NHS Health and Wellbeing Strategic Overview Creating a health and wellbeing culture

Contents

[1. Forewords and introduction 3](#_Toc80378702)

[1.1 Forewords 3](#_Toc80378703)

[1.2 Introduction 6](#_Toc80378704)

[2. Overview of the resources 10](#_Toc80378705)

[2.1 The evolution of the Health and Wellbeing Framework 10](#_Toc80378706)

[2.2 Introducing the NHS health and wellbeing model 11](#_Toc80378707)

[Improving personal health and wellbeing 11](#_Toc80378708)

[Relationships 13](#_Toc80378709)

[Fulfilment at work 14](#_Toc80378710)

[Managers and leaders 15](#_Toc80378711)

[Environment 16](#_Toc80378712)

[Data insights 17](#_Toc80378713)

[Professional wellbeing support 18](#_Toc80378714)

[3. The tools and how to use them 19](#_Toc80378715)

[3.1 How to use these health and wellbeing resources 19](#_Toc80378716)

[3.2 How to interpret data and insight 22](#_Toc80378717)

[4. References 23](#_Toc80378718)

# 1. Forewords and introduction

## Forewords

#### Dame Carol Black, Chair of the NHS Expert Advisory Board on Employee Health and Wellbeing

Enabling our diverse NHS people to be healthy with a sense of wellbeing is crucial to high-quality patient care. Putting the health and wellbeing of NHS people first should be a fundamental part of the DNA of the Service, enabling our NHS people to put our patients first.

The revised Health and Wellbeing Framework and its resources build upon the original framework launched in 2018. The framework enabled organisations to understand the health and wellbeing of our people and introduce appropriate interventions. The emphasis then was on reduction of sickness absence. However, the pandemic has highlighted the need to think beyond sickness absence and to recognise presenteeism and embrace prevention.

This revised framework targets the major factors which affect and could improve organisational health, namely management capabilities, job quality, social relationships at work, support for workers coping with health conditions or life stresses and promotion of workplace health. We have worked with NHS organisations, expert partners across academia, the voluntary sector, professional bodies, the military and government, to understand what ‘good’ looks like. Through this extensive engagement we have drawn upon an evidence base of best practice, research and insights, which will enable NHS organisations to mould their own wellbeing programmes to their particular local needs.

Organisations are at different points on the health and wellbeing journey and therefore these resources are designed to be used in a flexible way to meet individual institutional needs. They can be used to start, revise, or relaunch a wellbeing programme and be used either in total or in part depending on the starting point.

There is an emerging consensus around caring for our NHS people. We must act now and build a culture of health and wellbeing across the entire NHS. Doing this will most certainly enable a healthy workforce and support high-quality patient care

#### Prerana Issar, Chief People Officer

Our NHS People Plan and People Promise places the wellbeing of our NHS people at the heart of what we do. Caring for the wellbeing of our NHS people enables them to care for the wellbeing of our patients. This framework flexibly supports NHS organisations to create a culture of wellbeing for our NHS people to thrive.

We have all experienced an extraordinary challenge, both professionally and personally, as a result of COVID-19. Our NHS people have demonstrated astounding commitment during this challenging time, yet this has come at the cost of personal wellbeing.

We have learned a lot about how we enable the wellbeing of our NHS people over the past year. The evolution of the Health and Wellbeing Framework and suite of tools is a further step in ensuring we strengthen the health and wellbeing support for our NHS people during recovery and long term as we move our efforts toward creating a culture of wellbeing for all our NHS people to thrive.

Health and wellbeing support has traditionally been focused on reducing sickness absence, particularly relating to mental and physical health. This framework has evolved to take account of the broader organisational and cultural factors that underpin an individual’s ability to bring their best self to work. Taking account of our diverse workforce, the impact that leadership and line management has to play and focusing on the prevention agenda will enable us to embed a culture of health and wellbeing across our healthcare organisations.

There is no single answer for how NHS and wider healthcare organisations should be improving health and wellbeing. Each organisation is unique and in a different place on their wellbeing journey. Therefore, this toolkit builds upon the successes and best practice within the previous iteration of the framework and provides resources to NHS organisations to flexibly plan and implement their own approach for improving our NHS people’s health and wellbeing.

## Introduction

**Where we were**

The first publication of the NHS Health and Wellbeing Framework was launched in 2018 and was successfully utilised by a large body of NHS organisations. It spoke to an evidence base and rhetoric that predominantly focused on drivers to reduce sickness absence and there is evidence that organisations using the framework did reduce their sickness absence rates.

Prior to the global pandemic, reducing sickness absence was seen as the leading indicator of improved health and wellbeing. Emphasis was very much on patient care as opposed to the thinking that if we focus on the health and wellbeing of our NHS people, they would be better placed to care for our patients and service users, therefore creating a culture of wellbeing that focuses on prevention and culture change.

**Where we are now**

We have taken the best of the existing framework and through co-design, have evolved it into a set of resources to empower NHS organisations to create a sustainable wellbeing culture for our workforce.

We have achieved this through co-design with stakeholders across systems and NHS organisations, from primary care practices to acute trusts.

In this re-design we have focused on:

* placing emphasis on a positive health and wellbeing culture
* place greater emphasis on the preventative health and wellbeing interventions
* embedding equality, diversity and inclusion
* providing a clear rational and case for change

**What does this mean for you?**

This set of resources aims to represent the huge diversity of healthcare organisations, forms and functions. Health and wellbeing is not a one size fits all concept. However, these resources demonstrate what ‘good’ looks like for the majority of healthcare organisations.

Regardless of who you are, these tools can be applied within the context of your organisation and diversity of your people to understand what ‘good’ looks like for you and what can be achieved.

The smallest primary care practice to the largest acute hospital trust will find inspiration and guidance in these resources.

**Who is the Health and Wellbeing Framework for?**

Health and wellbeing is not a one size fits all solution and every NHS organisation will have different health and wellbeing needs and aspirations. Therefore, these resources are designed to give a standardised view of what ‘good’ looks like in an NHS setting. You will need to use these resources in the context of your organisation and for our diverse NHS people.

**People and roles**

* Senior leaders/senior responsible officer for wellbeing
  + the resources illustrate what ‘good’ looks like for health and wellbeing and will support your organisation’s strategic sponsor for wellbeing to:
    - 1. undertake a diagnostic of how your organisation compares to what ‘good’ looks like
      2. develop a strategic organisational action plan.
* Organisation lead for wellbeing
  + the resources provide a view of what ‘good’ looks like for health and wellbeing as well as inspiration and implementation guidance for interventions based on successful work across the NHS.
  + the ‘Organisational Diagnostic Tool’, the ‘Elements of Health and Wellbeing’ and ‘Case Studies’ support this
* Anyone interested in health and wellbeing
  + health and wellbeing is a topic that all NHS people should and can engage with. The resources in this framework are designed to support all our people in building a health and wellbeing culture for themselves and their teams

**Diversity of healthcare organisations**

* Systems
  + the framework and the ‘Organisational Diagnostic Tool’ can be used to gain a broad understanding of how health and wellbeing is adopted across organisations within a system, the strengths and development areas for the system and to develop strategic action plans to support all partner organisations.
* Large organisations
  + large organisations such as acute trusts can utilise the framework to assess health and wellbeing culture and needs for our diverse people
  + no single organisation will be alike, so the resources need to be applied to the context of the diversity of people and organisational needs
* Small organisations
  + smaller organisations such as those found in primary care can use these resources to gain an understanding of what ‘good’ looks like and then contextualise this information for their unique organisation and our diverse people

**Our people and our patients**

The evolved health and wellbeing resources are all aimed at enabling organisations to support the health and wellbeing of our diverse NHS people. The evidence is clear that if we look after our people, then they will pass this care on to our patients through safe, high-quality care.

**The bottom line**

Many organisations have already embarked on a journey to deliver a positive and an effective health and wellbeing culture for our diverse NHS people. Where there is more work to do, or an organisation is at the start of their journey, there are multiple people and financial rationales for change. Further statistics and supporting evidence are heavily embedded in this evolved framework.

**Experiences of people**

* 44.1% of NHS people reported that they had felt unwell as a result of work-related stress during the last 12 months (3)
* In 2018/19, stress, depression or anxiety were responsible for 44% of all cases of work-related ill health and 54% of all working days lost due to health issues in Great Britain (68)

# 2. Overview of the resources

## 2.1 The evolution of the Health and Wellbeing Framework

The first version of the NHS Health and Wellbeing Framework was launched in 2018. Since then, a large proportion of NHS organisations have successfully used those tools to support implementing their health and wellbeing agenda. Our people’s needs have changed in that time, as has our view of health and wellbeing. As such we have engaged stakeholders across the NHS to help evolve the health and wellbeing resources available now with a particular view on how this framework can support embedding a culture of health and wellbeing in the NHS, with a focus on prevention and ensuring that equality, diversity and inclusion is considered throughout.

We have engaged with a large number of stakeholder groups across the organisation through one-to-one interviews, focus groups, co-design workshops and conferences. Stakeholders include the NHS health and wellbeing advisory board, wellbeing guardians, national strategic partners, professional bodies, health and wellbeing leads, health and wellbeing academics/experts, NHS employee networks, senior healthcare leaders, health and social care partnerships, primary care leaders, workforce issue groups, trade unions, human resources directors, organisation development leads, occupational health leads and equality, diversity and inclusion leads.

Within this strategic overview we have used examples of both internal and external data points. These data points are replicated within the ‘Elements of Health and Wellbeing’ document but structured reference acknowledgements can be found at the end of this document.

## 2.2 Introducing the NHS health and wellbeing model

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 are fundamental to support our diverse NHS people in providing world class health care to our patients. This model underpins the set of resources that form this Health and Wellbeing Framework. There are seven health and wellbeing domains containing sixteen elements, these elements incorporating supporting evidence, case studies and critical questions for our organisations. At the centre of our model are our people and our patients.

### Improving personal health and wellbeing

The proactive interventions and services that empower our NHS people to manage their own health and wellbeing. Section’s cover:

* mental and emotional wellbeing
* physical wellbeing
* healthy lifestyle

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.

#### Key stakeholder feedback

* “Personal wellbeing is more than a sickness absence metric”
* “More emphasis needs to be placed on preventative interventions rather than discrete reactive support”
* “Mental and physical wellbeing needs to be viewed more broadly, such as the inclusion of financial wellbeing and menopause support”

#### Snapshot of people’s experience

* Patient satisfaction in acute trusts was higher in trusts where health and wellbeing (measured by injury rates, stress levels, job satisfaction and turnover intentions) was higher (33)
* 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 (1)
* 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 (14)

### Relationships

The ways our teams work together with care and compassion. Section’s cover:

* working together
* supporting each other

Extensive 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.

#### Key stakeholder feedback

* “The impact of the team on personal wellbeing cannot be underestimated”
* “Transparency and accountability when driving cultural change is essential”
* “Health and wellbeing is a two-way relationship between our NHS people and organisational leaders”

#### Snapshot of people’s experience

* 28.5% of NHS people reported experiencing bullying in the last 12 months, with 12.3% of NHS people experiencing bullying and/or harassment at work from managers and 19% from other colleagues (42)
* Research in 2018 estimated the cost of bullying and harassment to the NHS as over £2.3 billion per annum (41)
* 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 (39)

### Fulfilment at work

How our work at the NHS inspires our NHS people and how we support their growth and passion. Section’s cover:

* bringing your whole self to work
* life balance
* purpose, potential and recognition

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 includes enabling the diversity of our NHS people to bring their whole self to work, enabling life balance, and helping our talented people reach their full potential.

#### Key stakeholder feedback

* “Equality, diversity and inclusion themes need to be heavily embedded in our approach to health and wellbeing”
* “Job redesign is essential but it needs to be enabled by effective and compassionate people policy”
* “Supporting our NHS people to develop will lead to a more effective and engaged workforce”

#### Snapshot of people’s experience

* Disabled NHS people are 9% more likely, compared to non-disabled NHS people, to be pressured to come into work despite not feeling well enough to perform their duties (32.0% vs. 23.0%) (50)
* Just 40.7% of black and minority ethnic NHS people believed that their organisation provided equal opportunities for career progression or promotion compared to 88.3% for white NHS people (52)
* White applicants were 1.61 times more likely to be appointed from shortlisting compared to black and minority ethnic applicants. This is worse than in 2019 (1.46) which itself showed no improvement on the previous year. There has been year on year fluctuation but no overall improvement over the past five years. It was 1.60 in 2017 (106)

### Managers and leaders

How our leaders and managers across all levels of the NHS provide health and wellbeing support as part of their role. Section’s cover:

* senior manager responsibilities
* healthy leadership behaviours
* skilled managers

Our managers and leaders are fundamental to creating positive and healthy working environments for our diverse NHS people. This includes 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.

#### Key stakeholder feedback

* “Health and wellbeing must be at the top of the leadership agenda”
* “Managers at all levels are at the centre of an individual’s work experience and wellbeing”
* “Managers need training and given the right tools to effectively support their teams”

#### Snapshot of people’s experience

* Only 43.4% of our NHS people feel that communication between senior management and NHS people is effective (74)
* 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 (85)
* Only 33.9% of our NHS people felt that senior managers act on feedback (77)

### Environment

Physical workspaces and the facilities available for our people to rest, recover and succeed.

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. 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, workers 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.

#### Key stakeholder feedback

* “Sometimes it’s as straight forward as getting the basics right like space to rest, reflect and replenish “
* “Organisations need to strike a balance between pastoral and clinical working environments”
* “The wider economic, natural and community environment needs to be considered”

#### Snapshot of people’s experience

* 4.8 million working days in human health and social work are lost each year due to workplace injury or work-related illness (99)
* Investing in green infrastructure would reduce costs to the NHS alone by £2.1bn (97)
* 14.5% of our NHS people experienced an incident of physical violence from patients, patients’ relatives, service users or other members of the public in the last 12 months (3)

### Data insights

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

Health and wellbeing is a broad and complex topic that is best supported by a multi-disciplinary team. Smaller organisations may commission in this support, whereas larger organisations may have access to a wider range of internal supporting services. Regardless of the size of your organisation, you should engage as much expertise as possible to ensure our diverse NHS people’s wellbeing is supported.

Good data and robust analysis are fundamental to knowing where to focus your health and wellbeing interventions and what form these should take to support the diversity of our people. Furthermore, it also enables you to measure whether they are having the desired impact or not and therefore whether it is 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 diverse groups of our NHS people, helping your organisation focus on preventative measures rather than reactive interventions.

#### Key stakeholder feedback

* “The relationship with occupational health needs to develop from performance management tool to driver of proactive health and wellbeing”
* “Health and wellbeing must be on the human resources agenda”
* “An effective health and wellbeing strategy is successful when integrated across all support areas not just through siloed interventions”

#### Data insights

* Organisations need to have the capability to understand the health and wellbeing needs of our people
* Interventions are most useful when targeted based on the relevant populations at risk
* Measuring the effectiveness of interventions is the only way we can understand what works best in an NHS setting

### Professional wellbeing support

The teams and services, like occupational health, who are available to support organisations and our NHS people’s health and wellbeing. Section’s cover:

* support services and partners
* organisation design and policy
* interventions overview

Our understanding of health and wellbeing changes and improves with each piece of academic research or market insight. This is reflected in a broader view of health and wellbeing. Significant parts of our day to day working lives play a huge role in our individual wellbeing from the teams we work with through to the physical environment. This evolved Health and Wellbeing Framework builds on the successes of previous work and demonstrates the case for a wider, more inclusive health and wellbeing culture.

# 3. The tools and how to use them

## 3.1 How to use these health and wellbeing resources

Every NHS organisation is different. Different in terms of diversity of people and their unique needs and different in organisational progress toward developing a health and wellbeing culture. The resources as part of this evolved health and wellbeing framework 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.

|  |  |  |
| --- | --- | --- |
| Stage | Which resource? | Why? |
| 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 | Elements of Health and Wellbeing | * 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 |

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. Are you?

**improving existing activity**

* complete the ‘Organisational Diagnostic Tool’ to understand gaps in your current delivery and provision
* incorporate actions to fill gaps in the current health and wellbeing plan and/or update objectives
* use the health and wellbeing resources to develop and deliver against gaps, then monitor and evaluate impact and effectiveness
* engage with your organisation’s leadership team and stakeholders like wellbeing guardians or health and wellbeing leads to agree your next priorities

**planning a new programme**

* complete the ‘Organisational Diagnostic Tool’ to understand the current status of your organisation
* work with your organisation’s leadership team and stakeholders like wellbeing guardians or health and wellbeing leads to agree priorities
* use the ‘Implementation Guide’ to understand the tasks and activities, develop and plan interventions and make the business case
* agree a plan and success measures, then implement your health and wellbeing intervention

**just interested**

* look to the NHS model of health and wellbeing and ‘Elements of Health and Wellbeing’ resource for an overview of how we see health and wellbeing in the NHS
* look to the ‘Case Studies’ resource for inspiration on what has worked well across our organisations
* engage with your managers, wellbeing guardians or health and wellbeing leads to understand how you can get involved with driving health and wellbeing in your organisation

## 3.2 How to interpret data and insight

The NHS health and wellbeing resources are underpinned by current research and insight from across the NHS and wider industries. Health and wellbeing needs will vary by organisational context, so generic data points are provided to inspire and highlight the experiences of our diverse NHS people and the rationale for creating a positive health and wellbeing culture. You will need to identify your own data relevant to your organisation and diversity of people when developing your local health and wellbeing strategy.

**Examples of external data sources**

* What Works Wellbeing
* Society of Occupational Medicine
* Chartered Institute of Personnel and Development
* World Health Organization
* Forbes
* Britain’s Healthiest Workplace

**Examples of NHS data sources**

* NHS Digital
* NHS staff survey
* relevant NHS organisational level data

**Questions to ask yourself when engaging with these resources**

* what can good look like for my organisation?
* what are our NHS people’s health needs?
* what is important for our NHS people?
* which data sources are relevant to our NHS people?
* what’s worked well for similar organisations?

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