



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

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Health and  
Social Care



# Strengthening Our Core

**A Regional Framework**

for HSC Staff Health and Wellbeing in the Workplace





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**September 2024**



# Acknowledgements

The HSC Leadership Centre team would like to acknowledge the HSC staff who gave generously of their time, shared their views and experience, and offered suggestions and insights into how health and wellbeing in the workplace could be strengthened in the future. They participated wholeheartedly and it was a privilege to listen to their voices. Staff engagement was an essential part of the co-design process, and we are indebted to all who trusted us with their story.

Particular thanks are also due to members of the Regional Steering Group who guided, challenged, and shared their perspectives openly throughout the process of developing the Framework. We would especially like to place on record our thanks to the joint Chairs, Jacqui Reid, Director of Human Resources, Organisational Development and Corporate Communications in the Northern Health and Social Care Trust, and Phil Rogers, Director of Workforce Policy at the Department of Health, along with Rodney Redmond, Workforce Strategy Unit, Department of Health (See Appendix 1 for Membership of Steering Group). Their expertise has been critical in shaping a Framework which will continue to build on the experience across the HSC system going forward. A final word of thanks to Adele Graham who worked to develop a set of Indicators that we hope will be helpful in evaluating progress.

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## MARY BOYLE

Principal Consultant  
HSC Leadership Centre

## MARY BLACK CBE

Associate Consultant  
HSC Leadership Centre

# Minister's Foreword

The people who work in health and social care in Northern Ireland are undoubtedly the system's greatest strength. The experiences of recent years have demonstrated to me that the system simply could not function without the skill, dedication and commitment of our talented, hard-working colleagues, across all disciplines, professions and at all levels.

As we work collectively to ensure better outcomes for all those who use our health and social care service, and that citizens in Northern Ireland recognise the importance of looking after their health and wellbeing, we must not lose sight of the fact that a healthy and well HSC workforce is central to these aspirations. It is therefore important that our workforce receives the help and support it needs to be healthy, well and safe in work.

A key objective of the Health and Social Care Workforce Strategy 2026: Delivering for our People is that *'health and social care is a fulfilling and rewarding place to work and train, and our people feel valued and supported'*, with the development of a Staff Health and Wellbeing Framework identified as key to delivery of this objective.

This Framework has been developed through widespread consultation with staff and employers from across health and social care in recent months. The level and quality of input received from colleagues from across the system demonstrates the importance and value placed on this issue. I want to take this opportunity to commend and thank all those involved for their contribution.

It is crucial that the Framework is fully utilised by employers. It will help build upon the significant health and wellbeing services and support currently provided and will foster behaviours and practices that promote health and wellbeing for all our staff.

My Department will continue to support HSC employers in this work as we collectively strive to provide our workforce with the support they require to remain healthy, well and safe in work.

**MIKE NESBITT**

Minister of Health for Northern Ireland

# Joint Chairs' Foreword

The demands placed upon our health and social care system in recent times have been unrelenting. Pressures placed upon our workforce during the pandemic have remained for many of our staff as we collectively work to rebuild post covid and address increasing numbers of patients waiting for treatment, all while striving to modernise and reform health and social care services.

The second action plan of the Health and Social Care Workforce Strategy 2026: Delivering for our People was published in June 2022 and identified the development of a Staff Health and Wellbeing Framework as a key priority to *“support employers in planning and implementing effective processes and resources for improving staff health, wellbeing and safety at work”*.

Development of this Framework commenced in late 2023 with the commissioning of the HSC Leadership Centre to lead this work, supported by a Steering Group of representatives drawn from across the health and social care system. The Framework aims to build on the existing work and strengthen our collective efforts to improve staff health and wellbeing in the workplace.

Central to the development of this Framework has been engagement with our workforce. Through a series of outreach events, over 1,000 colleagues from across the HSC engaged with the project team, providing invaluable insights into the issues that matter most to our workforce, issues essential to fostering a healthy working environment with a culture of health and wellbeing at its core. This feedback has been complemented by the findings of the Health and Social Care Workforce Study, which examined workforce wellbeing during the pandemic, as well as a comprehensive review of research and examples of good practice drawn from local and wider experience to develop the Framework presented here.

Through utilisation of this Framework, employers will be able to assess current staff health and wellbeing provision against best practice. This will help to identify areas in which your organisation is performing well and highlight areas that require further attention.

It is intended this Framework will continue to evolve. To oversee this process, regional structures will be refreshed and strengthened to support HSC organisations in their utilisation of the Framework and to ensure that the content remains relevant in meeting the needs of our workforce going forward.

## JACQUI REID

Director of Human Resources  
Organisational Development  
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**Northern Health and Social Care Trust**

## PHIL RODGERS

Director Workforce Policy  
**Department of Health**

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# Introduction

# 1

The contribution that staff bring to the delivery of safe, effective, and compassionate care in health and social care in Northern Ireland is undisputed. Our people, however, have come under increasing pressure over the years, most recently with the impact and recovery from the pandemic.

Other factors have also been at play - workload, ageing and more complex morbidities in the population, difficulties with recruitment and retention, an ageing workforce, comparative rates of pay to name but a few, and all serve to create an interplay of factors that affect the health and wellbeing of those working in, and ultimately the sustainability of, the service.

The 'HSC Workforce Strategy 2026 – Delivering for Our People' (second action plan) sets out a number of actions to ensure that Health and Social Care is a fulfilling and rewarding place to work and that our people feel valued and supported. This includes the development of a Wellbeing Framework that will support employers in planning and implementing effective processes and resources for improving staff health, wellbeing, and safety at work. Significantly, there is strong evidence to suggest a clear link between the health and wellbeing of the staff who work in health and social care and the **impact on safe and high quality patient care and service** provided to our population. Quite simply, if we look after our people, they in turn are better able to provide safe high quality care.

There is now also much greater understanding about the importance of this issue and of the need for a systematic approach. Health and Social Care organisations have recognised this as a priority over the years, however, the impact of COVID-19 served to further emphasise the critical importance of developing coordinated action at local level, as well as supporting shared learning through the HSC Healthy Workplaces Network (the Network has been instrumental in developing and sharing good practice across the health and social care system over several years). The development of a regional HSC Health and Wellbeing Framework aims to build on these foundations and create coherence and momentum within the service as we move forward.



Narrative is powerful. The story we tell ourselves about the service, the triumphs, and the losses is critical. Amidst the many demanding priorities, the scrutiny from politicians, the relentless clamour from media, it remains an essential truth that we must shape our story. The service is valued, it is not powerless, and the story about its unique strengths needs to be asserted, rather than allow other factors to sap morale. Setting a clear vision for what we believe the service can be, creating a partnership with staff and patients to make this become a reality, presents an opportunity for the future. The critical asset is of course our people.

The purpose of this document is to describe a new Framework to improve health and wellbeing in the workplace. This development has been achieved through a review of evidence and practice as well as actively engaging with the views and experiences of the workforce throughout this process. The Framework has a primary focus on prevention and early intervention, creating a culture which promotes health and wellbeing and places a particular emphasis on constructing a healthy working environment. The link and alignment with existing workplace policies is important in order to bring about greatest benefit and synergy of effort. The Framework sets out key elements and a series of steps required in order to strengthen coordinated action.

It is acknowledged that different health and social care organisations may have different needs and aspirations. The Framework is designed to provide a standardised view of what good practice looks like in health and social care settings. Whilst the initial focus of the Framework has centred on HSC services, this resource will be of benefit and provide guidance to all employing organisations and can be adapted for use within specific contexts. The Framework is intended to be a dynamic resource that is reviewed regularly to ensure that it remains relevant to health and social care employers regardless of size or function.

# Context

# 2

Health and Social Care employs a large, talented, and multi-disciplinary workforce. The provision of multiple services in a vast array of situations to individuals and groups with unique needs at any given point in time is breathtaking in its complexity and impact.

This task could not be achieved without something greater than plans, facilities, and innovative services, important though these are. Put simply, the service is its people. This dedication to serving the public is impressive by any standards.

It follows then that looking after our people is vital. The importance of the workplace as a setting for health improvement has long been recognised<sup>1 2 3 4</sup>, using a holistic and multifaceted approach. More recently a 'whole systems approach' has been advocated to tackle complex health challenges<sup>5</sup>, integrating systems thinking and working together with different stakeholders to create a more 'joined up' approach to improving outcomes and reduce inequalities. Clearly the relevance to a Staff Health and Wellbeing Framework is to ensure that there is a shift of emphasis from individualistic health interventions, toward one which understands the complexity of systems, organisations and environments and seeks congruence across all areas of influence within the organisation, including processes for active staff engagement.

The importance of staff health and wellbeing to improving high quality care has also gained increasing recognition<sup>6 7 8 9 10 11 12</sup> with unmanageable workloads linked with increased risk of errors and stress. As the NHS Mental Health Commission noted 'Healthy workforce equals healthy patients'<sup>13</sup>. In this context, the protection and promotion of workforce wellbeing is central to improving outcomes, as well as improving staff retention and job satisfaction.

This emphasis in the Framework on prevention demands that attention is paid to improving the working environment as a key factor in its own right, and as the foundation for other staff health and wellbeing interventions. The priority is to be proactive in keeping people well. A recent report from the Chartered Institute of Personnel and Development (CIPD)<sup>14</sup> has also highlighted the need for a systematic approach, setting out three levels of prevention and an emphasis on identifying and addressing risk factors in the environment as a key element of primary prevention.

The review of Occupational Health<sup>15</sup> services brought attention to health concerns which have increased with an ageing workforce, such as living with two or more chronic health conditions, often with mental health and social compounding factors. Mental Health and musculoskeletal problems remain the top two reasons for poor workplace health.

The report estimates a cost of sickness absence alone from April 2021 - March 2022 at £159,487,761 for the region. Clearly the human cost is much greater. Mental health conditions are consistently the highest reason for sickness absence in the NHS with musculoskeletal problems the leading cause of working days lost in the UK, estimated at 31 million days a year lost due to these problems<sup>16</sup>. A survey by the Trade Union UNISON indicated that more than three in ten (31%) of NHS employees have had to take time off work with mental health issues in the past year.<sup>17</sup> COVID-19 has also had a major impact on workforce health and whilst this has improved, the pandemic has left a considerable legacy<sup>18</sup>. The 'Cost of Living' crisis, and actual levels of poverty, has undoubtedly added a further dimension to the pressures facing the service and individual members of staff.

Little is known about inequalities in local patterns of workforce health and wellbeing. It seems reasonable to assume that a similar social gradient in health and health inequalities is present<sup>19</sup>, albeit that some mitigation is likely. The Marmot Review<sup>20</sup> has highlighted the link between lower socio-economic status and poorer health. Being in good employment is protective of health<sup>21</sup> and thus health and social care has an important role to play in reducing inequalities. Further, Marmot has also highlighted<sup>22</sup> what can be done at national and local Government level as well as NHS providers to reduce health inequalities.<sup>23</sup>

The service has been alive and energetic about the need to promote and protect the psychological and physical health and wellbeing of staff, strengthened during and following the pandemic. Many organisations have robust coordinated approaches in place. The Framework builds upon these existing methods across health and social care organisations and aims to further embed a culture within the system that promotes, supports, and responds to the health and wellbeing of its employees.

Findings from a regional audit into health and wellbeing activity across sixteen different health and social care organisations<sup>24</sup> has highlighted a broad range of actions which are often closely linked to the strategic direction and values of the employers. Governance arrangements varied but the audit identified a provision of programmes to address mental and emotional wellbeing, physical health, financial wellbeing, and healthy relationships. Important links were also made to related policy areas and their implementation, such as, domestic abuse, supporting carers, a just and learning culture and bullying and harassment. In addition, organisations are using existing tools such as Cultural Assessments and Investors in People Standards to inform and guide programmes, helping to achieve better outcomes.

Whilst local variation across organisations is to be expected due to differing needs and priorities, more generally it is also clear that coherence across the workplace can enhance provision and provide a consistent narrative on the importance of wellbeing<sup>25</sup>. There is no uniform approach to measuring impact and a wide range of measures and approaches are currently being applied. Anecdotal information also suggests that staff awareness, along with access to, and participation in, existing programmes varies across disciplines, with some staff groupings effectively restricted or excluded from participation. This situation presents a real risk of exacerbating inequalities if these and other cultural issues are not given further attention.

## 3

# Developing the Framework

It is against this backdrop that the Department of Health commissioned the HSC Leadership Centre to develop a regional Staff Health and Wellbeing Framework, as set out in the Health and Social Care Workforce Strategy 2026. A cross-agency multi-disciplinary Steering Group, jointly chaired by Jacqui Reid, Director of Human Resources, Organisational Development and Corporate Communications at the Northern Health and Social Care Trust, and Phil Rogers, Director of Workforce Policy at the Department of Health, oversaw the development of the regional Framework and which reported to the Department's Workforce Strategy Programme Board (see Appendix 1 for membership of Steering Group). The Group met regularly between October 2023 and April 2024.

In developing a first draft, a review of published evidence and existing practice was undertaken, and a proposed model was presented for consideration to the Steering Group in early January 2024 (See appendix 2 for proposed model). A critical feature in the development of the Framework has been the engagement and collaboration with staff in the co-design of the model. Accordingly, an extensive engagement process was designed and took place between January and March 2024. A wide range of methods were used resulting in an estimated 1,000 members of the workforce from different disciplines across the health and social care system in Northern Ireland contributing their views (a summary of these views is available in a separate report). There was overwhelming support for the content of the proposed model, in particular the need to develop a more tailored approach with groups of staff depending on their level of exposure to risk in the workplace, and clear feedback about the emphasis and areas that required improvement. This invaluable source of data has been used to directly inform and shape the Framework now presented.

## A number of principles have guided the development of the Regional Staff Health and Wellbeing Framework.



### Evidence-based

Direction has been shaped by published evidence reviews, local, national, and international research.



### Building on strong foundations

Existing experience has laid the ground on which to strengthen practice.



### Participation and co-design

A representative Steering Group and a vigorous staff engagement process has informed the content of the Framework.



### Inclusion

An engagement with all groups of staff in shaping and implementing the Framework.



### Continuous Improvement

A systematic and sustainable approach to enhancing the quality of care and outcomes for patients and the community served.



### Evaluation

Ongoing monitoring and evaluation to inform and shape best practice over time.



### Gratitude and Appreciation

Explicit commitment and action which values staff and their contribution to the service.

## 4

# Introducing a Regional Framework for Staff Health and Wellbeing in the Workplace

Many factors influence the health and wellbeing of staff, both within and external to the workplace. This section sets out the key interconnected and interdependent elements of the Regional Framework, alongside critical factors which will enable progress in creating and nurturing a **wellbeing culture** in the work environment.

## Creating a Culture of Health and Wellbeing



## Improving Health Outcomes

The Framework has a primary focus on the prevention of ill health and promotion of the health and wellbeing of staff. It is also acknowledged that accessible Occupational Health services have been shown to be important in maintaining health and wellbeing and in facilitating a return to work following a period of absence.<sup>26 27 28 29</sup> This factor, whilst not a feature of the model, is an important supporting service.

A key tenet of the model is adopting a universal approach, that is, including the whole workforce. There is an important caveat to this position. We know that some groups of staff may be at an increased risk, because of their work role<sup>30</sup>. For example, staff working in Emergency Departments, Paramedics, or in Children's Social Care settings may be exposed to distressing incidents or emotionally taxing situations. It is also entirely possible that some groups of staff susceptible to exposure may not be the most obvious in such situations, for example, senior clinicians and administrative staff. The figure below sets out this differentiation. It is therefore important to take this factor into account and create tailored approaches to meet specific needs, as well as being sensitive to the implementation of equality, diversity and inclusion policies.

Some groups of staff can be considered 'harder to reach', and just as the social gradient in the health of the population as a whole, Professor Sir Michael Marmot has advocated for 'proportionate universalism'<sup>31</sup>, that is, health actions should be universal, but they should also be targeted and with a scale of intensity that is proportionate to disadvantage, or in this case, those at greater risk of ill health. Other distinctions may also be important<sup>32</sup> such as age, gender, and ethnicity. The diagram below sets out the relationship between differing needs of staff and the relationship with the Stepped Care Model of Support in Occupational Health.

### Differing Needs of Staff and Relationship to Stepped Care Model



It is recognised that not all employees will present with a diagnosed condition and therefore, there is likely to be a broad spectrum of need.

# How to use the Framework

# 5

## 5.1 Overview

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A coordinated and systematic approach to adopting the Framework is required using our best understanding from implementation science.<sup>33 34 35 36</sup> There is a need to identify clear roles and responsibilities and a transparent relationship with the strategic and operational plans of organisations. Having an organisational Lead has been shown to be effective<sup>37</sup>, alongside staff participation in decision making.<sup>38</sup> A network of Health and Wellbeing Leads has been highlighted by NHS employers<sup>39</sup> to facilitate the sharing of best practice. The Health and Social Care Healthier Workplaces Network already acts to share and develop best practice and is well placed to support future application of the Framework.

## 5.2 Within Your Organisation

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Each HSC organisation is different and the Framework is designed to offer flexibility in application and take account of local needs whilst nested within an overall consistent regional approach. There are three key elements to the Framework and five critical enabling factors. Each section brings together: a brief review of the evidence; a summary of staff views on the issue; and a reflection on good practice. A small number of case studies reflecting good practice are embedded in the document. A series of questions to help assess current progress and the setting of priorities for each aspect of the Framework is provided in Appendix 3. For some organisations this is an opportunity to review and refresh existing strategies and action plans, for others it represents a more fundamental shift in emphasis. It is important for organisations to make clear the relationship with related policy areas and their implementation in order to align efforts which will support staff health and wellbeing.

The Framework allows organisations to reflect on their progress, assess against best practice and chart future steps required in order to strengthen impact over time. Assistance to support the monitoring and evaluation of the Framework has been developed as an accompanying report to the Health and Wellbeing Framework. A set of resources are provided in Appendix 4 to help the process and support application of the Framework. Clear governance, including reporting arrangements and specific responsibilities, is essential. Progress also needs to be sensitive to the wider organisational priorities and operating environment, including available and identified resources.



The following steps are proposed as a guide to application of the Framework:

- 1 Familiarise yourself with the content of the Framework and clarify the governance arrangements within your organisation**
- 2 Review what you are already doing against each section and identify any points of difference, paying particular attention to the working environment, the needs of specific staff groups and settings, training and support available for managers, and staff engagement processes**
- 3 Assess current progress and decide on which organisational priorities need to be addressed within available and identifiable resources, the process for agreeing priorities, any risks for the organisation, and any mitigation if necessary**
- 4 Develop/refresh an Action Plan for your organisation with clear objectives, actions, steps, responsibilities, timeline, and any implications for resources (staff and other)**
- 5 Decide what information you will need to evaluate, baseline and track progress over time using a consistent approach to data collection, and identify how this information will be reported within the organisation**
- 6 Set a review date, implement changes and repeat the cycle**

# Elements of the Framework

## 6

There are 3 main elements of the HWB Framework

### 6.1 Working Environment

#### What does the evidence say?

A holistic approach to influencing the environment helps create the conditions and culture for improving staff health and wellbeing. The evidence for adopting an integrated approach to improving health and wellbeing in the workplace is strong.<sup>40 41 42 43 44 45 46 47 48</sup> The issue needs to be embraced as a top priority and integrated with core business, related policies, standards, regulation, and their implementation so that there is consistency and coherence across the organisation. This need for a systematic approach has been highlighted<sup>49</sup> and the importance of the workplace as a setting for health improvement has long been recognised<sup>50 51 52</sup>, using a holistic and multifaceted approach. More recently a 'whole systems approach' has been advocated to tackle complex health challenges<sup>53</sup>, integrating systems thinking and working together with different stakeholders to create a more 'joined up' approach to improving outcomes and reduce inequalities. The relevance to a Staff Health and Wellbeing Framework is to ensure that there is a shift of emphasis from individualistic health interventions, toward one which understands the complexity of systems, organisations and environments within which individuals operate, and seeks congruence across all areas of influence within the organisation, including processes for active staff engagement.

The importance of staff health and wellbeing to improving safe, high quality care has also gained increasing recognition<sup>54 55 56 57 58 59 60</sup>, with unmanageable workloads linked with increased risk of errors and stress. In this context the protection and promotion of workforce wellbeing is central to improving outcomes, as well as improving staff retention and job satisfaction. In addition, managers' own workloads may also restrict them from providing visibility and support to staff, which can further impact on staff morale. Some working environment factors can cause stress and anxiety but are beyond the control of the individual, such as professional regulation. However, the ability to listen and act on such concerns is important.

The emphasis in the Framework is on prevention and demands that attention is paid to improving the working environment as a key factor in its own right, and as the foundation for other staff health and wellbeing interventions. The priority is to be proactive in keeping people well.

A report from CIPD<sup>61</sup> has also highlighted the need for a systematic approach, identifying and addressing risk factors in the environment as a key step in primary prevention. The environment requires attention to more than health and safety regulations, important though these are, and needs to embrace the broader physical and emotional environment where staff work each day. Evidence suggests that staff continue to experience workload pressures with resultant stress and levels of 'burnout'<sup>62</sup>. The risk of moral distress and injury if staff are unable to provide the high level of care that they expect to be able to deliver has been noted and remains a concern. As a survey from the Trade Union Unison<sup>63</sup> highlighted 'panic attacks, high blood pressure, chest pains and headaches are among physical signs of stress reported by nurses, porters, 999 call handlers and other NHS staff who completed the survey. Some also said they experienced depression, low mood, sleepless nights and flashbacks'.

<sup>64</sup>Getting the basics right is critical such as 'opportunity to take regular breaks' along with water, good food, toilet facilities. A survey undertaken by the Trade Union Unison<sup>65</sup> highlighted that more than half of NHS employees were unable to take regular breaks, while a separate study showed that some 84% of NHS staff do not have access to hot food when working a 12 hour shift<sup>66</sup>. Restricted canteen hours and food choices create limited opportunities for healthier eating, a finding which counters the objectives of Northern Ireland's obesity prevention strategy, Healthy Futures<sup>67</sup>. The NHS Mental Wellbeing Commission<sup>68</sup> highlighted that creating space and time for rest and relaxation alongside adequate food were important factors influencing the health of junior doctors, exemplified in this quote from a trainee physician-



*It's the little things at work which impact morale: lack of lockers, clothes getting stolen from the changing rooms, lack of on-call rooms and having to rest on the floor or uncomfortable chairs. The fact that you can work a 13-hour shift and not have anywhere to go and get food overnight is sort of ridiculous and you wouldn't expect it in any other profession.*

Creating a supportive psychological space is equally important, both at the sharp end when staff are confronted directly with traumatic incidents, as well as the everyday emotional labour of caring for others which can be exhausting. More subtle influences may also be at play, for example, inappropriate 'banter' or conversation, which highlights the importance of wider workplace policies and their implementation.

### What have staff told us?

A place to unwind and rest, an opportunity to share your thoughts and experiences with your manager and colleagues is very important, especially after distressing or difficult incidents. De-briefing processes are essential, but you also mentioned the value of informal opportunities to share time together over a cup of tea or a brief walk. You told us that sometimes this is not possible and that this can create problems later for you, including the risk of it spilling over into home life. We also heard that having more staff to do the job would help your health and wellbeing by reducing workload pressures and that this would reduce sick leave.

You told us that feeling safe at work is important and that the risk of physical violence is a concern at times. You also told us about how much you value having access to 'green' spaces and fresh air when you have time for a break. Some of the more basic things that you need are not always being met such as access to water, nutritious food and toilet facilities. Some of you did not have a hook on which to hang your coat. You mentioned that some of the tea areas for staff relaxation were reconfigured during the pandemic but that these spaces have not all been returned to their former use. You also noted the importance of feeling valued in the workplace and that sometimes the lack of meeting basic needs, or acknowledgement of your work, can lead to you feeling undervalued. Many of you appreciated the opportunity of 'hybrid working' and you are keen for these arrangements to continue in the future. Some of you found it difficult to 'switch off', while not at work and some of you were interrupted by work through emails and WhatsApp messages out of hours, even during periods of annual leave.



*Food and water breaks, get home on time. Getting home late is acceptable the odd time but it's becoming the norm and is affecting home life and work/life balance, and you know you have to come in the next day and do it all again.*

*I am not able to go to the toilet, not entitled to a break.*

*My manager is brilliant, she always supports us and we support each other, we're a very close team.*

### **What does good look like?**

There are many examples of good practice across the service. It is also the case that some problems with the physical environment are overcome and improved by the care and attention of managers and team members in creating a warm emotional environment. Some services have created relaxed physical spaces for staff to unwind and enjoy social interaction, as well as engage in professional discussions. In general, the food offering, and restaurant areas have improved and the implementation of nutritional standards should lead to further improvements, and staff were appreciative of time to share a break together. Having healthier food options and the opportunity for physical activity, whether through work-based active travel schemes or the ability to take a walk in green areas, known to be good for our mental and physical wellbeing are also commonplace. The commitment and support of management to such practice is essential and was valued by staff.

## CASE STUDY:

## University Hospitals of Leicester NHS Trust - Availability and Choice of Food Offering

Over a period of several years, the University Hospitals of Leicester NHS Trust has introduced a wide range of innovative solutions to better meet the dietary needs of staff. Moving from a service that had been contracted out to an external provider (with much dissatisfaction about the food offering and availability of times), the in-house service now provides a 24/7 restaurant service in the major acute hospital and uses a blended approach in the two smaller acute hospital sites, offering restaurant services 7.00am-7.00pm, together with high quality frozen meals and microwave facilities from vending machines at the two smaller acute hospital sites outside of these hours. Food selections are piloted in the restaurant initially before being rolled out more generally. The range of menu choices has greatly increased in order to meet the demand for plant-based options and the needs of an increasingly diverse workforce, leading to an overall richer choice of food offering.

Significantly, the Trust offers free porridge during winter and free cereal during the spring and summer months. Whilst this service is explicit in its intention to nourish hungry working staff, it also implicitly values staff for their contribution and working unsocial and often lengthy shifts. The service also offers an immunity-boosting lemon, honey and vitamin drink during winter months and an equivalent refreshing drink during summer. Overall, the Trust has invested financially in the improvement of the quality and choice of food available and has used this new improved service to host other events, including those which mark the achievement of staff, offsetting some of the costs by saving on the use of external services.

And the impact? The past two years have seen a complete turnaround in staff using Trust restaurant services. Previously, 70% of users were visitors, to a situation where now 80% of users are staff. Informal feedback suggests that the impact on staff morale is highly significant. The overall image of the service has been greatly enriched. Links with staff recruitment and retention have also been noted, as well as highlighting new and attractive opportunities for students from local schools with the attendant Chef's academy. The scheme is set to expand in the coming months.

**CASE STUDY:****RQIA - Healthy Work/Life Balance**

The Regulation and Quality Improvement Authority (RQIA) recently introduced a helpful Work/Life Balance checklist for staff to improve staff health and wellbeing in the workplace. Use of the resource will be reviewed following an initial 6 month period.

**BSO Pilot Hybrid Working Scheme**

BSO implemented a Pilot Hybrid Working Scheme for staff following learning and feedback from staff post-pandemic. People valued the flexibility to be able to work part of their contracted hours from home as it greatly supported their work life balance and health and wellbeing. The pilot scheme, which commenced in August 2022, provided for staff to work up to a maximum of 40% of their contracted hours from home. An evaluation was conducted of the scheme, including quarterly Pulse surveys, which indicated the following results:

- 80% of staff said that hybrid working enables them to achieve the *balance* they need between work and home life
- 77% of staff said that hybrid working has had a positive impact on their health and wellbeing.

BSO will continue to review this approach to hybrid working and ensure that the scheme delivers for its customers as well as continuing to ensure that it positively supports the health and wellbeing of staff.

**Supporting a Healthy Work/Life Balance**

- ✓ You are encouraged and supported not to work in excess of your contracted hours unless pre-agreed with your manager.
- ✓ Work patterns vary (not necessarily 9-5), calendars and out of office should clearly reflect this when your work pattern varies from 9-5pm.
- ✓ Not all matters require an email, consider discussing in-person or via Microsoft Teams. Only send emails when required and avoid cc'ing everyone unless necessary.
- ✓ You should aim to schedule meetings between the hours of 10am and 12pm and 2 - 4pm. This will allow for meeting prep, follow up actions and comfort/lunch breaks.
- ✓ Meetings should have a clear purpose and/or agenda and agreed outcomes communicated verbally or in writing to ensure everyone is clear on the meeting objectives, actions and outcome timeframes.
- ✓ Work priorities should be agreed on an ongoing basis.
- ✓ Everyone should commit to the HSC values and support each other to do their best. Everyone should feel confident to discuss with colleagues where they believe the values are not being upheld.

## 6.2 Managers and Teams

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### What does the evidence say?

Evidence consistently highlights the importance of managers, their skills and abilities, the importance of their training, as well as regular refresher training, needed in order to support this group of staff in their role.<sup>69 70 71 72 73</sup> Their position is central to facilitating and empowering individuals in the team and promoting the health and wellbeing of staff, allowing them to feel valued and flourish in the workplace. Research from the Kings Fund<sup>74</sup> has highlighted an 'abc' of autonomy, belonging, and contribution as key factors that need to be addressed in order to relieve stress and promote wellbeing. The need for compassionate leadership has been stressed, one which involves a focus on relationships through actively listening to, understanding, empathising with, and supporting other people, enabling those we lead to feel valued, respected, and cared for, so that they can reach their potential and do their best work. There is clear evidence that compassionate leadership results in more engaged and motivated staff with high levels of wellbeing, which in turn results in high-quality care<sup>75</sup>.

Including everyone and ensuring that employees are treated fairly is essential for good relationships. The 'team' represents a key setting for engagement and fostering support and care for each other which helps build a supportive culture and open communication<sup>76</sup>. It also helps build resilience and this can be essential in the face of workload demands, new or unexpected disruptions to previously held practice, or to allow for sorrow and an acknowledgement of suffering. Management of change and interpretation of new working arrangements is vital for staff adaptation and acceptance. A sense of cohesiveness at work promotes wellbeing, and positive relationships foster feelings of self-worth and belonging. This sense of 'belonging' is related to feeling valued, being needed or important to others, and in this context, is integral to being part of the workplace.<sup>77</sup> Being included, connecting with colleagues, and feeling valued for your contribution are all key ingredients that can be fostered and promoted by good managers.

Specifically, managers can also encourage staff to look after their own health including their psychological wellbeing, as well as having an awareness and ability to recognise and support employees who may be experiencing difficulties with their health. Such action is essential in ensuring early referral to Occupational Health and other additional services if required. There can be complexities in raising concern for another staff member, such as occupational status. For example, there may need to be an agreed process in place should a theatre nurse have concerns that a Surgeon has consumed alcohol, or a Personal Assistant who may have concerns about a Director's wellbeing. The issue of temporary or Locum staff may also warrant attention as, whilst they are recognised as an essential part of the workforce, they may not have access to the same level of support or be subject to the same level of scrutiny.

A survey from UNISON has highlighted there remains a stigma about anxiety and depression and for those staff who were off with mental health problems, one in five did not tell their employer the real cause of their absence<sup>78</sup>. The need for tailored approaches with staff in particular roles is also important and managers have a responsibility to ensure that the needs of employees are considered, as well as addressing the health needs of staff who may be returning to work after absence. Embedding programmes to support 'keeping in touch' during and after periods of extended leave is important, rather than a more ad hoc approach.

Intervening early when needed, helping staff maintain a good work-life balance by ensuring they take their breaks and annual leave, all helps to build resilience and good practice within the team. Inclusion of health and wellbeing in annual workplans is one way of increasing attention given to the issue. Clearly, good relationships lie at the heart of effective teams and this kind of warm connection is what contributes to a sense of belonging and making work worthwhile and enjoyable. For leadership to be compassionate, it must also be inclusive. As Professor Michael West expresses, compassion blurs the boundaries between self and other, promoting belonging, trust, understanding, mutual support and, by definition, inclusion<sup>79</sup>. This creates an inclusive, psychologically safe environment in which diversity in all forms is valued and team members can contribute creatively and enthusiastically to team performance. A recent article in Forbes<sup>80</sup> suggests that managers must also understand what their staff are facing in their jobs, e.g., overload, work-life balance issues, mental health concerns. Managers must be on the 'look out' for changes in behaviour that might signal potential problems and be willing to compassionately address the issues. Part of this is humbly accepting and understanding how they as leaders and managers might be contributing to the problem.

### **What have staff told us?**

You told us just how important the support of your manager has been in relation to dealing with difficulties at work, and on a personal level when you have had to face challenges in your home life. You told us that some of your managers have been there for you when you most needed help. You told us that giving someone 'time' is more important than anything and helps you manage and reduce stress. We heard how important team relationships are for supporting each other and how much you valued this in the workplace. You also told us that giving so much compassion and care in work means that the support and camaraderie of colleagues is essential, both to discuss your concerns about patients and on a personal level. The relationships you have with colleagues are central to how you feel about your work. We heard that having time together as a team and enjoying each other's company as well as shared learning is good for team morale. We also heard that you are grappling with limited resources, that not everyone feels supported in work, and that in some instances, no one wants to listen. We heard about a lack of succession planning in key service areas and you also told us that sometimes the only way to progress is to undertake a management role which means that some people are unsuited to these responsibilities.





*We spend so much time together and we become reliant on each other. We all know each other so well that I could ask them for anything, and there is no taboo about saying are you feeling ok?*

*We're not included in the big decisions, feels like we're bottom of the pecking order, I'm only a number.*

*I've tried, but he just doesn't want to know. It's the patients that keep me going, I know how vital the service is.*

*There's no time even to get a cup of tea together anymore, that's all gone, used to be able to play a five aside and social events. That connection's all gone.*

*We make a point of celebrating the small things and recognising when someone's done a good job.*

*I could have done with someone spending more time with me (when I became a manager), no induction, it would have helped so much.*

### What does good look like?

There are examples of excellent practice across the service where managers support staff and help to create a compassionate and inclusive atmosphere in the workplace. During the pandemic there was disruption to team structures, and now some staff and managers are seeking to rebalance and strengthen team activity and learning together. Time for team meetings is often pressured yet it is essential to grow understanding and effective functioning. Despite work pressures and increasing demand, there is also a recognition and a reclaiming of some social activities with the team. For example, a Christmas gathering for staff also included invitations to family members, on the basis that they too give much and support the service indirectly. Reflective practice and good supervision are commonplace across the system. The more recent spread of 'Trauma-informed practice'<sup>81</sup> is serving to help create a supportive environment and rethink our approach to trauma and its impact on those we serve, and on staff, including levels of stress and burnout. 'Schwartz Rounds' (named after Ken Schwartz, a health lawyer who died of lung cancer in 1995 and who experienced kindness and compassion in his care) have also been implemented by some HSC Trusts and are associated with having a positive impact of staff wellbeing<sup>82</sup>. The ease of access to independent counselling through the Inspire programme is also commonly available and highly valued by staff.

**CASE STUDY:****Northern HSC Trust Schwartz Rounds**

As part of the Northern HSC Trust Health and Wellbeing offering, staff can attend Schwartz Rounds. A Schwartz Round is a monthly meeting which lasts for one hour and offers NHSCT staff the chance to recognise the emotional impact and human dimension of their work. At each round three or four staff members share stories from their working lives that may have been challenging or emotional and relate to a theme. Each round has a new theme such as 'giving bad news' or 'when work requires courage'.

The Schwartz Rounds are organised by a Trust Steering Group and staff are trained as facilitators to facilitate the round. Having listened to each panel member's story, the facilitators open the discussion to all participants asking them to share their thoughts and feelings in response to the stories. Facilitators help draw out underlying themes and meanings and may pose questions to encourage participants to reflect on their own experiences. The purpose of the rounds is not to solve problems, but to explore the human reactions health care professionals experience as they do their job.

At the same time, however, Schwartz noted the emotional cost that this sometimes has on staff. He therefore developed Schwartz rounds, giving staff the opportunity to connect with the emotional aspects of their work which if left unacknowledged, might impede their ability to deliver compassionate care.

## CASE STUDY

## Belfast HSC Trust – Menopause Support

Belfast Health & Social Care Trust employs over 22,000 staff, over 77% are female (16,952) with an age profile where 45% are aged 45 years plus (9,936). Therefore, supporting an ageing workforce and enabling staff to work longer is key. In 2020, the Improving Working Lives Team held a series of Age Focus Groups and asked staff what matters to them and what support if any could be given to them as older workers. Overwhelmingly, those who took part asked for support and guidance around the menopause ranging from: educating managers, understanding the health issues, practical support for staff working in ward environments that may not have opening windows, wearing uniforms in man-made and or flame retardant fabrics and challenging the perception that menopause is a taboo subject or is off-limits or a source of humour.

Based on these findings, HR in partnership with clinical colleagues in the Regional HRT Clinic, designed a series of lunch and learn sessions for staff and managers on the menopause. These were designed to educate and signpost staff to sources of support. These sessions enabled staff and managers for the first time to engage in dialogue, share their experience, obtain clinical advice, discuss myths surrounding the bad press associated with HRT and empower individuals to speak to their GP, challenge advice they may have previously received from other sources and importantly, be aware of the issues. As part of the Trust's B Well strategy and commitment to health and wellbeing overall, BHSCT is committed to supporting longer, healthier working lives of all staff, and recognises that menopause is a normal and natural life stage, during which colleagues can support each other through:

- Fostering a culture of inclusion and acceptance through facilitating open discussion on all health and wellbeing related topics;
- Providing staff with choice of a range of flexible working arrangements to enable them to best manage their own health and wellbeing;
- Engaging with staff in identifying and developing a range of reasonable adjustments within their work environment to allow for their management of symptoms associated with menopause;
- Providing access for staff and managers to a range of internal and external sources of advice in managing the menopause e.g. B Well website and app, and the Menopause Support and Guidance booklet;
- Providing access to Occupational Health, Staff Care Counselling, Trade Union support and Chaplaincy services; and
- To continue to provide policies and practices which reinforce our commitment to remaining an employer of choice, supporting our staff to have more productive, satisfying, healthier, happier and longer working lives.

The Trust has also developed a range of digital supports to provide information and dispel myths around the menopause. These include: Understanding the menopause: **A guide for managers**, Managing Symptoms of the menopause – **A Guide for Women**, The menopause: **HRT & Alternative Therapies**, The menopause – **Signposts to Additional Support**

## 6.3 Personal Health and Wellbeing

### What does the evidence say?

Mental and emotional health, physical health and our relationships all contribute to an individual's health and wellbeing. Participation in programmes which promote physical and psychological wellbeing has been shown to be effective.<sup>83 84 85 86 87 88</sup> A wide range of activities designed to support healthy behaviours are commonly available in health and social care settings and can also aid recovery from illness.

Findings from a regional audit into health and wellbeing activity across sixteen different health and social care organisations<sup>89</sup> identified a range of activity already in place to address mental and emotional wellbeing, physical health, and financial wellbeing.

### Personal health and wellbeing describe the following aspects which are frequently interdependent:

- 1 Physical Health, such as making healthier food choices, undertaking regular physical activity, avoiding or reducing damaging substances like tobacco or alcohol and getting enough sleep each night are examples of health behaviours that support physical health. Small changes to increase physical activity such as how we travel to work each day, walking activities, cycle to work schemes, Health Champions, as well as smoking cessation support, gym schemes with local councils, access to physiotherapy, menopause support, vaccination programmes and online classes are examples of programmes currently available to staff.
- 2 Mental and emotional wellbeing, such as how we feel, and whether we are able to cope with the everyday stresses and worries of life are part of our mental wellbeing. Some pressure is good for our mental health however prolonged exposure to stress can affect our ability to deal with the demands of life. Tolerance of stress varies from person to person and can be affected by both work-related pressures as well as non-work-related pressures. Programmes to support mental wellbeing and psychological safety have included access to Cognitive Behavioural Therapy (CBT), training courses based on a CBT approach, mental health/ Psychological First Aid training and Champions, substance misuse, stress management, mindfulness as well as a range of online supports and courses. Embedding programmes to support 'keeping in touch' during and after periods of extended leave, rather than leaving it to ad hoc approaches.
- 3

Financial wellbeing, such as feeling less confident, experiencing a lack of control and ability to make choices, as well as being worried about your finances and how to meet the practical costs of living, may have an effect on your physical and mental wellbeing. This in turn can affect your attendance and performance at work. Programmes to support financial wellbeing have included providing resources and advice, financial support such as Food Banks, courses to support those considering retirement, and advice regarding maternity leave.

Evidence on the cost effectiveness of such interventions is more limited but does indicate value for money and considerable savings.<sup>90 91 92</sup> There may be a need to encourage uptake in some programme areas due to reticence and possible stigma. It also is essential to monitor which groups of staff participate in wellbeing programmes and which do not/ are not able to participate.

### **What have staff told us?**

You told us how much you valued the programmes that have been offered by your employer and that as well as improving your health and wellbeing, you have found them enjoyable and that they have provided inadvertent opportunities for team building. You told us that your manager's participation and/or approval was very important. Some of you told us that there was simply not time due to work pressures to allow you to participate and that your manager would not/could not give you time to attend such activities. We heard about opportunities offered over lunch times and we heard about employers offering 'time-matching' in some instances to encourage participation and that there was a need for greater consistency in the offer across the service.

We also heard that many of you did not know about the programmes that are currently made available. You told us that the programmes are not well advertised, that 'fast track' or referral into services such as physiotherapy is not common knowledge, and that you were also unaware of how to access counselling support. Some of you told us of your concern about your earnings and of the difficulty of managing on a low income. Others were aware of how difficult it was for some members of staff to manage on their income and, whilst they recognised the value of the work being progressed on financial wellbeing, they also felt disturbed/insulted that decent wages were not available for work undertaken in the service of others.

You told us that morale had been affected by constant negative portrayal in the media, that there was support from the public during the pandemic but that now all the news was pessimistic and that some of you felt this personally.



*We wouldn't really read emails, our line manager and our unions let us know what's happening.*

*I didn't know about those things, but I just wouldn't have the time to do anything like that anyway.*

*She led a programme and asked us what we wanted to do, it was the first time anyone had ever thought about us.*



*I know it's important, but all departments are busy/stretched, everyone is juggling.*

*I thought the stress management course was really great, very practical and I encouraged my staff to attend.*

### **What does good look like?**

There are examples of good practice across the service, exemplified in the regional audit. Many of these programmes have also evaluated positively and the role of 'Health and Wellbeing Champions' is growing in recognition and value. The work on financial wellbeing is also broadly welcomed and could be grown across the region. In general terms, consistency, promotion and access to existing activities is important, alongside tailoring programmes to address the needs of teams and their work setting more specifically. Psychological services for staff support have grown and are highly valued. Networks to support staff have also been established, for example Tapestry (Disability Staff Network), LGBT Staff Forum, and Ethnic Minority Staff Forum and networks, help build a sense of inclusion in the workforce and facilitate 'bringing your whole self to work'. Nutritional standards for the food offering are being implemented across the system and should improve healthier eating choices for staff.

## CASE STUDY:

## Northern HSC Trust: Financial Wellbeing, a data driven behavioural science approach

Concern about the financial and associated mental wellbeing impact of the pandemic on the organisation's workforce, led to a staff financial wellbeing survey being carried out. The survey identified that many staff across salary bands were experiencing financial difficulties. Consequently, the wellbeing impact was significant.

With clear evidence linking financial wellbeing to employee wellbeing, performance, and absenteeism<sup>93</sup>, an ethical and business case for the organisation to respond to the financial wellbeing needs of staff was evident. The Northern HSC Trust has embraced the opportunity to further enhance the commitment to staff financial wellbeing, underpinned by a three-year action plan, to respond to the specific needs identified by staff.

The action plan has been developed, based on peer-reviewed evidence and examples of best practice. A behavioural science approach has been employed to design methods to increase the motivation, capability and opportunities for staff to improve their financial wellbeing.

In the Staff Financial Wellbeing Services first year action plan implementation of various interventions were carried out to support staff's financial wellbeing including engaging with staff and senior management to understand staff needs, becoming a Trussell Trust food bank referral partner for staff, working with internal and external partners to provide financial wellbeing awareness sessions on a range of topics, e.g. cost of living, energy costs and pensions, working with local solicitor firms to provide free wills for staff, creating a Northern Trust staff financial wellbeing magazine.

In the second year, plans include more financial wellbeing awareness sessions, exploring providing financial advice, repeating the Staff Financial Wellbeing Survey to understand the financial needs of staff now and how they want those needs met, investigating low cost healthy food options in staff canteens, probing possibility of savings through the Trust, promoting the food bank referral scheme and more.

By partnering with internal and external experts, a range of supports, guidance and interventions have been co-produced and implemented to enrich; financial education, financial literacy, knowledge of trustworthy sources of support and provision of supports, ranging from crisis support to financial planning.

Furthermore, facilitating continuous evaluation and feedback mechanisms and taking proactive steps to maximise access, and therefore engagement, has maintained a focus on working together to address the needs of our staff, with the right help, at the right time, to sustainably improve the financial wellbeing of staff.

**CASE STUDY:****HSC Organisations - Health and Wellbeing Champions**

There were many examples of the role of the HWB Champion and how they have made a positive impact on the overall HWB within the team. Although the actual role and function may differ slightly in each organisation, in general terms NHS England confirm that Health and Wellbeing Champions are individuals who work at all levels of health and social care organisations and are from all demographics and disciplines, who promote, identify and signpost their colleagues to local and national health and wellbeing support. The role is often filled by staff who have a particular interest in health and wellbeing and who are keen to support the wellbeing of their colleagues. During the engagement events, we continuously heard how this role is having a positive impact on the overall HWB within the team, with Champions proactively leading team wellbeing initiatives such as recognition events, health checks, team building and signposting staff to wider health and wellbeing opportunities.

As part of the national Health and Wellbeing Champions development programme, the NHS funded 750 places across England for Champions to complete the Royal Society for Public Health (RSPH) Level 2 Award in Understanding Health Improvement. The aim of this qualification is to provide Champions with an understanding of the principles of promoting health and wellbeing and to enable them to direct individuals towards further practical support in their efforts to strengthen healthy behaviours.

In addition, many organisations have a number of qualified Mental Health First Aiders/ Advocates who have also completed relevant training. The functions of this role include being a point of contact and reassurance for staff who may be struggling with their mental health, listen non-judgmentally and hold supportive conversations as well as signpost staff to professional health or other support services if required.



# Enabling Factors



A number of critical enabling factors underpin the Framework. These features are seen as essential components which will support the development of a culture of workplace health and wellbeing and are presented below.

## **7.1 Relationships nourish and sustain us as individuals in work, and act as a 'Golden Thread' to bind and interweave the other interrelated elements of the Framework.**

### **What does the evidence say?**

Relationships are central to us as human beings, we thrive with meaningful interpersonal connection and feelings of being valued, and these relationships protect and promote our health and wellbeing, build our resilience, as well as make us happier, and more productive at work<sup>94</sup>. Good relationships build a supportive work environment and one where there is greater trust and psychological safety. Social relationships and networks are known to impact on health, wellbeing and longevity. Happier, healthier employees are less likely to take sick leave or leave their job.<sup>95</sup> There is also an association between a positive culture including the relational environment and patient outcomes.<sup>96</sup> Evidence suggests that a positive relationship between supervisor and supervisee enhances employee wellbeing.<sup>97</sup> Findings from the HSC Workforce Study also reinforce the importance of these relationships.<sup>98</sup> Research indicates that there are benefits to facing a crisis collectively rather than experiencing it in isolation<sup>99</sup> and that social support during times of trauma can lead to better emotional health and less severe stress reactions in the long term. Connecting with those around us builds better understanding of our colleagues and creates strong bonds of trust.

### **What have staff told us?**

You told us that relationships were the single biggest factor that supports your health and wellbeing in work. You said that the relationship with your line manager together with the support of your team was central to how you felt about work. You told us about the importance of teamwork, peer support and open communication. We heard about many examples of good managers and what they did to support and encourage you, through good and bad times. You told us about the importance of enjoying work despite heavy demands, enjoying each other's company as well as caring for each other. Some of you also told us about the difficulties you have experienced when you have felt unsupported at work. You told us about the pressures of work and feeling that no one cared.



*My manager was really there for me when things got tough.*

*For staff to feel part of a team there should be opportunities to bond.*

*Often staff feel over worked and undervalued for the work they do. Also left feeling that you are 'just a number' and not valued as an employee. Often decisions are made for us rather than with us as a team with little collaboration or regard given to staff opinions and feelings. This equates to low staff morale and poor professional relationships.*

*We all support each other.*

*Create social opportunities for the team, makes people more relaxed and speeds up working together, and helps with a sense of belonging.*

### What does good look like?

Whilst relationships in health and social care are often good, to say that they have been tested in recent times is an understatement. Yet, despite these pressures, for the most part the service remains a warm, caring and stimulating place to work for an honourable and shared cause. There are many examples of effective working relationships, demonstrating compassion and which promote and protect the health and wellbeing of staff. Organisations are giving attention to organisational and team development, particularly necessary in the aftermath of the pandemic. A systematic process for proactive engagement with staff would help strengthen understanding and decision making in the service. The views of staff are essential in developing a culture of health and wellbeing that is owned by everyone. This rich asset that is our people can be actively engaged as citizens and key stakeholders to shape the service.

### CASE STUDY:

## Western Health HSC Trust - CISM (Critical Incident Stress Management) sessions

In the Western HSC Trust, a network of volunteers within the Trust facilitates Critical Incident Stress Management (CISM) sessions for groups of staff or teams affected by a critical or traumatic event in the workplace. New volunteers are invited to join annually and are trained by an external facilitator. A volunteer CISM co-ordinator takes requests for CISM via email and contacts the volunteer network to request facilitators. Each session is evaluated, and findings are collated and reported via the health and wellbeing monitoring group.

**CASE STUDY:****South Eastern HSC Trust - demanding and distressing experiences, a team approach**

It was crucial for ED teams in South Eastern HSC Trust that work in high risk situations to have good support systems in place in order to build staff resilience in advance of anything that might happen, and to be ready to help each other when something actually does happen. Due to the increasing acuity and pressures faced by the ED and recognition of the lack of engagement with 'official' organisation support systems, a group of staff members within the MDT set up a confidential Peer Support Group within the department after accessing training. The peer support was initially designed to touch base with and signpost members of the team who have been involved in a difficult case (for example- cardiac arrest, paediatric cases, overwhelming workload and so forth). The hope was that it would evolve to facilitate formal non-clinical hot/cold debrief over the coming months, which it did. A survey was sent out to gauge team opinions and thoughts.

**PEER  
SUPPORT****Emergency Department**

*It is important that workers in high risk organisations have good support systems set up to build their resilience in advance of anything that might happen, and to be ready to help each other when something does happen.*

Feedback indicated the need for the peer support approach and a willingness from staff to engage. Since then, through posters going up, departmental publication and word of mouth, the peer support approach has been established. Staff can access this support by emailing a dedicated address or speaking directly to a member of the team.

Members of the peer support team meet regularly to discuss issues, improvements to the service and engagement with other stakeholders.

## 7.2 Leadership

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### What does the evidence say?

There is strong evidence to demonstrate the importance of leadership in creating healthy working environments for staff. A commitment and accountability to making health and wellbeing a top priority, embedding this at all levels of the organisation including Board Members and Directors, will help ensure that there is an understanding of its importance and relevance to other strategic goals. There is a clear link between working environments where staff are more supported, and wellbeing is good and high-quality patient care is delivered.<sup>100</sup> 'Creating a 'Champion' at Board level has also been suggested<sup>101</sup>. Leadership also means modelling good behaviours and taking ownership of this important agenda amidst the many other pressing priorities. The HSC Collective Leadership strategy<sup>102</sup> highlights the need for compassionate leadership, values and behaviours and the link between such behaviour and the delivery of high-quality care.

### What have staff told us?

You told us that support from senior leaders for staff health and wellbeing is essential to making a difference and that you appreciated the efforts and commitment given to the issue by organisations. You referred to compassion in the workplace and the supportive policies in place. You also told us that we should do more, that there needed to be greater alignment with decision making and practice to support staff wellbeing and that it should be given greater priority. You told us that senior staff need to engage more with staff, directly on a face-to-face basis and listen to their views. We also heard about the need for a consistent policy regarding emails and other communications to allow for proper 'down time' and recovery.



*We've had support from our senior team to set up the health champions and funding pot to support programmes for the team. Also set up network for those with a disability.*

*They need to get out from behind their screens and meet staff face to face.*

*We have an hour/month for our health and wellbeing, just need to link in with the manager-it came from the top.*

*We've had support for financial wellbeing, which is really popular with staff, foodbanks, consumer issues, understanding wills, how to save money, accounts, pensions and so on. We're planning to produce a handbook.*

### What does good look like?

Senior leadership teams have been energetic in driving approaches to promote and support staff health and wellbeing. There are many examples of organisations working hard to reach and engage with staff using a wide range of methods and on a regular basis. In general, there is much greater understanding of the importance of the issue with organisations, with clear strategic approaches, dedicated websites, programmes of activity, and staff supports in order to create a positive culture of staff wellbeing.

#### CASE STUDY:

### Southern HSC Trust: A Trauma-Informed Organisation

Initial concern about the wellbeing of early career social workers and their reaction to trauma and adversity, led to focused research within the Southern HSC Trust on the impact that such exposure was having on staff. A wide range of effects were noted for individuals such as stress, physical illness, intrusive thoughts, cognitive impairment, and disrupted sleep patterns. For the organisation, concern, and a sense of responsibility for employees was matched by a recognition that staff were having to make difficult and, in some instances, life-changing decisions whilst affected by vicarious or actual trauma. With issues of social work retention becoming a significant problem across the region, the Southern HSC Trust recognised that this was an important area to address.

The research highlighted the need to 'surface' staff concerns using a more intense and structured approach. This trauma-informed practice goes beyond the previous emphasis on 'self-care', where the onus was on the individual, to one which is now becoming much more inclusive of the organisation's role in recognising and supporting staff in difficult situations. Specifically, there has been a move to enhance professional supervision to become more trauma-informed and to separate managerial supervision from the health and wellbeing of the employee. Indeed, the Department of Health recently launched a new a Supervision policy for social workers<sup>103</sup> which also emphasises this distinction. Working with Portland University of Oregon, the Southern HSC Trust has underlined its commitment towards becoming a trauma-informed organisation with implications for staff throughout the workforce in terms of training and other support mechanisms.

## 7.3 Communication

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### What does the evidence say?

Communication is an essential enabling factor, ensuring that employees can stay connected to their workplace and employer. It allows staff to engage and understand the purpose of the organisation, its values and develop a sense of belonging by understanding how they can contribute to the wider purpose.<sup>104</sup> Communication is at the heart of positive employee relationships, building connections, trust and loyalty. It is also an essential tool in raising awareness in staff about their own health and wellbeing and about relevant programmes and activities.

Communication can be formal and informal, and a wide range of channels are required to reach and engage with staff. Above all, it must be authentic and is a key element in building a culture of staff health and wellbeing in the service. The importance of communication was highlighted at a workshop which focused on translating workforce wellbeing policies into practice<sup>105</sup>.

### What have staff told us?

Many of you told us that you were not aware of the health and wellbeing programmes that were available in your organisation, despite the vigorous efforts by employers and the many and varied methods used to communicate with employees. Some of you also said that you are not interested in broadcast emails. For example, weekly corporate HWB emails are reported as less well regarded/ignored by some staff, often perceived as too frequent and not directly relevant to the individual and their situation. Some of you said that you have problems in technically accessing email as you can lose access to your account if it is not used within one month. You told us that you valued team meetings and meetings with supervisors most of all, especially in some roles where fewer communication options are available.



*I am sure that there are groups and things out there but they are not advertised or promoted within the trust.*

*I think it's a valiant attempt to help and provide activities and resources through TWIST west but more needs to be done within teams to prioritise staff wellbeing.*

*Just continue to do what you're doing-maybe posters or flyers as not all staff have access to email and aren't aware of everything that's on offer.*



*Develop an app for the phone that is simple and everyone can use.*

*Keep working with it, don't give up...keep engaged with staff throughout with good communication.*

*Address morale and challenge robustly and consistently the media portrayal of health and social care, a new positive outlook based on real experience and stories-not fluff, has to be authentic.*

### **What does good look like?**

Effective communication is a common challenge for all organisations. It is clear that there is no one solution, rather a range of measures are required to maximise impact and suited to the purpose and audience. Channels include more targeted use of digital communication, websites, use of Microsoft Teams (a separate channel could be made available for exclusive use by HSC staff), staff magazines, face to face meetings, suggestion boxes, posters, leaflets, circulars, noticeboards, payslips, as well as opportunities for one to one meetings and supervision, team and larger events. Feedback to staff about health and wellbeing activities is also important in terms of raising awareness and encouragement to expand and develop practice. Clearly all methods of communications need to be clearly understood, attractive and accurate. Dedicated sections on websites have been created to raise awareness and understanding. A regional website supported by the HSC Healthy Workplaces Network has been active in sharing best practice, resources and addressing priority issues.

**CASE STUDY:****Southern HSC Trust: Mobile App, SHSCT CONNECT**

During the COVID-19 pandemic there were many changes to the ways the organisation was working, and we wanted to ensure that all the employees in Southern HSC Trust had access to information and were aware of how these changes affected them.

Keeping everyone informed is extremely important and it was known that many employees, particularly those working remotely or in the community did not have access to Trust email or intranet/Sharepoint site and therefore find it difficult to access the latest information, advice or guidance. The IT, HROD and Communications teams worked together to find a way of allowing employees to avail of all the information they needed to have at their fingertips.

That is why the Trust created their own App 'SHSCT CONNECT' which allows employees to read the latest Trust news and updates and receive alerts, while also providing important links to advice and guidance on looking after health and wellbeing, training, staff support and information on benefits and discounts available. At the time when the App was first launched the Director of Human Resources and Organisational Development said:

*"Engaging with and listening to our staff is fundamental to helping us create a great place to work. One of the key areas staff told us we could improve on in the 2019 staff survey was communication and engagement. At our 'coffee conversations', where we discussed with staff our people priorities, they told us this is what they wanted us to focus on. While we try to be proactive and circulate information regarding news, staff benefits, health, and wellbeing on a regular basis, we recognise that many of our colleagues do not have easy access to a computer, emails, or the intranet. We hope this App will help ensure that 'everyone is in the know' and allow us to connect with and engage with all our staff across the organisation, quickly and effectively."*

Our 'SHSCT CONNECT' App can be downloaded from the Apple or Google store allowing connection and engagement with all the employees across the organisation, quickly and effectively.



## 7.4 Responsibilities

### What does the evidence say?

A coordinated approach with clear responsibilities will enable effective adoption of the Framework. In general terms, it is important to determine priorities, identify and allocate resources, monitor progress, ensure delivery and learn lessons for improving services.<sup>106 107</sup> It is essential that attention is given to strategy and planning within what is an acknowledged challenging financial climate, and the capabilities in the organisation, as well as suitable processes and structures, such as supportive relationships, alongside the measurement of progress as means to support the Framework. Critically, there is a need to set out clear responsibilities and roles: for the organisation as a whole; for managers and teams; and for individual members of staff. The active engagement of stakeholders, in this case employees, has also been highlighted as an important feature in good practice and in clear decision-making processes.<sup>108 109</sup>

### What have staff told us?

You told us that staff health and wellbeing needs to be given greater priority in your organisation. You also said that you appreciated the effort that had already been made by your employer but that you would like them to go further. You raised concerns about workload, shift patterns and how the staff resource was managed. You were not aware of any systematic approach to staff engagement but you valued inclusive networks such as Tapestry (Disability Staff Network), the LGBT Forum, and Ethnic Minority networks. Some of you thought that there should be more involvement of the unions. You told us that you valued the Health Champions and you thought that it would be useful if there was more feedback about health and wellbeing programmes.



***Funding to provide more HWB support and by allowing health champions to become more involved in projects.***

***I kinda feel like there are changes that could be made to improve how everyone feels, even if no immediate changes could be done, it would be really nice to know that someone hears and understands what the problems are.***

***Not just comms from HR, needs to be championed by all areas from the top and on every team agenda.***

***Engage with staff-senior staff to meet and engage with staff and listen to their views and ideas, learn about their service area.***

### What does good look like?

There are many examples of good practice with most organisations adopting a strategic and coordinated approach to promoting and protecting the health and wellbeing of staff. Several organisations have created multi-disciplinary Steering Groups in order to drive action against agreed priorities. These approaches are often supported by annual action plans and review processes.

**CASE STUDY:****Northern Ireland Ambulance Service -  
A Peer Support Approach to Staff Care**

It is accepted that safe compassionate care of patients begins with a staff member who feels safe, has compassion for self and experiences the same in work. The increase in NIAS (Northern Ireland Ambulance Service) colleagues reporting that they feel cared for at work is one of the many positive outcomes of embedding a peer to peer Critical Incident Stress Management (CISM) approach to supporting staff.

Known as 'peer support' the CISM approach began in response to increased visibility of the impact of working in ambulance services on mental health. Paired with a growing evidence base for the benefits of critical incident debriefing as part of trauma informed approach. The NIAS journey began ten years ago when a group of staff, passionate about staff welfare, joined a conference presentation by Victoria Ambulance Service on peer to peer, post incident psychological debriefing. Pioneers of the approach joined with others in NIAS with strategic vision to explore what it would look like for NIAS and what might the benefits be for staff. The NIAS peer support programme was piloted for six months originally offering secondment opportunities to two peer recruited colleagues. The Health, Wellbeing and Peer Support approach is now mainstreamed, employing six staff and involving 42 volunteers.

Gibbs reflective cycle was on full speed in the early days of the pilot when evidence-based practice and theory met the real world of fast paced emergency out of hospital care. It became clear for example that multiple points of entry to the programme were crucial for success in addition to implementing seven days a week service that contacts staff within two days of an incident. Onward referral services also needed to be enhanced to meet the raised demand and raised expectation among staff that they could access the right service at the right time.

The core active ingredients have not changed as the programme has developed. Ingredients such as empathy, non-judgmental approach, confidentiality and safety, protected time, reflective practice and peer to peer remain central to the success of the programme. The approach is relational, between peers and it is here that the approach is contributing most to improvements in culture. Peers have a shared lexicon and experiences that improves acceptability of interventions. Peer Support sends a strong message that you are important, your experiences are seen and there is someone here to help. Mike West describes 'The Courage of compassion'. To walk alongside someone in distress is a difficult role therefore care for the carers, including volunteers, is important. This also challenges the narrative that staff support represents the three Ts- 'there, there, there'. Compassionate care, to travel with a person to their dark place, is the hard option.

Since the pilot, health and social care has faced new challenges, raised potential for moral distress, increased complexity of decision making regarding pathway and staff describing the experience of spending many hours waiting outside A& E departments as the 'new normal'. The peer support pilot is now mainstreamed as a service and the focus has broadened to others aspect of health and wellbeing. Staff welcome opportunities provided by the Health, Wellbeing and Peer Support team to offer initiatives to alleviate the stress, whilst efforts are ongoing to repair the system. Smaller and more regular interventions demonstrating compassion appear to be welcomed and have as much impact as more complex interventions.

Acceptability of the service is high across the organisation. When faced when criticism, cynicism or dismissive attitudes, approaching colleagues with curiosity and compassion allows space to address fears about receiving support, fears of 'lifting the lid'. The team use peripheral vision when facing difficult behaviours by asking if this could be burnout or acting out as a response to trauma.

Embedding the peer support service has improved mental health literacy across the organisation, reflected in the increased numbers of staff accessing services for example with symptomology of post-traumatic stress disorder. Peer support provides the environment, the permission and the tools to encourage staff to advocate for themselves, to be aware of what is normal for them and when and where to seek support. This addresses the risk of disempowering staff, including managers, which has the potential to be a negative outcome of mainstreaming support. The extension of peer support programme to a health and wellbeing role creates a platform to promote agency, awareness and upskilling around many aspects of thriving at work.

## 7.5 Impact

### What does the evidence say?

Good data and robust analysis drive service improvement and informs overall impact. This is fundamental in order to know where to focus your health and wellbeing interventions and what form they should take in order to support the diversity of our people<sup>110</sup>. Furthermore, it enables impact to be measured over time and aid decision-making about whether it is worth expanding, adapting or stopping implementation. Data used in the right way will help an organisation understand the specific health and wellbeing needs of individuals and diverse groups of staff. Organisations that have high or good quality data and an analytics culture are more effective at managing physical and psychological health risks.<sup>111</sup> Different people need different things at different times. “By using data, organisations can make more evidence-based decisions to improve health and wellbeing”. For example, reviewing detailed and accurate absence data allows interventions to be more targeted and can help reduce unplanned absences.<sup>112</sup> A practical tool to assist organisations to gather data and measure progress will be developed to complement this Framework.

### What have staff told us?

You told us that health and wellbeing was important to you and that some of the programmes that you valued should be made available to others. Work pressures, sickness leave and staff shortages were a concern for you. Measuring impact and progress over time will help inform decision making.



*Needs to be an underlying principle of everything we do-people centred.*

*An increase in staff numbers (is needed) in critical service areas that are experiencing pressure, patients are presenting in greater numbers and increased complexity, and there is no commensurate increase in staff numbers to address this need.*

*Need to know what works.*

### What does good look like?

Understanding the impact of our actions to improve staff health and wellbeing is essential. Evaluation already forms a part of many existing programmes and their development, however, application is not consistent, nor is there an understanding of cumulative impact. Measuring progress is not straightforward: the environment is constantly changing, and important influencing factors may lie outside the control of the HSC sector. However, evaluation is fundamental in order to learn and gain deeper insight, sharpen our focus in terms where effort is required and adjust as appropriate. It is important for organisations to understand where interventions can be most effective. Regular reporting can also be motivating and provides feedback to management and staff.

Assistance to support the monitoring and evaluation of the Framework has been developed as an accompanying report to the Health and Wellbeing Framework. It is intended that indicators will evolve over time and be informed by practice. In addition, a self-evaluation assessment tool has been developed to assist individual organisations chart their overall progress.

#### CASE STUDY:

### **Public Health Agency & HSC Organisations - Increasing Our Impact, a collaborative approach to supporting our staff**

While each individual organisation is responsible for embedding a healthier workplace approach and agreeing, implementing and reporting on its own programme of action within their organisations, the Public Health Agency, in consultation with colleagues across all the HSC Trusts, led on the establishment of a Healthier Places HSC Network.

The purpose of the Network is to develop a more coordinated and consistent approach to improving workplace health across HSC through a Healthier Workplaces Programme, with a focus on the health and wellbeing needs of the health workforce in the context of transformation and significant change. The Network's vision is that through working together and sharing practice and learning, HSC organisations will create healthier, inclusive HSC/Northern Ireland Fire and Rescue Service workplaces where people want and aspire to work. Membership consists of those individuals with a remit of staff health and wellbeing and they welcome the opportunity to come together, share good practice and resources and support one another.

Through the Network, a clear set of priorities have been agreed and workstreams established as required to take forward key pieces of work. The benefits of this collaborative approach were particularly evident during COVID -19 response, when one of the workstreams, led by Dr Sarah Meekin, Head of Psychological Services in the Belfast Trust, was tasked with supporting managers and staff with the development and delivery of psychological support services for staff working across HSC in Northern Ireland. To assist with this support, a Regional Website was produced which for the first time brought together a wide range of health and wellbeing information and signposting links accessible to staff and their families. The website can be accessed at the following link.

**[www.workforcewellbeing.hscni.net/library](http://www.workforcewellbeing.hscni.net/library)**

# Appendix 1

## Regional Health & Wellbeing Steering Group Membership

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Jacqui Reid, Director of HR, OD and Corporate Comms, Co-Chair, NHSCT

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Phil Rodgers, Director of Workforce Policy, Co-Chair, DoH

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David Cairnduff, Assistant Director of People and Organisational Development, SET

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Pauline Dunlop, Assistant Director of HR, WHSCT

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Angela Higgins, OH Lead, NHSCT, SHSCT

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Brendan McConaghy, Co- Director, HR, BHSCT

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Jaclyn Crowe, Assistant Director of Organisational Development, Workforce Governance and Analytics  
NHSCT

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Gladys McKibbin, Head HR & Corporate Services NIBTS

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Frances Dundee, Nursing Officer for Mental Health, DoH

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Cathy Harrison, Chief Pharmaceutical Officer, DoH

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Rodney Redmond, Head of Workforce Strategy Unit, DoH

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Maxine Williamson, Assistant Director, HR, SHSCT

---

Roisin Campbell, Senior Manager, NIMDTA

---

Susan Ritchie, Social Services Policy Group, DoH

---

Ann Marie McStocker, Health and Wellbeing Project Manager, NIAS

---

Robin Arbuthnot, Assistant Director of HR, BSO

---

Diane McIntyre, Health Improvement Senior Manager, PHA

---

Roz McMullan, Chair NI Council, BDA

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Claire Armstrong, National Director, BMA

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Dr Joanne Gallagher, Clinical Psychologist, Occupational Health, WHSCT

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Caroline Lappin, Chief Dental Officer

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Sarah Meekin, Psychological Lead, BHSCT

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Mary Black, HSC Leadership Centre

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Mary Boyle, HSC Leadership Centre

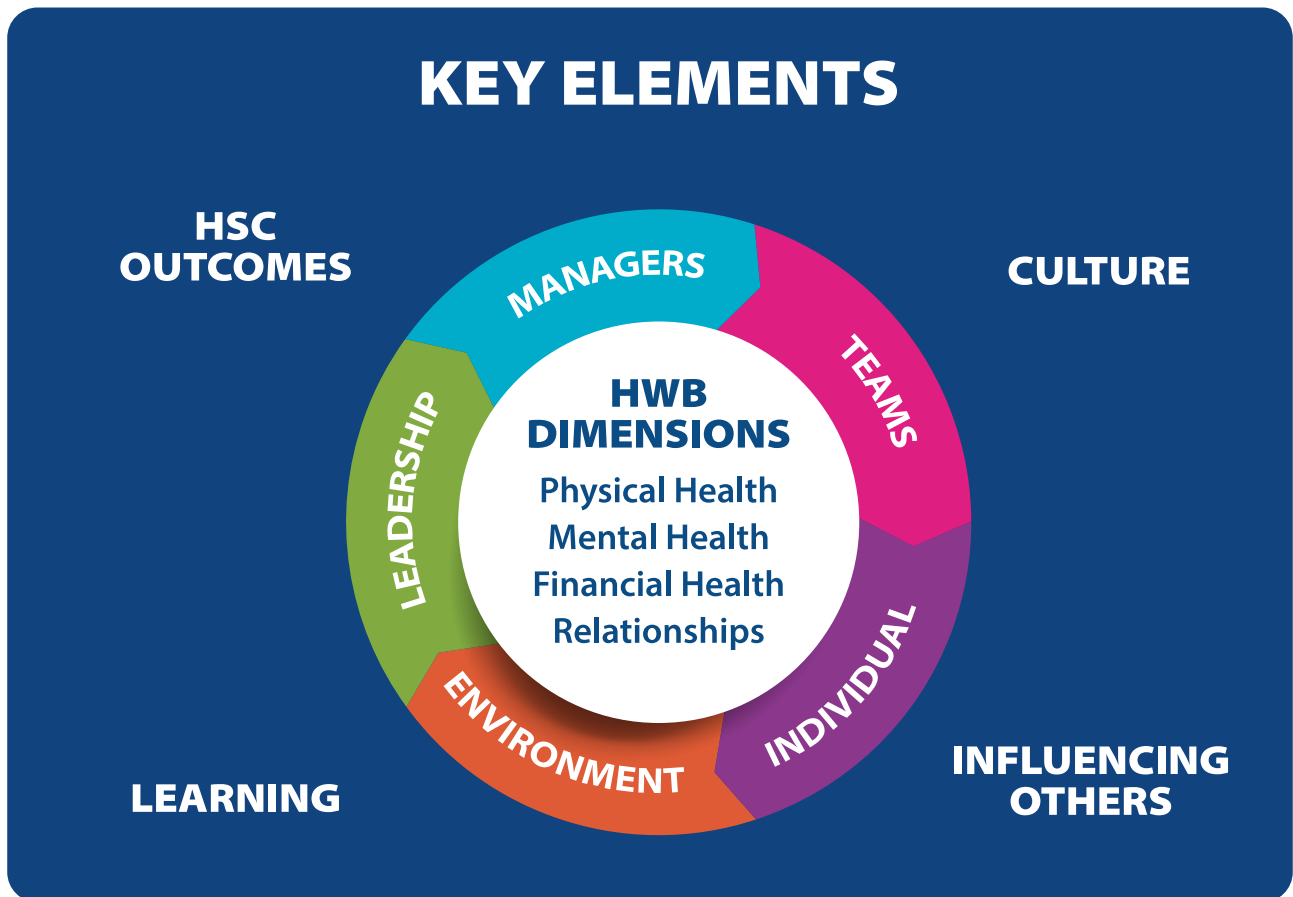
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Lesley Nelson, Workforce Strategy Unit, DoH

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# Appendix 2

## Original Framework Model



# Appendix 3

## HWB Framework Self-Assessment Questions to Consider

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### Working Environment

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#### Questions to consider (not exhaustive):

- Are we clear about which factors in the environment need to be adjusted in order to promote and support staff health and wellbeing?
- Are we clear about what can be done to improve the physical and psychological environment?
- Do we know which areas of our organisation we should focus our attention, where we will start?
- Have we considered the resource implications?
- Does the workplace meet the standard conditions of health and safety?
- How healthy and what choices are available in the food offering? When is it available? Are there places for staff to store their own food from home safely?
- Do staff have access to drinking water?
- Do staff have access to toilet and/or changing facilities?
- Do staff have access to green space or rest areas?
- Does the environment include standards which will promote psychological safety?
- Do we have easy access to and encourage the use of HSENI Stress Toolkit to engage with our staff regarding work related stress and workload demand?
- Do staff feel safe at work? Free from violence or abuse? What do we do if staff are exposed to abuse?
- How do we manage the workload in areas of the service under strain?
- Do we listen to staff? Do we actively engage with them?

### Managers & Teams

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#### Questions to consider (not exhaustive)

- How well are we doing in providing line management and refresher training? What is the content of such training? Are interpersonal skills integral to such training? Do managers feel confident in their ability to engage with staff?
- At what point is a manager offered line management training? Are all groups of staff offered these opportunities? Does it need to be reviewed?
- Do we offer mentoring, support and supervision for managers, especially new managers and make good handover arrangements with the previous postholder?
- Are managers given time to be able to address team and staff needs?
- Do we have good supervision/1:1 meetings in place? Do we offer our staff training in how to provide good supervision? Is staff health and wellbeing included in staff supervision? Is it appropriate to include health and wellbeing in workplan and appraisal processes?



- How well do we support and supervise our temporary, bank and agency staff?
- Do managers know how to intervene if they are concerned about a member of staff?
- Do we have arrangements in place for de-briefing following distressing incidents? Who is included in such processes? Are managers and staff aware of where they can get additional support if needed?
- Do we have regular team meetings? Are they task as well as people focused? Do meetings provide the opportunity to reflect on the challenges of the work, in particular the emotional impact?
- Do we offer support for team development? Is the information about support for team development made known and is it accessible?
- Do we offer support for team wellbeing? Is the information about support for team wellbeing made known and is it accessible?

## Personal Health & Wellbeing

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### Questions to consider (not exhaustive)

- How well are we doing in providing health and wellbeing programmes for staff? Have we evaluated our practice?
- Have we assessed the needs and interest of the workforce? Do we engage staff when planning interventions? Can we tailor our programmes to better meet these needs and interest?
- Do we know which groups of staff are participating? Do we understand the reasons why some groups are not participating?
- Do we need to be proactive with certain groups of staff or settings?
- Do staff know how to access additional support when they need it? For example, fast access to physiotherapy or Staff Support psychological services. Are there clear referral pathways?
- What process do we use to set priorities for action?
- Are there any gaps? What else should we be doing?

## Relationships

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### Questions to consider (not exhaustive)

- What are we doing to encourage and build good relationships in work?
- Is there a structured plan for staff engagement and sharing views and opinions?
- What factors can we influence to strengthen good working relationships?
- Are there any areas that we need to invest in to support working relationships?
- What can we do to support staff if the physical environment is poor?
- How do we model healthy working relationships in our behaviours?
- Does our organisation invest in team development and in building relationships?
- What do we do when a relationship is not working? Are there conflict resolution/mediation skills in the workplace?
- How good is our organisation at encouraging understanding and working relationships across different service areas/teams/disciplines? Are there any areas of service that would benefit from such an approach?

## Leadership

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- Does the organisation have a clear vision and strategy to promote and support staff health and wellbeing?
- What is the accountability mechanism for the organisation's plans and progress with staff health and wellbeing?
- Is the investment in staff health and wellbeing regularly reviewed at a leadership level?
- Is there modelling of healthy leadership behaviours?
- How do we engage and listen to the views of staff?
- Does the organisation's leadership team regularly review reports on staff health and wellbeing?
- Does the leadership team regularly visit and interact with teams delivering front line services?
- Are there defined responsibilities at senior level for workforce health and wellbeing?
- How good are we at sharing good practice, either through the Healthy Workplaces Network or other means?
- Do you have formal and informal structures in place to allow feedback to be shared from management and between peers?
- Does the organisation proactively share success and acknowledge the achievements of staff?
- Does the organisation have a wellbeing Guardian or Champion?

## Communication

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- Does the organisation have a clear communications strategy to promote and support staff health and wellbeing, including how we communicate our compassionate approach to health and social care and care for each other?
- Does it include all elements of the Framework as well as programmes and activities?
- Do we have clear data and feedback on which to plan and tailor communications to specific needs?
- How do we communicate with all our staff? Do we address the needs of an increasingly diverse workforce?
- Is the importance of staff health and wellbeing communicated clearly to staff? Is the link between staff health and wellbeing and patient outcomes generally understood and communicated widely?
- Is there a clear narrative about the health and wellbeing for both staff and the public? Does the communications plan counterbalance negative media stories with other proactive stories about excellence?
- Does the organisation evaluate the effectiveness of the communications used about staff health and wellbeing? How is this done and how frequently?
- How is information shared with the Leadership team about the effectiveness of communications?
- Do we offer opportunities and training for staff to improve their communication and interpersonal skills?

## Responsibilities

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### Questions to consider (not exhaustive)

- Are the roles and responsibilities in our organisation clear and understood by everyone?
- Do we have an agreed strategic approach to staff health and wellbeing in our organisation? Is this approach agreed by the senior management team/Board?
- How frequently do we report on progress?
- Do we use our learning for continuous improvement?
- Are we clear about the emphasis of our approach-personal, managers and organisation as a whole?
- Do we have an effective structure and process for coordinated action? Are key groups and disciplines involved?
- How do we engage our staff in the process?
- How do we engage with colleagues from the Trade Unions?
- How do we review progress? Where is this information reported to?

## Impact

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### Questions to consider (not exhaustive)

- What is the approach in our organisation to monitoring and evaluation of staff health and wellbeing? Do we routinely gather and review data about key priority actions? Does this include both qualitative and quantitative information? What do we do with the findings?
- Does your organisation assess health and wellbeing across sectors or staff groups using a number of measures such as:
  - (i) education and awareness (participation rates, number of interventions and programmes, platforms and tools available and accessed)
  - (ii) diversity (participation rates, locations with interventions)
  - (iii) satisfaction (retention, vacancies, staff survey, results of local Pulse surveys)
  - (iv) sickness absence (by rate and type)
  - (v) cost (sickness absence, retirement on health grounds)
- How frequently do we report on overall progress? Where and to whom is the information reported to? How frequently is this discussed at senior level? Do we have comparative information on staff health and wellbeing?
- Is the data used to inform overall direction and investment?
- Do we have an annual report or similar outlining progress and showcasing our work in this area?

## Planning For The Future

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- How well are we doing to develop 'joined up' approaches to staff health and wellbeing across the organisation?
- What does good/better staff health and wellbeing look like for my organisation? How can we measure our impact?
- Where are the gaps?
- What will help us go further?
- How committed are we to making it happen, and by when?
- How well are we doing to develop capability in our managers and teams across the organisation?
- How could we best foster a sense of belonging?
- What do we need to do to further develop effective leadership that will promote and prioritise health and wellbeing through the organisation?
- What do we need to do to deepen our methods of communication that will promote and prioritise health and wellbeing throughout the organisation?

# Appendix 4

## Practical Resources

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Doctors in Distress-UK based independent charity that promotes and protects the mental health of healthcare workers and prevents suicide in the medical profession.

<https://doctors-in-distress.org.uk>

Frontline 19-Confidential psychological support for people working in the NHS and frontline services in the UK.

<https://www.frontline19.com>

HSC Leadership Centre – delivery of HWB modules in Leadership Development programmes. Input from HSC Leadership Centre Consultants in delivering HWB programmes/interventions across HSC Organisations.

Inspire Wellbeing-independent charity that works to support mental health and wellbeing

<https://www.inspirewellbeing.org>

Support for Dental Teams-a resource to help assess personal mental health and wellbeing and resources for self-care and further support organisations.

[www.supportfordentalteams.org](http://www.supportfordentalteams.org)

Health and Wellbeing Champions Qualification-**RSPH | RSPH Level 2 Award in Understanding Health Improvement**

Looking After your Team's Health and Wellbeing Guide- A guide designed to help you and your team explore what being part of a healthy team means and to improve things together

<https://www.england.nhs.uk/long-read/looking-after-your-teams-health-and-wellbeing-guide/#introduction-and-getting-started>

[https://www.england.nhs.uk/wp-content/uploads/2023/04/B1780\\_x-Looking-after-your-teams-health-and-wellbeing-guide-looking-after-your-emotional-physical-and-mental-h.pdf](https://www.england.nhs.uk/wp-content/uploads/2023/04/B1780_x-Looking-after-your-teams-health-and-wellbeing-guide-looking-after-your-emotional-physical-and-mental-h.pdf)

Leading Well for Staff health and wellbeing-a free three week online course from the Kings Fund for leaders at all levels to improve understanding of health and wellbeing and how better to lead and support colleagues, team and organisation.

<https://www.futurelearn.com/courses/leading-well-for-staff-health-and-wellbeing-in-the-nhs>

Supervision policy and guidance-social work supervision policy in Northern Ireland.

[https://www.health-ni.gov.uk/publications/social-work-ni-supervision-policy-2024#:~:text=The%20Social%20Work%20\(NI\)%20Supervision,should%20they%20find%20it%20helpful.](https://www.health-ni.gov.uk/publications/social-work-ni-supervision-policy-2024#:~:text=The%20Social%20Work%20(NI)%20Supervision,should%20they%20find%20it%20helpful.)

Workplace Health Guide-a resource guide to support employers and employees access information to improve health and wellbeing at work from the PHA.

Health and wellbeing at work: a resource guide

NHS Inspiration Library-short snippets of learning ranging from videos, podcasts, blogs, links to Ted Talks on related issues. <https://learninghub.leadershipacademy.nhs.uk/inspiration-library/>

Self-Compassion-a range of tools and resources to support self-compassion  
<https://self-compassion.org/>

NIMDTA Professional Support Unit-A professional support and wellbeing team dedicated to helping junior doctors and dentists to fulfil their career potential.

<https://www.nimdtg.gov.uk-professional-support-well>

Occupational Health Services - per local Organisational arrangements

Burnout: Learning from experience with Dr Jess Morgan-personal reflection and practical resources.

Burnout: Learning from experience with Dr Jess Morgan – Sonia Sparkles

Basic needs at Work-a useful presentation from Sonia Sparkles about the importance of basic needs.

[basic-needs-at-work-presentation-final-version.pdf \(wordpress.com\)](#)

Poster on staff needs-basic, psychological and self-fulfilment needs from NHS employers.

[https://www.nhsemployers.org/system/files/2022-04/Basic\\_NHS\\_staff\\_needs\\_poster.pdf](https://www.nhsemployers.org/system/files/2022-04/Basic_NHS_staff_needs_poster.pdf)

No Hungry NHS Staff-a campaign which aims to improve the provision and availability of nutritious food for NHS staff.

<https://www.nohungrystaff.co.uk>

Scottish Tool Kit on Trauma Informed Practice-provides evidence based training resources to improve knowledge and confidence in the workforce.

Trauma-informed practice: toolkit

NHS Employer health and wellbeing communications guide-provides practical tools to help develop and deliver communication to support campaigns and programmes.

Health and wellbeing communications guide

Tapestry-A HSC Disability Network for staff which aims to raise awareness of disability and to act as a contact point, providing a safe space and informal peer support and information.

<https://tapestry.hscni.net/>

LGBT Staff Forum- A confidential Forum to provide a safe and welcoming space for lesbian, gay, bisexual and transgender people working within health and social care.

<https://lgbtstaff.hscni.net>

Ethnic Minorities Staff Network-aims to support, enable and maintain a safe, inclusive and diverse working environment for staff and eliminate racial discrimination.

<https://bwellbelfast.hscni.net/staff-networks/ethnic-minorities-staff-network-launch-2/>

Shiny Mind-an evidence-based, proven mental health and wellbeing interactive app co-created with the NHS.

<https://shinymind.co.uk/>

Work Related Stress Toolkit-a range of guidance and tools to support the prevention and management of stress in the workplace from the Health and Safety Executive.

<https://www.hse.gov.uk/stress/risk-assessment.htm>

Health and Social Care Trusts and other hsc organisations have dedicated websites-providing practical information and resources to support staff health and wellbeing.

<https://westerntrust.hscni.net/health-and-wellbeing/staff-wellbeing/>

<https://u-matter.org.uk/user/login?destination=welcome>

<https://bwellbelfast.hscni.net>

<https://imatter.site/user/login?destination=welcome>

<https://setrust.hscni.net/healthy-living/workplace-health-and-wellbeing/>

<https://bso.hscni.net/directorates/people-and-place/human-resources/health-wellbeing/>

<https://www.publichealth.hscni.net/covid-19-coronavirus/guidance-hsc-staff-healthcare-workers-and-care-providers/staff-health-and>

<https://nias.hscni.net/>

A Framework to support the wellbeing needs of health and social staff during the pandemic Covid-19-guidance and practical support for mental and physical wellbeing.

[https://www.publichealth.hscni.net/sites/default/files/2020-04/HSC\\_Regional%20Staff%20Wellbeing%20Framework\\_0.pdf](https://www.publichealth.hscni.net/sites/default/files/2020-04/HSC_Regional%20Staff%20Wellbeing%20Framework_0.pdf)

Take your emotional temperature-a simple NHS self-check diagram for mood and emotional wellbeing.

<https://www.southtees.nhs.uk/staff/how-am-i/take-your-emotional-temperature/#:~:text=Mood%20matrix%20If%20your%20energy%20level%20is%20high,feels%20unpleasant%2C%20you%20are%20in%20the%20blue%20zone>

Investors in People Wellbeing Standard-a three year accreditation standard for staff wellbeing.

<https://www.investorsinpeople.com/accreditations/we-invest-in-wellbeing/>

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