

# NHS Health and Wellbeing Implementation Guide





# Introduction

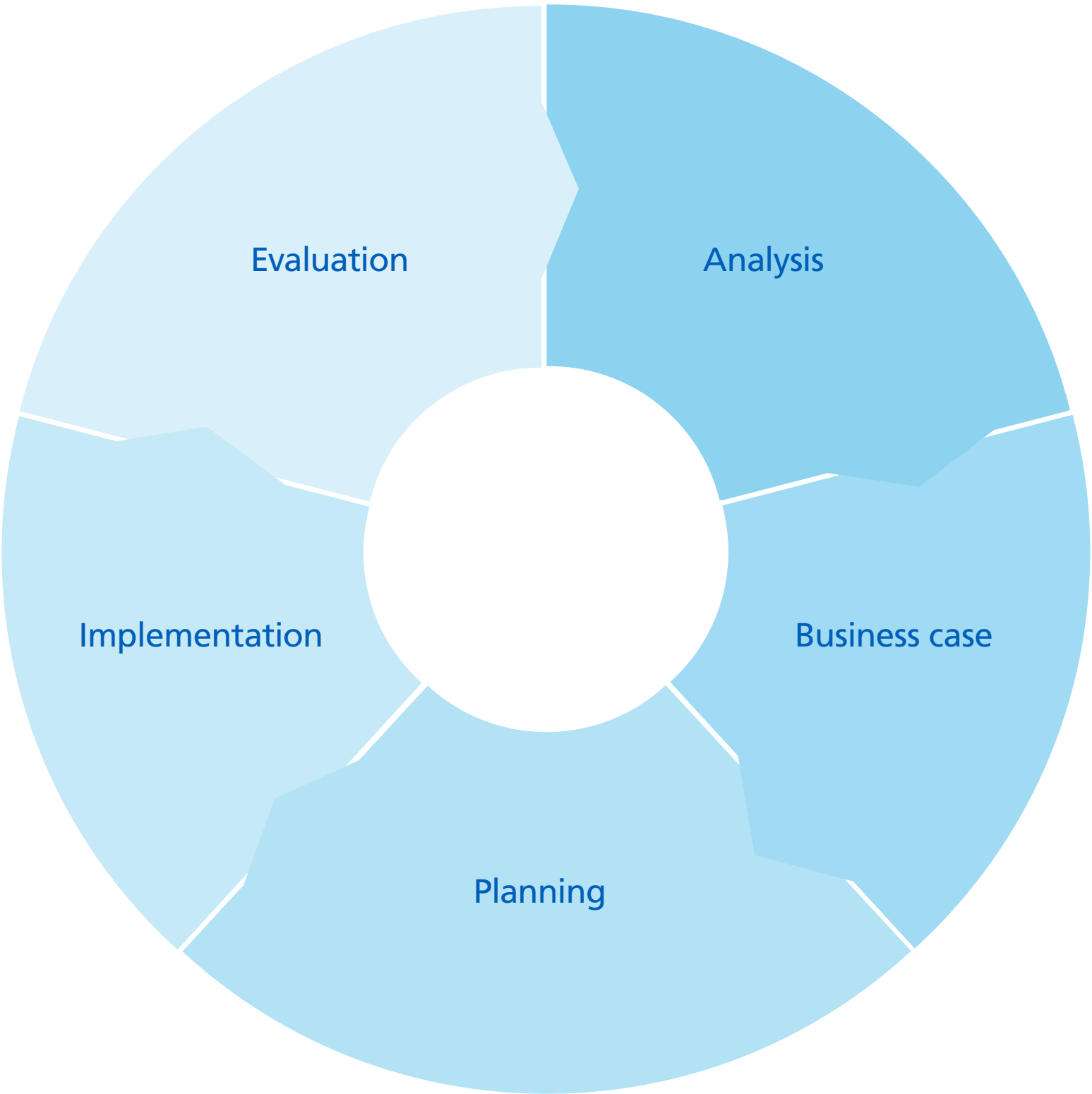
When looking at the health and wellbeing strategy and implementation in your organisation, it is important to remember it should be an iterative approach. Trying to achieve perfect intervention from day one is unlikely for any organisation. Instead, use the data and insights available, make the case for funding early, plan as much as possible and then evaluate and learn from mistakes made. Following these steps, solutions and interventions will become better, more targeted and more impactful.

It is important to be clear on four things when deciding how to improve health and wellbeing in an organisation:

- what are the challenges in your organisation?
- what changes do you want to achieve?
- how will you measure improvements?
- what ideas and interventions will you deliver to get there?

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**This pack contains guidance for the five key steps of creating a health and wellbeing strategy and implementation plan.**



This document refers throughout to ‘organisation’. In the context of this document, an organisation refers to any size of an organisation be it a small primary care practice or a large acute trust. When implementing any interventions using this implementation guide it is important to put the guidance into context for you and your organisation.



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## Data analysis

Data analysis is the process of collecting and organising data in order to draw helpful conclusions. This process uses analytical and logical reasoning to gain information from the data.

### Information gathering

- Review existing data on our NHS people’s health and wellbeing such as people surveys, unplanned absence rates and reasons, employee relations cases and employee assistance programme activity
- Identify any knowledge gaps by collecting data and feedback using methods such as pulse surveys, interviews and focus groups.
- Consider using the Public Health England 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

- Quantitative data can provide indicators on a range of aspects of wellbeing. This includes 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
- Data can include people surveys, People Pulse, workforce data including vacancy and turnover rates, leavers, sickness absence and freedom to speak up data

#### Qualitative data

- Qualitative data gives you insights and understanding and should be considered (or triangulated) alongside your quantitative metrics
- It is usually more word-based and informationally rich which includes feedback and information from employee engagement activities (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

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If staff feel able to disclose health and wellbeing issues then organisations can provide targeted support. Support will help staff perform their duties to a high standard and reduce the likelihood of unplanned absence. *(Quality Standard 147, NICE)*



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## How to use the diagnostic tool

When planning your organisation’s health and wellbeing strategy and implementation, it helps to understand the core issues and focus areas of your organisation. The diagnostic tool provides a quick and easy way to self-assess your organisation against each section of the Health and Wellbeing Framework and the results can be used as part of developing the organisation wide health and wellbeing plan.

### How to use it?

To complete the diagnostic process you will need to work through the questions split across the same sections you’ll find in the ‘Elements of Health and Wellbeing’ document. The sections can be completed separately or as a whole. Each time you answer a question you need to rate your organisation using the following ratings:

- **area of excellence** – your organisation exceeds in the support of this area, you have a number of successful preventative and reactive interventions in place and data identifies that our NHS people are well supported
- **significant progress** – you have a number of successful interventions in place, supported by strong data to suggest the provision is working for our NHS people. There is more that could still be done to support employees in this area but on the whole the provision is sufficient

- **low level of progress** – you have started to look at required interventions and may have introduced a small number of interventions. You have low levels of data currently on the impact and this area needs building on further to become more effective
- **not started** – you have not started any work on looking into this area of the framework
- **not applicable** – this area is not applicable to your organisation as it is not relevant. Scoring ‘not applicable’ will remove this question from the scoring and therefore not affect your results

### Use results to inform the health and wellbeing plan

- It is important to use the tool in the context of your organisation. Use the framework to help identify what good looks like for your particular organisations circumstances, the tool is designed to be flexible to allow you to tailor it to your unique situation
- Priority should be given to addressing any immediate risks to the wellbeing of our NHS people
- The health and wellbeing plan should address the issues identified and focus on supporting the unique situation of your organisation in relation to the key domains identified in the framework



If staff feel able to disclose health and wellbeing issues then organisations can provide targeted support. Support will help staff perform their duties to a high standard and reduce the likelihood of unplanned absence. *(Quality Standard 147, NICE)*



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# Key components to make the case for health and wellbeing

## 1. Engage the board and senior leaders

Engage the board and senior leadership when setting the vision and objectives. A business case that will help them achieve their organisational aims is more likely to be successful.

## 2. Be clear about how you will achieve the objectives

Based on the diagnostic tool results, develop a logic model that will help you identify your key deliverables in order to achieve your desired impact.

## 3. Confirm how you will evaluate delivery

Set indicators against your objectives, such as the number of beneficiaries or the impact on absence rates. It can take time to see impact, so be committed to a medium-long term approach.

## 4. Understand costs and resource needs

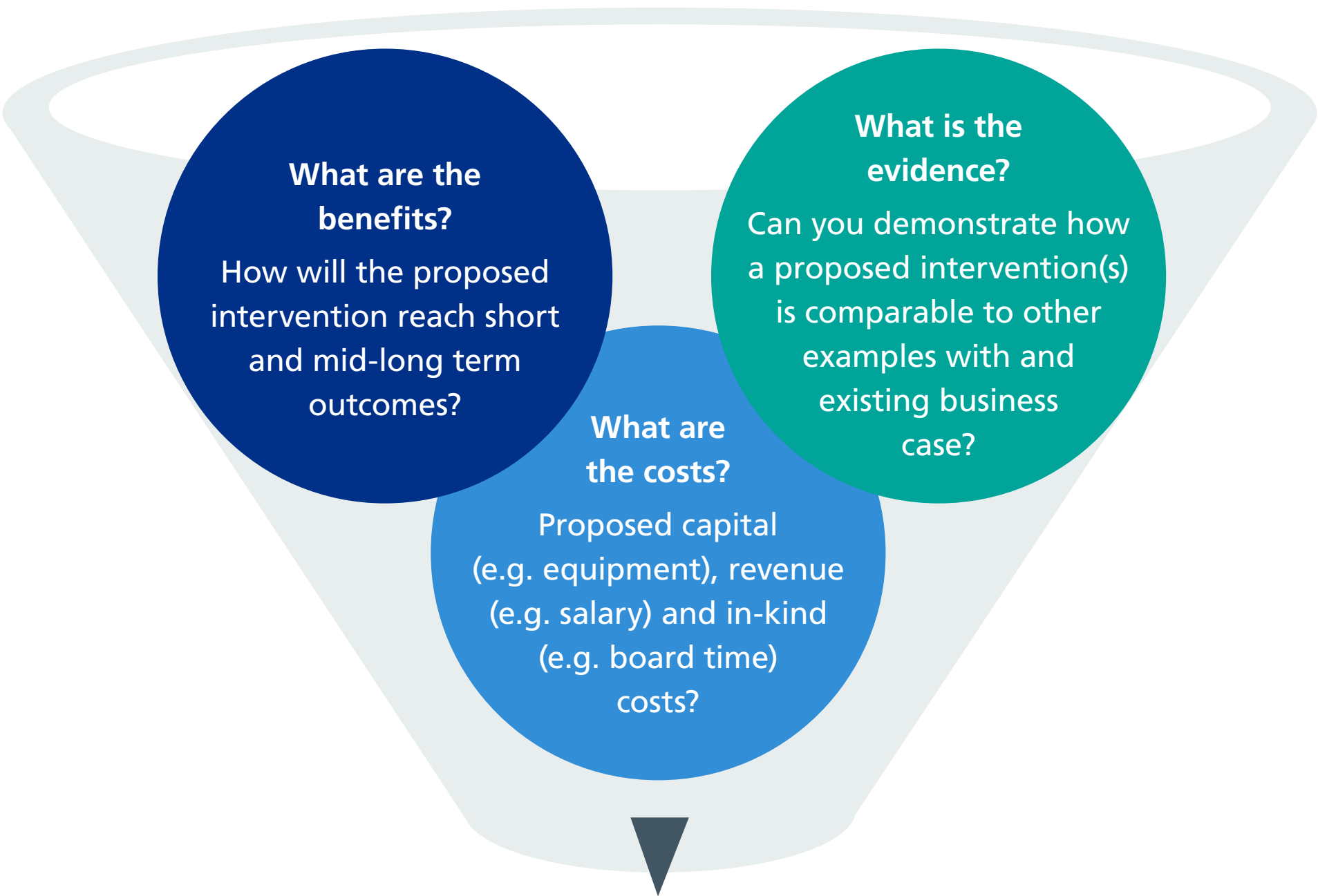
For each objective, break down what can be delivered within existing resources and what new resources will be required.

## 5. Build the business plan

This should include the vision and objectives, interventions (including a logic model), impacts and costs.

Our research has also found that the return on investment of workplace mental health interventions is overwhelmingly positive, with an average return on investment of 4:1. There are opportunities for employers to achieve better return on investment by providing interventions at organisational culture and proactive stages enabling employees to thrive, rather than intervening at the very late stages.

*'Mental Health at Work: the case for investment' (Deloitte). Part of the 'Thriving at Work: the Stevenson-Farmer review into Mental Health in the workplace', 2017*



### Clinical and social case:

- improved patient care and safety
- improved quality of life and wellbeing for our NHS people
- wider community public health impact

### Performance and financial case:

- financial return on investment
- productivity
- reduced unplanned absence
- retention



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## Key components to make the case for health and wellbeing

Health and wellbeing programmes are rarely funded from a single source. In fact, many NHS organisations view health and wellbeing as embedded in the occupational health and human resources services they provide. You may need to pursue several different funding paths to ensure the total programme is covered. It is also important to demonstrate how much can be achieved within existing resources (e.g. enhancement of existing services or multi-disciplinary working). For each intervention or activity, include how it will be funded and resourced.

Each intervention or activity	Capital funding	This refers to one off funding to buy equipment or resources such as bicycle storage facilities or exercise equipment	Potential sources: <ul style="list-style-type: none"> <li>Trust charitable funds and donations</li> <li>Core recurrent budgets e.g. occupational health, human resources</li> </ul>	Total resourcing required
	Revenue funding	This refers to ongoing programme funding for repeated/ongoing costs (e.g. salaries)	Potential sources: <ul style="list-style-type: none"> <li>Trust charitable funds</li> <li>Core budgets e.g. occupational health, human resources</li> <li>Research programme/trials</li> <li>Revenue generation e.g. occupational health commercial activity</li> </ul>	
	In-kind/ redeployment	This refers to releasing or redeploying organisational capacity to support delivery	Potential sources: <ul style="list-style-type: none"> <li>Core budgets e.g. occupational health, human resources</li> <li>Changing roles of existing people</li> <li>Free support e.g. public health</li> <li>Review procurement, supply chains</li> </ul>	

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# Leverage data in the business case

The data collected through the evaluation of a health and wellbeing programme provides an important base for securing a future investment. Collect data on delivery and impact to help build a compelling case. Below are some useful measures to use in a business case.

## Output measures

What the programme will do?

### Organisational enablers put in place

- Uptake of line management training
- Uptake of occupational health, human resources and health and wellbeing support among our NHS people
- Awareness of programme/ interventions among our NHS people
- Number of health needs assessments conducted
- Uptake of health and wellbeing facilities (e.g. bike parking) among our NHS people

### Health interventions delivered

- Number of health interventions delivered (e.g. counselling sessions, physiotherapy appointments)
- Uptake of health interventions
- Levels of referral and self-referral

## Impact measures

What benefits for the organisation?

### Financial

- Sickness absence levels (including unplanned)
- Spend on agency and bank
- Retention levels

### Non-financial

- People engagement scores
- Safe staffing levels
- Improvements in health and wellbeing
- People surveys (e.g. Pulse)

*Some of these measures will be easier to collect than others. When designing your evaluation, make sure that you have data already to hand or can collect it easily, and that you only measure what matters.*

Business cases should include both output and impact measures, both financial and non-financial.





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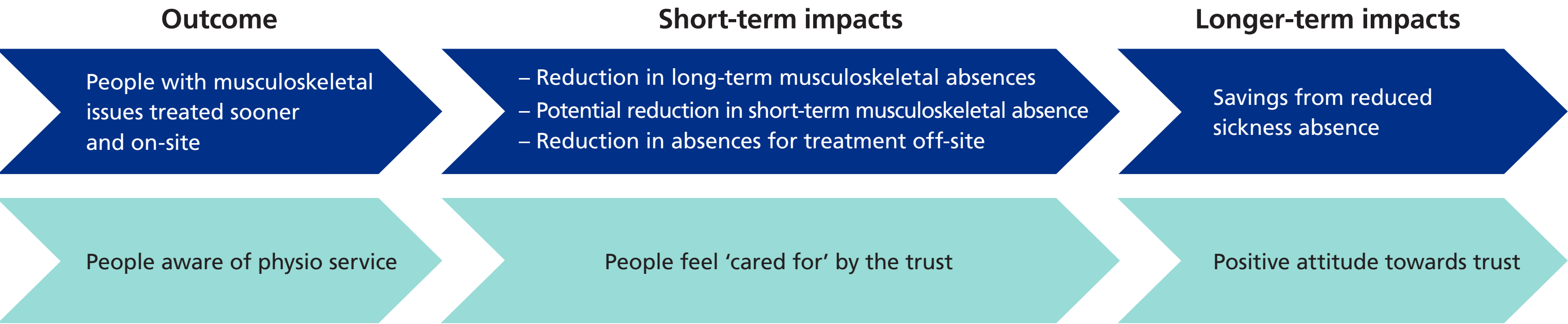
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## Making the case for staff physiotherapy pilot service in Northumbria Healthcare

Process

Starting point	Actions taken	Success factors
<ul style="list-style-type: none"><li>– Musculoskeletal identified as key cause of long-term sickness absence within the trust</li><li>– Occupational health physiotherapist already in post, but increased capacity required to enable self-referral and fast-track appointments</li></ul>	<ol style="list-style-type: none"><li>1. Identified gap in early intervention and self-referral</li><li>2. Occupational health physiotherapist compiled business case with support from occupational health and programme lead, requesting pilot funding</li><li>3. Business case contained:<ul style="list-style-type: none"><li>– Evidence for effectiveness of self-referral and fast-track (appointment within three working days)</li><li>– Demonstrated return on investment based on small-scale pilot</li><li>– Potential outcomes for our NHS people</li><li>– The case also focussed on sickness absence reduction</li></ul></li></ol>	<div><b>Personal relationships:</b> health and wellbeing important focus for senior leaders across trust, meaning they support each other to build and make the case</div> <div><b>Resource and capacity:</b> staff physio service already in place – trust able to allocate some resource to staff physio to test this new approach</div> <div><b>Evidence:</b> existing evidence base for the return-on-investment from physiotherapy services that trust could draw on</div> <div><b>Focus on sickness absence:</b> sickness absence is so costly that a small-scale pilot project to reduce this is considered to be “low risk”</div>

Impacts





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# Setting the vision and objectives

The first step to planning a health and wellbeing programme is to identify what you want to achieve.



“Don’t underestimate the amount of time you need at the beginning to just sit and listen, and to have the time or bring people in.”

*Deputy Director of Public Health, Royal Free Hospital, Health as a Social Movement*

## Health and wellbeing lead

Experience from existing programmes highlights how important this role is. Key skills for this role include the ability to lead on large scale delivery programmes, influencing and engagement skills with senior leaders and our NHS people, knowledge of piloting, scaling and decommissioning approaches.

This role is suited best to a senior manager, who has the experience to influence and provide oversight. They need the right support to do so through strategic support from a nominated board member and organisational and logistical support. Knowledge of occupational health and wellbeing can also be highly beneficial.



## Developing a delivery plan

Most of the early planning should be spent looking at the evidence, and consulting with our diverse NHS people, board members or senior leaders, with the aim of understanding three main questions:

1	What resources are available to deliver the vision and objectives?	<ul style="list-style-type: none"><li>– Which of our NHS people can lead/deliver the programme?</li><li>– Can we afford to bring in an external provider, if required?</li></ul>
2	How can these resources be best used?	<ul style="list-style-type: none"><li>– What has worked before?</li><li>– What do we want to test?</li></ul>
3	What will happen as a result of our work?	<ul style="list-style-type: none"><li>– How many of our NHS people will access the services?</li><li>– What impact will there be on their health and wellbeing, performance, engagement etc?</li></ul>

The responses to these questions will inform your delivery plan, but they are not easy to answer. They take time to be answered, and need to be explored systematically to make sure that all relevant views are considered.

A helpful tool that can be used to answer these questions is a logic model. These are diagrams that summarise what the aims of a programme are and how they will be achieved. Please see the next page for an example of a logic model for a health and wellbeing programme.

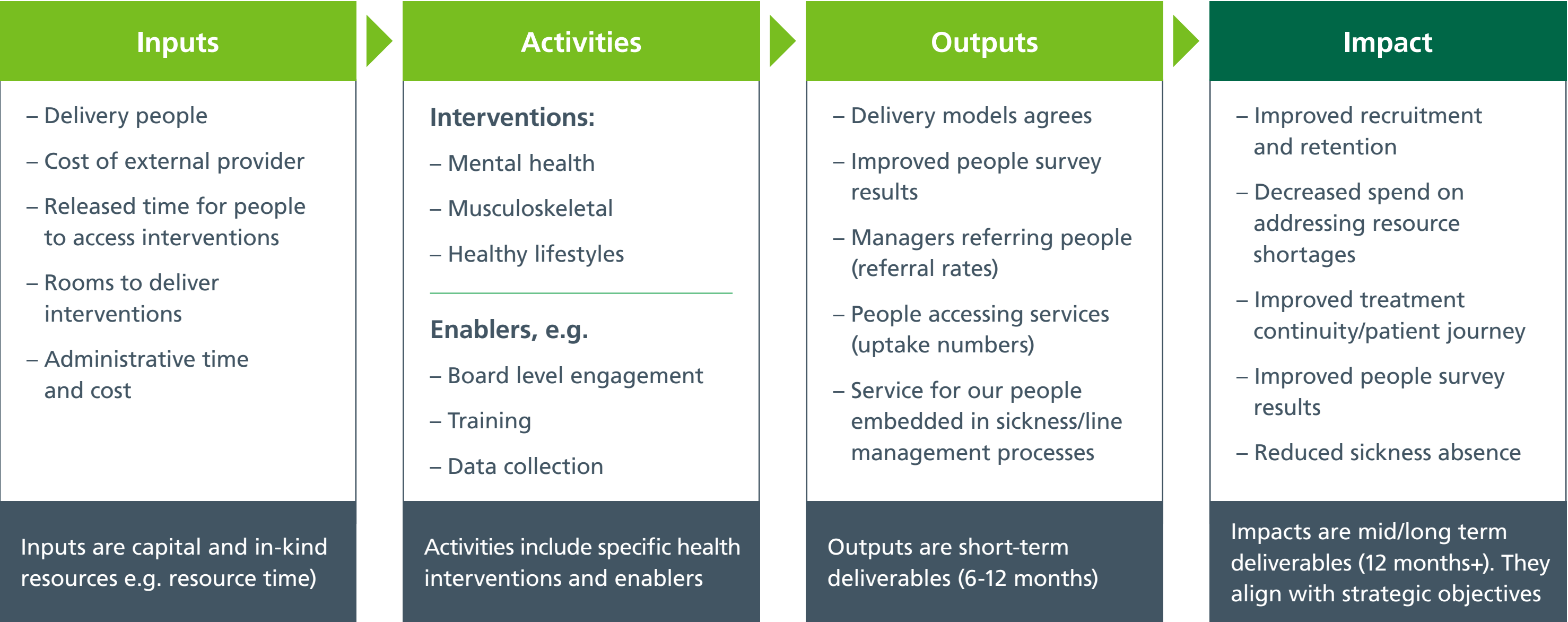


# Using a logic model to develop your delivery plan

Logic models are useful to develop because they cause you to consider:

- what resources you need
- how you expect the interventions to lead to outcomes
- how you will measure success
- what assumptions you are making

Below you can find a simple logic model for a typical health and wellbeing programme:



The evaluation guidance also provides an example of a logic model for an individual intervention. Logic models are useful to develop at both the programme and intervention level.



# Creating your delivery plan

A delivery plan needs to clearly set out the practical steps that will be taken to achieve the vision and objectives. Below is an example of what a small section of a plan could look like with some of the key components in place.

Specific and measurable objective signed off by board	Activity to reach objective – this should be agreed using a logic model	Key deliverables on the journey to reach the objective		You have reached your objective if you can measure and achieve these	Lead: responsible for objective	Support: needed to achieve objective
Objective (Impact)	Activity/Tasks	Milestones	Time scale	Indicators to measure success	Lead	Support
Reduce musculoskeletal sickness absence by x% within 2 years	Measure and report on musculoskeletal absence	– Quarterly reductions by X		– Quarterly reductions by X	Board lead	Health and wellbeing lead, occupational health, operations managers
	Ensure board and clinical musculoskeletal champion	– Champions recruited – Work plan agreed		– Speak at 5 NHS people events – Our NHS peoples’ awareness improved by X%	Board lead	Health and wellbeing lead
	Review and redesign manual handling	– Redesign completed – Rolled out		– 100% of manual handling training with new content	Learning and development team	Health and wellbeing lead
	Introduce case management for all musculoskeletal cases on day 1 of absence	– New system piloted – New system in place		– Successful pilot and learning – 100% of musculoskeletal absence called and supported on day 1	Human resources and occupational health	Health and wellbeing lead, occupational health, operations managers
	Increase referrals to physio by 20%	– Business case for extra physio capacity – run info campaign		– New capacity in place – 20% increase in referrals	Human resources and occupational health	Health and wellbeing lead, occupational health, operations managers



Setting the vision and objectives	Delivery plan	Communication plan
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# Communication plan

When introducing a new intervention or change to the organisation, the communication around it is key for a successful roll-out. Creating a communication and engagement plan aligned to your organisation’s health and wellbeing objectives is critical to ensure board and our diverse NHS people at all levels are engaged and targeted in the best way.

## Communication and engagement plan

- A communication and engagement plan is developed in conjunction with the health and wellbeing plan. There is input from the internal communications team and key stakeholders
- There are universal communications to the whole workforce, which cover key messages. Targeted messages are directed at specific groups (see below)
- The plan ensures line managers have basic information to inform our NHS people about the core health and wellbeing offer and how to access it
- Engagement objectives and activities ensure our NHS people are able to feedback on their work, team and the organisation. These can include focus groups, surveys, presence on relevant committees and working groups. Our NHS people should have opportunity to provide feedback and shape the health and wellbeing support they receive

## Board and managers as champions

- All board members and senior managers should act as health and wellbeing champions. Each part of the communication plan has a named board member as communications champions. Both executive and non-executive board members should be involved
- The board and senior managers lead by example by sharing stories and case studies at events, inductions and team meetings. The board is seen as leading by example in terms of health and wellbeing practice and culture of working

## Targeted engagement

- Target groups who have the highest barriers to accessing support are identified (e.g. using people survey breakdowns) and approaches to tackling stigma are developed with these groups, for example people with disabilities and long term conditions
- There is direct engagement with groups through methods such as surveys and focus groups. This helps understand the needs, lived experience and preferences of these target groups. This is used to inform the design and delivery of effective support
- A plan for ongoing engagement is included in the main plan to ensure its effectiveness and reach



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## Six top tips to use when delivering your programme

1. Be clear on target groups and desired impact
- Only deliver new interventions when you are clear on who they are targeting and what the desired impact is. This includes considering how hard-to-reach groups will be impacted
2. Don't overlook organisational context
- Organisational issues, such as organisational stability, adequate staffing levels and sickness absence rates, can have a significant influence on health and wellbeing. Make sure that these wider issues are addressed in your programme – the framework document provides useful advice on what to focus
3. Start small and scale in phases
- Start delivering to a small number of our NHS people and increase as you refine what you are doing. This is especially true for new approaches.
4. Don't be afraid of failure
- Some new ideas will take off, others won't. Don't be afraid of testing new ideas, but only scale them up when you are confident they will deliver the results you want to achieve
5. Ensure appropriate governance and oversight processes are in place
- Using workforce committees (or similar groups) to review delivery, set ongoing priorities, manage expectations and ensure cross department involvement
6. Plan for sustainability
- Encourage and support our NHS people and teams across the organisation to take on leadership roles from the outset (e.g. through involvement in steering groups, as leads, or as champions). This is important, as it can take time to see the impact of health and wellbeing programmes, and momentum needs to be maintained during this time





# Reviewing progress and reporting to key stakeholders

A health and wellbeing programme needs to be reviewed regularly to ensure continuous improvement and alignment with organisational priorities:

- monthly by leads to manage ongoing delivery and performance
- quarterly by the board to maintain commitment and improvement
- annually to formally review delivery and impact

The views of all key stakeholders should be considered during reviews, including the expected beneficiaries (i.e. our NHS people). It is also important to pay attention to both what is working and what is not working. Make sure to keep key stakeholders up to date with developments in the programme and the outcome of the reviews. Here are some things to keep in mind when reporting back.

## Tailor reporting

How often do different stakeholders need to be updated and what do they need to know? Generally, boards need quarterly updates, service leads monthly updates, and delivery managers weekly updates

## Look at the full picture

What has not gone as well as it should have?  
  
What qualitative feedback have we had, aside from hard data

## Build reporting into business-as-usual

How can reports be shared to encourage joined-up working?  
  
How can the findings of reviews be aligned with wider reporting?

## Be creative in how you report information

How often do different stakeholders need to be updated and what do they need to know? Generally, boards need quarterly updates, service leads monthly updates, and delivery managers weekly updates

## Use a common set of measures

What common success measures can we identify, which resonate at board level, but also with our wider NHS people?



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Steps you can take to improve your programme

- **Revise service specifications for health and wellbeing support**, to ensure it is meeting the needs of our NHS people. Do you need to deliver new services, stop delivering some services, or refine what you are already doing?
- **Update your health and wellbeing delivery plan**, to ensure it still reflects your key objectives and the way you intend to deliver them. Revisiting your logic model can be useful here
- **Review your data and feedback**, to be clear on what it is telling you (or not telling you) and whether you are collecting what you need to keep track of delivery and impact
- **Revisit your communication and engagement plan**, to make sure it is generating enough momentum. Are you ‘telling the story’ that you want to, reaching the key audiences, and using the right communication channels? Spend time with our NHS people and review NHS staff survey results in detail to understand groups and individuals who may be underrepresented and in most need of support
- **Disclosing health issues is promoted and encouraged** and a supportive culture is developed in line with this. Line managers know how to give basic support, know where to find information and where to sign-post our NHS people to. Feedback is taken onboard for future iterations of the interventions

The plan, do, study, act cycles are used across NHS for developing, testing and implementing changes leading to improvement and something to consider with ongoing improvements.

Using plan, do, study, act cycles enables you to test out changes on a small scale, building on the learning from these test cycles in a structured way before wholesale implementation.



**Learning from Dr Julia Smedley, Head of Occupational Health, University Hospital Southampton**

We keep our health and wellbeing plan effective by:

- involving our NHS people at all levels in shaping the programme
- keeping focused on our NHS people and patient outcomes
- aligning our NHS peoples’ health and wellbeing clearly with wider organisational objectives and values
- regularly refreshing and updating it as priorities change
- setting challenging, but realistic targets
- demonstrating progress



# Scaling up

Once you have demonstrated that an approach or intervention works with a specific group or cohort of people through a pilot, you may need to consider how to scale this up to reach a much larger group of people. Here are four ways to approach scaling up your health and wellbeing interventions.



## Scaling impact

Are you scaling up the reach of an intervention or aiming to deepen its impact amongst a specific group? These require different approaches



## Scaling in numbers of people

Is the intervention suitable for wider roll-out? Even if it can reach large numbers how do you know they want it and can access it?



## Replication through other delivery teams

Can an intervention be replicated across other teams or sites?

What parts are replicable and what parts are intangible?

What methods can be used to replicate e.g. training, toolkits?



## Creating demand

How can we use champions and ‘word of mouth’ to generate demand?

What story do we need to tell – e.g. what are the benefits and incentives?

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# Why it is important to evaluate and what should be covered

Evaluation is the process of analysing a programme or interventions to make sure they are being delivered well and achieving the results required.

A suitable evaluation will answer the following two key questions:

- how effectively have we taken action on health and wellbeing?
- what difference has our programme made, how and for whom?

By answering these questions, the evaluation will allow us to:

- discover what works and doesn’t work, including identifying negative consequences for our NHS people
- maximise the resources and time you have, as you know what you need to focus on
- determine impact, which is useful when building momentum and the business case

## The three areas of evaluation

### 1. Input

Whether resources are being used appropriately – e.g. our people, funding

### 2. Activities

The delivery of interventions – what is working and not working

### 3. Outcomes

The impact of interventions on our people, the organisation and patients





# Your evaluation approach

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## Tailored to your organisation’s needs

What matters to us and what do we need to measure to ensure progress?

## Honest

What can we learn from what has worked, as well as what has not worked?

## Inclusive

What difference has this made to different groups, including harder to reach populations?

Evaluation needs to be integral to health and wellbeing improvement in your organisation. This means that:

- you design your programme with evaluation in mind
- you collect data from the very start, and on an ongoing basis
- you use this data to continuously improve what you are doing

You might not have prior experience of evaluation, but taking time to decide how you will evaluate your programme will be worthwhile and does not have to be complicated.



## Integrating evaluations at the start of a health and wellbeing initiative

**Norfolk Community Health and Care NHS Trust** used the NHS tools available such as the Health and Wellbeing Framework to set priorities for their health and wellbeing strategy, allowing for a structured approach to manage the interventions. By adopting an informal project management approach, each priority was proactively planned and evaluation measures agreed at the concept and initiation.

This provided a greater focus on the value added and enabled them to demonstrate the impact of the investment.



# Considerations for designing the evaluation

★ **Design your evaluation around your logic model** – your evaluation needs to cover all three components of a logic model: inputs, activities, outcomes. Using a logic model to design your evaluation also helps you to identify what data you need to measure across these three components

★ **Look at the existing evidence base** – what do you know about existing health and wellbeing needs and how will what you are proposing improve these? Work through these questions early on. The ‘Organisational Diagnostic Tool’ can help with deciding where to focus

★ **Use a select set of measures and indicators** – the framework document provides some useful measures you can use. Identify the most relevant ones and track them from the start so that you can compare progress and impact against your starting point. Good measures are up-to-date (e.g. collected routinely), longitudinal to be able to track change over time and accurate

★ **Track short-term and long-term impact** – It can take time to deliver impact, so make sure there are both short and long-term goals in mind and manage expectations on time to achieve desired change

★ **Ask a consistent set of questions**, so that you can compare across different interventions. Good questions include:

- how aware are our NHS people of the interventions?
- how satisfied are they with the support received?
- what impact has the support had on their health and wellbeing?
- how likely are they to recommend the intervention to others (a good way of measuring sustainability)?

★ **Gather feedback from different stakeholders** in order to see the full picture. This includes collecting feedback from hard-to-reach groups and non-beneficiaries

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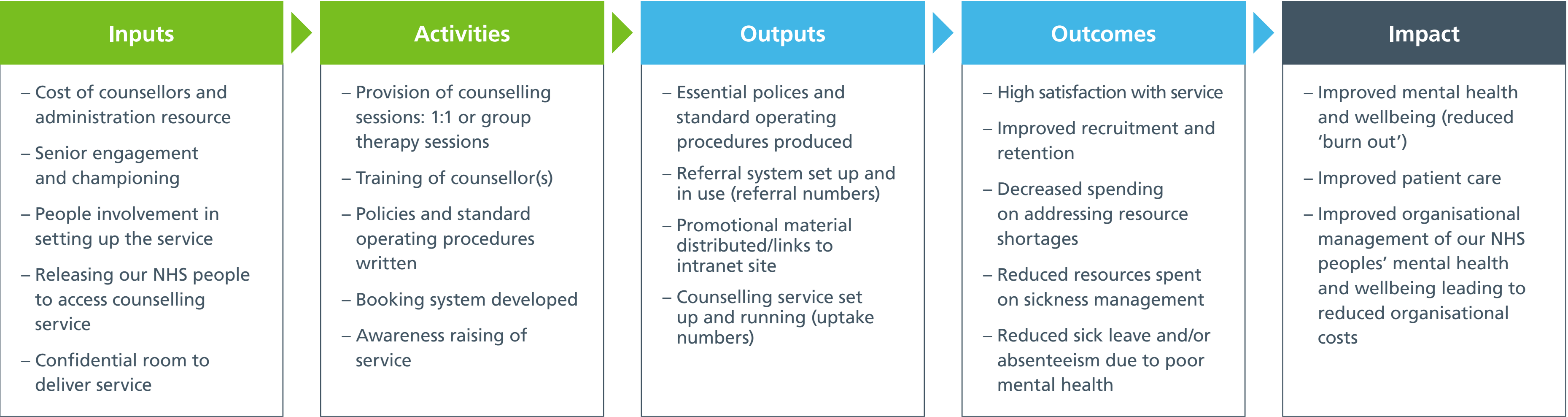
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## Useful tools for evaluation

One of the most useful tools for deciding how to evaluate programmes is a logic model. This is a diagram that summarises your expected change model – in other words, what changes you will deliver to achieve your desired objectives. An example logic model for a health and wellbeing programme is provided in the planning section, although logic models can also be useful to develop for individual interventions. The following worked example has been developed for a counselling service.

### An example logic model for a counselling service



The following pages will showcase useful tools to consider when designing the evaluation including framework, key evaluation questions, surveys and focus groups.



# Evaluation framework

An evaluation framework is a summary of what you will measure in your evaluation and how you will do so. It is a useful tool to use when designing evaluations, as it makes you think carefully about what you realistically need to collect and how feasible it is to do so. Once agreed, these measures can then be included in your delivery plan.

Here is a condensed version of an evaluation framework, which has been developed for a counselling service:

Component	Measure of success	Source/method	Timing	Responsibility
Inputs	Budget spent	Finance accounts	Quarterly	Finance team
	Number of attendees at engagement events	Event attendee list	At each event	Delivery team
	Time taken by people to access services	Counselling service records	Each contact	Practitioner
Outputs	Number of counsellors employed	Human resources records	Annually	Human resources
	Number of people accessing the service	Counselling service records	Every session	Counsellor(s)
	Number of people at engagement events	Resource register	Every event	Communications team
Outcomes	No. of referrals (self-referral or management referral)	Booking system	Each contact	Practitioner
	Satisfaction with the service	People survey/interviews	Before and after implementation	Delivery team
	Improved health and wellbeing	Outcome measures	On initial contact with services and again after intervention and/or six months later	Human resources



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## Key evaluation questions

The following questions are useful to cover in evaluations. They have been set out to align with the three areas highlighted previously: inputs, activities, outcomes.

Area of focus	Review questions
Objective and rationale	<ul style="list-style-type: none"><li>– Are our objectives clear and relevant?</li><li>– Does our rationale still make sense?</li></ul>
Inputs	<ul style="list-style-type: none"><li>– Do we have enough resources?</li><li>– Are we making the best use of resources?</li></ul>
Activities	<ul style="list-style-type: none"><li>– How aware and engaged are our NHS people and senior leaders? Who is most/least engaged?</li><li>– What are the main challenges and barriers to delivery? How do we best address them?</li><li>– What are the main enablers to delivery, and how can we build on them?</li><li>– Is there anything we need to do differently?</li></ul>
Outcomes	<ul style="list-style-type: none"><li>– What impact has the programme had on our NHS people and the organisation?</li><li>– Can we attribute impact to specific interventions?</li><li>– Have we had the uptake we expected? If not, why and what needs to be done?</li><li>– Are any particular groups benefiting or missing out? What can we do to address this?</li><li>– Does the programme provide a good return on investment?</li><li>– Has the programme had any adverse consequences? How can these be reduced or managed?</li><li>– How can we scale up what is working, or replicate it in other sites or organisations?</li></ul>





Overview	Approach	Considerations	Tools
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## Surveys, interviews and focus groups to gather feedback

Monitoring and finance data can only tell you so much. Getting feedback from our diverse NHS people on their perceptions of the programme/ interventions and what difference it has made is vital. This can be done in several ways that all bring different benefits

Area of Focus	Benefits	Disadvantages
Surveys	Relatively quick to administer and complete, especially if online; useful to gain feedback from large groups	Potential for low response rates (due to survey fatigue); feedback is high-level
Interviews	Useful for collecting in-depth feedback	Time-consuming to deliver; not always appropriate to undertake (e.g. confidentiality issues)
Focus Groups	Also useful for collecting in-depth feedback; group setting can encourage unique insights	Group setting can discourage open and honest feedback; may be dominated by some individuals



### Tips for using surveys, interviews and focus groups

- Triangulate methods – use a range of surveys, interviews and focus groups, keeping in mind their benefits and disadvantages
- Encourage honest discussions – people need to be able to speak confidentially and openly. Using ‘peer researchers’ (e.g. our NHS people running running focus groups) can be useful to encourage this
- Measure change over time – use before/after surveys to measure change
- Use ‘closed’ and ‘open’ questions – e.g. “on a scale of 1-5, how satisfied...?” (closed) vs “overall, how satisfied are you...?” (open) to ensure your data is sufficiently detailed, but also manageable. Closed questions generally work better for surveys
- Think about sample sizes – generally, surveys need at least 50-60 responses to be useful, and data must always be obtained from all key stakeholder groups



Your evaluation should naturally feed into further iterations of how you approach health and wellbeing as a whole. When you next come to data analysis the evaluation should form part of your review and feed into the process of business analysis, business case, plan, implement and evaluate.