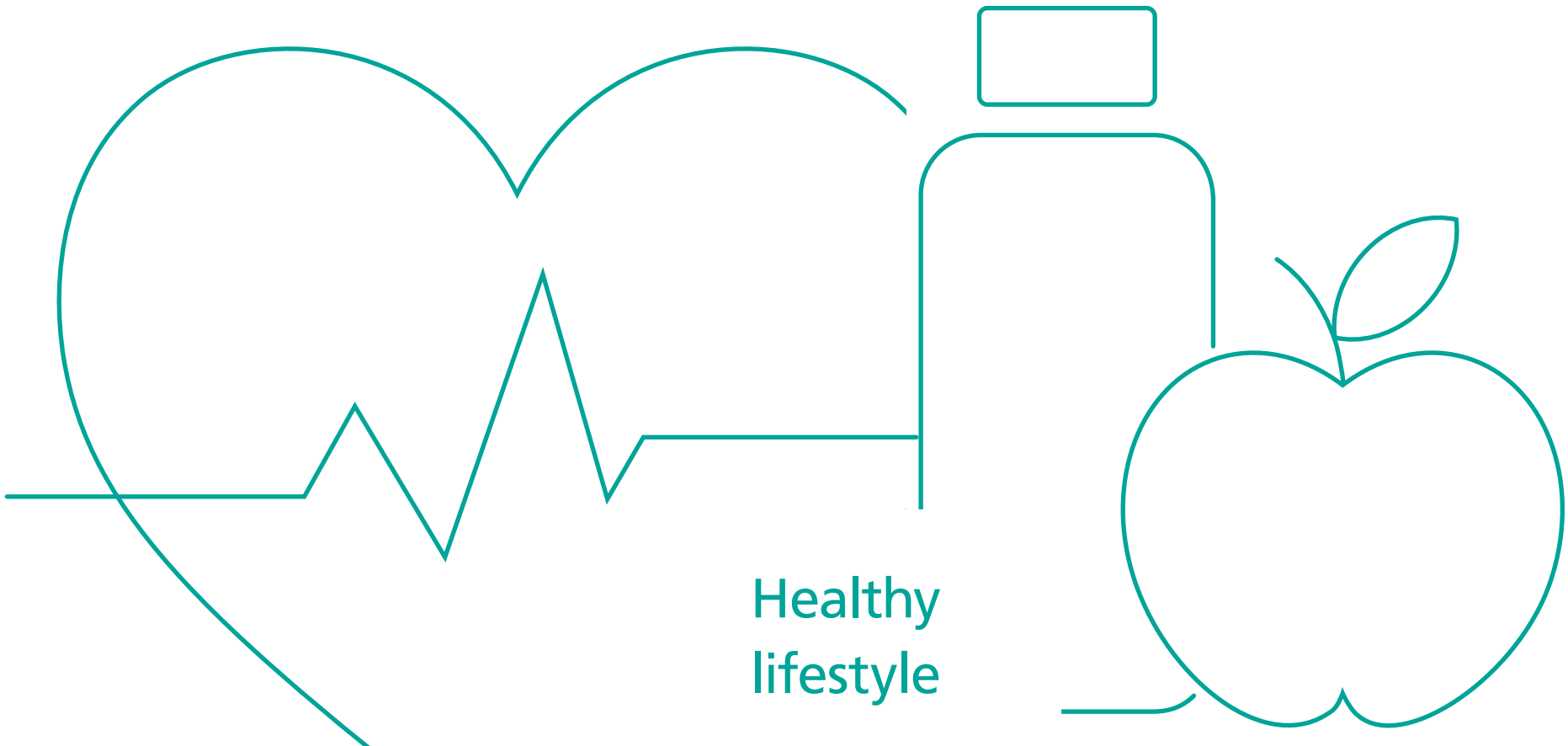
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# What does ‘good’ look like?



Healthy lifestyle

## ...allows people to:

- cope with the stresses of life
- realise their full potential
- manage their health risks proactively
- work productively and safely
- make meaningful contributions to their teams, families and communities

## ...supports the organisation through:

- increased productivity and safety
- acting as a healthy role model for their team
- enhanced reputation as an employer
- reduced sickness absence, presenteeism and attrition leading to reduced business costs



“Several studies indicate that combining change to the work environment with healthy lifestyle interventions in employees increases the probability of them adopting health-promoting behaviour...Focusing interventions around these dimensions and targeting less privileged groups within the workforce is a high priority” <sup>(36)</sup>

“It is not unusual for health professionals to prioritise caring for their patients whilst neglecting to attend to their own wellbeing and self-care. However, it is crucial to put on your own oxygen mask before attempting to help others” <sup>(37)</sup>

“Staff with poor physical health report more absence and for longer periods of time than those in good health” <sup>(38)</sup>

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# What does ‘good’ look like?

Consider whether working practices, conditions and facilities that are identified as contributing to healthy and unhealthy lifestyles are managed. Is workplace support available for all our diverse NHS people to maintain healthy lifestyle decisions? Are connections made across the other elements of personal health including mental and emotional health?

## Healthy people and healthy teams

- do people have access to preventative interventions that encourage healthy lifestyles?
- do interventions include broader initiatives that support areas such as diet and drink choices, exercise and support with alcohol and tobacco?
- are staff supported to complement organisational support with self management tools and techniques (apps, healthy cooking advice, peer support)?



## Healthy catering options

University Hospital Southampton NHS Foundation Trust wanted to provide more healthy food and drink options for our NHS people working throughout the hospital. When the catering contract was renewed it included a requirement for compliance with the Commissioning for Quality and Innovation for healthy food. The trust worked closely with retailers to support the provision of healthy and compliant food. Retailers now provide healthier food and drink options. Meal deals offer water and fruit instead of sugary drinks and snacks

## Healthy managers and healthy organisations

- has a healthy and supportive environment been created?
- are people upskilled to support and improve their own healthy lifestyle and that of others?
- are the healthy lifestyle needs of the diverse workforce and organisation evaluated?



## Activity coordinator introduction

University Hospital Southampton NHS Foundation Trust hired a physical activity co-ordinator. This role gave the trust the capacity to deliver a range of activities such as new and refreshed wellbeing intranet pages, on-site activity classes and one to one exercise advice, agreeing discounts with local gyms and activity centres and walks during lunch times. They worked closely with occupational health, dieticians, physiotherapists, psychologists and communications experts



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Relationships





# Effective relationships



Social wellbeing evidence shows that having good-quality relationships can help us to live longer and happier lives with fewer mental health problems. Having close, positive relationships can give us a purpose and sense of belonging.

Loneliness and isolation remain the key predictors for poor psychological and physical health. Having a lack of good relationships and long-term feelings of loneliness have been shown by a range of studies to be associated with higher rates of mortality, poor physical health outcomes and lower life satisfaction. It is important that when we consider the health and wellbeing of our NHS people, we don't just consider their lives at work but also take into account their situations at home. By getting to know our people we can understand more about their network of support at home and therefore identify anyone at risk who may require more support from colleagues and friends at work.

How our NHS people connect and the relationships they build through working together has a huge impact on their experiences at work. Never had this been felt more keenly than when our NHS people came together to combat the impact of COVID-19 in 2020. The peer support received by our NHS people played a huge role in enabling them to start to deal with the challenges they faced during this unprecedented period.

This section will outline the impact relationships can have on health and wellbeing and how to foster environments that support the development of effective relationships.

## Effective relationships:

- support high performance
- create resilient teams
- enable individuals to manage stress
- enable our NHS people to build meaningful relationships
- make our people feel valued and cared for

## The importance of peer support

- research indicates that there are benefits to facing a crisis collectively rather than experiencing it in isolation. Social support during times of trauma can lead to better emotional health and less severe stress reactions in the long term
- supporting a culture that encourages us to connect with those around us, builds a better understanding of our colleagues and creating strong bonds of trust

## The impact of relationships within teams

- strong relationships in teams enable the team to face challenges as a unit and results in groups that can embrace change, create and innovate at pace
- evidence has shown that people who have close friends at work are seven times more likely to be engaged with their jobs
- negative relationships result in wasted time and effort on managing the relationship



## Team led initiatives

Simple changes introduced by West London Mental Health Trust had a huge impact on the mental health of its people. They introduced monthly team socials, team led mindfulness, thank you emails, weekly group sessions of reflective practice as well as many more interventions. The number of NHS people reporting good mental health rose from 57% to 84%, the success of these interventions is built on the foundation of strong team relationships.

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# Working together

When people work together and succeed as a team, they form bonds that can turn into trust and friendship. It’s human nature and it’s great for your organisation, since employees who like and trust each other are more likely to:

- communicate well with each other
- support and motivate each other
- work cooperatively

## Why does this matter?

Employees who acted collaboratively stuck at their tasks 64% longer than their solitary peers, whilst also reporting higher engagement levels, lower fatigue levels and higher success rates <sup>(39)</sup>

96% of employees believe showing empathy is an important way to advance employee retention <sup>(40)</sup>

### Staff health and wellbeing champions

A wellbeing champion is someone within a team or service area who is explicitly responsible for the wellbeing of their team. It’s a non-hierarchical role and anyone can take this on.

The beneficial tasks of a staff health and wellbeing champion:

- promote key health and wellbeing campaigns to staff within their department
- actively promote and encourage colleagues to participate in health and wellbeing initiatives
- seek and collect feedback from colleagues regarding what is supporting their health and wellbeing

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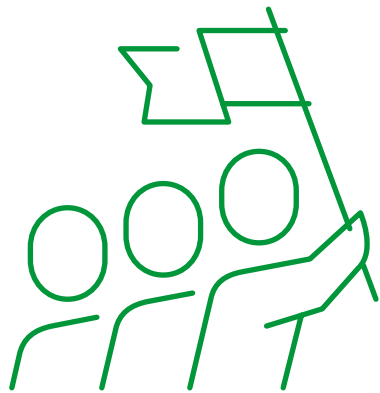
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# Experiences of people

How can you use data and market insights to inform the action required for your organisation and our diverse NHS people?



Shared activities can improve wellbeing and performance by improving workplace social atmospheres



The frequency of contact with others and the quality of personal relationships are crucial determinants of people’s wellbeing



According to the report The Way We Are Now published by Relate in 2014, the amount of contact between those working full-time with work colleagues and bosses exceeds the amount of contact with many other family members or friends in the UK. The report highlighted that employees aged 16 and over were about as likely to have daily contact with work colleagues (62%) than they were their own children (64%). Over 4 in 10 (44%) were more likely to have daily contact with their bosses than with mothers (26%) or friends (16%) <sup>(39)</sup>



Workplace relationships are unique interpersonal relationships with important implications for the individuals in those relationships and the organisations in which the relationships exist and develop.

Research shows that supervisor and peer support has been found to be particularly beneficial in supporting other trauma-exposed occupations <sup>(110)</sup>

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# What does ‘good’ look like?

Consider whether working practices and conditions are contributing to poor levels of transparency and honesty in your teams.  
Is your environment conducive to a transparent working culture?

## Healthy people and healthy teams

- do people feel supported by their peers?
- do people treat each other with professionalism and courtesy?
- do they understand and appreciate the diversity that exists within the organisation as a whole?
- do people make the effort to empathise before they react particularly in highly stressful situations?
- are people provided constructive feedback on both positive and negative behaviours?
- do people clearly understand the importance of how they act when witnessing incivility or disrespect?

## Healthy leaders and healthy organisations

- does your organisation actively promote transparency and accountability?
- does your organisation and do managers foster an empathetic environment in their teams?
- do your leaders and managers have regular wellbeing conversations?
- do leaders act with compassion at all times?



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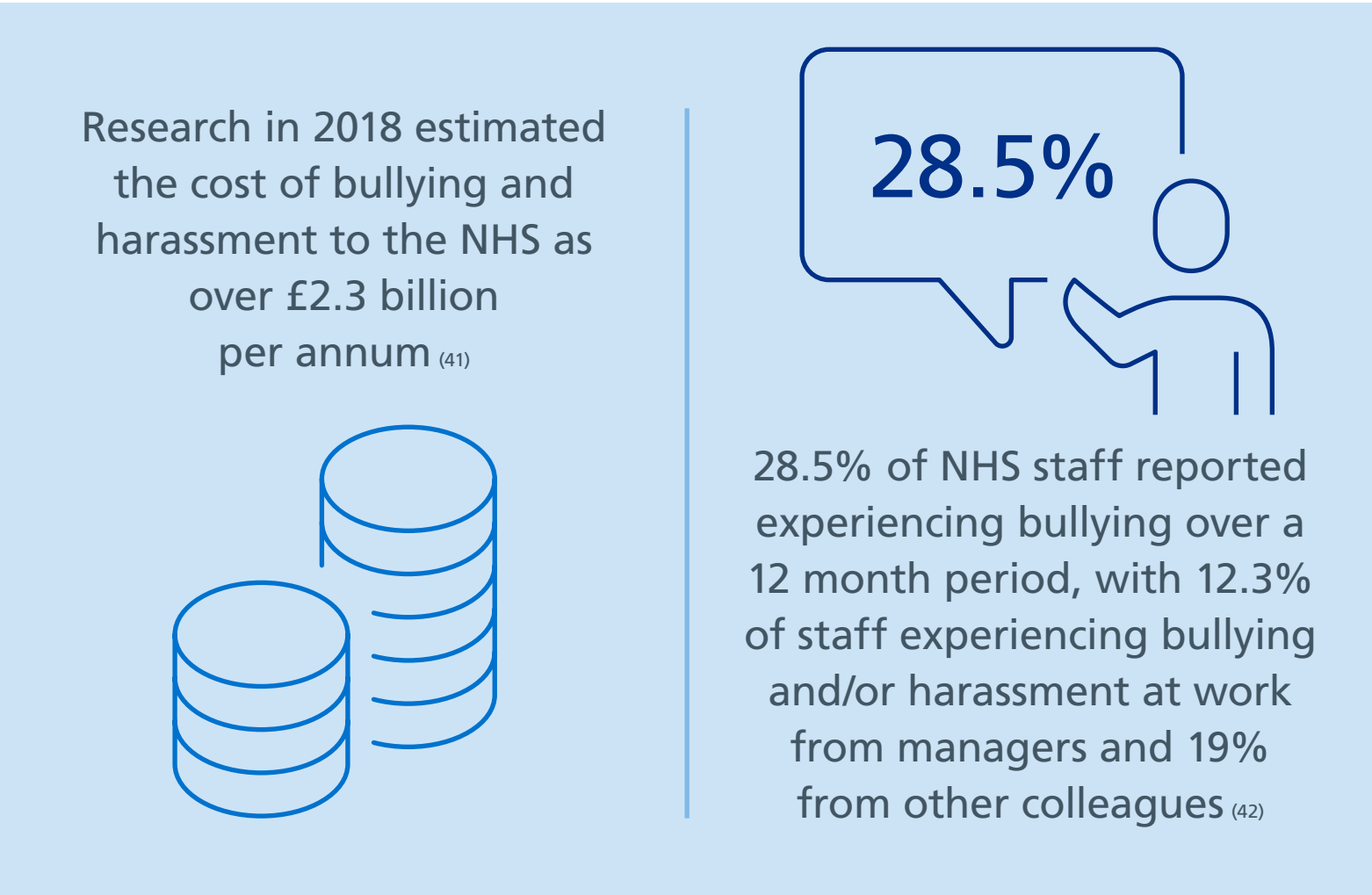
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# Supporting each other

It is important that all our diverse NHS people are treated with respect, dignity and positive regard at all times at work. Therefore, we must address levels of bullying and create compassionate and inclusive cultures which has direct links with health and wellbeing, engagement and ultimately patient care.

Evidence has shown that bullying and harassment has a huge impact on the people it affects, lowering trust and cohesiveness within teams. Not only does it create unacceptable working environments for our NHS people but it also has a direct impact on the quality of care received by our patients.

## Why does this matter?



## Just and restorative culture

‘Just and restorative culture’ concentrates on the culture and leadership elements of organisations and how they can support organisations to grow compassion in the workplace, modelled by leaders. It also emphasises working with partners such as local union representatives, freedom to speak up guardians, employee engagement leads and health and wellbeing leads.

## Speak up culture

- effective speaking up arrangements protect patients and improve the experience of NHS workers
- in larger organisations, the freedom to speak up guardian will play a key role in ensuring our NHS people can speak up on patient safety, NHS people experience and continuous improvement

## Modelling behaviours

- in order to create the right culture and build positive working environments it is key that our leaders model the right behaviours. By modelling the behaviours and sending a clear message of what is and isn’t acceptable leaders can help to build and reinforce the desired culture



“Research tells us that inclusive and compassionate leadership helps create a psychologically safe workplace where staff are more likely to listen and support each other resulting in less bullying and better patient outcomes” <sup>(43)</sup>



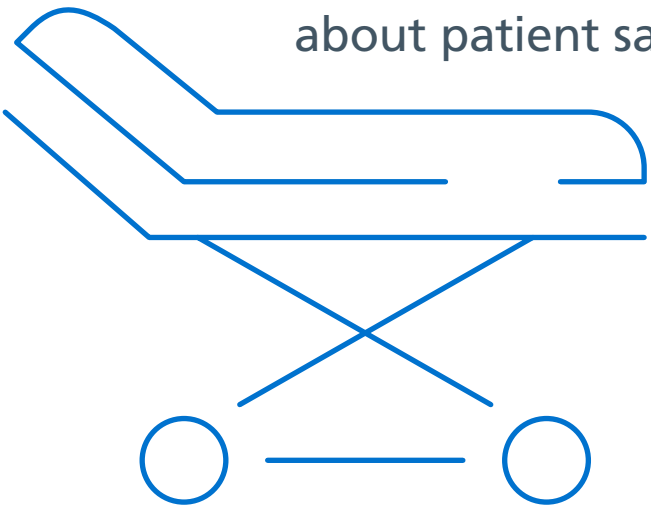
# Experience of people

The data below gives an insight into how supporting each other impacts people in our NHS and in the wider community. Our NHS possesses a huge amount of diversity and every part of our organisation is unique. Therefore, the below information should only be used as a starting point to help you to consider why supporting each other is important.

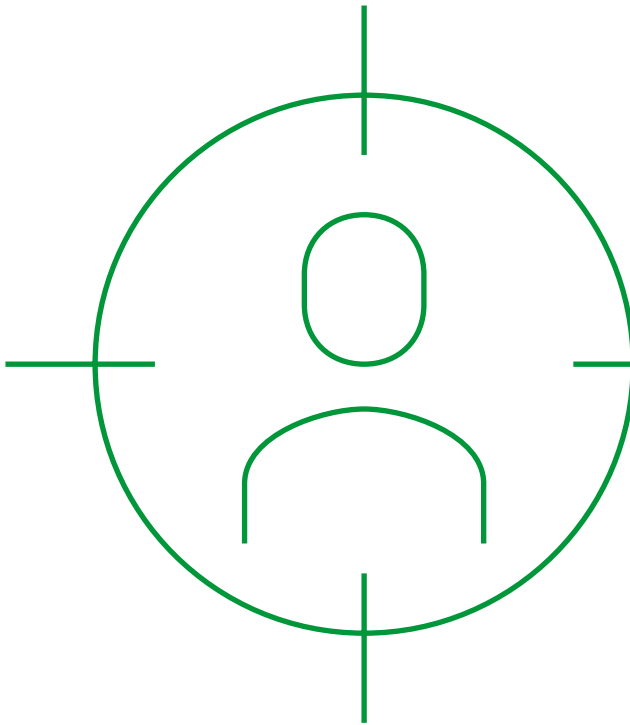
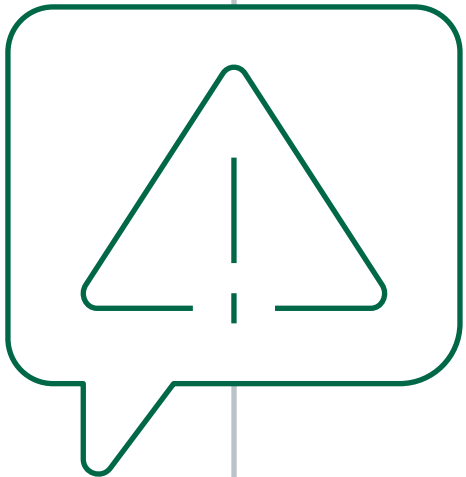
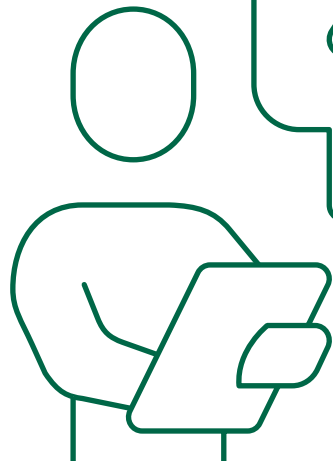
## A culture built on civility, respect and compassion:

- builds trust within teams and across the organisation
- enables teams to perform at their best
- produces better outcomes for our patients
- reduces unnecessary costs such as sickness absence and retention
- builds more resilient teams
- enables our people to deal with challenging and stressful situations more effectively
- supports our NHS to become a more inclusive environment that enhances our reputation as an employer

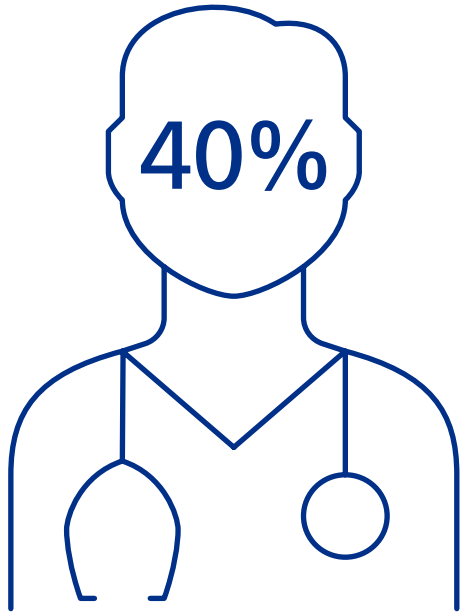
Reports identified the impact of poor workplace culture for patients as staff become afraid to speak up about patient safety <sup>(44)</sup>



The Civility Saves Lives campaign has highlighted that disrespect and rudeness creates an environment where quality of work reduces, people are less likely to help each other and there are more errors as people are afraid to speak up and patients feel anxious <sup>(106)</sup>



A review identified that the risk of bullying in the workplace is more than double among ethnic or racial minorities compared to white colleagues <sup>(45)</sup>



40% of doctors saw bullying as an issue and highlighted that people who have been bullied have spoken up about how it destroyed their confidence, affected them personally and in some cases caused lasting harm <sup>(46)</sup>

Consider how the above information may be impacting our NHS people in your organisation. Use relevant data points available to you to gain insights into your own organisation and consider the next steps you need to take in this area in relation to the unique position of your organisation and our NHS people.

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# What does ‘good’ look like?

Consider whether working practices and conditions that are identified as contributing to poor levels of civility and respect are managed and workplace structures and support are available for our diverse NHS people to report poor behaviour and practices.

Is your environment conducive to a positive working culture?

## Healthy people and healthy teams

- do people feel supported by their peers?
- do people treat each other with professionalism and courtesy?
- do they understand and appreciate the diversity that exists within the organisation as a whole?
- do people make the effort to empathise before they react particularly in highly stressful situations?
- are people provided constructive feedback on both positive and negative behaviours?
- do people clearly understand the importance of how they act when witnessing incivility or disrespect?

## Healthy leaders and healthy organisations

- is the culture of your organisation continuously accessed by leaders in order to understand the environment in the organisation as it currently stands?
- does your organisation take a data first approach, using all the information available through different channels to understand how your people are feeling and plan any actions they may take?
- are there clear expectations around behaviour and is this behaviour modelled through leadership?
- do your people have the right skills and competencies to address issues and deal with challenging situations?



The civility and respect toolkit can be found on the **Social Partnership Forum**

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# Fulfilment at work

Fulfilment at work encompasses not only the work we do on a day-to-day basis but a range of themes and activities that together form a critical component of an individual’s health and wellbeing.

This section provides definitions for those core components, why they matter and things to consider. Health and wellbeing issues will change with time, not only because of pandemics or the economic environment but also as the social concept of health and wellbeing changes and norms around how we work change. For example, the last few years have seen positive changes in equality, diversity and inclusion across society and our evaluation of health and wellbeing needs to be challenged and improved alongside this.

## Bringing your whole self to work

Enabling our diverse NHS people to bring all their passion, personality and potential to their role



## Life balance

Giving our NHS people the ability to form a positive, healthy balance between their job and home life

## Purpose, potential and recognition

Getting the best out of our diverse NHS people through ensuring we provide purposeful work, enable growth and potential whilst recognising the success of our people and teams



# Bringing your whole self to work

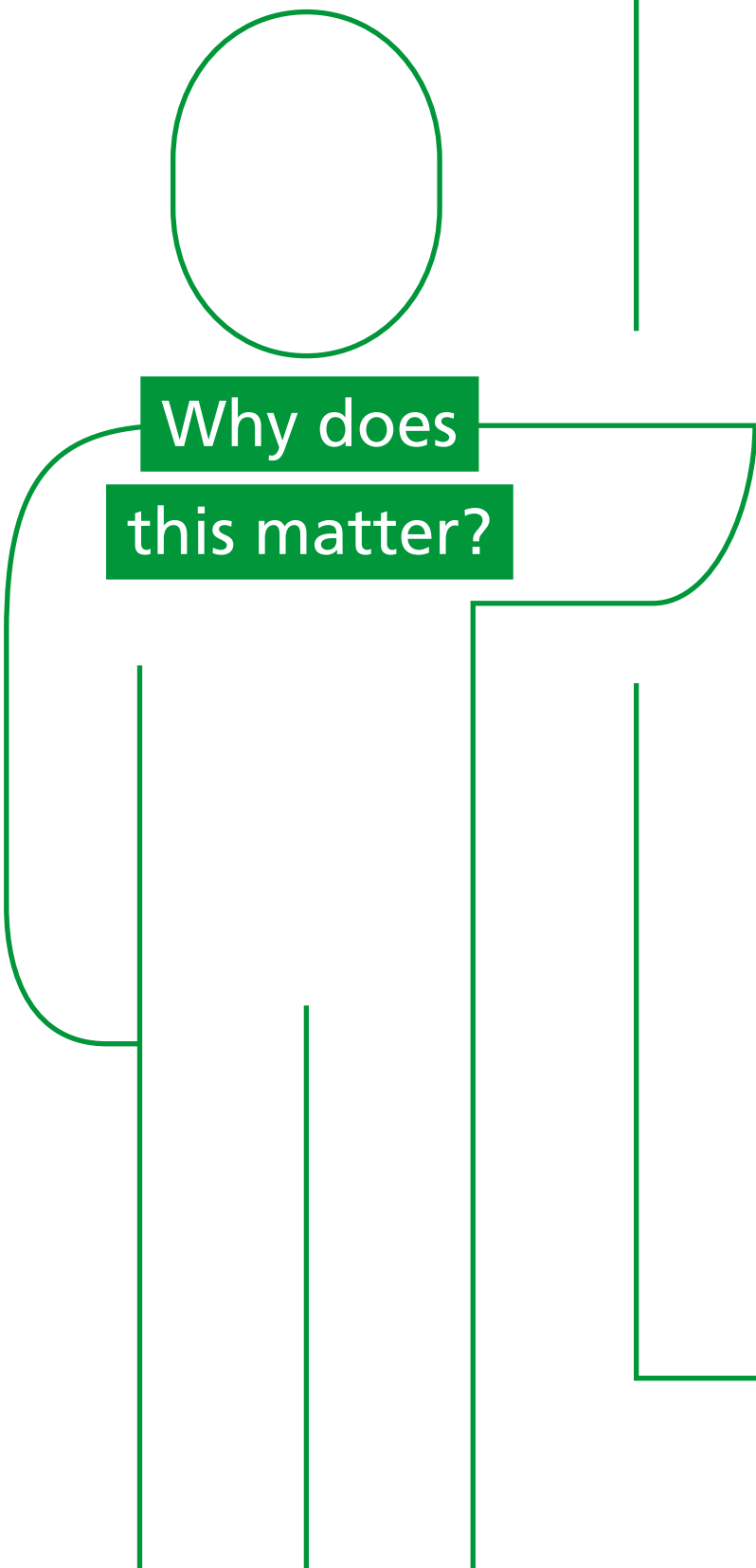
Our diverse NHS people should feel that they can bring all their personality, drive and passion to work with them. Part of this comes from a safe and nurturing working environment. Some of this comes from the wider culture of equality, diversity and inclusion that should sit at the heart of all NHS organisations.

Equality, diversity and inclusion is about ensuring there is equal access to opportunities for all by taking account of people’s differing needs. It is about ensuring we recognise the value of differences in people and how a diverse set of backgrounds and experiences enriches the NHS as an organisation.

There is clear evidence behind the benefits of having a diverse and inclusive workforce but this has to be nurtured by creating the right environments in our organisations.

**Benefits of diversity:**

- drives innovation
- drives better decision making
- enables faster problem solving
- reduces attrition
- increases engagement
- drives an empathetic culture



As one of the largest employers in the UK, the NHS has not only a need but a social responsibility to educate staff and maintain fair practices for all its people.

In support of this, the NHS has identified several key objectives to improve equality, diversity and inclusion for example:

- to improve disabled staff representation, treatment and experience in the NHS and their employment opportunities within the NHS
- to improve the experience of LGBTQ+ patients and improve LGBTQ+ staff representation
- to reduce language barriers experienced by individuals and specific groups of people who engage with the NHS with specific reference to identifying how to address issues in relation to health inequalities and patient safety
- to improve the mapping, quality and extent of equality information in order to better facilitate compliance with the public sector equality duty in relation to patients, service-users and service delivery.
- to improve the capability of national NHS bodies commissioners, policy staff and others to understand and address the legal obligations under the public sector equality duty and duties to reduce health inequalities introduced by the Health and Social Care Act 2012
- to improve the recruitment, retention, progression, development and experience of the people employed by NHS to enable the organisation to become an inclusive employer of choice

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# Experiences of people

The data below gives an insight into how supporting each other impacts people in our NHS and in the wider community. Our NHS possesses a huge amount of diversity and every part of our organisation is unique. Therefore, the below information should only be used as a starting point to help you to consider why being able to bring your whole self to work is important.

Being treated equally and without prejudice is a human right. Embracing diversity and providing equality helps to promote a working culture which values talent beyond stereotypes and helps people reach their potential by contributing their best beyond any prejudice.



Consider how being able to bring your whole self to work may be impacting our NHS people. Use relevant data points available to you gain insights into your own organisation and consider the next steps you need to take in this area in relation to the unique position of your organisation and our NHS people



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# What does ‘good’ look like?

Consider whether working practices and behaviours that contribute to a poor equality and diversity approach are managed. Are workplace structures and behaviours supportive of our diverse NHS people?

Does your approach to equality, diversity and inclusion allow for equality of opportunity?

## Healthy people and healthy teams

- do people feel like they are always treated fairly and have equal opportunity?
- do people feel like they are in a safe environment and can comfortably raise their concerns and challenge any problematic behaviours?
- is the diversity of teams celebrated and do all members of the team feel like they have a voice that counts?
- does everyone have access to relevant training material that supports their understanding and develops empathy?
- are employee focus groups in place and engaged as key stakeholders in strategic and operational activities/initiatives?

## Healthy leaders and healthy organisations

- is data used to inform fair and ethical decision making throughout your organisation?
- do leadership fully understand their responsibilities regarding equality, diversity and inclusion?
- is the recruitment process fair and does it provide equal opportunity?
- is leadership aware of the demographic of their people?
- does leadership understand any issues that disproportionately affect communities within their organisation. Do they then put in steps and measures to ensure the impact of any issues are negated?
- does your organisation actively promote transparency and accountability?



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# Life balance

Mental health issues linked to stress are increasingly common in the workplace. Presenteeism and burnout are only two of many such issues and can potentially be mitigated against through organisations encouraging and enabling their people to strive for more balance between work and life outside of work.

## Why does this matter?



77% of professionals say they've experienced employee burnout at work <sup>(53)</sup>

According to the World Health Organization, burnout is the result of "chronic workplace stress" and involves:

- feelings of exhaustion
- a negative or cynical attitude towards work
- poor professional performance



In 2019, over 30 productive days were lost per worker per year due to presenteeism <sup>(54)</sup>

Presenteeism is mainly driven by stress, suboptimal mental health, lack of sleep and poor financial wellbeing

## Organisations that support life balance consider:

flexible working  
mindful job design  
job sharing  
flexible rostering  
fixed and variable work patterns  
caring responsibilities

Presenteeism is particularly common in organisations where a culture of long working hours is the norm and where operational demands take precedence over employee wellbeing <sup>(55)</sup>



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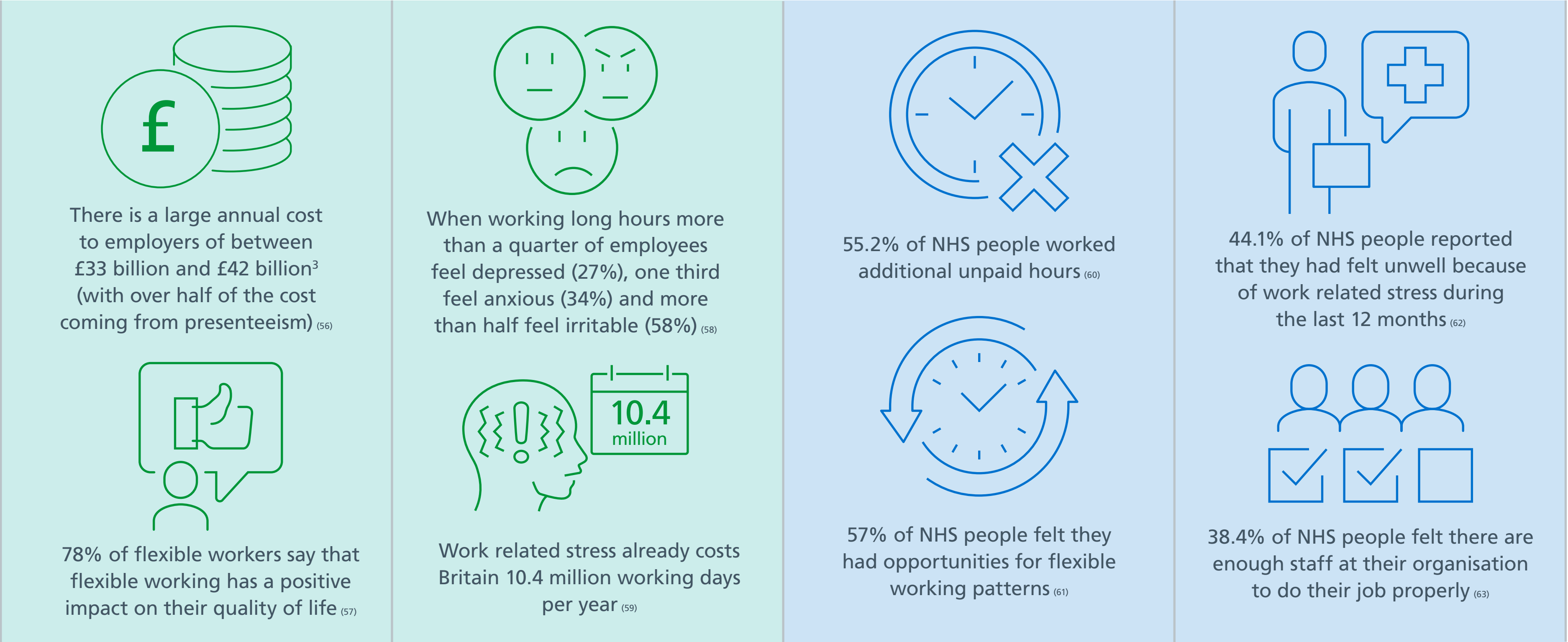
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# Experiences of people

The data below is to give you an insight into how life balance impacts on people in our NHS and in the wider community. Our NHS possesses a huge amount of diversity and every part of our organisation is unique. Therefore, the below information should only be used as a starting point to help you to consider why life balance is important.



Consider how life balance may be impacting people in your organisation. Use relevant data points available to you to gain insights into your own organisation and consider the next steps you need to take in this area in relation to the unique position of your organisation and our NHS people.





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# What does ‘good’ look like?

Consider whether working practices across your organisation are contributing to health and wellbeing at an individual, team and organisational level. Do health and wellbeing practitioners engage with human resources and unions when looking at job design and career pathways?

## Healthy people and healthy teams

- is the wider team, organisation and working environment considered when defining a role?
- are individuals and teams given the opportunity to work flexibly?
- does your organisation encourage staff to have a positive balance between work and the rest of their lives?
- is people policy consistent and easily accessible by all?
- do people policies reflect the flexible needs of a diverse workforce?
- are teams effectively resourced to manage their work demands?

## Healthy managers and healthy organisations

- do roles and job designs align to the wider employee value proposition for your organisation?
- does your organisation have a structured and effective approach to workforce planning?
- are there clearly defined people policies for presenteeism?
- are there clearly defined flexible working policies?
- does people policy reflect and include a positive approach to wellbeing at work?

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# Purpose, potential and recognition

Fulfilment at work is not just about the job. How an individual sees their colleagues, leaders and their place in the wider NHS are all fundamental to health and wellbeing. Jobs therefore need to be designed with health and wellbeing in mind. Do they offer purpose? Is there clear growth and increased potential for the individual? Do managers and leaders understand their team’s aspirations and recognise success?

Meaningful work that is personally enriching and makes a positive contribution is essential to fulfilment at work. <sup>(64)</sup> For the NHS this means we need to assess whether the roles we have enable the following three areas: <sup>(65)</sup>		
 <div>Significance</div>	For some, the significance of the work may be that it brings in income, for others there may be a greater need for work to be valuable and worthwhile. Most importantly for the NHS is having a role with significance and prosocial impact	<ul style="list-style-type: none"><li>– how do individuals view their work?</li><li>– do teams and leaders talk about the value or worth of all roles?</li><li>– is patient care linked to all roles?</li><li>– do our diverse NHS people know how they play a part in our success?</li></ul>
 <div>Broader purpose</div>	Purpose for some might be to earn a salary or to support their family but for some, a greater purpose is essential to their fulfilment. This can be at the team level or linked to the wider organisation	<ul style="list-style-type: none"><li>– are roles celebrated as contributing to a greater purpose?</li><li>– do all people across the organisation see the impact of their work on patient care and safety?</li></ul>
 <div>Self-realisation</div>	For many, particularly in a vocational workforce, meaningful work reflects who they are. Work and identity are closely aligned. The ability to develop potential and purpose as part of your working life is also integral to wellbeing	<ul style="list-style-type: none"><li>– do roles allow for growth both in terms of career and in achieving one's core values?</li><li>– are opportunities for progression clear and accessible?</li></ul>

Some of these elements are covered in the following sections of this framework. Please refer to the relevant sections for:

- relationships
- managers and leaders
- environment





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## Experiences of people

The data below is to give you an insight into how purpose, potential and recognition impacts on people in our NHS and in the wider community. Our NHS possesses a huge amount of diversity and every part of our organisation is unique. Therefore, the below information should only be used as a starting point to help you to consider why purpose, potential and recognition is important.



Consider how purpose, potential and recognition may be impacting people in your organisation. Use relevant data points available to you to gain insights into your own organisation and consider the next steps you need to take in this area in relation to the unique position of your organisation and our NHS people.



# What does ‘good’ look like?

Consider whether working practices across your organisation are contributing to health and wellbeing at an individual, team and organisational level. Do health and wellbeing practitioners engage with human resources and unions when looking at job design and career pathways?

## Healthy people and healthy teams

- is the wider team, organisation and working environment considered when defining a role?
- are teams and managers given the support they need to provide health and wellbeing support to their colleagues?
- do our NHS people have access to training that will help them find more significance and purpose in their roles?
- do one to ones include wellbeing conversations alongside wider performance?
- does your organisation encourage personal development?
- is people policy consistent and easily accessible by all?
- do people policies reflect flexible needs of a diverse workforce?

## Healthy managers and healthy organisations

- has a healthy and supportive working environment been created?
- do roles and job designs align to the wider employee value proposition for your organisation?
- does your organisation have a structured and effective approach to workforce planning and succession management?
- do human resources and unions have a forum to meet, discuss and respond to health and wellbeing needs of roles?
- are there clearly defined career pathways that align to organisational needs and future goals?
- has the organisation assessed learning needs within the context of wellbeing and fulfilment at work?
- does people policy reflect and include wellbeing and fulfilment at work?

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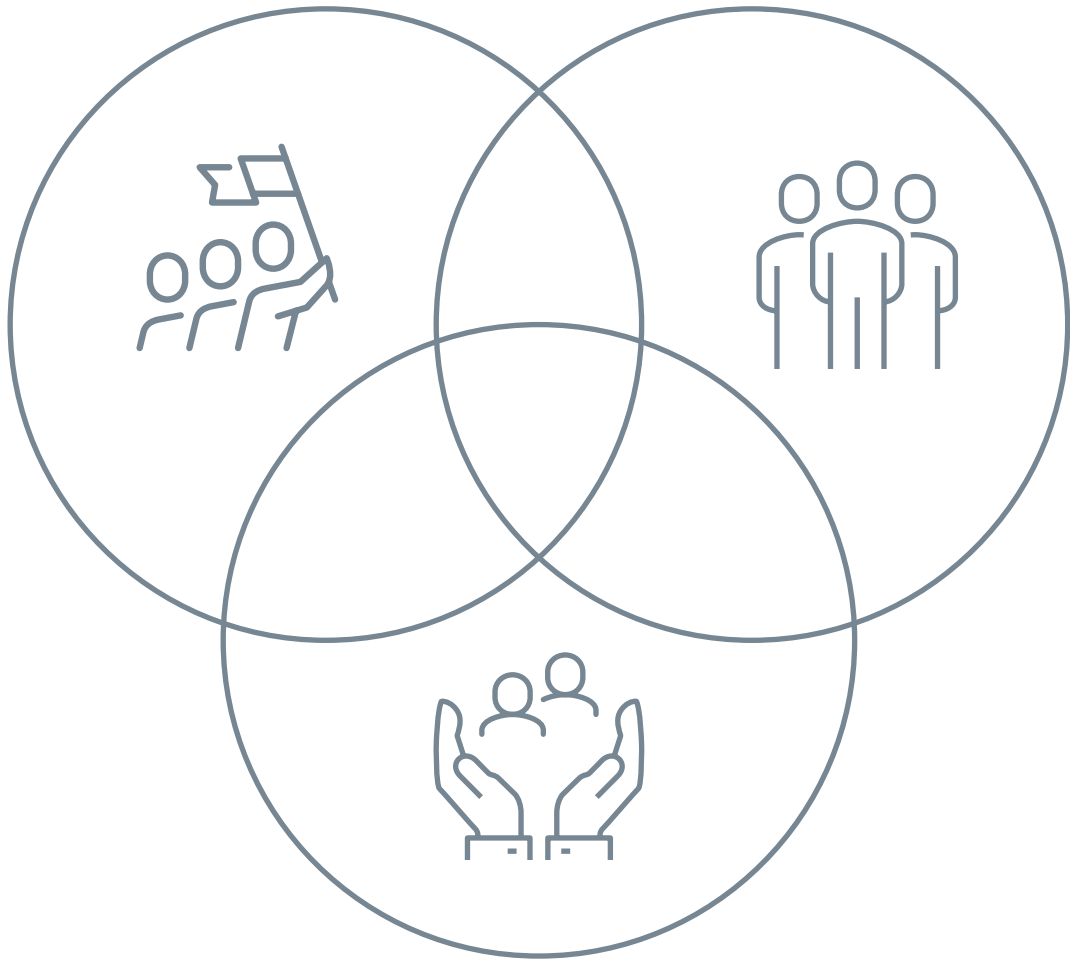


# Managers and leaders

Our managers and leaders are fundamental to creating positive and healthy working environments for our diverse NHS people. The following section identifies the responsibilities of senior leaders, what healthy behaviours look like for the leaders across our organisations and the importance of skilled and supported managers in helping to build and sustain cultures of health and wellbeing.

## Senior leadership responsibilities

It’s vital our senior leaders are aware of their responsibilities towards health and wellbeing in our organisations. Wellbeing guardians will help to play a vital role in raising health and wellbeing as a priority



## Skilled managers

It’s important that our managers are equipped with the right skills and capabilities to support their own health and wellbeing and that of those around them

## Healthy leadership behaviours

The behaviours of our leaders directly impact on the people around them. By being aware of what good behaviours look like and endeavouring to embody them, our leaders can positively impact the health and wellbeing of their teams





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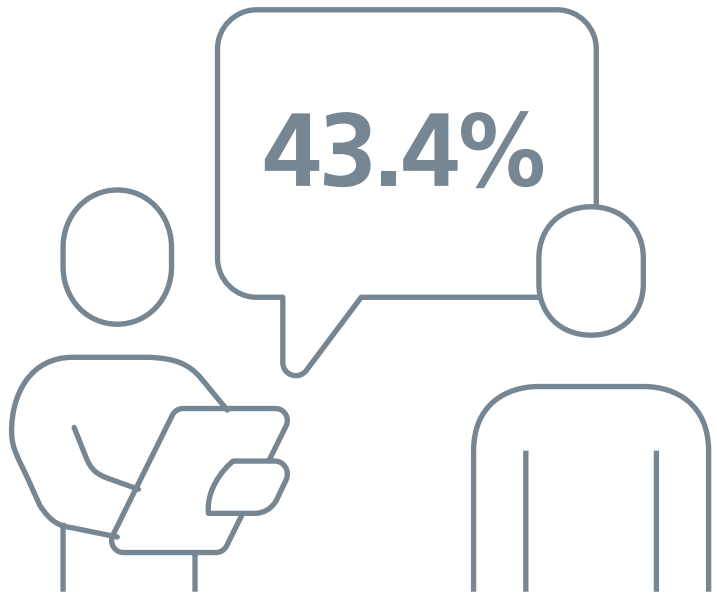
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# Senior leadership responsibilities

Accountable leadership means that our leaders embody responsible behaviours and take ownership for the key issues that our organisations face, ensuring that we provide a caring healthy working environment for our diverse workforce to ensure health and wellbeing remains a priority within our organisations, it is key that it is prioritised and led from all leaders throughout the NHS. This begins with our senior leadership teams. This means that the board, both executive and non executive, have clear accountability and regularly reviews reporting on staff health and wellbeing, actively engaging with wellbeing guardians and national/regional support teams.

## Why does this matter?



Only 43.4% of NHS people feel that communication between senior management and staff is effective <sup>(74)</sup>

How senior leaders choose to prioritise issues will have a direct impact on the health and wellbeing of staff



“It is essential that all NHS trusts put staff health and wellbeing at the heart of their work, with a clearly identified board-level champion and senior managerial support” <sup>(75)</sup>

## Accountable leadership:

awareness active listening stewardship authentic compassionate empathetic inclusive commitment to the growth of our people



### Wellbeing guardian

The wellbeing guardian takes an assurance role at board level, in which they look at the organisation’s activities through a holistic health and wellbeing lens. Their purpose is to question decisions and behaviours that might impact the wellbeing of our NHS people. They will also challenge the board or senior leadership to account for its decisions and their impact on wellbeing



# Experiences of people

Consider how the use of data and market insights can inform the action required for your senior leadership team

57.2% of people are satisfied/very satisfied by the recognition they receive for good work <sup>(76)</sup>

Only 35.3% of NHS workers feel that senior managers involve staff in important decisions <sup>(78)</sup>

Just one third of UK workers agree that senior leaders encourage a focus on mental wellbeing through their actions <sup>(80)</sup>

Only 33.9% of NHS workers felt that senior managers act on staff feedback <sup>(77)</sup>

60% of UK employers use health and wellbeing interventions to instil values in their workforce including leadership values <sup>(79)</sup>

Research shows that only around half of organisations have employee wellbeing on their senior leaders agendas <sup>(81)</sup>



Compassionate leadership for compassionate health services outlines four active elements for leaders:

- attending: paying attention to staff and ‘listening with fascination’
- understanding: developing a shared understanding of what people face
- empathising
- helping: taking intelligent action to serve or help <sup>(82)</sup>

“There is a correlation between working environments where staff are more supported and wellbeing is good, and high quality patient care” <sup>(83)</sup>

“There is clear evidence that trusts with higher engagement levels have lower levels of sickness absence among staff and also have lower spend on agency and bank staff. NHS leaders should investigate the importance of nurturing positive, trusting cultures within which staff have high levels of wellbeing”

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# What does ‘good’ look like?

Consider whether leadership practices are contributing to a positive culture and are reinforcing the importance of health and wellbeing in your organisation. Are workplace behaviours supportive to the diverse people within our NHS?

Does your approach to leadership prioritise health and wellbeing and create the right culture in your organisation?

## Healthy organisations

- does your organisation set a clear vision and strategy for health and wellbeing?
- are health and wellbeing resources regularly reviewed at a leadership level?
- when implementing interventions, do you have a senior leader sponsoring the change and demonstrating healthy leadership behaviours?
- does your organisation’s leadership team regularly review reports on the health and wellbeing of our NHS people?
- does your leadership team regularly visit and interact with teams delivering front line services?
- does your organisation’s leadership team define their responsibilities for workforce health and wellbeing?
- do you have formal and informal structures in place to allow feedback to be shared from management and between peers?
- does your organisation proactively share the success of our people?
- does your culture allow for positive and negative feedback to be shared freely?
- does your organisation have a wellbeing guardian?



## Proactive health and wellbeing leadership

Birmingham Children’s Hospital joined with Birmingham Women’s Hospital in 2017. The board have provided clear leadership on health and wellbeing, ensuring that it is always on the agenda and accounted for in decision making. There have been several efforts to make this happen. Being the ‘best place to work’ is listed as the number one goal to support the organisation’s vision and places health and wellbeing at the front and centre of board focus. Each year the chief executive officer, executive and non executive directors hold a series of listening events to understand what is important to our NHS people. The board have prioritised integrating health and wellbeing into all aspects of workforce management. Health and wellbeing is included in broader organisational objectives for senior management. The trust have challenged a reactive ‘crisis culture’ by investing in preventative and long term approaches to health and wellbeing. Performance on this agenda is overseen through regular ‘Quality Committee’ reports to the board. Key points are shared across the organisation through the chief executive officer’s monthly briefings.



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# Healthy leadership behaviours

Accountable leadership means that our leaders embody responsible behaviours and take ownership for the key issues that our organisations face, ensuring that we provide a caring healthy working environment for our diverse workforce. To ensure health and wellbeing remains a priority within our NHS it is key that it is prioritised and led from all leaders throughout the NHS. This means that the senior leadership team/board, both executives and non executives, have clear accountability and regularly review reporting on health and wellbeing, actively engage with wellbeing guardians and national or regional support teams. The following information on healthy leadership behaviours represents current good practice and insight from the North West Leadership Academy. <sup>(107)</sup>

## Why does this matter?



Leader behaviour not only impacts on employee health and wellbeing but also on employee engagement, as demonstrated in both academic and practitioner research <sup>(84)</sup>



69% of employees that participated in a recent study identified that the behaviour of their managers had increased their stress and that the rise in stress had a major impact on organisational performance <sup>(85)</sup>

## Healthy leadership behaviours:

supportive trusting openness flexible modelling behaviours showing vulnerability fairness coaching







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# What are healthy leadership behaviours?

The below suite of behaviours has been co-designed within the NHS and developed by North West Leadership Academy <sup>(107)</sup>

## Leaders should:

- be open, honest and transparent (authentic)
- show compassion toward self and kindness and compassion to others
- show vulnerability and humility (willingness to be critiqued, honest when not knowing the answer, acknowledging when one has made a mistake)
- be a good health and wellbeing role model (walking the talk)
- be self-aware and understanding how their own behaviour impact others

## Leaders need to:

- trust individuals and teams, giving them the autonomy and control to do their jobs (empowerment)
- be clear on values, expectations, setting clear objectives/goals and checking with individuals that they feel they are realistic and achievable
- tackle bullying and challenge inappropriate behaviour
- be fair, flexible and pragmatic in one’s approach to applying policy and adapting one’s approach to meet individual needs
- flex and modify work scheduling to support others wellbeing and achieve life balance

## Together we can:

- create an emotionally supportive and psychologically safe work environment (positive, caring and supportive climate where people can speak out)
- respect and value difference, taking an inclusive approach, recognising individuality and encouraging people to be themselves (embracing diversity)
- help people connect to the wider meaning of their work, the contribution they make, creating a sense of belonging
- get to know people/teams on an individual level, formally and informally (treating them as humans not just colleagues)
- coach others to find their own solution (acting as a sounding board and challenging constructively)



Several recent studies show 35% – 50% of employees leave their jobs due to poor leadership <sup>(86)</sup>





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# What does ‘good’ look like?

Consider whether working practices across your organisation are contributing to good leadership behaviours that build strong and cohesive teams.

Are line managers and leaders exhibiting the right behaviours?

## Healthy people and healthy teams

- are there strong meaningful relationships within teams?
- are our people empowered by their managers?
- do people feel like they can be themselves?
- do people have a clear sense of belonging in their teams and in their wider organisation?

## Healthy managers and healthy organisations

- are your managers leading with compassion?
- does your organisation take a flexible approach to managing our NHS people and schedules?
- does your organisation make our employees feel safe?
- is open vulnerability seen as a strength rather than weakness?
- is a growth mindset fostered?



## Train the trainer

The University Hospital Southampton NHS Foundation Trust have integrated health and wellbeing into their appraisal processes alongside explicit discussion about workload and work life balance. They have also decided that line managers needed additional support to assist them with supporting our staff to manage stress. Building on an existing course, the trust delivered a training course on effective stress management using a ‘train the trainer’ model. After the ‘train the trainer’, each trainer was tasked with organising courses in their division and trust-wide courses were organised by the leadership team. Delegates completed pre and post evaluation forms and these were assessed and reports produced



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## Skilled managers

Our managers should feel equipped and empowered to make critical decisions on issues that directly impact the wellbeing of people around them without fear of reprisal. Empowerment means we will give our managers the information, resources and opportunity to understand the impact of health and wellbeing and to drive the right behaviours.

Managers are critical to the success of any health and wellbeing activity that takes place in our organisations. Managers have the opportunity to build supportive work environments that promote employee health and wellbeing. They play a key role in leading by example and research has shown that employees are more likely to engage in health and wellbeing activity if their managers are doing so. Our managers are the gatekeepers for change. They decide how to allocate the resources of their team and build the environment in which they exist.

Meaningful work that is personally enriching and makes a positive contribution is essential to fulfilment at work. <sup>(87)</sup> For the NHS this means we need to assess whether the roles we have enable the following three areas: <sup>(88)</sup>		
Essential structures:	<ul style="list-style-type: none"><li>– all NHS people have a named line manager and line management conversations take place on at least a monthly basis</li></ul>	<ul style="list-style-type: none"><li>– line managers are able to offer core guidance on health and wellbeing at work and refer or signpost to support and advice</li></ul>
Supporting good line management:	<ul style="list-style-type: none"><li>– health and wellbeing responsibilities are included in core competencies and job specifications for line managers</li><li>– performance reviews for line managers consider action taken to support health and wellbeing</li></ul>	<ul style="list-style-type: none"><li>– training is in place to develop line management skills including how to have health and wellbeing conversations with our NHS people and provide preventative support</li></ul>
Supporting functions:	<ul style="list-style-type: none"><li>– line managers can access support from central services to support the management of our NHS people</li><li>– policies and procedures are reviewed with line managers to ensure they are accessible, practical and widely understood</li></ul>	<ul style="list-style-type: none"><li>– line managers are given access to clearly presented data on issues that are affecting the employees in our organisation</li><li>– line managers should understand the diversity that exists in their teams and the benefits this brings to the organisation, such as neurodiversity</li></ul>



# Experiences of people



There is a disconnect between what senior leaders believe about the support they provide and the reality of employees' experiences with the number of employees who believe their organisation does well in supporting those with poor mental health falling to 40% from 45% (2018 to 2019) <sup>(89)</sup>



One fifth of employees feel that if they made a mistake their managers would hold it against them <sup>(91)</sup>

When workers move from an average boss to a high-quality boss, productivity could rise by 50% <sup>(93)</sup>



30% of NHS people don't think their manager takes interest in their health and wellbeing





Only 43% of employees feel managers are good at seeking their views and only 40% feel like they respond to suggestions when their views are heard <sup>(90)</sup>



Managers account for at least 70% of the variance in employee engagement scores <sup>(92)</sup>



22% of UK workers felt they were excluded by management for being different <sup>(94)</sup>

70% of NHS people said that their manager takes a positive interest in their health and wellbeing <sup>(95)</sup>



Research tells us that line managers have four-times the impact on health and wellbeing than any other critical intervention <sup>(96)</sup>

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# What does ‘good’ look like?

Consider whether working practices across your organisation are contributing to strong line management supporting strong relationships between individuals and teams. Are line managers proactively involved in the health and wellbeing of their direct reports?

## Healthy people and healthy teams

- are your teams effectively resourced?
- do our NHS people feel like they can have open and honest conversations with their direct line managers?
- do your managers hold wellbeing conversations with their people?
- do our NHS people feel like their health and wellbeing is supported by formal and informal conversations?

## Healthy managers and healthy organisations

- are your managers acting as gatekeepers between the organisational causes of ill health or wellbeing and individuals and teams? For instance, by stopping additional workload being passed on to others which can impact on how NHS people perceives the working environment?
- are wellbeing issues identified through people management?
- do leaders and managers proactively support and buy in to wellbeing interventions?
- do managers model the desired behaviours to promote the importance of health and wellbeing?
- can line managers access support from supporting services easily?



## Coordinated and joined up approach to health and wellbeing

West Midlands Ambulance Trust has a health and wellbeing steering group comprising of human resources, staff side and operational managers and peer supporters. There is a joined-up approach to supporting line managers and our NHS people. Each of their 15 hubs has a dedicated human resources professional attached to them, so line managers have advice on hand. All supervisors (band 4-6) and managers (band 7+) are mandated to complete an engaging managers or engaging leaders course and this includes a health and wellbeing module.

As part of the performance development review process, line managers ask staff “how are you feeling?” as an opening question to a conversation about health and wellbeing. Human resources provides absence management training for all supervisors and managers. The level of support provided has a direct impact on how quickly they can provide medical interventions and enable the member of staff to return to work. The absence management procedure asks for individuals to be contacted on the first day of absence with the offer of support. Contact is maintained with our NHS people during their illness to help avoid staff feeling isolated.



For support to help define and prioritise initiative areas for your organisation, please refer to the ‘**Organisational Diagnostic Tool**’

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# Environment

This section focuses on how the physical environment supports people’s health and wellbeing and creates a healthy environment that will be supported by the organisational/cultural elements that are covered in all other sections of this framework.

A healthy workplace is one where workers and managers collaborate to continually improve the health, safety and wellbeing of all workers and by doing this, sustain the productivity of the business.<sup>(1)</sup>

Given we spend one third of our lives at work, the working environment can have a significant impact on our health and wellbeing.

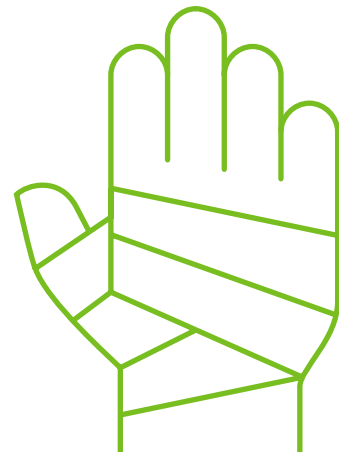
Getting the basics right, such as clean restrooms with locks on the toilets, proper space dedicated for lunch/breaks and access to drinking water is vitally important and should not be underestimated. Additionally, our NHS people need a work environment in which there is not only an absence of harmful conditions that can cause injury and illness but one that supports healthy choices and offers resources to actively encourage healthy behaviour.

## Why does this matter?

Investing in green infrastructure would reduce costs to the NHS alone by £2.1 billion



People tend to perform better and be happier at their work if they are working in a safe and healthy environment. Working conditions that are safer will reduce the risk of accidents and improve patient safety <sup>(98)</sup>



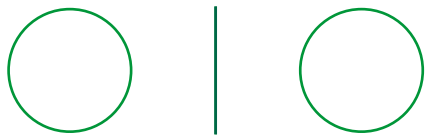
4.8 million working days in human health and social work are lost each year due to workplace injury or work-related illness <sup>(99)</sup>

## Healthy environment:

inspiring  
collaborative  
reflective  
healthy  
comfortable  
natural  
safe



“A great organisational culture combined with a fit for purpose physical space can keep employees productive and even help your organisation retain the best employees as happy workers are also more likely to be retained”



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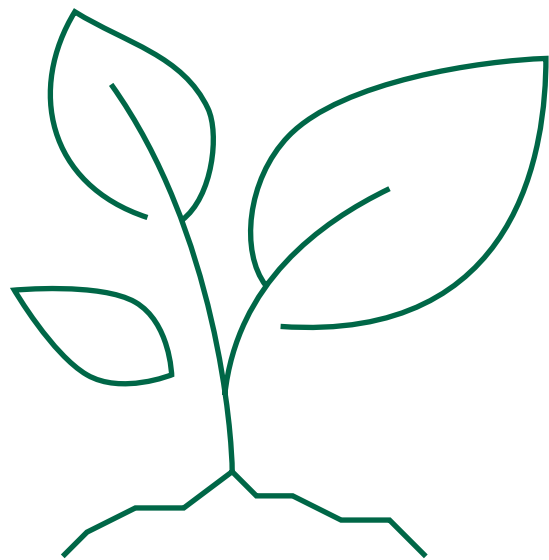
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# Experiences of people

Research has consistently demonstrated that characteristics of the work environment can have a significant effect on behaviour, perceptions and productivity of workers.

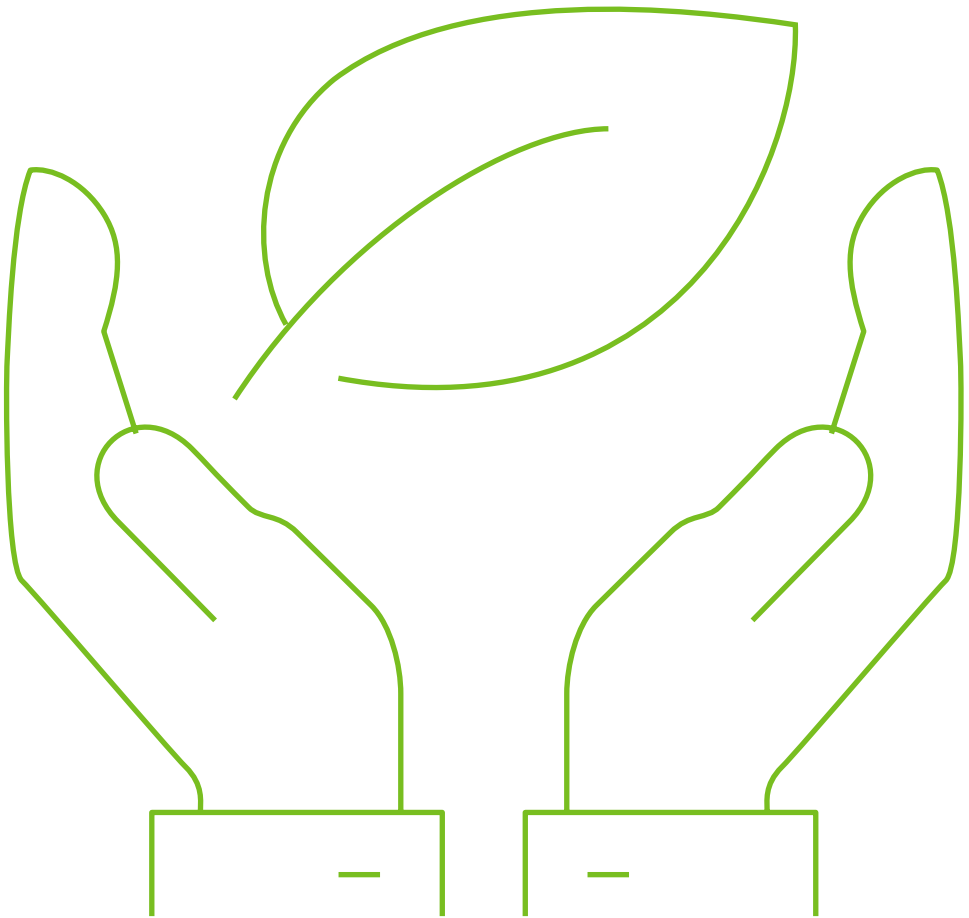
## Access to greenspaces



Many studies report that interaction with plants, both passive and active, can change human attitudes, behaviours and physiological responses. The stress-reducing benefits of passively viewing plants in natural settings are well documented <sup>(108)</sup>

## The local environment

There are strong links between the health and wellbeing of the local populace and our NHS people. The productivity of the organisations in that region with county councils such as Essex putting the health and wellbeing of their population at the centre of their strategy for improving productivity



As the largest employer within Europe, the NHS can have a huge impact on the local community through improving the health and wellbeing of our staff. It will not only have the potential to positively impact our people but also their families and relationships within their community

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# Creating a safer supportive environment

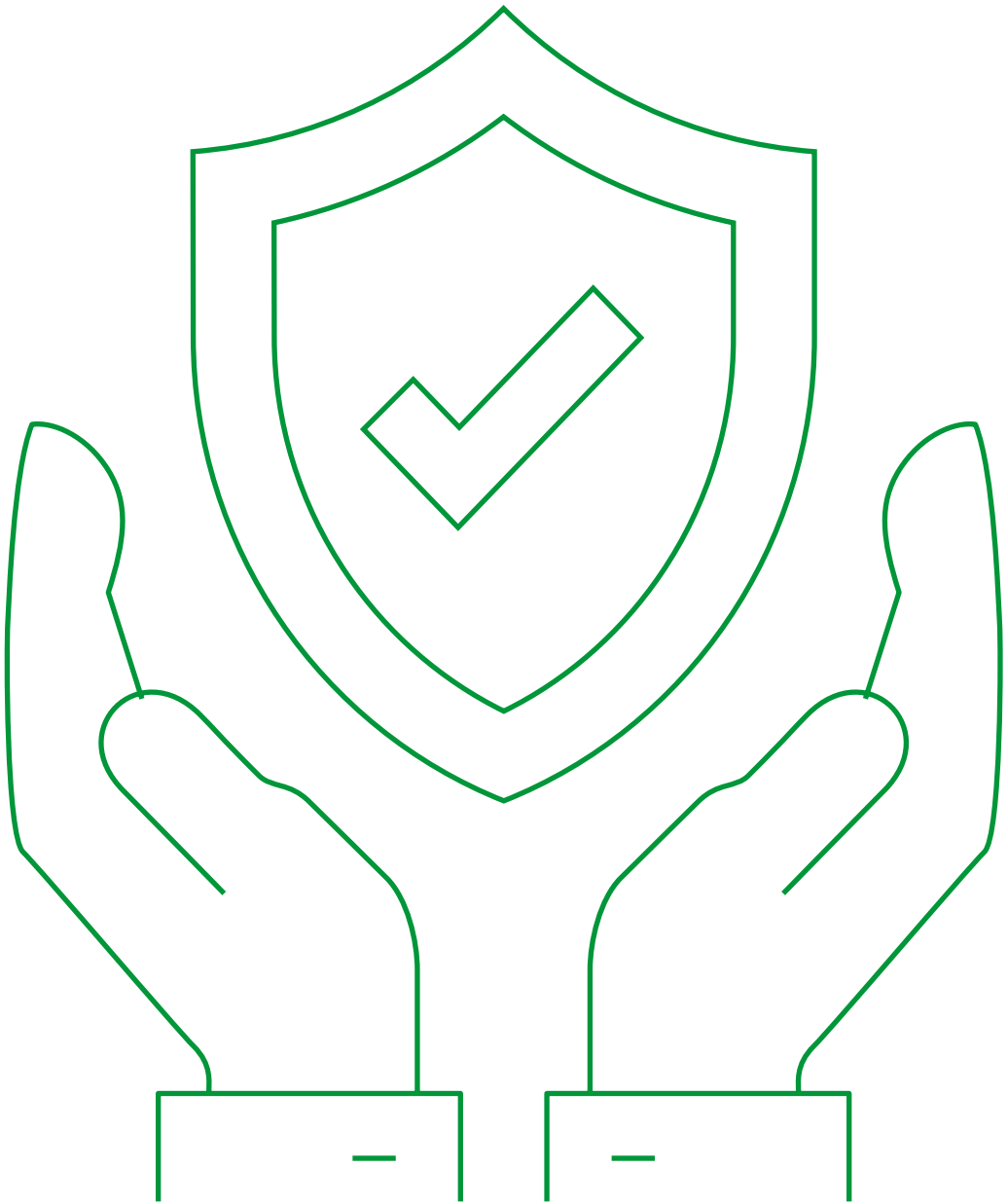
It's a fundamental requirement that all our people feel supported, safe and secure at work. The health and safety of our people is paramount. Leaders across the NHS have a statutory duty of care to prevent and control violence and abuse in the workplace, in line with existing legislation, so that people never feel fearful or apprehensive about coming to work.

We know the damaging impact that violence, abuse and harassment can have on people's health and wellbeing, affecting both mental and physical health. In the most tragic cases this can result in loss of life, or life changing injuries and psychological issues. For others it can lead to increased levels of stress and anxiety, reduced confidence and resilience and impact on their families. If our people are fearful or anxious about their own safety at work, then this can impact directly on operational delivery and on the standard of care they can provide to their patients.

Research shows that NHS people who experience violence and aggression at work are four times more likely to take sick leave than those NHS people experiencing any other work and are more inclined to leave the NHS.

## The 2020 NHS staff survey found:

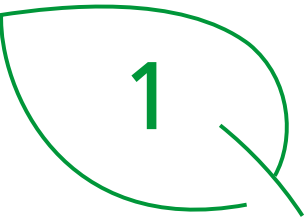
- 14.5% of those who responded to the survey said they had experienced at least one incident of physical violence from patients, patient relatives, service users or other members of the public in the last 12 months. Our NHS people within ambulance trusts continue to report far higher levels of violence – 33.4%, more than double the national average
- a similar picture is reported for staff experiencing bullying, harassment or abuse from patients, patient relatives, service users or other members of the public over the past 12 months. The national average is 26.7% but almost double again for NHS people in ambulance trust at 46.7%





# Creating a safer supportive environment

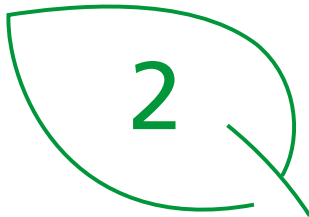
Operational focus has been on taking action after incidents have occurred, such as prosecution but violence is largely preventable. Taking a public health, trauma informed approach, supported by training and awareness for our people, we can do more to prevent the likelihood of incidents occurring in the first place through embedding a culture of safety. There are five steps you can take to embed this culture:



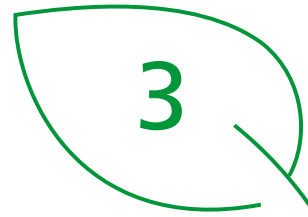
– provide a compassionate, supportive leadership when our NHS people experience a violent incident to ensure they feel supported and valued.

It’s critical that violence and abuse to our people is not tolerated in the workplace.

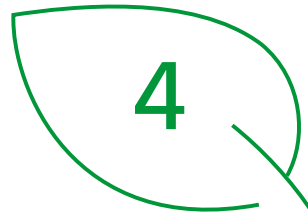
This needs to be clearly communicated across the organisation and through all services



– review the work areas to ensure they are safe. Understand where incidents occur and how they could be redesigned to reduce the likelihood of future incidents



– ensure effective speaking up and reporting arrangements where incidents occur. It’s important our people’s experiences are heard, validated, acted upon where appropriate and that they are supported



– recognise that there could be additional support needs for those individuals and their families that have experienced violence and abuse. For example, where a perpetrator is prosecuted, failure to provide support can have a huge impact on staff relieving experiences, leading to secondary victimisation and further traumatisation



– work with your local partners. Put the individual who has experienced the violent or abusive incident first, assume capacity of the perpetrator, consider all the options and take positive action

In January 2021, the NHS Violence Prevention and Reduction Standard, a risk-based framework developed in conjunction with the Social Partnership Forum, was launched to support organisations and systems to establish a systematic approach to protecting our NHS people.





# What does ‘good’ look like?

In looking at creating a healthy work environment consider:

- the factors that provide a physical work environment that supports healthy choices and offers resources to actively encourage healthy behaviour
- the factors that focus on individual needs such as improving access to health services and information, as well as building the knowledge and skills of workers to adopt healthy lifestyles
- organisational factors such as active commitment of management and business practice, along with policies supporting and encouraging healthy behaviours



## Investment in areas for your people

The West Midlands Ambulance Service NHS Foundation Trust takes a healthy working environment seriously and have invested in upgrading their hubs to ensure suitable rest and changing areas. The hubs also have kitchens with microwaves and fridges to allow staff to prepare food and there is ongoing work to put a ‘quiet room’ in every hub. The improvements to the working environment are part of a broader approach to improve absence levels. Data shows how the trust has progressed from having absence rates of 5.13% in 2011/12 to 3.29% in 2016/17 (NHS Digital). This is 2.11% lower than the average for the ambulance sector (5.4%) and is the lowest of all ambulance services in the UK

## Healthy people and healthy teams

- are people encouraged to walk or cycle to work wherever possible and are facilities and support in place to enable this, such as cycle parking, showers and changing facilities?
- is your physical infrastructure looked after and does it help facilitate the best working environment possible?
- does your organisation provide access to free clean drinking water and facilities to store and prepare food brought from home?
- does your organisation provide access to break rooms and outside space away from patients, where they can relax in an ‘off-duty’ environment?
- do our NHS people feel safe, protected and supported in their work environment?

## Healthy managers and healthy organisations

- does your workplace meet the standard conditions of health and safety to help minimise the risk from any triggers for stress and mental health problems?
- does the working environment and culture allow for our NHS people to speak up if they have a problem?
- does your organisation consider the external economic and environmental landscape when planning health and wellbeing initiatives?
- is your organisation a flag ship for health and wellbeing in your local community?



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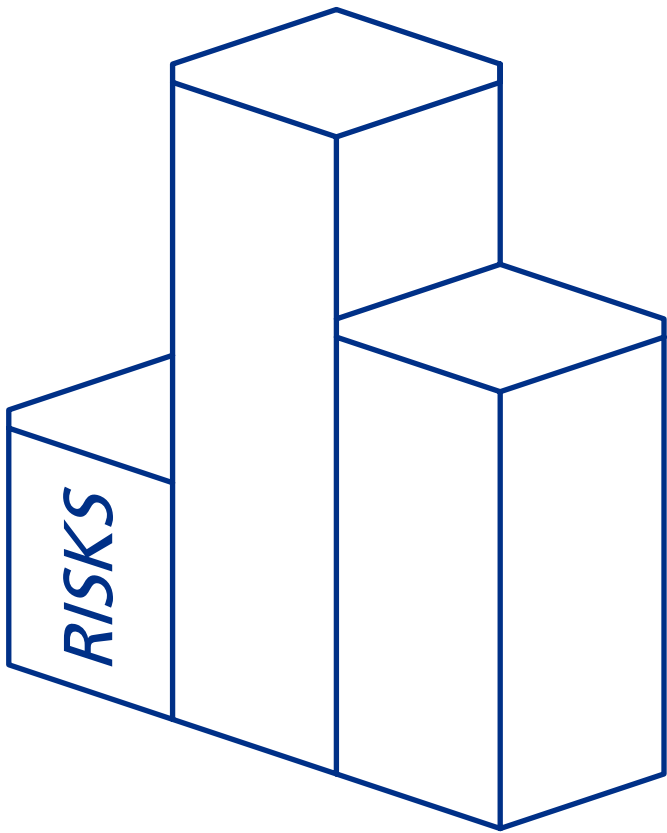


# Data insights

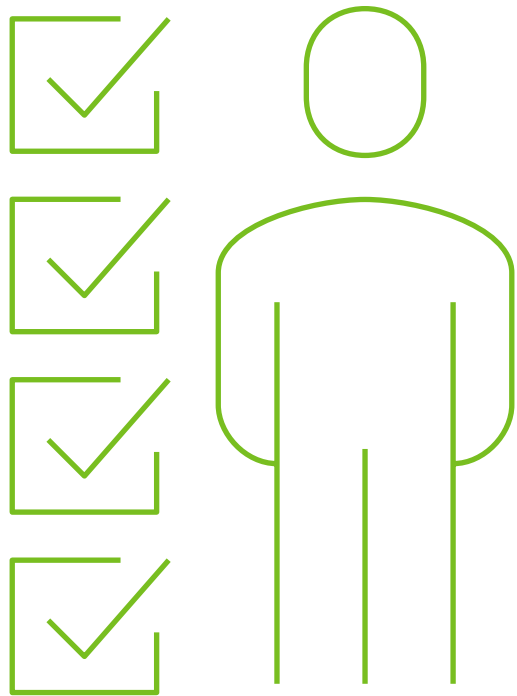
The diversity of our workforce, where to focus your health and wellbeing intervention and what form that should take can all be informed through data. Furthermore, it also enables you to measure whether interventions are having the desired impact and therefore, if it’s worth expanding, adapting or stopping implementation. Data used in the right way will help your organisation understand the specific health and wellbeing needs of individuals and groups of staff. Helping your organisation focus on preventative measures rather than reactive interventions.

## Why does this matter?

Organisations that have high or good quality data and an analytics culture are more effective at managing physical and psychological health risks <sup>(100)</sup>



Legal • EDI • Financial • Moral



Cost-effectiveness is not the only driving force for improving health and wellbeing within organisations. Other reasons include legal compliance and business ethics or moral reasons. Therefore, the business case for employee wellbeing should contain at least legal, financial and moral justifications for taking action <sup>(101)</sup>

## Data insights:

accessibility  
satisfaction  
**analytics**  
sickness absence  
reach  
populations  
risk  
impact  
**diversity of people**  
education and awareness  
people  
demographics

## Different people need different things at different times

“By using data, organisations can make more evidence based decisions to improve 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” <sup>(102)</sup>

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# Collecting data

When collecting your data it is important to think about what data you have available already as well as what data you could and should collect in order to make informed decisions. Depending on your organisation, data may differ and it’s crucial to figure out what is right for you as an organisation in order to plan your strategy and interventions.

## Information gathering

- review existing data on health and wellbeing of our NHS people such as NHS staff surveys, unplanned absence rates and reasons, employee relations cases, employee assistance programme activity
- identify any knowledge gaps. Collect data and feedback using methods such as pulse surveys, interviews and focus groups. Consider using the PHE Workplace Health Needs Assessment tool
- combine and analyse existing and new data to identify trends, gaps and opportunities

## Types of data on the wellbeing of our NHS people

### Quantitative data:

- can provide indicators on a range of aspects of wellbeing, including management commitment and engagement, communication, workload, job control and autonomy, social and practical support and the work environment as well as negative indicators such as burnout and sickness
- can include the NHS staff survey, People Pulse, workforce data including vacancy and turnover rates, leavers, sickness absence and freedom to speak up data

### Qualitative data:

- gives you insights and understanding and should be considered (or triangulated) alongside your quantitative metrics
- is usually more word-based and informationally rich which includes feedback and information from, for example, employee engagement activity (free text submissions from engagement surveys/listening events), employee interview data, facilitated discussions, employee support routes (networks, local union representatives) and informal feedback raised through alternative channels





What does your organisation look like?  
  
 What is important for our diverse NHS people?  
  
 How have similar organisations across the NHS progressed health and wellbeing for our people?

# Experiences of people

Does your organisation use data and market insight to inform the actions required for your organisation and our diverse NHS people? Do you assess your wider team to understand what is important and relevant for them?

Looking at the NHS as a whole we can understand what our workforce looks like and what the likely health and wellbeing risk factors are. The power of data pulled from multiple sources can help organisations identify the true cause and put in place the right interventions. Please see some examples from the NHS staff survey 2020 below.

People Pulse November 2020

	Wave 8	vs. Wave 7
Overall, how calm did you feel yesterday?	50.1%	↘ 1.5
Overall, how anxious did you feel yesterday?	34.4%	↗ 2.3
My organisation is keeping me informed about the impact of the coronavirus on my life and safety	84.8%	↗ 2.7
My organisation is proactively supporting my health and wellbeing in the current environment	69.0%	↗ 4.6
In the current environment, I feel able to balance my work and my personal life in a way that works.	56.9%	↘ 1.5
I feel confident in the approach that my local leaders are taking to manage the impact of the coronavirus	67.3%	↗ 6.2
Overall, how motivated did you feel yesterday?	49.2%	↗ 0.5

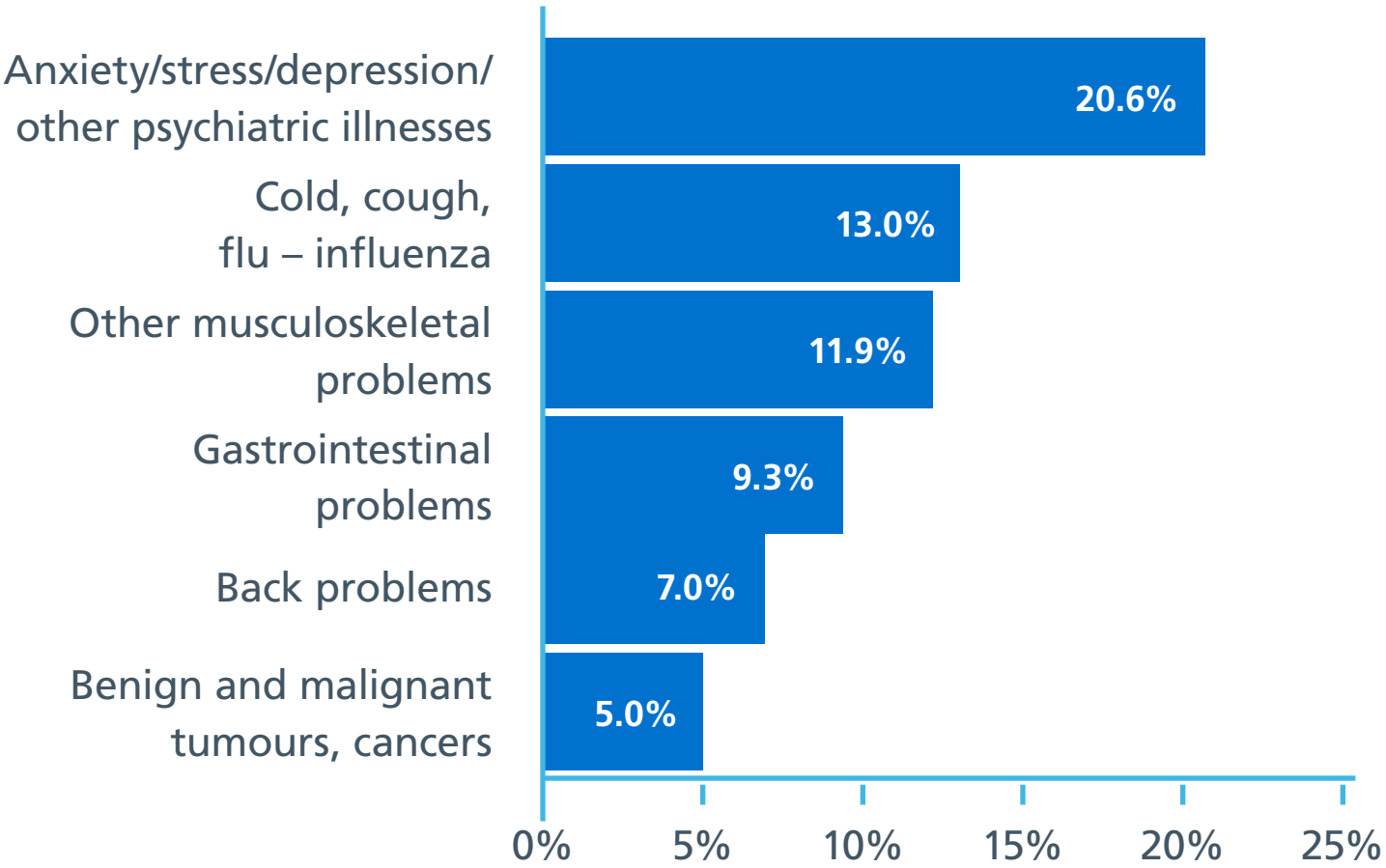
## What does this data tell us?

The graph on the right tells us that the highest reason for sickness absence remains to be mental health related reasons at 20.6%. However, it doesn't specify what is causing these issues.

Looking at the table on the left, we can understand that the main problems is likely to be around motivation and finding a good life balance.

Often, one source of data is not enough for an organisation to diagnose the root cause of the problem and multiple sources are needed to enable an organisation to make informed decision on interventions.

Top six reasons of sickness of all NHS people in November 2020



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Potential metrics for the wellbeing dashboard

Metric theme	Metrics	Source of data	Frequency
Workforce physical and mental health	Sickness absence, whole time equivalent days sick, whole time equivalent days available and sickness absence rate: – all staff – ethnicity – age band – staff group – gender	Electronic staff record	Monthly
	NHS staff survey health, by staff group. For example: “in the last 12 months have you experienced musculoskeletal problems as a result of work activities?” “in the last three months have you ever come to work despite not feeling well enough to perform your duties?”	NHS staff survey	Annually
Workforce wellness	Life balance, by staff group. For example: – reason for leaving due to life balance – reason for leaving due to health – staff turnover rate – NHS leavers rate – overall vacancy rate – reason for leaving due to flexibility	Electronic staff record	Annually
	NHS staff survey wellness, by staff group. For example: “the opportunities for flexible working patterns” “adjustments to workplace”	NHS staff survey	Annually
	NHS staff survey leadership and management, by staff group. For example: “my immediate manager gives me clear feedback on my work” “my immediate manager takes a positive interest in my health and wellbeing” “my manager supported me to receive this training, learning or development”	NHS staff survey	Annually
Workforce safety	Freedom to speak up cases relating to bullying and harassment	Freedom to speak up guardians guardians	Quarterly
	NHS staff survey safety, by staff group. For example: “I receive the respect I deserve from my colleagues at work” “in the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...?”	NHS staff survey	Annually





# What does ‘good’ look like?

Consider people data and insights across your organisation and how they are contributing to health and wellbeing at an individual, team and organisational level. Do health and wellbeing practitioners engage with data and people insights to create a relevant strategy and interventions?

## Healthy organisations

Does your organisation assess health and wellbeing across a number of metrics? For example:

- education and awareness (participation rates, number of interventions and programs, platforms and tools available and accessed)
- diversity (participation rates, locations with interventions)
- satisfaction (retention, staff survey, impact on patient care and safety)

- sickness absence (by rate and type)
- cost (sickness absence, productivity, attrition)

Does your organisation have the skills and capabilities to assess people data and make informed decisions on what health and wellbeing initiatives are required?

Do you have a standardised approach or dashboard to report health and wellbeing themes to your board or leadership team?



Northumbria Healthcare NHS Foundation Trust used data to inform decision making. The trust runs a psychology and counselling service that works closely with human resources and occupational health colleagues. The service is routinely evaluated using a range of measures including valid and reliable pre and post measures of psychological change as well as service satisfaction rates



Imperial College Healthcare NHS Trust started to capture working hours lost to sickness absence as a percentage of contractual hours for all staff. By using working hours lost, the trust can report sickness absence reflective of all shift and working pattern arrangements and thus enable proactive support and intervention. In the last five years, their sickness absence have been reduced from 3.6% to 2.9% in 2017/18



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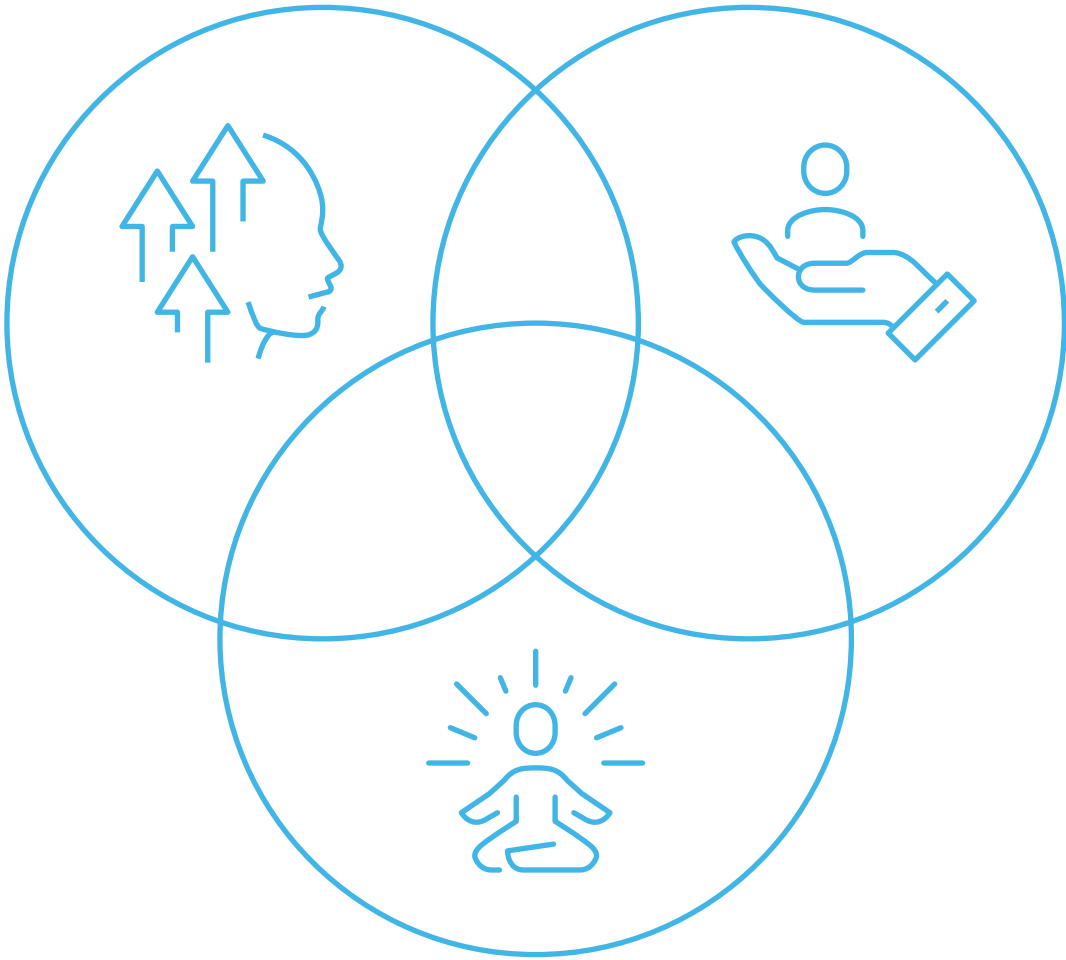


# Professional wellbeing support

Driving a positive health and wellbeing culture across your organisation needs the entire workforce behind it. For organisations big and small there may be specific professional support when planning or implementing health and wellbeing interventions. These can provide relevant subject matter expertise, guidance on best practice and insight into what works well for your type of organisation. From human resources and occupational health through to unions and wellbeing guardians, support can be available and should be engaged with to ensure health and wellbeing interventions are integrated with our wider NHS people interventions.

**Support services and partners**

The teams and roles that may be in place to support your organisation with an integrated and effective health and wellbeing strategy and interventions



**Organisation design and policy**

How job and team design coupled with people policy can support your organisation's health and wellbeing culture

**Interventions overview**

An overview of the types of health and wellbeing interventions seen across the NHS and the wider UK workplace



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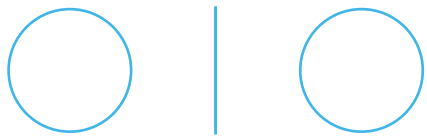
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# Support services and partners

Health and wellbeing is a broad and complex topic that needs to be approached from as many different directions as possible. For some organisations there may not be additional central support available, whereas others may have access to a wider range of supporting services. Regardless of the size of your organisation, think about how you can gain access to and engage with as much expertise as possible.

Human resources and organisational development	Occupational health and wellbeing	Unions	Strategic partners	Health and safety
<div>How do people policies enable and support proactive health and wellbeing?</div> <div>How does human resources define and update policy to reflect the health needs of your diverse workforce?</div> <div>How is local human resources and organisation development policy and process updated and aligned to local health and wellbeing needs?</div>	<div>How are occupational health professionals empowered to support health and wellbeing interventions?</div> <div>How are health trends seen by occupational health used to inform organisational wellbeing strategy?</div> <div>How is occupational health service defined and delivered? Does health and wellbeing feature as part of the organisation's requirements?</div>	<div>How are unions engaged with to understand the health and wellbeing wants and needs of the local workforce?</div> <div>How are union networks engaged with to communicate interventions and collect feedback from participants?</div>	<div>How are local and regional health and wellbeing experts and professionals engaged with to understand best practice health and wellbeing interventions?</div> <div>How are local and regional health and wellbeing teams utilised to help understand alignment with complementary products, services and initiatives?</div>	<div>How do health and safety policies enable and support health and wellbeing?</div> <div>How are health and safety professionals engaged with to understand workforce health and wellbeing needs?</div> <div>How are health and safety professionals engaged with to support health and wellbeing interventions?</div>







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# What does ‘good’ look like?

Consider whether working practices across your organisation are contributing to health and wellbeing at an individual, team and organisational level. Are all of your wellbeing support services aligned and working together to enable the wellbeing of our NHS people, for example occupational health and wellbeing, human resources, organisation development, unions, health and safety, wellbeing champions and the wellbeing guardian?

## Healthy people and healthy teams

- are a range of solutions available to our NHS people to support their health and wellbeing?
- do people have access to support services like occupational health when they need them?
- are clear referral pathways developed?
- do our NHS people have access to self-management interventions?
- is people policy consistent and easily accessible by all?

## Healthy managers and healthy organisations

- are all of your wellbeing support services aligned and working together to enable the wellbeing of our NHS people, for example occupational health and wellbeing, human resources, organisation development, unions, health and safety, wellbeing champions and the wellbeing guardian?
- do supporting teams have a forum to meet, discuss and respond to health and wellbeing organisational needs?
- are their defined networks to engage and communicate with, taking account of the diversity of our NHS people?



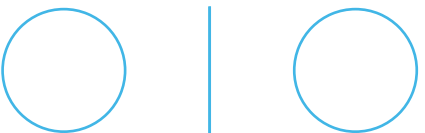
## Introduction of physical activity coordinator

University Hospital Southampton NHS FoundationTrust introduced a physical activity coordinator who worked closely with occupational health, dieticians, physiotherapists, psychologists and communications experts. This role and wider network delivered a range of activities such as new and refreshed wellbeing intranet pages, on-site activity classes and one to one exercise advice, agreeing discounts with local gyms and activity centres and walks during lunch times.



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# Organisation design and policy

A good job is important but the evidence shows that attempts to improve job quality through job redesign often fail. What needs to happen alongside job redesign to allow organisations to improve wellbeing and performance?

Integrated people approach	Where possible, work alongside 'people' professionals like human resources and health and safety when reviewing job design and consider the following enablers	Engage with NHS people to understand what is problematic about their current role	Training for NHS people to support them in taking on more fulfilling or varied workload	The wider team and physical environment
Aware managers	Managers are often best placed to engage with employees to understand challenges and potential solutions	Train managers to be aware of the importance of job quality for wellbeing	Ensure that line managers understand their role in improving jobs	Empower managers to take action which will best fit the needs of our NHS people and their circumstances
Current NHS health and wellbeing policy drivers	Where possible and relevant, ensure you introduce key health and wellbeing policy drivers	Wellbeing guardians	Health and wellbeing champions	Wellbeing conversations





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# Experiences of people

Being in a job is good for wellbeing. Being in a ‘high quality’ job is even better for us. By high quality, we don’t mean a certain skill level, type or industry. It’s about what makes a job worthwhile for us. Things like how secure it is, social connections, the ability to use and develop our skills and clear responsibilities. Evidence is clear that such characteristics are significant for our wellbeing at work. If we move into a role with none, or fewer, of these elements, our life satisfaction drops. Even when we move out of unemployment and into work, how big an impact this has on our wellbeing depends on the quality of the job.





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# What ‘good’ looks like

Consider whether working practices across your organisation are contributing to health and wellbeing at an individual, team and organisational level. Do health and wellbeing practitioners engage with organisational development and human resource professionals to ensure job design creates the best experience for our NHS people?

## Healthy people and healthy teams

- are our NHS people consulted on their current roles to understand challenges facing them?
- is training available to allow our people to progress in their careers?
- is the wider environment considered in designing peoples job roles?

## Healthy managers and healthy organisations

- is the impact of health and wellbeing of our NHS people considered when we introduce new technology ?
- are managers aware of the importance of fulfilling roles for our NHS people?
- do line managers understand their role in improving job roles?
- are key policy drivers utilised effectively?



For support to help define and prioritise initiative areas for your organisation, please refer to the **‘Organisational Diagnostic Tool’**

Support on how to deliver initiatives can be found within the **‘Implementation Guide’**







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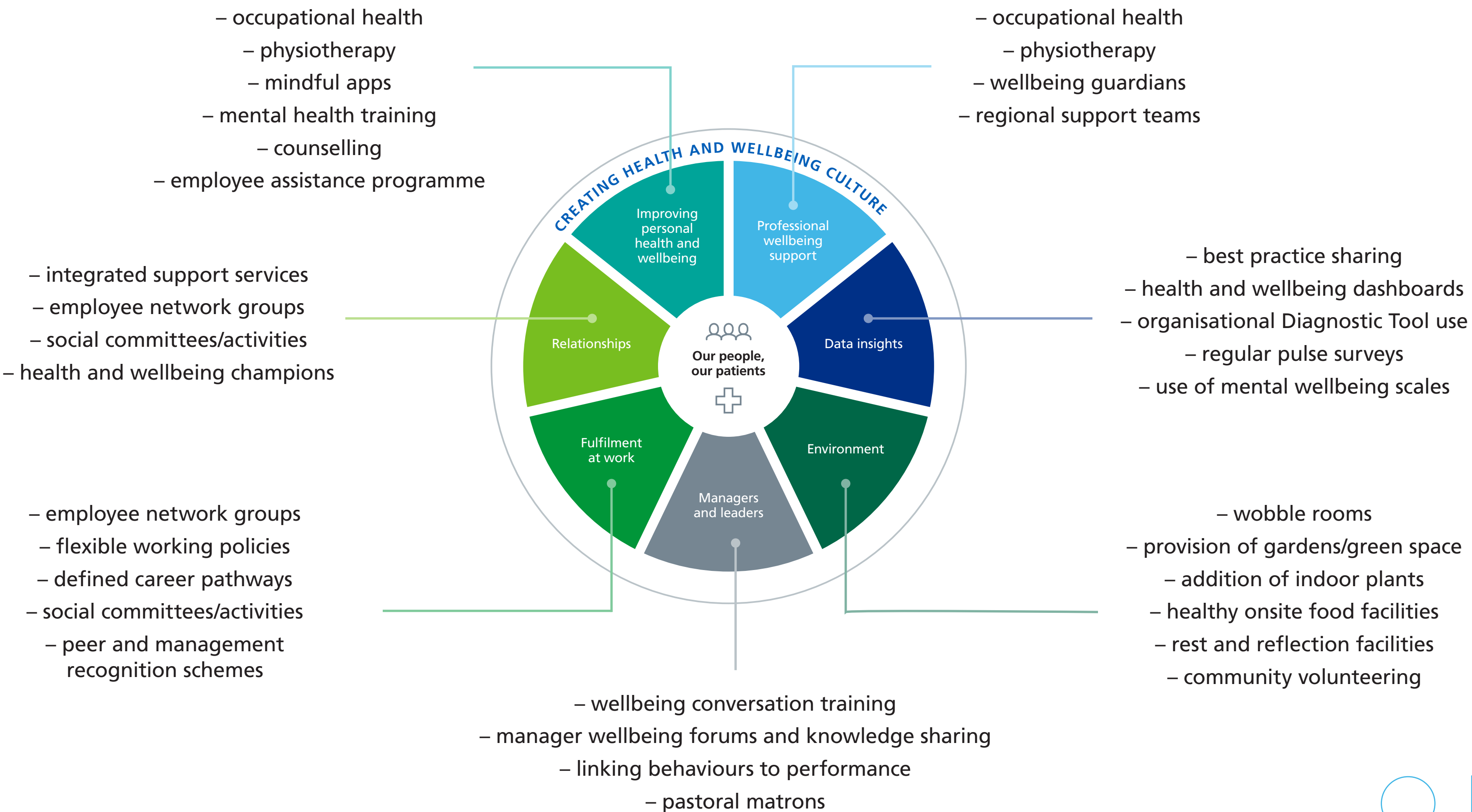
## Environment

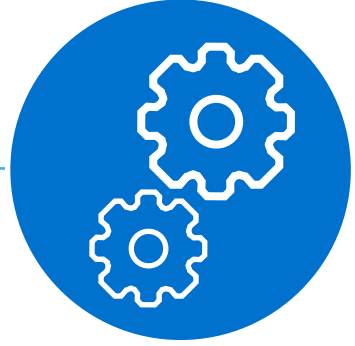
## Data insights

## Professional wellbeing support

The following are common types of interventions associated with the elements in the health and wellbeing framework.

However, organisations are encouraged to develop interventions that meet the diverse needs of their people and their unique organisational context.





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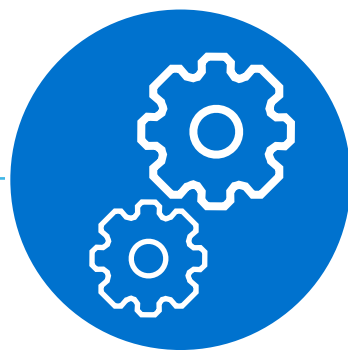
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