Developing Health and Wellbeing Leads

Supporting and upskilling those who lead in health and wellbeing services to improve staff welfare and retention

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Contents

Executive Summary

What we were asked to do and why

In November 2021, NHS England (NHSE) launched the evolved health and wellbeing framework which highlights the benefits for both patients and the workforce when staff health and wellbeing (HWB) is central to the organisation. During its design a strong need was identified for the support and development of health and wellbeing leads. These leads are the most senior operational roles within organisations. In response to this NHSE commissioned a review of health and wellbeing leads' role, and their development requirements. This review has been undertaken over eighteen months in three phases and engaged over 550 health and wellbeing leads and responsible officers across England. It seeks to understand what skills and organisational structures are currently in place, and how we can create a sustainable, inclusive, future health and wellbeing service for staff.

What we found

Throughout **Phase One** and **Two** we found that there was variation in how each health and wellbeing service was set up. This included the role, and support of the health and wellbeing lead. There was little equity of role descriptions, responsibilities, and senior support between leads. Following workshops, surveys and semi-structured interviews, the co-designed outputs from Phase Two were (Appendix One):

- A proposed structure of how the organisation may support the role of the HWB lead
- A set of key skills and behaviours thought to be beneficial for those who lead in staff HWB.

Phase Three tested the above outputs in four diverse organisations across England. This highlighted that each organisation was unique in governance structure, accountability, funding, and strategic leadership. However, through our interviews it evolved that for a sustainable health and wellbeing function to thrive, it required the following: executive ownership, understanding of staff need, consistent funding, co-designed and deliverable strategy, and an accountable lead. These were not inherent across all four organisations.

Our recommendations

To embed an inclusive, sustainable health and wellbeing function into NHS organisations, the role of the health and wellbeing lead needs to change. This lead role should have a recurring budget for a substantive position, the skills and organisational support to design, deliver, and evaluate a service which addresses the social, environmental, physical, and emotional needs of staff (Figure Three). During our site visits, evidence grew to support the HWB role as a strategic lead rather than as purely operational. This moves the role from coordinators and facilitators to being the strategic and accountable lead for the HWB of staff. Core competencies to support leads to grow into this role were identified (Appendix Six):

- Understanding and identifying the need of all staff groups within the organisation
- Strategy creation informed by current literature, regional resources, and organisational needs
- Composition of a compelling, evidence-based business case
- Design and support implementation of equitable and inclusive improvement initiatives
- Design evaluation of board approved health and wellbeing strategy
- Leadership of a team and individuals to implement the strategy.

Introduction

It is recognised that the health and wellbeing of NHS staff is essential to the quality of care they can provide for patients and communities (Royal College of Physicians, 2015). Whilst there is a personal responsibility for wellbeing, it is critical that health care leaders, local policy makers and employers continue to foster a nurturing and supportive work culture (Miah and Ahmed, 2020). A growing number of organisations have developed roles dedicated to employee health and wellbeing (Gerada, 2019). NHS England (NHSE) has raised the profile of staff wellbeing through multiple channels including encouraging organisations to create a dedicated health and wellbeing role through the NHS England People Plan 2020/2021. The NHS Long Term Workforce Plan 2023 also highlights the health and wellbeing of staff as key to retention.

In November 2021 they launched the revised health and wellbeing framework (Figure One) which highlights the benefits for both patients and the workforce when staff health and wellbeing is central to the organisation. During its design a strong need was identified for the support and development of health and wellbeing leads. In response to this NHSE commissioned this review of health and wellbeing leads' role, and their development requirements.

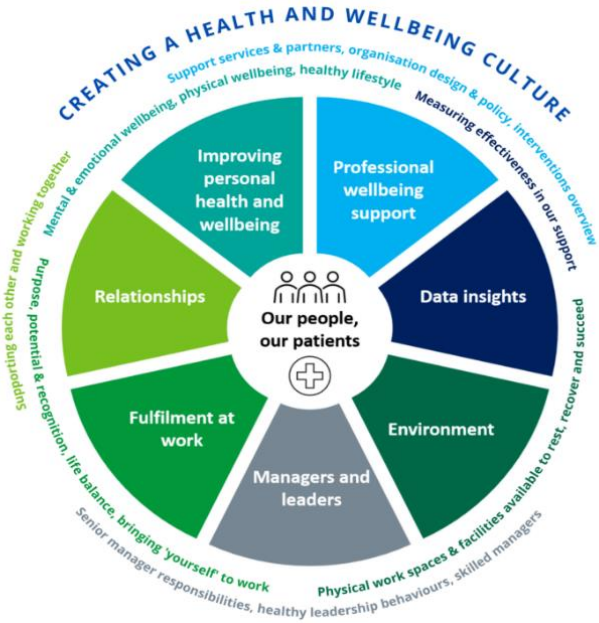


Figure One: NHSE Revised Health and Wellbeing Framework

The review has been conducted in three phases. This report describes the third and final phase which aims to review how the key findings from Phase One and Two fit with current thinking (Figure Two).

The overall aim of the review is to provide evidence-based and co-designed answers to:

- What is an inspiring, engaging, and appropriate way to develop those who lead on NHS staff health and wellbeing in organisations/systems?
- What competencies and system structures will enable these individuals to effectively lead the health and wellbeing agenda?
- How will these mechanisms enable them to co-create cultures of health and wellbeing with their staff, to feel cared for and pass that care onto patients?
- How can this new approach be tested at manageable scale and generate maximum effective learning and impact?

Phase One and Two resulted in:

- An in-depth understanding of current health and wellbeing leads' roles (Phase One)
- A co-designed proposed structure of how the role may function within the organisation (Phase Two, Appendix One)
- A co-designed description of the skill set that might be beneficial for health and wellbeing leads (Phase Two, Appendix One).

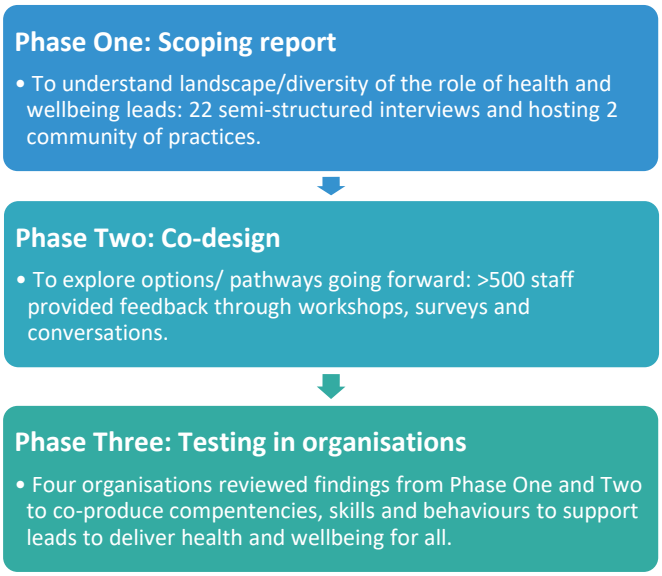


Figure Two: Review phases

Methodology

The findings from Phase Two were tested during site visits within NHS organisations of variable size, service type, and geography. Semi-structured interviews were undertaken with a range of representatives from those organisations.

Identification of organisations

Health and wellbeing leads were approached via the NHS Employers national network meeting. Those interested were contacted by Oxford Academic Health Science Network (AHSN) and a meeting was offered to them and their senior responsible officer for health and wellbeing. Four organisations across England agreed to undertake a two-day site visit. Once this agreement was reached, AHSNs local to these organisations were approached to collaborate with site visits. UCLPartners, Eastern AHSN and North East North Cumbria AHSN agreed to partner with Oxford AHSN.

Design of phase three

This phase was co-designed with all four AHSNs. The process for the visits was decided to be in the format of semi-structured interviews and document review. The interviews were designed to understand how different functions might deliver wellbeing across the organisation and what structure and skillset would support those responsible for leading health and wellbeing. Interview questions were tailored to the interviewee (Appendix Two). During the co-design, the skills table (Appendix One) was re-developed from the Phase Two workshop data to expand on the skills thought to be beneficial to deliver effective staff health and wellbeing (Table One).

Table One: What skills might be beneficial for those who lead in health and wellbeing

People skills	Technical skills
Interpersonal skills - Listening, empathy, emotional intelligence, persuasive, ability to build relationships	**Health needs assessments** - How to understand what staff need and ensure equity
Strategic alignment and influencing - How to engage senior and staff managers - Behaviour/culture change - Empathetic and curious senior team	**Data informed decision making** - Understanding and presenting qualitative data, using QI, qualitative feedback, understanding staff surveys
Communication and engagement - Skills and tools – ensuring equality & diversity - IT and social media skills	**Project/programme delivery/implementation** - How to successfully identify, assess and plan programmes that improve wellbeing - Gap analysis - Presentation and facilitation skills - Using appreciative enquiry
Collaborative ways of working - How to co-design/co-produce with staff to ensure interventions are applicable and inclusive - Supporting those who manage to prioritise health and wellbeing of teams	**Business cases and funding** - Strategy development, writing well for reports, assimilate scientific literature, return on investment - Financial planning to support business cases
Leadership and management - Role model using people centred approach - Demonstrate leadership qualities that are inclusive and indicative of improving workplace culture	

Before each site visit, organisations shared organigrams, policies, and job descriptions (Appendix Three). Fifty-one semi-structured interviews were undertaken with key personnel (Table Two)

and thirty-four documents reviewed (Appendix Four and Five). Data sharing agreements were in place between AHSNs.

Table Two: Type and number of interviewees across four organisations

Role of interviewee	Number of interviews
Health and wellbeing guardian	3
Chief people officer	4
Organisational development consultant/associate director of workforce	3
Health and wellbeing lead	4
Chief executive officer	2
Other roles with health and wellbeing responsibilities	15
Wellbeing champions	2
Managers undertaking wellbeing conversations	6
Occupational health/mental health practitioners	7
Equality, diversity, and inclusion leads	2
Directors/associate directors of nursing/leadership	3

The four site visits took place between March and April 2023.

Analysis

Following the site visits, AHSN site leads met to draw together themes and develop outputs from the interviews and documentation review.

Findings

Findings were categorised into four themes; Organisational structure; Staff need; Strategic leadership and building an integrated health and wellbeing offer for all.

Organisational structure

Each organisation was unique, not only in what services they provide, their staff mix and geographies but also how they structured their staff health and wellbeing service. There was a mix of contracted and inhouse occupational health, with one organisation choosing to merge and grow occupational health and wellbeing together. The governance structure within each organisation was found to be different with health and wellbeing sitting in either the workforce, organisational development, or the human resource portfolio. All of them sat within the people portfolio. Salary grading of the health and wellbeing leads varied across sites. This was reflective of the findings from Phase One and Phase Two where grading ranged from agenda for change band 4 to band 8c.

"I like the idea of a governance structure to support health and wellbeing, it holds us accountable. There does need to be a structure for decision making (and funding). There is no point in people just talking about it"
Board level executive

There was a mixture of funding sources for health and wellbeing leads where two sites had fixed funding, and the other two had temporary funding which is reviewed on an annual basis. One health and wellbeing guardian noted that for health and wellbeing to be taken seriously, it should be consistently funded. Three organisations agreed that the lead role could not function alone and had put in place support roles who assisted in the roll out of health and wellbeing initiatives. Their job titles included coordinator, facilitator, and human resources officer. There are between one to three of these support roles per organisation, depending on the structure and size. Their responsibility was to deliver training sessions and support the health and wellbeing function. There was unanimous agreement that health and wellbeing was everyone's responsibility but that the required change in culture can be challenging.

"I feel that health and wellbeing should be undertaken at three levels, individual, team and organisational" *Senior executive*

Staff need

Throughout discussions it was clear that the workforce should co-design the organisational health and wellbeing service. This would facilitate the service to focus attention on what interventions would address the current staff needs, ensuring equity for all. Current services are typically offered to those who have independent diary management and can attend events and initiatives during working hours.

Strategic leadership

The document review showed variation in the way organisations structured their strategic leadership and executive ownership of staff health and wellbeing. One of the sites had developed a board approved health and wellbeing strategy. This focused on strategic priorities, actions, and evaluation. The priorities and evaluation outcomes were reviewed by the board annually. It noted the importance of shifting focus from reducing staff sickness to broader organisational and cultural factors, including prevention. Two organisations shared the process of their current scoping exercises which worked to understand what is important to staff. One highlighted the importance of securing funding and using improvement methodology to monitor change.

The board executives interviewed confirmed that priority should lie in understanding what is important to address the needs of staff and planning equitable initiatives to address them. It was recognised that data was paramount, and all sites used the annual staff survey and staff absence data to monitor staff wellbeing.

"I'd like to see a clear plan and monitor performance against the plan including staff stories" *Health and wellbeing guardian*

There were multiple policies and documents that related to staff health and wellbeing. These included equality, diversity and inclusion, flexible working, mental health, and wellbeing. Whilst these could not be reviewed comparably across sites, there were similar themes noted. An equality, diversity and inclusion lead highlighted how important it was that all health and wellbeing offerings should be inclusive and co-designed.

"Transformation is co-developed. You have to move through the treacle, unpick it and then put it back together again" *Senior manager*

The organigrams reviewed all had a board executive responsible for staff health and wellbeing. In one site the health and wellbeing lead was directly reporting to the board executive, whereas the other three were several steps away from them. One chief executive noted that their vision for improved staff health and wellbeing was not being heard by all and felt disheartened with the lack of effective communication around this.

The relationship between the health and wellbeing lead and wellbeing guardian was thought to be integral to a cohesive service. In some organisations these roles spent time together, whereas others relayed messages through a third party. There was a comment, that the wellbeing agenda would strengthen when the lead and guardian worked directly together. Whilst it was recognised that there are competing priorities at board level, some interviewees felt that the health and wellbeing agenda would be better represented from a close link between the health and wellbeing lead and the executive board.

"There are often conflicting agendas at board. (We) need to work on understanding, awareness, organisational culture, to grow and develop an evidence-based business case" *Board level executive*

The roles and skillsets identified at Phase Two (Appendix One) were discussed with interviewees. Some leads shared that their current responsibilities focused more on facilitation than leadership. It was suggested that this was not the best use of their time yet remained the organisation's focus.

Throughout discussions it became clear that for health and wellbeing to develop within organisations, the health and wellbeing lead role needed to change. As these conversations continued the need for a subject matter expert in staff health and wellbeing developed. This expertise included an organisational development approach, using specialist knowledge and training in health and wellbeing to improve staff morale, retention, workplace culture and reduce sickness. There were a variety of additional knowledge and skills that were suggested to be important. These included a grounding in theoretical and practical evaluation and improvement, managing organisational change, data informed decision making and mapping return on investment.

"There is something from looking through an organisational psychology lens. Taking an organisational perspective to health and wellbeing is imperative to having skilled staff to meet and justify the needs of the organisation.

Health and wellbeing lead

Alongside this there was a consensus from interviewees about the importance of evidence-based interventions that support the local staff need. One health and wellbeing guardian noted that without a clear evidenced-based evaluation plan it was almost impossible to communicate the aims and benefits of the programme. It was recognised that for smaller or more disparate organisations, this organisational structure and specific health and wellbeing lead role may not be achievable. Several interviewees noted that in these situations the role may fit within the regional Integrated Care Board (ICB) and be shared across NHS providers within a specific geography. They highlighted that this may facilitate synthesis of evidence, equity of resources, and funding for bespoke local interventions.

Building an integrated health and wellbeing offer for all

Findings from Phase One and Two emphasised the need for staff to feel able to access health and wellbeing offers that address their needs. Site visits highlighted that some organisations were working towards a more integrated service where occupational health and wellbeing work with each other. Others reflected that the benefits of this were constrained by silo working where staff needs assessments, improvement interventions, and occupational health did not work together. They also highlighted that there was potential for duplication of work and effort. Two

of the sites reflected in their documentation and interviews that they are working towards identifying what is important to staff. They then aim to design a service around these, rather than taking up funding opportunities which may not be benefit staff. There was a strong sense that health and wellbeing should be integrated as a "one stop service" for staff. A sense of merging, uniting, and growing together to ensure inclusive support for staff where and when they need it.

> *"Protected time is essential for health and wellbeing champions and mental health first-aiders"* *Health and wellbeing guardian*

One wellbeing guardian noted that the organisational roles suggested in Phase Two (Appendix One) had not addressed the importance of the role of line managers in staff wellbeing. They shared that people managers have multiple competing priorities that, at times, makes it "impossible to meaningfully manage staff". Health and wellbeing leads need to prioritise how to support managers in their role. Voluntary wellbeing champions were also discussed at length with most interviewees seeing the role as valuable. However, they felt that dedicated time, clear responsibilities, and reporting structures should be given for the role to have a significant impact. The role of the mental health champions or mental health first-aiders was also noted to be one that should be added and supported with time rather than delegating the responsibility to willing volunteers.

Discussion

There is a growing recognition that health and wellbeing plays an essential role in supporting the 1.5 million (Nuffield Trust, 2022) NHS staff. Throughout the Covid-19 pandemic the health and wellbeing of NHS staff was brought into sharp focus, yet many of the interventions were reactive and based around what was funded rather than required. One health and wellbeing lead highlighted that this was a time of "cookies, yoga, and massages". Whilst nice to have, these offers are not equally accessible to the whole of the workforce, and it is debatable whether these sorts of interventions will have lasting impact on the pressures faced by staff in today's NHS. Going forward there is a real opportunity for organisations to grow in maturity around how they evaluate staff needs and build evidence-based interventions around them. This in turn could impact employee retention, workplace culture and absenteeism for long-term benefit.

Strategic health and wellbeing lead and organisational structure

This review has shown that there is enormous variation in job role and responsibilities for the health and wellbeing leads. It has demonstrated that the role needs to change. Data from Phase

One and Two supported the health and wellbeing role as a tactical enabler with delivery responsibility. During our site visits, evidence grew to support the health and wellbeing lead being a strategic role rather than purely operational. This lead should have the skills and organisational support to design, deliver, and evaluate a service which addresses the social, environmental, physical, and emotional needs of staff (Figure Three). All of which contribute to a healthy workforce. For this role to be effective it will require a recurring budget to facilitate both substantive roles for health and wellbeing leads and the organisational programme.

<table>
<tr><td colspan="4">Delivery of health and wellbeing in the NHS
Overall aim: To cultivate a thriving workforce and work environment through evidence-based health and wellbeing interventions</td></tr>
<tr><td rowspan="3">Accountable</td><td colspan="3">Accountable
Key responsibilities - delivery of NHSE People Plan, People Promise and NHS Long Term Workforce Plan</td></tr>
<tr><td>Board</td><td>Wellbeing Guardian</td><td>Executive responsible for HWB</td></tr>
<tr><td>Critical partner to strategic lead
Overall accountable</td><td>Critical ally to strategic lead
Champion for inclusion
Hold board accountable</td><td>Strategic alignment across organisation and region</td></tr>
<tr><td rowspan="2">Strategic Accountable & Delivery</td><td colspan="3">Strategic lead for health and wellbeing – subject matter expert
Key responsibilities - develop and deliver the organisational health and wellbeing strategy with reference to NHSE health and wellbeing framework and NHSE & growing occupational health and wellbeing together strategy
- build organisation-wide ownership</td></tr>
<tr><td colspan="3">Develop and implement a co-designed organisational health and wellbeing strategy
Understand and identify need of all staff groups
Strategy creation informed by current literature, regional resources, and organisational need
Compose compelling business case(s) with supporting evidence
Design and support implementation of equitable and inclusive improvement initiatives
Design and implement evaluation of strategy
Leadership of team and individuals to implement the strategy</td></tr>
<tr><td rowspan="5">Delivery</td><td colspan="3">Operational partners
Key responsibilities - deliver health and wellbeing strategy including innovations/improvements
- build organisation-wide ownership</td></tr>
<tr><td>Occupational health</td><td>Wellbeing coordinator</td><td>Health and wellbeing champions
Mental health champions or first aiders</td></tr>
<tr><td>Deliver safe and effective physical, mental, and emotional health to staff as per health and wellbeing strategy</td><td>Undertake projects, deliver training and improvement initiatives agreed in health and wellbeing strategy</td><td>Promote, identify, and signpost support for the physical and mental wellbeing of colleagues</td></tr>
<tr><td colspan="3">For the roles above to function effectively they require:
Administration support
Links with and support from clinical services, in-house and external expertise</td></tr>
<tr><td colspan="3">All managers and leaders
Collaborate and co-design with strategic lead on what is needed to support staff
Deliver on aspects of health and wellbeing strategy and build organisation-wide ownership</td></tr>
</table>

Figure Three: Example of how an organisational structure and strategic role could support the implementation and sustainability of a co-designed health and wellbeing offer for staff

The growth around improving staff health and wellbeing requires the whole organisation to commit to this as a priority. It is dependent on, board ownership, strategic leadership, staff engagement, recurring budget for the lead, and an integrated co-designed offer for all. To develop this in a systematic way, this review highlighted the need for a strategic and coordinated approach, informed by evidence and experience. (Figure Three). It points towards a shift in role for health and wellbeing leads to become the lynchpin of the health and wellbeing function. This moves the role from coordinators and facilitators to strategic and accountable leads. It is

acknowledged that for some current health and wellbeing leads this will be a natural career progression whereas for others this may not be the role they wish to take on.

Strategic lead knowledge, skills, and behaviours

The knowledge, skills and behaviours identified by leads and senior responsible officers in Phase Two (Appendix One) have evolved through site visits. These now describe the competencies required for a more strategic role, drawing it into a position with closer proximity to the senior responsible officer (Appendix Six).

These competencies include:

- Understanding and identifying the need of all staff groups within the organisation
- Strategy creation informed by current literature, regional resources, and organisational needs
- Composition of a compelling, evidence-based business case
- Design and support implementation of equitable and inclusive health and wellbeing improvement initiatives
- Design evaluation of board approved health and wellbeing strategy
- Leadership of team and individuals to implement the strategy.

To deliver a sustainable, coordinated approach, a set of knowledge, skills, and behaviours underpin each competency. For ease, a framework has been developed to address what these may look like (Appendix Six). These can be used collectively or individually depending on which areas of growth are identified by each health and wellbeing lead. Taking on board local needs, current organisational structures, size and geographies, a strategic health and wellbeing role may sit with individual organisations, across organisations or at an ICB level.

The diversity of the NHS, its employees and services mean that there will never be a one size fits all approach. Some organisations may choose to develop their needs-based strategy locally or as a region. Some may choose to grow and develop their health and wellbeing team in all, or some of the suggested skills. What the organisational structure (Figure Three) and the knowledge, skills, behaviours framework (Appendix Six) offer is a blueprint to support the redevelopment of a holistic service for staff, and pathway for the strategic lead. It is our hope that overtime as organisations mature in their commitment to improving staff health and wellbeing, they will demonstrate a culture of equitable health, wellbeing, hope, and joy within the workplace. In turn this will strengthen the workforce both for now and in the future.

Limitations

Over 550 health and wellbeing leads, and senior responsible officers were involved in the co-design of this review. We recognise the limitations of testing the findings in only four NHS organisations.

Acknowledgements

We would like to acknowledge our thanks to the senior management team for allowing us time within their organisations. We are also grateful to the dedicated staff within the organisations who took the time to plan this visit, and those who took valuable time out of their day to talk to us. Finally, we would like to recognise all the health and wellbeing leads who tirelessly strive to improve the lives of those working within the NHS.

Evaluation site leads:

Luke Evans - UCLPartners

Liz Brown - NENC AHSN

Rachael Ford and Roddy Kelly - Eastern AHSN

Independent advisory consultant:

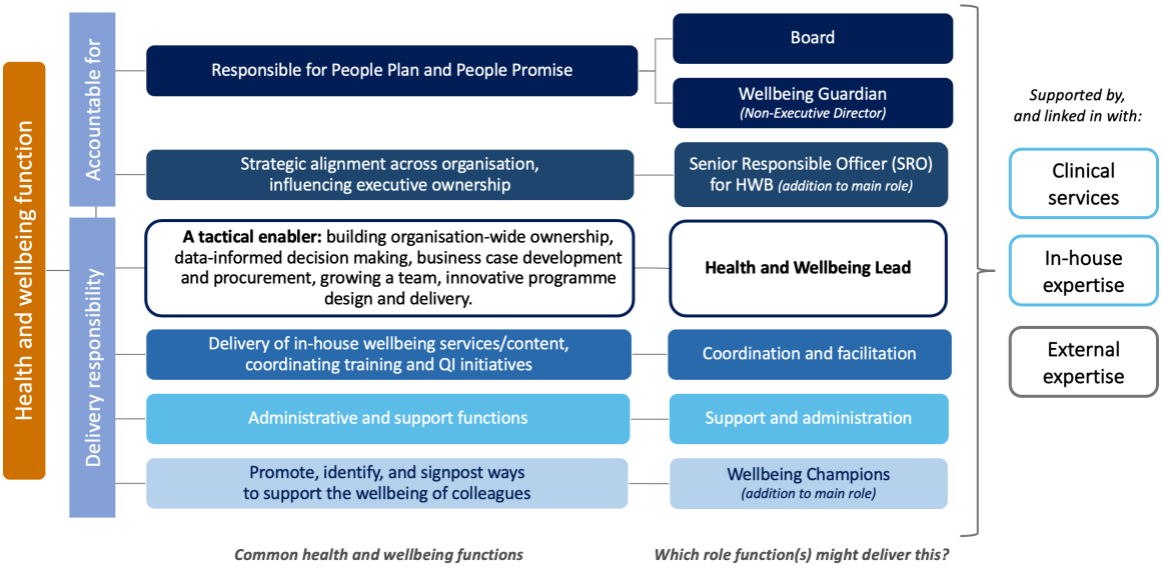
Sam Meikle - Spark the Difference

Advisory capacity:

Dr Sian Rees – Oxford AHSN

Appendix One – Key findings from Phase Two

How different role functions might deliver effective wellbeing across an organisation/system



What skills might be beneficial for the health and wellbeing lead

People skills	Technical skills
1. Interpersonal skills (n=61) 2. Strategic alignment and influencing (n=37) 3. Communication and engagement (n=27) 4. Collaborative ways of working (n=25) 5. Leadership and management (n=19)	1. Health needs assessments (n=21) 2. Data informed decision making (n=20) 3. Project/programme delivery / implementation (n=13) 4. Business cases and funding (budgets & proposals) (n=14)

Appendix Two – Example interview questions

CEO, health and wellbeing guardian, chief people officer, manager of health and wellbeing lead, occupational health lead, HR manager
(Accountable responsibility)

1. Show the **organisational model.**
   How would this work in your organisation?

   a) What existing infrastructure would support its introduction?
      - Training, staffing, budget, existing QI/data capability
      - What do you think is necessary to support the HWB lead?

   b) What would be needed to support the model's introduction?
      - Think about what would be needed to implement (funding, staffing, full re-structure)

   c) Do you think that this is feasible in the current climate of your organisation?
      - If not feasible what would fit? What would be better?
      - What risks are there to implementing (what would have to be sacrificed/reduced to support?)

2. Show the proposed **future skills table**.

   a) What competencies will enable HWB leads to effectively lead the wellbeing agenda?

   b) Why are they important and how could they be achieved?

3. What organisational behaviours and values do you feel would support the wellbeing agenda?

   a) Explore what are important, why, and are they achievable?
   b) Are they aspirational or in place?

4. How can an organisation ensure co-created cultures of wellbeing with their staff, so they feel cared for? (Links to values and behaviours)

5. Do you have any thoughts on how this approach could be tested within your organisation?

6. Anything else you want to share?

Appendix Three – Requested documents to review

Document Review Observe for resonance and dissonance between the policy and interviews	
Document	Rationale for review
Health and wellbeing Policy	To understand how staff are supported through physical or psychological illness. This should also cover preventative measures and delegated responsibilities including assurance.
Occupational health Policy	To understand how staff are supported through physical or psychological illness. This should also cover preventative measures and delegated responsibilities including assurance.
Flexible working policy	To understand what flexibility the organisation offers
EDI policy	This maybe within each policy above but will help us to understand how diversity is addressed at site.
Organigram/stakeholder mapping	To understand the structure and where health and wellbeing sits in the organisation including reporting and who benefits
Staff survey	To understand staff's view on culture and wellbeing in the organisation prior to the visit
Job Description	Rationale for review *Nb: these might be classed as sensitive but are key to the depth of understanding*
HWB lead	To understand in depth what the roles and responsibilities are. This will include who they are responsible to. What level do they fit into the organisation model developed in phase 2 – are they a strategic enabler, above or below?
Health and wellbeing guardian	To understand in depth what the roles and responsibilities are. This will include who they are responsible to. What level do they fit into the organisation model developed in phase 2.
Health and wellbeing team members	To understand in depth what the roles and responsibilities are. This will include who they are responsible to. What level do they fit into the organisation model developed in phase 2.
Health and wellbeing champions	To understand in depth what the roles and responsibilities are. This will include who they are responsible to.
Occupational Health Lead	To compare HWB lead and Occupational health lead roles – what level do they fit into the organisational model from phase 2.
Matron/ward manager	To understand what their level of responsibility is for staff health and wellbeing in their department.
Funding and department	Understand the funding for HWB for the organisation and where it sits in the organisation (OD, HR etc.)

Appendix Four – Documents reviewed

Policy	Organisation 1	Organisation 2	Organisation 3	Organisation 4
Health and wellbeing strategy	Yes		Research and planning shared	
Equity and Diversity Policy				Yes
Agile working policy				Yes
Flexible working and career break				Yes
Health and safety Responsibility				Yes
Occupational Health Policy				Yes
Sickness Absence Policy				Yes
Structure Chart				Yes
Flexible Working Policy		Yes		
Managing sickness and absence policy		Yes		
Equality, diversity, and inclusion policy		Yes		
EDI strategic objectives		Yes		
HWB presentation		Yes		
HWB Action plan proposal		Yes		
Staff Survey results		Yes		
Absence management	Yes			
Disability leave policy	Yes			
EDI policy	Yes			
Flexible working policy	Yes			
Menopause guide	Yes			
Staff mental health and wellbeing policy	Yes			
Working carers policy	Yes			

Appendix Five – Job descriptions reviewed

Job Description	Organisation 1	Organisation 2
Health and Wellbeing Advisor		Yes
Band 8a Matron		Yes
HR officer – Health, Wellbeing and Rewards		Yes
OD consultant		Yes
Menopause Advocate		Yes
Clinical operations manager	Yes	
Deputy HR business partner wellbeing coordinator	Yes	
HR business partner	Yes	
Quality matron	Yes	
Ward manager	Yes	
Wellbeing advisor	Yes	

Appendix Six – Knowledge, skills, and behaviours framework*

Knowledge, skills, behaviours for strategic health and wellbeing lead			
Develop	**Knowledge**	**Skills**	**Behaviours**
Understand and identify need *Subject matter expert*	• In depth knowledge of health and wellbeing models and strategies • Grounded in theoretical and practical evaluation and improvement • Different approaches to map and identify need • Current evidence on and best practice in health and wellbeing • In depth knowledge of organisational psychology and change management	• Develop organisational needs analysis including the data needed and methodology • Design inclusive qualitative evaluations and undertake interviews • Design inclusive surveys and other information gathering tools • Literature searching and synthesing the evidence • Broad thinking and ability to hone detail • Realistic planning • Deliver complex information to the board and managers	• Approachable and inclusive • Able to build relationships and networks • Able to build trust through active listening • Emotional intelligence • Curious • Visionary • Persuasive • Credible & Influential
Develop	**Knowledge**	**Skills**	**Behaviours**
Strategy creation informed by current literature, regional resources, and organisational needs	• Techniques to implement successful organisational change • Strategies for engaging others • Local and regional health and wellbeing programmes/resources	• Analytical and attention to detail • Assimilate multiple data sources and precis findings • Adapt regional information for local use • Clear and concise writing/presentation • Create shared vision and purpose • Communication around initial findings and proposed strategy	• Collaborative • Resourceful • Inclusive • Insightful • Lead by example • Influential

Develop	Knowledge	Skills	Behaviours
Compose compelling business case with supporting evidence	• Transcribe data into tangible outputs • Projection of return on investment • Financial planning	• Analytical and attention to detail • Negotiate priorities • Budget setting, management, and procurement • Clear, concise, and compelling report writing/ presentation	• Resourceful • Collaborative • Insightful • Credible & Influential
Develop	**Knowledge**	**Skills**	**Behaviours**
Design and support implementation of equitable and inclusive improvement initiatives	• Quality improvement methodology • Programme and project management • Culture change models • Health equality, diversity and inclusion	• Map pathways and prioritise areas of innovation/improvement • Implement programme management • Support and empower others to design improvement	• Collaborative • Active listening • Inclusive • Resourceful • Visionary
Develop	**Knowledge**	**Skills**	**Behaviours**
Design evaluation of strategy	• Evaluation models • Use of qualitative and quantitative analysis tools and techniques • Data interpretation	• Setting realistic aims against the strategy • Critical analysis of evaluation outcomes • Deliver complex information to the board	• Collaborative • Curious • Credible and Influential
Develop	**Knowledge**	**Skills**	**Behaviours**
Leadership of a team and individuals to own and implement the strategy	• Types of leadership • Leadership skills and techniques • Coaching techniques	• Inspire and share vision • Create ownership and accountability • Support and coach to implement, test and sustain improvements	• Approachable • Inspiring • Positive and Supportive • Lead by example • Draw out skills in other

*Co-created with health and wellbeing leads and senior responsible officers (Phase Two and Three). Organisations and systems can consider how to develop/adapt/adopt locally/regionally to grow a strategic health and wellbeing offer for staff.

References

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