Jill Seymour & Bernard Nawrat

A Health & Well-being Strategy

For an Effective Workforce

JILL SEYMOUR, BERNARD NAWRAT

A HEALTH AND WELL-BEING STRATEGY: FOR AN EFFECTIVE WORKFORCE

CONTENTS

1   GETTING STARTED

1. Introduction

1.1   We all want a happy, healthy workforce where staff members attend work and are productive. Will a healthy and wellbeing strategy alone achieve this? Probably not. But an effective, well implemented strategy will go a long way and give an effective return on investment. This book explores what that investment may be.

1.2   As the interest in workplace health and wellbeing has grown, the advice for employers has become vast and complex. There are research papers, charters, toolkits, organisational models and experts offering to help. These have their value; and some are touched on in the chapters that follow. But it does not have to be difficult or complex. This book looks at practical steps that you can take for your organisation simply and methodically. Whilst we would love you to read from start to end, each chapter can be read independently. We hope it gives you inspiration to get started.

2. Understanding your Organisation

2.1   Size doesn't matter. A health and wellbeing strategy should not be restricted to large corporations or public sector employers. In 2018 there were 5.7 million SMEs (Small Medium Enterprises) businesses in the UK, which is over 99% of all businesses (House of Commons Library; Business Statistics, December 2018[1]). That is a lot of people who could benefit from a well organised employer approach to health and wellbeing; even if that approach is simple with one or two aims and initiatives.

2.2   A health and wellbeing strategy does need to be tailored to your organisation. For example, what suits a large office-based charity will not meet the demands of a plumbing firm. To help you pull together the business case, objectives and plan, think about the following, using the information that is available to you.

Activities

2.3   Note what the organisation delivers and the impact on how people work. For example, a local council may encompass many different activities and job families. A strategy will need to be flexible to address staff members' diverse needs. In contrast, whilst a law firm may create different demands on each member of its workforce, its purpose, communication routes and working environment will be similar for all.

2.4   Where demands are starkly different between organisational work groups, consider;

- Those objectives and support mechanisms that can apply across the workforce. There will always be some, such as a consistent sickness absence procedure.
- Targeting workforce groups that are exhibiting particular problems. More on that below.
- Introducing a strategy on an iterative basis; getting support and momentum to expand the strategy to trickier areas and those which attract a greater cost or require resourcing. Just be cautious of marginalising those not first in the line for support or activity.

Workplaces

2.5   Your organisation may be based in one purpose-built office-based site; simple! But that is unusual. Even if your organisation is geographically located in one place, consider where people work, for example delivery drivers whose "workplace" is predominately on the road.

2.6   Many people spend much of their working day away from a base, such as; gardeners, care workers visiting people in the community and those who frequently work from their own homes. The challenges that need to be tackled in creating the business case and subsequent plan for a multi-sited, multi-functional organisation, include:

- Communications; new technology can be a big help here, such as bespoke apps with programmed reminders to alert home workers to take a break. But also, use opportunities to reinforce the message when people are in the workplace, e.g. healthy lunches at training courses.
- Getting engagement from the workforce. This may be difficult where the organisation is seen as "head office", somewhere that people just drop off time-sheets or attend for a meeting. In these circumstances, find something that people want and brand as part of the strategy; sunscreen for the gardeners, bottles of water for a street cleaner.
- Working environment; everyone does not work in large, modern open plan offices with break-out and eating areas. The best laid plans may struggle if the working environment is at odds with your ambitions. Use local networks to help inform and find solutions that work for them.

Workforce Demographics

2.7   The UK population is determined by the pattern of births, deaths and migration that have taken place in previous years. The Office for National Statistics (ONS), regularly provides population estimates. The table below draws from this information. It shows population changes between 2007 and 2017, for people that can reasonably be described of 'working age'; specifically, the growth of those 46 years and above. Changes in the population will, over time, impact on most organisations.
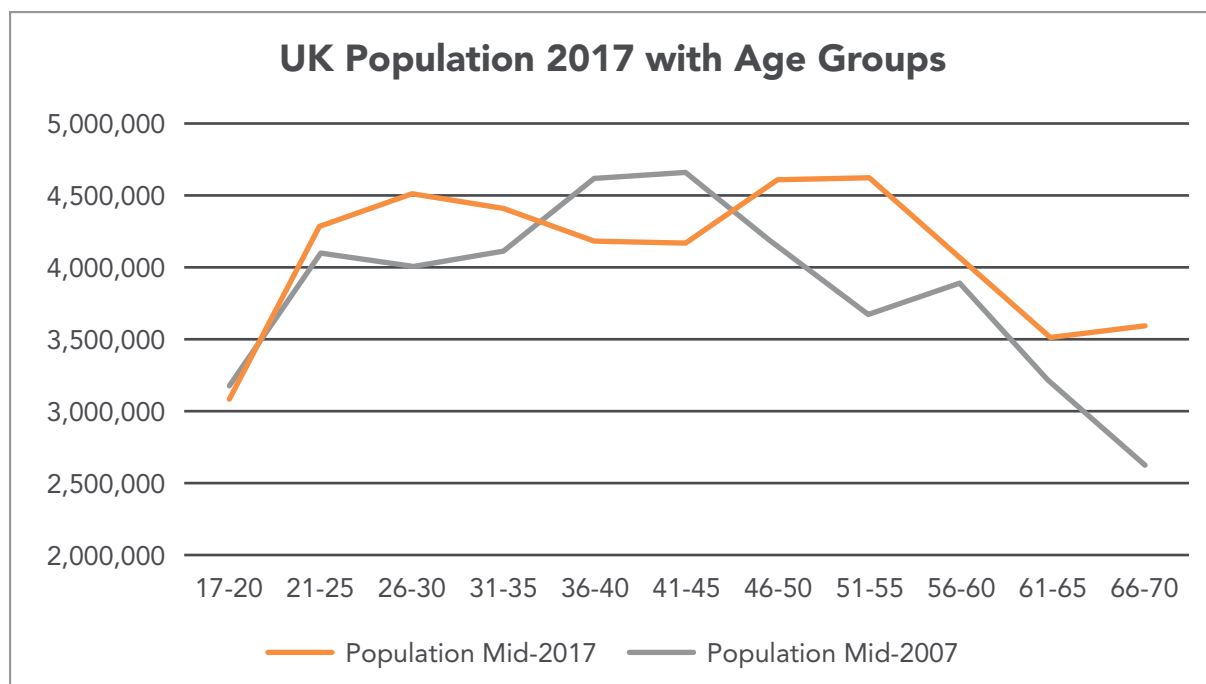

Figure 1 UK population 2017 with Age Groups; drawn from the Office for National Statistics, (ONS), Population Estimates for the UK, mid-2017[2].

2.8   Age and gender matter to the strategy. Health problems increase with age. There are significant differences in health issues between men and women, but also people's willingness to access health care.

2.9   The Men's Health Forum, (www.menshealthforum.org.uk)[3], notes in their men's health manifesto that especially during working age, men remain less likely to attend a general practitioner, have a dental check-up, participate in screening, for example for bowel cancer. Four in five suicides are male; 67% of men are overweight or obese yet only 10–20% of those on NHS weight loss programmes are men. (Men's Health Manifesto 2014). Removing the barriers to health care, (e.g. time off for appointments) increasing awareness of healthy life styles and promoting the acceptability of health support, may be life-savers.

2.10   Risk factors also vary across different ethnic groups, though there is debate about how much they can be explained by socio-economic factors which are beyond this book. Cultural differences will, however, impact particularly on the use of and abstinence from alcohol. Be mindful of the messages that you give out and ensure they are inclusive.

2.11   Whether your workforce is predominately young, older, male, female, or ethnically diverse, consider how this affects what you do and how you engage with all of them.

Culture

2.12   Duvet days, pulling a "sickie", are obvious problems that you need to tackle. There needs to be action to change individuals' behaviour. But there may also be a need to address an underlying culture which achieves short term gains but could lead to long term problems; including management styles that are aggressive, hard driving or hierarchical.

2.13   Where managers turn a blind eye to occasional absence, or a certain level of sickness is considered as the norm by the workforce, this may prompt the need for procedural review or employee education. If sickness absence is considered as a "HR" problem, managers are less likely to own the issue and when good practices such as phased return to work or reasonable adjustments become things that are imposed, they will potentially fail.

2.14   Think about how your employees relax and socialize, both after work and during meal breaks. Where this is alcohol centred (bars, pubs, social gatherings in the workplace), consider what part the organisation plays. How can alternative healthier approaches be encouraged? Question whether this is the appropriate way to encourage team building; consider whether the organisation needs to impose alcohol workplace bans and look at other healthier activities.

2.15   These are examples of things that may characterise a culture. Think about your organisation and what it's "like to work around here". Importantly gather information from your people. You then have issues to tackle but, most likely, positive ideas to build upon.

Drivers

2.16   It is worth stepping back to consider why you want a strategy. Your motives may be altruistic. That's great. But if there are problems to address, get your facts and be open and honest. The workforce will soon uncover something which is not authentic.

2.17   Principally a strategy may help the prevention and control of sickness absence. Absence rates and underlying reasons are likely to vary across the workforce; and data will help inform and target activities.

2.18   There may be other drivers; for example, problems with recruitment and retention, or high accident rates. Good implementation of a strategy takes time, buy in and resources potentially. Whatever your reasons make sure that they are organisation-led. It cannot be a HR whim.

3. Making the Business Case

3.1   Getting support from senior managers will enhance the success of a health and wellbeing strategy. This may mean convincing decision makers through presentation at board meetings, committees and other governance bodies. Whether the organisation is small or large, a well-reasoned business case will be valuable in both selling the concept and a reference point in measuring future success. Be clear on your overall objectives. Define the scope of your activity. Propose your aims, targets, outcomes. Think about who you involve and how you measure success.

Define Your Objectives

3.2   Sickness absence is a problem for all organisations to some degree. It is an area which an employee health and wellbeing strategy will normally seek to address and where improvements can be achieved.

3.3   In July 2018, the Office for National Statistics (ONS)[4] reported that each employee had an average of 4.1 sickness absence days in 2017, compared with 7.2 days in 1993. The proportion of working hours lost to sickness absence is known as the sickness absence rate. In 2017, the rate stood at 1.7% for the private sector and 2.6% for the public sector. Public sector health workers had the highest rates at 3.3%. The ONS suggest that overall rates may have decreased because:

- Healthy life expectancy has improved.
- Rates in the private sector could be lower as workers are less likely to be paid for a spell of sickness.
- There may also be an increase in presenteeism, where people go to work even though they are ill.

The reduction in sickness absence rates is very positive. However, if there are increases in the numbers of employees who go to work when unwell, this has the potential adverse impact on productivity.

(Web article; Office for National Statistics (ONS) 'Sickness absence falls to the lowest rate on record'. July 2018) [4].

3.4   The Office for National Statistics (ONS)[5] also holds data on the reasons for sickness. Information for 2017, published October 2018, noted that the most common reasons for sickness absence in 2017 were minor illnesses where it is reasonable to expect that significant improvements in attendance can be gained. The work that you have done in understanding your organisation will identify whether this is something that needs to be tackled, or whether there are other specific aims. Examples may be reducing the frequency of absences around a weekend or managing long term absences which may significantly damage business success.

Reason given for sickness	Male*	Female*
Minor illnesses	17.4	17.0
Musculoskeletal problems	16.0	12.3
Other	9.3	10.8
Stress, depression, anxiety	5.2	9.1
Gastrointestinal problems	5.3	3.1
Respiratory conditions	1.9	1.7
Eye/ear/nose/mouth/dental problems	2.5	3.0
Genito-urinary problems	0.6	2.3
Heart, blood pressure, circulation problems	1.7	1.6
Headaches and migraines	1.1	1.2
Serious mental health problems	0.4	0.2
Prefers not to give details	2.9	4.7
Total	64.2	67.0

Figure 2 (Office for National Statistics (ONS) downloadable data on number of days lost through sickness by reason and sex, UK, 2017, published October 2018) [5].
* millions of days

3.5   Other objectives applicable to your organisation may include:

- To improve recruitment and retention rates. Who wouldn't want to work for an organisation that cares for its staff members? If there are areas where recruitment (or retention) is a problem, consider health and wellbeing as part of an integrated.
- To improve productivity Although this is difficult to evidence outside those work areas where activities are inherently measurable, such as call centres, there are performance measures for all staff which can help identify suitable activity and gauge success.
- To improve staff satisfaction. Health & wellbeing strategies invariably contain positive messages and have the potential to make employees feel better about their employer.

- To improve staff engagement. While not an end in itself, the Chartered Institute of Personnel & Development note that where engagement, generally, is a problem, the development of a health and wellbeing strategy is an ideal way to genuinely communicate with staff members and to encourage their feedback:
- To help build the organisation's reputation and brand.

3.6   When proposing the objectives use the information that you have gathered on the current position as this will add to your business case. Set context, describe and justify any investment, create a baseline to judge where improvements have been made.

Define your scope

3.7   There are various definitions of wellbeing. The Chartered Institute of Personnel & Development[6] defines it as:

> *"Creating an environment to promote a state of contentment which allows an employee to flourish and achieve their full potential for the benefit of themselves and their organisation".*
>
> – (Chartered Institute of Personnel & Development. What's happening with well-being at work? CIPD, 2007)[6]

3.8   One that we like is from a fact sheet for the government of Tasmania:

> *"Workplace health and wellbeing programs involve the use of health promotion principles to develop a set of planned strategies to address identified health and wellbeing needs within an organisation. Programs consist of a range of organisationally based strategies (e.g. environmental changes/ supports such as showers and bicycle racks, or policies and cultural changes/support) as well as strategies aimed at individual employees (e.g. smoking cessation programs)."*
>
> – (Business Case Development Fact Sheet – Workplace Health and Wellbeing Programs. Government of Tasmania[7])

3.9   Tasmania's approach is used in the remaining chapters of this book. Whilst there is some cross-over between organisation based and strategies focusing on individuals we will look at:

- Policy, procedure and practice
- Managing sickness absence
- Healthy workplaces
- Healthy employees.

3.10   In whatever way you define your scope, create a mix between organisational and employee-based actions. Organisations that improve the health and happiness of individuals, will enjoy benefits through improved commitment, attendance and outputs. Be ambitious but be realistic. Positive outcomes will take time.

Aims, Targets & Outcomes

3.11   Before jumping to the activities, spend time on identifying the desired aims and outcomes. It is useful to create targets. Even if these need to be revised as information quality improves. For example,

> "Through a planned programme of sickness absence management, health promotion and education, average sickness absence will decrease by 1 day in year one and a further 0.5 days in year 2 and in year 3".

> **Or**

> "With increased engagement and employees' contribution to the health and wellbeing programme, the annual staff satisfaction survey will demonstrate a 10% improvement in answers about working for the firm".

3.12   Where the study of your organisation has identified issues for a sector or work group, be clear whether they need for specific aims or outcomes. For example, workplace accidents may be limited to a few work areas, but you may set a target to reduce them further through promotion of health and safety standards as well as a review of how rest periods are enforced.

3.13   Spell out what the organisation strives to achieve at a global, sector, workplace or employee group level and over what time period. Whilst there may be some immediate gains (particularly around staff engagement), there needs to be commitment for the long haul. Be open and flexible to change. This is one area where staff members' practical knowledge and input will help shape activity and outcomes for the better.

The Plan – Activities, Workload and Measurement

3.14   Public Health England's Workplace Wellbeing Charter[8] provides employers with a systematic way to tackle the breadth of activities encompassing employee health and wellbeing. Organisations signing up to the Charter can also work towards a nationally recognised award, graded at three levels; commitment, achievement, excellence. The Charter suits both small and large organisations. (The Workplace Wellbeing Charter, http://www.wellbeingcharter.org.uk)[8].

3.15   It is not essential to use an external tool to deliver a strategy. You do, however, need to draw up a plan that links with overall objectives and targets which typically considers:

- Activities and how these will support the achievement of the stated objectives.
- Workload, who is going to undertake what and assess the impact on the organisation's day to day functions.
- Additional resources, financial investment and staff members' input. This may be managerial or staff participation in activities.
- Phasing priority actions and timescales. If your business operates from various sites you may also need to roll out according to location.
- How progress will be measured.
- Who needs to be involved.
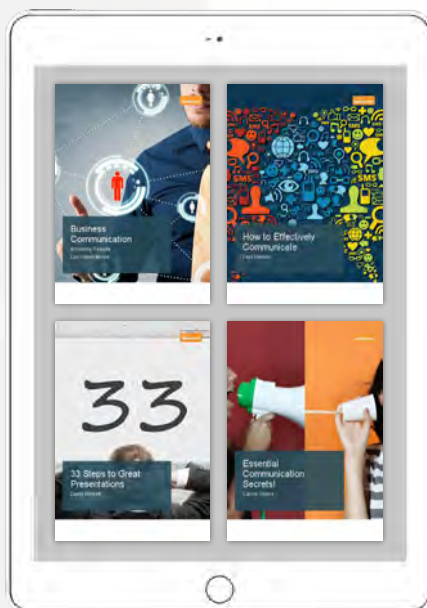
3.16   Where funding is a problem, be clear on any financial returns, for example reducing the cost of agency resources for those on paid sickness absence. To reduce costs in implementing the strategy, look at the free information that is available from charities or government backed organisations. Consider workplace activities that are minimal cost to the employer, such as lunchtime walking groups.
The Fit for Work Service, (www.fitforwork.org.uk), provides free occupational health advice, a help line and a library of information.

3.17   Measuring progress can be tricky, but it is essential. Wherever possible, gather relevant facts and figures to establish your base-line. Recording sickness absence is a requirement for Statutory Sick Pay purposes. Information on sickness rates is, however, also critical to understand issues of productivity. This may include average sickness per employee, frequency of spells and employee specific information about those with lengthy absences. Other information to collect and to use as measures include:

- Accident statistics and events.
- Staff turnover.
- Feedback from leavers' exit data.
- Survey information, particularly staff satisfaction rates.
- Instances of employee grievances.
- Information on employees working excessive hours.
- Participation rates in activities.
- Productivity & performance data – sometimes tough to measure and even tougher to attribute to health and wellbeing. But may be particularly useful where absence has an immediate impact on measurable outputs.
- At an individual employee level, as well as absence, behaviours such as late start times and long lunch hours may be indicators of life style choices that impact on the workplace and need to be addressed.

Build in time for regular analysis of the data and the link to achievement of targets. Identify the key decision makers and use the data to inform, revise and celebrate the strategy.

4. Who to involve?

4.1   Ask employees what they want from a health and wellbeing strategy. Be honest and clear what aspects they can influence. The level of employee input will vary significantly between organisations and will be influenced by its functions, geographical spread and culture. Methods need to be varied accordingly; staff surveys, focus group, e-mail suggestions, chat lines. Value all contributions. Even if suggestions cannot be adopted in full, acknowledge people's input and try to identify aspects that have potential, even if to park them for the future. You will be surprised.

4.2   Senior managers and decision makers need to support the strategy. But be realistic. There are a multitude of demands on their time, so ensure that their input is measured and has purpose. Other people to involve include:

- The trade unions or organised staff consultative groups.
- Occupational health services.
- Facilities management.
- Marketing and communications colleagues.
- Finance staff, colleagues may be particularly influential in supporting any financial investment.

Make sure that participants know their role, keep them informed and involved.

5. Time to Reflect

5.1   This chapter stresses the importance of; understanding an organisation, identifying the drivers for embarking on a strategy and the need to create a business case with clear outcomes, benefits and an implementation plan.

5.2   Before moving on take time out to reflect on what you would include in your business case. Thinking about your organisation, write down:

Why – identify why you are considering a Strategy. If there is only one overarching driver that's fine.

Scope – be clear what a Strategy will cover.

Who – identify your allies and your potential supporters. Think about who you need to influence and persuade.

What – consider your overall objectives and how these will be supported by aims, targets, outcomes.

Measuring Success – note the measures that you will use to know whether aims and targets have been achieved.

5.3   The following chapters look at areas of activity that you may want to include. Not everything will suit every organisation. Pick and mix to suit your needs.

2 MANAGEMENT, POLICY AND PROCEDURE

1. Introduction

1.1   On a cold and rainy Monday it is hard to believe, but work is good for you. In their 2006 study Waddell and Burton concluded that:

> *"There is a strong evidence base showing that work is generally good for physical and mental health and well-being. Work can be therapeutic and can reverse the adverse health effects of unemployment".*
>
> – (Is Work Good for Your Health and Wellbeing[9])

There were provisos. Jobs need to be safe, with account taken of the nature and the quality of the work as well as the social context.

1.2   In this chapter we will look how management arrangements and managers significantly impact on the quality of work and that a positive environment enhances employees' health and wellbeing. Whilst it is beyond the scope of this book to detail broader policy and procedures, we do consider how these may characterise a culture and how they should strive to deliver consistent management practices across an organisation.

2. Good Managers and Management Arrangements

2.1   In their booklet, "Health, Work and Wellbeing"[10], ACAS notes that how work is organised will impact on employees' health and wellbeing. By drawing upon the principles of a model workplace they identify characteristics of good and poor management and the link with health and wellbeing. This is illustrated in the figure reproduced below:
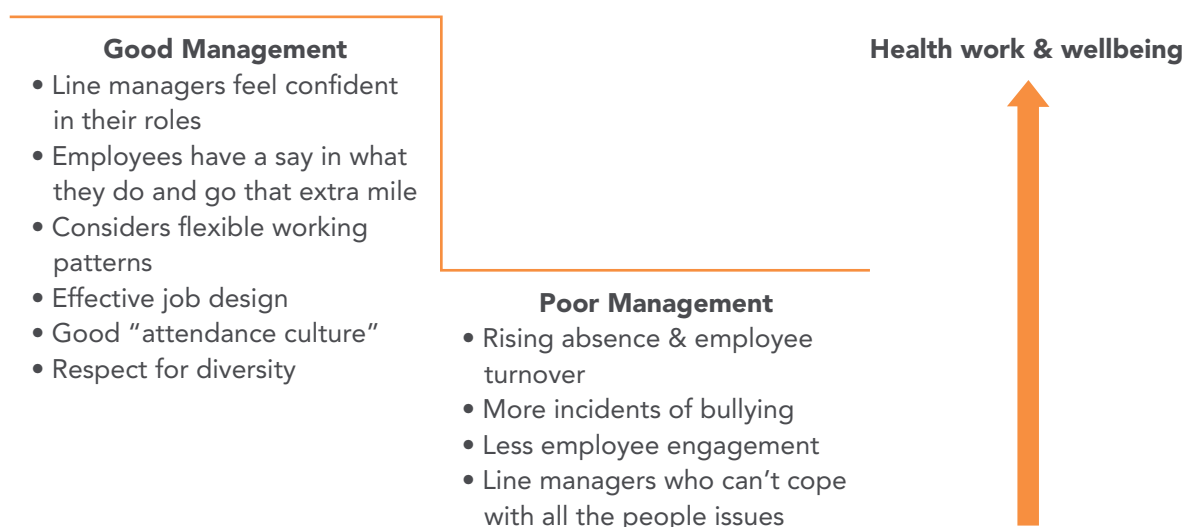
Good Management
- Line managers feel confident in their roles
- Employees have a say in what they do and go that extra mile
- Considers flexible working patterns
- Effective job design
- Good "attendance culture"
- Respect for diversity

Health work & wellbeing

Poor Management
- Rising absence & employee turnover
- More incidents of bullying
- Less employee engagement
- Line managers who can't cope with all the people issues

Figure 3 ACAS; Health, Work and Wellbeing and the impact of good and poor management [10].

2.2   The model places good management at the heart of employee health and wellbeing; albeit there is no blueprint for a "good" manager. Characteristics that are valued will vary between organisations and will develop over time. Most of us can recognise poor managers. They can deflate employee morale and trigger stress that may lead to serious mental health issues. As we have seen in the previous chapter, stress, depression and anxiety are major causes of sickness absence. Avoiding situations that can adversely contribute is vital to the successful implementation of a health and wellbeing strategy.

2.3   Managers need to have a reasonable workload and be allowed to give proper attention to the management task. Too often people are promoted to management positions based on their technical ability alone. In a command and control environment this may enable people to exercise knowledge-based authority. But for a 21st century well-informed workforce this is not enough. People need to feel engaged, valued, empowered to be able to contribute and to discuss ideas or concerns. Management skills can be taught. Good managers will be trained and confident, even when dealing with difficult people issues. These may be particularly tricky around absence where often frank but sensitive dialogue is called for and the quality of support will significantly impact success. Support may be provided through HR input, external services such as occupational health services and through sound policy and procedures.

2.4   Individual management action will be shaped by the organisation's values and management dogma; we look at several areas which are pertinent to our topic.

2.5   Public Health England's Workplace Wellbeing Charter[8] recognises the importance of good equality and diversity practices. To enhance people's wellbeing an organisation must not only be fair but feels fair, underpinned by a culture that addresses and supports equality and diversity. By ensuring that employment practices are fair, flexible and enable people to reach their full potential, organisations can be healthier and happier.

2.6   Often grouped under the heading of work life balance, good management arrangements include flexible working arrangements such as staggered hours, flexi-time, ability to work from home and career breaks. It is a statutory right to be able to request to work flexible hours but agreement rests with the employer. Some organisations may fear the consequences of losing "control", as remote and flexible working arrangements create different demands on managers. But there are significant benefits for the individual and the organisation. Not least when people prepare to return to work after a period of absence. Phased returns, flexible hours and the ability to work from home could be the difference between someone having extended illness and the early return of an effective employee.

2.7   Some jobs are just more hazardous than others. Risks must be managed by effective health and safety processes, touched upon in chapter 4. Much however is also made of the health benefits of jobs that are fulfilling. As well as job security, "good" work allows someone to develop their skills, take control over tasks and the delivery of work. It involves trust by management and the willingness to allow the employee to contribute to and shape decisions.

2.8   Paying attention to the design of fulfilling jobs will be easier in some industries and for some roles. There is scope for a software developer, it's more challenging for a street cleaner. But where organisations are committed, there are opportunities in every job, these may include:

* Being clear what people need to do and why.
* Allowing people to voice ideas; having conversations with employees.
* Where practical, allowing people to organise or amend their activities.
* Giving recognition when people do a good job.
* Involving people when changes occur.
* Making procedures available to raise concerns when things go wrong.

All such approaches will enhance the job experience.

3. Policy & Procedures

3.1   Effective managers choose to use policy and procedures to make the workplace better for the individual and the team. The consistent application of procedures sends a strong message on management standards and provides surety for employees that issues will be dealt with properly.

3.2   Procedures such as discipline, grievance, bullying and change management provide a structured and timely approach to dealing with difficult issues. The matters under consideration are often stressful. A lack of policy and procedure creates confusion and increases that uncertainty and stress.

3.3   To be effective, policy and procedures must be:

- Up to date, with changes communicated across the workforce.
- Well known, employees should know how to raise a complaint or the steps in a reorganisation. Procedures must be readily available; recognising that not every employee will have access to an organisation's intranet. They need to be written in a style that people understand.
- Realistic and adhered to. For example, if people are expecting to have a response to a grievance within a set period; significant delays have the potential to heighten stress.
- Reflect the difficulties that the organisation and people face. In Chapter 3 we will look at sickness management in detail. There may however be issues around bullying, harassment and victimisation that also need to be addressed.

Bullying and harassment

3.4   Bullying and harassment are behaviours that makes someone feel intimidated or offended. Harassment because of a protected characteristic is unlawful under the Equality Act 2010. (Protected characteristics under the Act are; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation). But beyond legal constraints, bullying and harassment are negative and damaging.

3.5   Bullying and harassment can impact an employee's psychological health and the overall wellbeing of the workforce. The impact may extend beyond the victim to other colleagues who bear witness. Unaddressed aggression or unresolved conflicts have the potential to escalate into a crisis at odds with a wellbeing environment.

3.6   A policy to deal with incidents of bullying and harassment sends a clear message that such behaviours will not be tolerated. It provides a mechanism to raise concerns so that matters can be dealt with quickly and fully. ACAS and the HSE (Health & Safety Executive) provide model procedures that can be adapted for organisations. Typically, procedures must be endorsed by senior management, respect the confidentiality of the complainant, have a clear and time bound process to consider complaints and a recognition that outcomes may be various. This should include the use of mediation, disciplinary action or management training. People may not be aware of the full impact of their actions. One person's view of strong management can cause suffering to another. But in an organisation committed to employees' wellbeing, such actions can be stopped, people can learn and become good managers.

4. Time to Reflect

4.1   This chapter looks at how good managers, management arrangements and the availability of procedures can avoid workplace stress and provide mechanisms to deal with problems when things do wrong.

4.2   In Chapter 3 we will look in detail at sickness absence. But thinking about other areas of management and managers in your own organisation;

- How far does your organisation meet the ACAS model of good management?
- Is there a particular area that demands attention?

Jot down your observations and consider whether you to need to revise your strategy objectives (as described in Chapter 1). A positive management environment will enhance the success of wellbeing activities which are described in the chapters that follow.

3 MANAGING SICKNESS & ABSENCE

1. Introduction

Over the last few years the first Monday in February has become dubbed, "national sickie day". In the UK, this is the day when the highest number of employees reportedly phone in sick. There may be greater instances of contagious disease at this time of year or more people struck by mid-winter depression. But whatever the reason employers need to respond to sickness absence as it presents and throughout the year. In this chapter, we explore how an organisation can act to manage the impact of sickness and other non-planned absences which is central to the successful implementation of an employee health and wellbeing strategy.
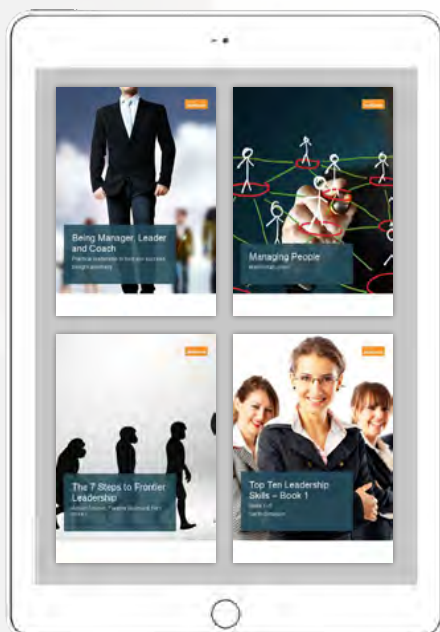
2. Policy & Procedure

2.1   All employers, big or small, need clear policy and procedure on sickness management. Standards should be consistent across an organisation with differences justified by role demands. For example, it would be irresponsible for a school's Meals Assistant to attend work with a mild contagious disease whilst a home-based employee may successfully work part day.

- Policy will define pay whilst people are sick, communicate levels of absence that will trigger management action, reinforce commitment to individual's confidentiality, describe the support available to those who have genuine grounds for absence and explain the organisation's tolerance to continued absence and the potential consequences.
- Procedure will provide a structured process so that sickness absence can be managed. It should set out the employee obligations (such as first day reporting, the provision of fit notes etc.), and the steps that will be taken by management.

2.2   There are two types of pay during sickness absence:

- Statutory Sick Pay (SSP), the employee needs to have been off work sick for 4 or more days in a row, (including non-working days). It is payable for up to 28 weeks.
- An organisational sick pay scheme as set out in the employment contract. Where occurring, this is more generous than SSP which is the minimum.

2.3   There is potential to review an organisational sick pay scheme where the entitlements may be seen to contribute to sickness absence; particularly where pay continues during very long-term absence. Review may be right for your organisation but such action must be approached with caution. Often entitlements have been established for many years and through collective bargaining. Changing them may create industrial relations problems that negatively impact on the working environment. It's far better to manage the cessation of sickness absence before payment becomes a drain. There will be exceptions, particularly for those that are critically ill or terminal, where most organisations will accept continuing employment and pay.

2.4   As described in chapter 1, the most common reason for most sickness absence is minor illness. We all get sick from time to time. It is however important that all absence is monitored and, where a pattern of absence is identified, that swift action is taken; for example, regular absence around a weekend. It is useful to set trigger points to commence formal procedures, typically 10 days' absence or 5 occurrences over a year, guarding against these being viewed as "entitlements". Avoid the use of language that reinforces such an idea; for example, avoid the term "sick leave". Be

clear that any absence may be a problem that needs to be addressed, although the level of intervention will depend upon the length and type of absence.

2.5   Procedural steps will vary between organisations but will typically include the following, where appropriate these are described in more detail below:

- Notification by the employee of intended absence on first day of sickness and then proscribed intervals thereafter.
- Self-certification by the employee and absences that require a fit certificate from a qualified medical practitioner. (More on fit certificates in section 3 below)
- Keeping in contact.
- Return to work interviews.
- Use of capability.
- Seeking advice of occupational health services.
- Reasonable adjustments and purchase of enabling services such as physiotherapy.
- Phased and staggered return to work.
- Monitoring and review.
- Or as a last resort, dismissal.

Figure 4 – Elements of managing sickness absence.

2.6   The return to work interview is a powerful tool. It acknowledges the absence, helps the manager and employee to assess whether there are any duties to be avoided short term, provides an opportunity to discuss any details on the fit note, enables standards of attendance to be re-confirmed, and opens a dialogue on the causes of absence which the organisation can influence. This may be particularly pertinent where absence is work related, e.g. stress cases. Ideally the process should conclude with a plan, targets and trigger points for future intervention. Records should be kept, which the individual can see, with confidential medical information controlled as per data protection guidelines.

2.7   Discussions with an employee should not, however, be restricted to the return to work interview alone. Dialogue throughout someone's absence is critical, using suitable methods agreed with the employee. These may include; e-mail exchanges, phone conversations, review meetings and home visits. There may be circumstances where contact is particularly tricky or inadvisable; but in most cases the contact avoids issues of isolation from the workplace, maintains relationships between manager and employee and facilitates arrangements to return to work.

2.8   Where an employee's level of sickness absence is a matter of continuing concern, organisations may choose to use their formal capability procedure with rights of representation. The procedure, however, should be used positively making use of support (occupational health, counselling services etc.), to enable the employee to achieve required standards, whilst being clear the likely consequences if this does not happen. Target-setting is especially valuable. Where necessary, employees must be told if their level of absence is putting their job at risk.

2.9   In the employment of people with disabilities, it is essential to consider making reasonable adjustments to help the person overcome the effects of their disability. Changes may include; job content, adjustment to the working environment or working arrangements, (hours of work, start and finish times etc.). Similar arrangements may also apply for those who are looking to return after a period of sickness absence but need short term assistance. This may include phased or staggered returns, where people work short days or weeks for an agreed period. In such circumstances, how people's absence is recorded and the pay for non-working time will be a policy decision. Potentially this may be sickness, annual leave, special paid or unpaid leave. Generally, if an employer pays for an employee's medical care this is viewed as a taxable benefit. The employee would be required to pay tax on the benefit and the employer national insurance contributions. There is no need to report anything to HMRC or pay tax and National Insurance if, as an employer, you pay up to £500 medical treatment costs for an employee to return to work. The employee must have either:

- Been assessed by a health care professional as unfit for work (or will be unfit for work) because of injury or ill health for at least 28 consecutive days.
- Been absent from work because of injury or ill health for at least 28 consecutive days.

Services that may be recommended would include interventions such as physiotherapy. Paying for an employee's treatment may make the difference between them returning to work quickly and remaining on paid sickness absence with the associated loss of expertise and productivity. It is worth considering.

2.10   People can be dismissed for sickness absence. Even where all parties acknowledge that the sickness is "genuine". Such action must only be pursued in accordance with your own organisation's procedures including, where such arrangements are available, the potential for ill health retirement. As a generalisation, sickness absence because of a person's disability must be considered less stringently. Dismissing any employee who is long term sick should only be pursued where:

- The person has been given opportunity to achieve clear standards of attendance
- There is medical advice suggests the person's condition will not improve within a period that the organisation can sustain. And
- Proper consideration has been given on adjustments to work or whether alternate work is available, even if this is for less pay.

2.11   Organisations do not have to keep records on the reasons for sickness absence. However, at an individual employee level, the information will assist in properly monitoring absence and working with an employee where improvements are needed. You must be mindful of the requirements of the Data Protection Act 2018 (DPA 2018), and the General Data Protection Regulation (GDPR) on security of sensitive personal data. The Information Commissioner's Office, (www.ico.org.uk) has lots of useful advice. At an organisational level, information on broad reasons for absence, alongside rates and frequency, will provide valuable clues on the effectiveness of the sickness absence policy, management activity, policy direction and the progress in made in implementing your health and wellbeing strategy. It is also worth defining what your organisation means by short term and long-term sickness, so that suitable measures can be applied. UK government sites say that employees who are off work sick for more than 4 weeks may be considered long-term sick. But in your organisation if management actions escalate at say 10 days, that's fine as a guide. Communicate the standard and be consistent in its application.

3. Sources of Help

3.1   You are not on your own. Whilst a large organisation may purchase occupational health services there is support available for every employer.

3.2   An outcome of Dame Carol Black's study, "Working for a Healthier Tomorrow" in 2008[11], was the introduction of the fit note as a replacement to the medical certificate or so-called sick note. The doctor will either advise whether the employee is 'unfit for work' or 'may be fit for some work'. Hospital doctors or GPs can sign a fit note. They must advise on fitness for work in general rather than fitness for the employee's specific job. The note includes space so that the doctor can give general advice about how the illness impacts and tick boxes to suggest, where appropriate, ways in which an employer could support the person's return to work. For example, performing different tasks or duties. The fit note is advisory. An employer can choose to accept it or not. There is also no obligation on the employer to pursue any actions that are suggested by the doctor. Their comments may, however, be useful in discussions with the employee, or where the absence does not merit referral to an occupational health service. Where capability action is being considered these comments become relevant evidence, so a response is necessary. It is worth stressing that an employee can go back to work at any time (including before the end of the fit note) without going back to see their doctor - even if their doctor has indicated that they need to assess them again. General advice is that this will not breach an organisation's Employers Liability Compulsory Insurance, providing a suitable risk assessment has taken place if required.

3.3   Many large organisations will have their own arrangements for occupational health services. These may be in-house or purchased from an external provider. The range of services will vary and may include help lines, strategy development, screening, (general health, drug usage etc.) and ancillary services such as counselling. Occupational health assessments for sickness absences that are of concern and matters around ill health tend to be standard. For an occupational health service to be effective it is important that its role is understood. Whilst they will comment on a prognosis, typical duration or impact of an illness they cannot predict when someone will return to work. Too often employee referral to an occupational health services is also promoted as a threat; if absence does not improve the employee will be "sent" to the doctor. People subsequently do not attend or do not engage constructively. These are lost opportunities. Occupational health services provide independent, expert, impartial advice to employers and employees about the effects of health conditions on someone's ability to work and how work may impact on a person's health. A service's ability to provide quality views will be influenced by the information that they receive from the referred person and the organisation. Having open communication with a provider is vital with appropriate questions asked and responses discussed by both employee and the employer.

3.4   The Faculty of Occupational Medicine (www.fom.ac.uk) provides useful advice on the role of occupational provision including information on SEQOHS, the accreditation scheme for occupational health services. SEQOHS (Safe Effective Quality Occupational Health Service) accreditation provides recognition that the occupational health service provider has objectively demonstrated their competence, as defined by the standards. Their site includes a list of accredited services, (www.seqohs.org). A further option for businesses looking to purchase occupational health services is to talk to their NHS provider. The NHS Health at Work Network, (http://www.nhshealthatwork.co.uk), can also provide businesses with a list of NHS occupational health providers local to them. The Department of Health has, however, recognised that there is more to do to make occupational health services available to all. The Fit for Work Services ceased responding to referrals in 2018, due to low take up. (The site still provides very useful advice on health conditions). The report, 'Improving Lives the Future of Work Health and Disability, (Department of Health 2017)[12], notes that,the current model of OH provision does not fully meet the needs of employers or individuals and work is taking place to 'find robust and lasting solutions' Their aim is by 2019/2020 to be able to set out a clear direction and strategy for future reform.

3.5   Counselling and employee assistance programmes are also worth considering albeit at a cost. They may be part of an occupational health service package or standalone. Workplace counselling is usually short term, providing help to deal with an issue or potentially as a bridge to longer term help through another provider such as the NHS. It is essential that a workplace counselling service is confidential and free for the employee. A service provides an outlet for people to talk safely about issues that concern them, including problems at work such as bullying. Counsellors don't give advice but aim to assist people find their own solutions or manage a situation. Employee Assistance Programmes (EAP) have an element of counselling. People tend to interchange the terms. EAPs often also refer people to other professionals or agencies that can offer extended care in a particular area, frequently through a triage style system. Other services may include dealing with; substance abuse, (drugs, alcohol), bereavement, financial / legal advice, personal relationship issues and other personal problems that do not originate from work but impact on someone's day to day functioning. There are many providers on the market and forms of delivery vary, including on line support, 24/7 phone line services as well as face to face support.

4. Illegitimate Absence

4.1   Everyone who reports sick is not ill. Where occurring, there is nonetheless a problem that needs to be dealt with.

4.2   You must challenge a culture where managers "turn a blind eye" to short-term sickness. Investigate the reasons why it occurs. Are the procedures too hard? Do managers fear potential confrontation with staff? Are managers' bonuses linked to a low levels of sickness absences? If you fear this is a problem, most organisations "know" when it is, consider reviewing procedures, training managers, offering dedicated HR support or, if necessary, holding the manager to account.

4.3   Be cautious of replacing the need to phone with e-mail or text notification. In a conversation with a real person, employees will be more aware of the consequence of their decision not to attend work and it also allows the manager to explore any work issues that need to be dealt with immediately.

4.4   Sickness absence can also mask other issues which the organisation may be able to assist with. This may include child care and elder care responsibilities. Use return to work interviews or include third parties such as HR or trade union representatives to open a discussion. When problems are identified involve the employee in seeking solutions, which may include more flexible working arrangements, the ability to request annual leave or special leave (paid or unpaid) at very short notice.

4.5   It is difficult to identify where employees are not "genuinely" sick. Unless there is clear evidence, for example someone doing another job whilst absent, it is hard to make judgments about people's motivation or how a health condition may impact upon them. In circumstances where there are concerns about an employee's behaviour, use organisational approved procedures (discipline or capability) to reinforce required behaviours, set targets, monitor and act.

5. Presenteeism

5.1   An effective strategy is not just about controlling absence but about enhancing employees' health and wellbeing. Presenteeism is used to describe several negative circumstances, including where people attend work when they are sick, work hours that are excessive to get the job done, demonstrate reluctance to take annual leave and unwillingness to separate from work whilst on holiday. Examples may include accessing workplace systems remotely and responding to e-mails. Whilst some employers may admire such behaviours; there are risks. Burn out is a foreseeable negative consequence. Productivity will reduce. Individuals may develop stress and mental health related problems.

5.2   There are various reasons why people may fall into such behaviours. Some may have fears about; pay, inability to achieve or loss of control. An organisation's culture will be of significant influence. It is a tricky area to tackle but:

- Encourage your organisation to celebrate outcomes/outputs rather than input alone.
- Use senior role models to reinforce acceptable behaviours.
- Do not allow employees to "buy out" untaken annual leave.
- Monitor excess hours and encourage managers to discuss in appraisal, performance management reviews and other reflective discussions.
- Provide staff access to impartial support services, or counselling services, so that people can highlight concerns in a safe environment.
- Train managers in people management skills so that they can identify problems and take appropriate action.

A healthy organisation is not one where no one is sick but one where sickness absence is managed and people are supported to minimise the impact, returning to work speedily and safely.

6. Time to Reflect

6.1   In this chapter we have considered the elements of sickness absence procedures and the support available to employers. We have emphasised the need for effective dialogue with employees on occasions of absence and where there are concerns about someone's workplace behaviours. Reflecting on the areas that we have covered, write down a checklist of issues that a manager should cover in each of these scenarios:

- Scenario1 – a return to work interview with an employee who has had 12 days' sickness over four occasions.
- Scenario 2 – a home visit to an employee who has been on sickness absence for 30 continuous days and has just provided a further fit certificate which says they may be unfit for work.
- Scenario 3 – an end of year discussion with an employee who has only used 10% of their annual leave entitlement and regularly works more than their contractual hours.

4   HEALTHY WORKPLACES

1. Introduction

1.1   The World Health Organisation, (WHO) defines a healthy workplace as:

> "One in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of workers and the sustainability of the workplace by considering the following, based on identified needs:
>
> - health and safety concerns in the physical work environment;
> - health, safety and well-being concerns in the psychosocial work environment including organisation of work and workplace culture;
> - personal health resources in the workplace; and
> - ways of participating in the community to improve the health of workers, their families and other members of the community."
>
> (WHO Health Workplace Framework & Model – Joan Burton 2010[13]).

1.2   We have previously looked at the influences of culture and the organisation of work. In this chapter, we explore how the physical environment of the workplace contributes to good health and wellbeing. We also consider how organisational policies and initiatives can deliver significant benefits for the individual.

2. Understand the Workplace

2.1   There are millions of people in the UK who work in offices. But this is only part of the picture. Think about your organisation and where people work. There is probably office-based staff, (on site or working remotely), cleaners, maintenance staff, potentially; drivers, trades people based on client's sites, carers in people's home and those working out of doors. In delivering a health and wellbeing strategy it is important to reflect the challenges different workplaces create. If you don't know, ask people, they are best placed to identify positive and negative aspects of their environment. As we discussed in chapter 1, one of the potential benefits of an employee health and wellbeing strategy is employee engagement. It is a great opportunity to ask employees and managers how the workplace can be improved in ways that will enhance their wellbeing:

- Be clear on any limitations. For example, any changes must be at low cost.
- Act upon any health and safety issues that are identified. There may be a legal requirement.
- Always give people a response. Even if you cannot fully meet their wishes try to identify positives in the suggestions and develop these further.

You may be happily surprised at the ideas people suggest.

2.2   To give some ideas on the potential issues faced by different workplaces, we have described three scenarios. They aim to illustrate the diversity of where people work and how these trigger different needs:

Scenario 1

- A gardener employed to work at people's homes and at corporate clients' sites. Potential issues: some lone working; risk of infection through cuts and grazes, exposure to different weather conditions, use of tools and equipment. Ideas to think about; provision of smart phone and the use of telephone apps to communicate information and reminders on health & safety or to report

accidents, travel first aid kit, periodic tetanus injections, access to drinking water or bottled water, safety in the sun information and sunscreens, training in the handling of tools and equipment.

Scenario 2

- Salesperson regularly travelling abroad. Dependent on destination, but potential issues; jet lag, security risks, isolation from the organisation, access to medical care, different climate from UK. Ideas to think about; ensuring work arrangements reflect recovery time from travelling, use of reputable firms for travel arrangements, vaccinations, medical insurance, awareness of Foreign and Commonwealth Office advice, regular requirement to report back to named person in the UK or to report accidents, advice on safety in the sun or other local issues that may impact, (e.g. drinking water, exposure to "smog"), sunscreens, travel first aid kit.

Scenario 3

- Call centre operator with shifts undertaken at a fixed work station. Potential issues; muscular skeletal problems, sight problems, stressful situations. Ideas to think about; adjustable work chair, DSE (Display Screen Equipment) assessment, foot stool, eye tests, screen guard to prevent glare, regular breaks during the working day, occasional access to a work station where the operator can stand, information about office health and safety arrangements, (e.g. named first aiders), regular supportive supervision.

2.3   The jobs in your organisation may be very different from the scenarios described but by assessing potential risks you can make the workplace safer and consequently enhance people's wellbeing. Health and safety in the workplace could be a book on its own but in the following section we consider some key issues.

3. Health & Safety

3.1   Health and safety is unfashionable. It is portrayed as bureaucratic and the preserve of the killjoy. But in Great Britain, year 2017-18, there were 144 workers who were fatally injured[14]. Such tragedies are unusual; and the UK's record is positive compared to other EU countries. A HSE study in 201515 noted the standardised incidence rates (per 100,000 employees) of fatal accidents at work in the UK to be 0.5. This was compared to over 3 in France and over 3.5 in Romania. However,

without proper awareness of risks and their management, work can pose dangers to people's lives, sometimes significantly, but can also lead to disease, injury or have an adverse impact on wellbeing. Such problems can lead to significant costs. It is essential therefore to positively promote the role of health and safety as part of your health and wellbeing strategy.

3.2   Health and safety is bound by legislation and regulations. Including but not limited to; the Health & Safety at Work Act 1974, the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 and the Workplace (Health, Safety and Welfare) Regulations 1992. The latter Regulations deal with the working environment. They place a duty on employers to ensure that the workplace is safe and suitable for the tasks being carried out and that it does not present risks to employees and others. The Regulations cover a long list of aspects of the working environment setting minimum standards, for example on:

- Maintenance of the equipment and systems.
- Ventilation.
- Temperature in indoor workplaces.
- Sanitary facilities.
- Washing facilities.
- Drinking water.
- Lighting.

3.3   It is beyond the potential of this book to set out health and safety requirements for individual roles and workplaces. Excellent and free advice can, however, be found on the HSE site (www.hse.gov.uk) and on the website of Institution of Occupational Safety and Health, (IOSH, www.iosh.co.uk). The advice recognises the demands of SMEs as well as large organisations and will advise on multiple aspects of health and safety from how many toilets there should be in a workplace, to writing a strategy, industry requirements, training, reporting incidents and accidents.

3.4   It is worth highlighting that, regardless of workplace, that there are special health and safety requirements for pregnant women and mothers who are breast feeding. Specific risk assessments must be completed, and appropriate action taken. The HSE has useful guidance. The areas that you may need to consider include; exposure to some chemicals, shift working, manual handling and working excessive hours.

3.5   As well as meeting the demands of legislation, the system that is adopted must be tailored to the organisation or services. For example, the needs of agriculture are significantly different to a high-street shop. A similar and structured approach to

health and safety can, however, be applied across many services, not only to ensure that the organisation is legally compliant but because it makes good business sense. A potential approach is given below. It is not complicated and can be used by small or large organisations:
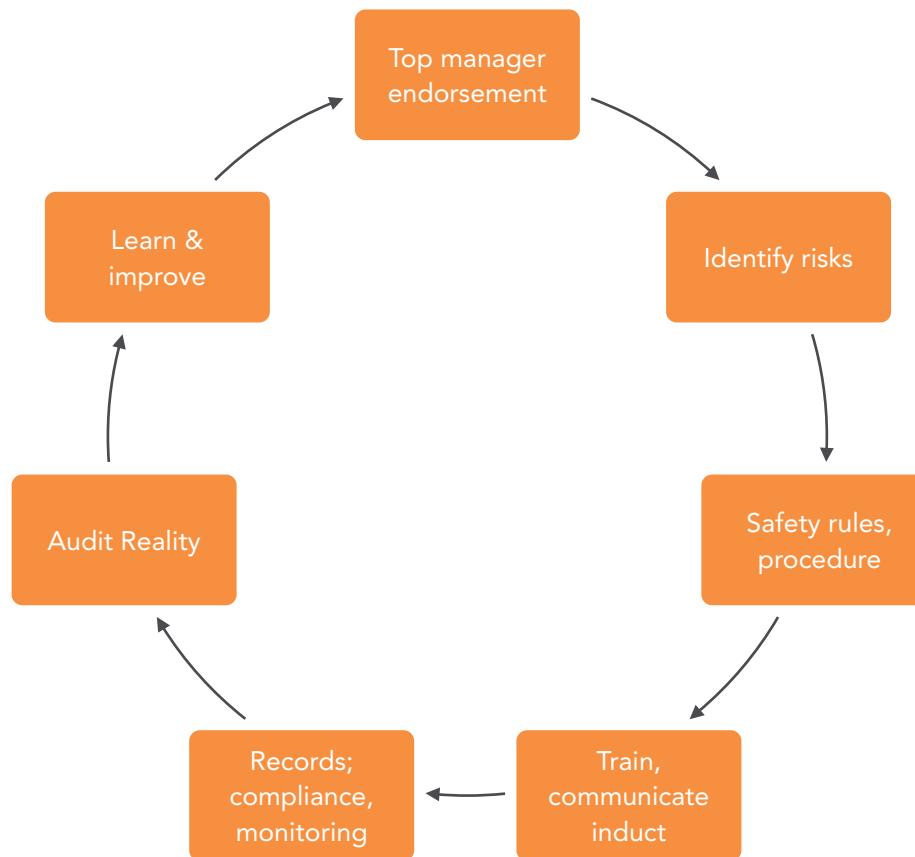

Figure 5 – Proposed structure of health and safety system

3.6   Regardless of the system in place, health and safety compliance must be led by senior managers, it must be valued and applied consistently. Through studying major incidents, the HSE have identified that there are several common factors when things go wrong. These are related to:

- Leadership.
- Attitudes and behaviours.
- Risk management and oversight.

Are these red flag areas in your organisation? Tackling complacency is essential to avoid the potential of accidents or damage to employees' health. You may not be able to make health and safety exciting but make health and safety awareness and compliance central to your health and wellbeing strategy. Getting these factors right might not only enhance employees' health and wellbeing but may save a life.

4. Working Environment

4.1   In this section we look at how an organisation can take steps to make the working environment a healthier place to be and to enhance individuals' wellbeing. Education and programmes targeted at individuals will be discussed in chapter 5.

4.2   In England, smoking has been banned in all enclosed public places since 1st July 2007. Organisations can be fined if they don't stop people smoking in the workplace, (up to £2,500), or up to £1,000 if they do not display "no smoking" signs. Workplaces are not necessarily enclosed public places. It is an organisation's decision how far they ban workplace smoking beyond the legal requirements. In 2017 there remained an estimated 7.4 million adult smokers in Great Britain. (ONS report: Adult smoking habits in the UK: 2017)[16]. A clear policy on non-smoking in the workplace is not cutting edge but, alongside support for the individual, (explored further in chapter 5), should be an integral part of an organisation's health and wellbeing strategy.

4.3   The use of electronic cigarettes, (so called vaping), is contentious. For some they offer a safer alternative to cigarettes and are used as a step towards stopping smoking. In 2015 Public Health England published an independent review which concluded that e-cigarettes are significantly less harmful to health than tobacco and help people stop smoking (www.gov.uk/government/publications/e-cigarettes-an-evidence-update)[17]. Others fear that they may, once again, normalise smoking. Several countries have introduced a partial ban or regulations on sale. Their reasons are various, and some appear to be cautious due to the lack of research on long term implications. Currently in the UK there are restrictions on the sale of e-cigarettes, but it remains an organisational decision whether to ban, restrict or allow usage. Only individual organisations can decide but it is an area worth considering, taking account of current advice.

4.4   The ONS statistical bulletin, 'alcohol-specific deaths' in the UK: registered in 2017, notes:

- In 2017, there were 7,697 alcohol-specific deaths in the UK.
- For the UK, alcohol-specific death rates increased in recent years to similar rates observed in 2008 where they were at the highest recorded.
- Since the beginning of the time series in 2001, rates of alcohol-specific deaths among males have been more than double those observed among females (16.8 and 8.0 deaths per 100,000 in 2017 respectively).
- In 2017, alcohol-specific death rates were highest among 55- to 59-year-old females and 60- to 64-year-old males.

(Office for National Statistics Alcohol-specific deaths in the UK: registered in 2017)[18],

As well as fatalities, the misuse of alcohol may lead to diseases directly linked to consumption, such as cirrhosis of the liver and is believed to be a contributory factor in illnesses such as some cancers. At its most benign, over-consumption may lead to sickness absence, poor attendance, safety issues, behavioural problems and dips in productivity. A clear policy on employees and alcohol is an important element of any health and wellbeing strategy.

4.5   An alcohol policy should ideally address two aspects:

- Clarity of the use of alcohol in the workplace, including social occasions and entertaining clients. It is questionable that there should ever be an organisation sponsored event that encourages over use. But where alcohol is available, (e.g. internal awards ceremonies), there should always be a non-alcoholic "grown up" alternative. This ensures that those who do not consume alcohol for whatever reason, (religious observance, health, personal choice, car driver etc.), are catered for and that health living options are promoted.

- Managing individual issues. An alcohol policy should aim to address problems early and lean towards providing employees with support. For example, pointing people to appropriate help. (There may be instances where alcohol consumption or abuse is a disciplinary issue and cannot be ignored). Policies may include an element of education including identifying signs and encouraging people not to cover up for their colleagues. Some policies will be extended to cover the misuse of other substances and drugs. Be cautious that in some instances drug usage may be an illegal act and as such the organisation's response must be proportionate.

4.6   No-one can fail to notice that people in the UK are getter fatter. There are frequent news items reporting on increasing obesity rates. Is this a responsibility of organisations? Of course, it is not, but organisational arrangements can assist in promoting healthy eating:

- For those with staff restaurants, encourage caterers to include and promote health options. Discuss with them the potential to describe dietary information including calorific values of food and drink. Where catering services are let under a contract, place healthy options high on the award criteria and in the specification.

- Broaden the range of products sold through vending machines. There are snacks that are healthier than chocolate and crisps; make these available and place at eye-level. Some vending machines also now have video screens that display calorific and nutritional information.

- Where hot drinks are provided, include decaffeinated options.

- Stop people eating at desks and work areas; a no cost initiative where there are multiple benefits. People cease to "graze" on food throughout the day, take meal breaks and socialise with colleagues. Finding a dedicated space for eating can be a problem but with a separate area within the work place, benefits can result.

4.7   Standing desks are fashionable. A standing desk, sometimes referred to as a stand-up desk, simply allows the person to stand up whilst working! Some are adjustable so that the person can alternate between standing and sitting. There are various health claims, including the fact that people burn slightly more calories when standing than sitting. The research on impact is at an early stage and you may be advised to watch progress before committing expenditure beyond a trial. It does, however, illustrate that there are innovative ideas that have the potential to make the working environment a healthier place.

5. Get Moving

5.1   The Department of Health recommends that adults should do 150 minutes of physical activity a week or 75 minutes of vigorous physical activity a week. Vigorous activity makes someone breathe hard and quickly. Suggested benefits include reducing the risk of heart disease and type 2 diabetes. NHS advice is that sitting for too long is bad for health; regardless of how much exercise is taken. It is suggested that it slows the metabolism, this adversely impacts on the body's ability to regulate blood sugar, blood pressure and break down body fat. Becoming more active is a person's lifestyle choice, but one that organisations can support.

5.2   Some jobs and workplaces don't readily encourage movement, for example a coach driver. In such environments, individual education and encouragement to take exercise are more realistic solutions. But for most jobs, an organisation can take steps to encourage movement and discourage sedentary behaviour such car journeys for travel.

5.3   Look at your policies on car usage, company cars or leased cars. Are they essential to deliver services or are they an expensive perk? Be conscious of the recruitment and retention impact of removing but critically examine whether over reliance on car usage can be sustained or whether some employees should be encouraged to walk, cycle, or make more use public transport.

5.4   Consider introducing a cycle to work scheme. The scheme is a government tax exemption initiative. Its aims are to promote cycling as a healthier option to travel to work as well as reducing environmental pollution. The employer hires cycles and

related safety equipment to employees as a tax-free benefit. The employee's gross salary is reduced by the hire costs, so in effect participants save income tax and national insurance costs. To be HMRC compliant the employer must follow specified criteria including the need to make the scheme available across the workforce. It cannot be restricted to specific job types. There is further guidance available on the gov.uk website for those considering setting up. There are many cycle scheme providers on the market, and it is worth exploring what they can offer. For those organisations that do not choose to introduce a cycle to work scheme, it may still be worthwhile thinking how cycling may be facilitated. This may include providing cycle racks or changing facilities.

5.5   Gym and swim membership may not only lead to health benefits but be attractive recruitment and retention initiatives. Even if the organisation is not able or willing to pay for membership there may be opportunities to offer discounted rates where facilities are promoted to staff. Talk to your local provider to see whether there are any deals that can be struck.

5.6   Relatively cost-free initiatives to consider are:

- Encourage people to take the stairs rather than use the lifts. The approach can be very simple. Provide information on calories that an adult may burn by climbing each floor. Introduce signage encouraging people to take the stairs or directing them to where stairs are situated! Not always obvious. For a more sophisticated option, there are mobile apps that enable people to scan information floor by floor to track their steps. Encourage people to use pedometers; most smart phones have a free app, or perhaps provide a cheap simple one.
- Organise lunch time walking groups or help staff to set up. It's a good way to get staff engaged in the health and wellbeing programme and something most people can do with the added advantages for them to meet up with colleagues.
- Facilitate extra-curricular activities such as football teams, netball teams, keep fit, yoga etc. The organisation's involvement can be tailored and simply may be allowing staff to display posters. But you could actively promote by, staff league tables, provision of facilities and accommodation, costs towards provision.
- Encourage people to take a break from work and have a walk, including those based at home. Even if it is just for 5 minutes. There are "work break reminder" apps available. But these may be simply replicated by diary management reminders in calendar software.

5.7   For initiatives to work they need to reflect the organisation's culture and be realistic. People may be encouraged to send fewer e-mails by getting up and talking to colleagues instead, however, breaking reliance on e-mail communication may be an initiative that is too far too fast. Nonetheless be bold. Accept that whilst every idea will not work and therefore be discarded, organisational initiatives to get people moving may help people feel better, suffer with fewer health problems and be more productive. It is worth giving these ideas a try.

6. Time to Reflect

6.1   In this chapter we have considered how different workplaces can impact on people's health and wellbeing and potentially create specific health and safety risks. We have aimed to show the essential role of health and safety compliance and how a structured approach can be applied to all organisations. We have also looked at how policies and initiatives can improve the working environment and help people tackle potential health issues.

6.2   Thinking about your organisation:

- How is health and safety viewed? If it is seen negatively what action do you need to take? Who is responsible for health and safety? Is your leadership engaged and committed to?
- Is there a culture where exercise and health eating are the norm? Are there initiatives that could be introduced that increases people ability to eat nutritious food and to get moving? Who should you involve?

5   HEALTHY EMPLOYEES

1. Introduction

1.1   At the centre of health promotion advice is the notion that people have personal responsibility for their own wellbeing. The concept is that with education and access to appropriate resources, such as screening, individuals can make lifestyle choices that may prevent disease or premature death. Of course, in health, nothing is certain. People's ability to make choices will be influenced by a range of factors other than personal interest alone; accessibility to health care, wealth, education, etc. But in 2015 full-time employees worked over 39 hours per week, (mean average number of hours paid per week ONS Annual Survey of Hours and Earnings)[19]. That is a lot of time when employers can influence people's awareness of health-related issues, provide information or give opportunities for health checks. Previously we have considered how organisational arrangements and culture can enhance an employee's wellbeing. In this chapter, we will look at how the organisation can provide opportunities for employees to do things for themselves.

2. Health Checks

2.1   In some jobs providing access to health checks makes sense, for example drivers getting sight tests. In most, however, provision is discretionary and focused towards supporting the individual more holistically. The array of potential checks is vast. Examples of information and tests include; weight body mass index (BMI), blood pressure (BP), cholesterol, lung function, thyroid, cardiovascular risk and many more. Some of the commercial health providers will offer different screening packages ranging from the simple to complex, with associated costs. There are also various health monitoring devices available that can be rented, like those that are found in some chemists. Generally, these allow people to measure their height and weight, calculate BMI and complete a simple BP test without the presence of a qualified medical professional. Results can be available on screen or through a printout which can be used for future reference. If these options are too costly and you can't do anything else, consider buying properly calibrated scales to place in changing rooms or in sanitary facilities so that people can monitor their own weight.

2.2   Before purchasing any health checks be clear which to choose, what they are for and for whom:

- Contact professional services to help you make choices, e.g. occupational health service or local Public Health representatives. Where it is practical, use anonymous information about the workforce to help draw up proposals. Relevant information may include gender, age groups, ethnic mix as well as what people do and any available sickness absence data.
- Ask people what checks they want and, once you have run them, ask what was useful. This can be through anonymous surveys, feedback questionnaires or focus groups.
- Check the tax position. Employer-provided health screening and medical checks are generally not be considered a taxable benefit, if restricted to one per year and covers:
  - Health screening assessment' in this context means an assessment to identify employees who might be at particular risk of ill-health.
  - 'Medical check-up' means a physical examination of the employee by a health professional for (and only for) determining the employee's state of health. This exemption does not cover medical treatment.

But you need to ensure that any programme falls within the tax-free criteria.
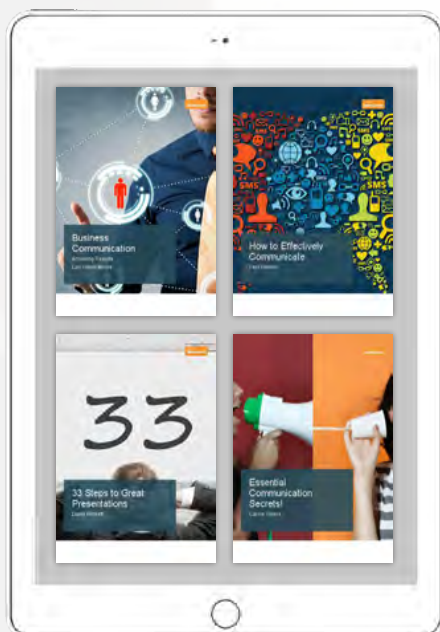
- As well as the health benefits, checks and screening can be promoted as recruitment and retention incentives. The organisation is not only saying that it values its workforce, but it is doing something practical and visible. That's worth shouting about.

- In some organisations health checks have been portrayed as an Executive's perk. That may suit your organisation's culture but remember that the availability of checks will say something about how employees are viewed. Be careful what message is conveyed. Where checks are universal across the workforce do not forget the hard to reach groups. Health checks should be voluntary; and some people will not attend without lots of encouragement. As described in chapter 1 the Men's Health Forum (www.menshealthforum.org.uk)[3] advise that men are less likely to access medical screening and checks up, despite some critical issues. For example, middle-aged men are twice as likely to have diabetes as women and twice as likely not to know they have diabetes. Think about how checks are not only made available but made acceptable. This may be how they are promoted, and where the checks take place and when.

- Where checks are administered by a health care provider, they should set standards on; delivery, accommodation requirements, privacy, appropriate disposal of waste. Where the workforce is geographically spread, avoid restricting screening to "head office" facilities only. Consider holding in local sites, at depots, staff facilities at retail outlets, schools, warehouses, etc., and outside normal "office hours" where such working is experienced. Even if this means decreasing the numbers or types of checks that are available, reaching out to the whole workforce will be significantly beneficial. Wherever held, always be clear that individual confidentiality is paramount. It may be useful to learn from the provider what key issues are identified through the programme so that future health promotion can be targeted. On no occasion, however, should individual results be shared or discussed without permission. People must know this and have confidence. It is essential that, however checks are administered, users are offered ongoing support or signposted to health services, normally the person's own GP. The nature of screening is that people find out health problems that they were unaware of and they may need follow up care.

2.3   If you can't, or don't choose to, provide health checks you can still promote services that people can access in their own time. Examples may include; eye sight tests, dental check-ups, and NHS health checks for those aged 40 to 74, sometimes referred to a "midlife MOT". Potentially, you could link with national health awareness campaigns, more on these below, or you may choose to allow time off, paid or unpaid, for people to attend. Comprehensive screening can help detect problems at an early stage and give information to help people take control of their own good health.

3. Education and Advice

3.1   Disease is not necessarily the result of life style choices. However, open any newspaper and you will see reports on the negative impacts of obesity, poor diet, smoking, substance misuse and the lack of exercise. By providing positive health information to employees, organisations not only reinforce messages that people receive outside work but also increase the opportunities to reach those people who choose not to listen.

3.2   Think about giving information in various forms. Articles in staff newspapers. Items on an intranet or targeted e-mails. Posters and leaflets in the rest room. Talks and presentations to staff groups. Or maybe involve employees in a project to design a mobile health app. You need to consider what works for your organisation and for your people. Make the details short, attractive and, where appropriate, easy to read and understand. Always use reliable sources.

3.3   National health awareness campaigns often include information on a topic that employers can share with their staff. On a continuing basis, education and advice on a broad range of topics can be found through the following routes, amongst others:

- On the government's Fit for Work Service site, (www.fitforwork.org), via the Health & Safety Executive (HSE,www.hse.gov.uk), Time to Change (lets end mental health discrimination, www.http://www.time-to-change.org.uk/resources), and the NHS' 'Change 4 Life' site which is family oriented, www.nhs.uk/change4life.
- From charities, resources include downloadable booklets, promotional materials signposting people to help, newsletters, DVDs, resources for HR staff, consultancy and training courses. Generally, these will attract a fee.
- Via your occupational health service provider where applicable. The choice of materials can be shaped towards the needs of your workforce and ideally with knowledge of staff demographics and their health needs.

3.4   Research what is available, refresh and update advice. A tired aging poster in the staff room is not enough. Engage with staff to promote real-life success stories such as celebrating weight loss or achievements in a fitness drive. Make it interesting and authentic.

4. Targeted Services

4.1   In this section we look at services to address specific health issues. As with health checks, employee participation will be voluntary, and services may vary to the demands of the workplace.

4.2   Employer sponsored smoking cessation initiatives can help reach those who otherwise would not use health services. Individuals may also feel supported, or motivated to continue, when amongst a group of work colleagues. Services can be purchased including; self-help materials, telephone "quit" lines, individual counselling, group behavioural therapies. But as a starting point it is worth contacting NHS sponsored and locally based, "Stop Smoking Services", to see what advice and support they can provide within the workplace. Services are based throughout the country. They can give people one to one support and stop smoking medicines at the cost of a prescription. Also consider pointing people to NHS stop smoking app available via I-Tunes or Google Play. It is a four-week programme that record the number of days smoke free, provides tips for success, keeps track of the person's financial savings.

4.3   In earlier chapters, we have considered the impact of mental health on sickness absence rates, how organisational arrangements influence mental health and how resources such as counselling can help people dealing with problems. There are various statistics published on the frequency of mental health problems amongst adults in the UK, but one frequently cited in 2019 is that one in four adults experience mental illness at some point. Mental illness may cover many different problems, and at very different levels of severity, for example; personality disorders, general anxiety disorders, phobia, depression, panic disorder, dependency on alcohol, drugs etc. Whilst there increasingly people are open about mental health problems, for some this remains something to hide for fear of stigma, judgment or discrimination.

4.4   There is a wealth of resources to help employers to act positively to mental health problems. ACAS have very comprehensive advice on their site www.acas.org.uk and offer related training. Managers should not, however, be expected to be experts in mental health but increasingly any workplace health and wellbeing strategy should recognise the part played by work to help people manage and enhance their mental health. A 2008 project, by the New Economics Foundation[20] identified five ways to wellbeing: connect, be active, take notice, keep learning, give. Practical examples of using this model in the workplace to support good mental health may include the following; the short description attached to each heading is drawn from the NEF study:

- **Connect**; feeling close to and valued by other people is a fundamental human need and one that contributes to functioning well in the world. Social relationships are critical for wellbeing and protecting against mental ill health. Examples; encourage managers to say thank you. Set up a new workplace forum; new mums, football enthusiasts, crossword puzzlers. Or give people the tools to do themselves.

- **Be Active**; regular exercise is connected to lower rates of depression and exercise. Examples; ban internal e-mails one afternoon a week so people walk and talk to colleagues, set up lunch time walking groups.

- **Take Notice**, we can all move to "auto pilot". But being aware of what is taking place in the present, rather than worrying about the past or the future, can enhance well-being. Examples, provide information on mindfulness and meditation techniques, encourage employees to make simple enhancements to the workplace such as plants.

- **Keep learning**, learning throughout life may enhance self-esteem and has the potential to lift people out of depression. Examples include; offer people the ability to learn something just for fun; baking, drawing or maybe riding a bicycle.

- **Give**, seeing oneself and one's happiness linked to the wider community can be rewarding and create connections with others. Examples, promote a workplace charity, enable people time off for volunteering, set up a sponsored activity.

4.5   Good mental health not only improves individual's wellbeing but can have a positive impact on people's performance and effectiveness at work. Having resources, such as counselling, to help people deal with crises is important but finding ways to prevent problems are a key part of an employee health and wellbeing strategy. And can be fun.

4.6   Seasonal flu can be a significant cause of short-term illness. It is worth encouraging eligible people to attend their GP or pharmacist for a free vaccine. Flu vaccines are available to those who are thought to be at high risk. Within the general working population this includes those with certain medical conditions, pregnant women and some who are very overweight. Employees working in front line health and social care should be vaccinated and this is an employer's responsibility. Whether you offer vaccinations to other staff is a policy decision. These can, however, be arranged in discussion with your occupational health advisor or can be purchased from one of the high-street pharmacy chains via a voucher system. The employer purchases vouchers, distributes to staff who makes an appointment with the pharmacy and pay for the vaccination via the voucher. As the costs of the vouchers are small it is unlikely to be considered as a taxable benefit; but it is worth checking with the HMRC. A relatively small financial investment may pay dividends by reducing sickness absence and maintaining productivity throughout the "flu season".

5. Health Promotion

5.1   In an increasingly informed age there is a mass of health promotional material that is available. Deciding what and how to communicate with the workforce is challenging. A potential simple structure is to link with national awareness events. The events normally have readily available publicity, information and resources that can be accessed by people, either at work or during their own time. The choice of topics is large. We have made some suggestions below based on events in 2018 and 2019, these may change. Consider what suits your organisation or current needs. Maybe involve staff in putting forward suggestions about what they would like to see included in your programme.

January–March Health Awareness

5.2   After the excesses of Christmas and New Year holidays it is timely to reduce alcohol consumption or go on a weight loss diet. It is also good opportunity to refresh resolutions. Awareness events in this period include:

- **Dry January (**www.dryjanuary.org.uk**),** which encourages people to give up alcohol for a month. The initiative provides information on the typical costs and calories of common alcoholic drinks, suggests alternative mocktails and a fitness plan. Participation can be linked with charity fundraising and those who complete the month with no alcohol can download a certificate!
- **National Obesity Awareness Week**, promotes how as a country we can eat healthier, be more active and improve overall health. Normally runs from the second Monday in January. (www.awarenessdays.com)
- **March No Smoking Day** (www.nhsinform.scot amongst others).
Running since 1984, the initiative encourages smokers to set a quit date and provides help and support. Consider following up the day with promotion of "Stoptober" which encourages people to quit smoking for the whole of October.

April–June Health Awareness

5.3   As Spring advances motivate people to get active, enjoy the sun and smile! Awareness events in this period include:

- **On Your Feet Britain**, (www.getbritainstanding.org/onyourfeet-britain), aiming to reinvigorate our increasingly sedentary lifestyles. It focuses on employer involvement in a national day to encourage people to sit less and move more at work. It's a fun day with a serious message. Site includes a calculator where people can check how many hours they spend sitting each day.
- **Sun Awareness**, (www.bad.org.uk/for-the-public/sun-awareness-campaign/sun-awareness-week), it is organised by the British Association of Dermatologists (BAD), the aim of this week is to raise awareness for the dangers of long exposure to the sun, and to promote safety when outside. It may be particularly helpful for employees who regularly work outdoors as well as those holidaying in the sun. People can order a sun awareness pack or view information on line.
- **National Smile Month**, (www.nationalsmilemonth.org), the campaign encourages dental and health professionals, schools, pharmacies, community groups, and workplaces to join in and help educate, motivate and communicate positive oral health messages and improve the quality of smiles. There are lots of resources available on the site as well as lively team events.

July–September Health Awareness

5.4   It's good to keep up promotional activity right through the summer months. Awareness events include:

- **Know Your Numbers Week,** (www.bloodpressureuk.org), this is organised by Blood Pressure UK and is their flagship awareness campaign which encourages people to know their blood pressure numbers and take the necessary action to reach and maintain a healthy blood pressure. Organisations across the UK also sign up to provide free blood pressure tests and information at venues known as Pressure Stations, in pharmacies, GP surgeries, leisure centres, shopping centres and supermarkets.
- **Sexual Health Week**, (www.fpa.org.uk/sexualhealth), the themes change year on year. There is a recognition that people of all ages may find it difficult to discuss sexual health. It advises on ways to stay healthy in existing and new relationships, gives information about sexually transmitted infections and the help that is available. Plus, some myth busting.

October–December Health Awareness

5.5   In the final months of the year it may be time to tackle some difficult issues. Or to give a boost to initiatives introduced earlier in the year. As touched on in paragraph 5.2, it may be a good time to rejuvenate smoking cessation support for those whose efforts are flagging. Other awareness events in this period include:

- **Breast Cancer Awareness Month** (www.breastcancercare.org.uk), a worldwide annual campaign involving thousands of organisations, to highlight the importance of **breast awareness,** education and research. It this is not just about fund raising. It provides information on the signs and symptoms of breast cancer with educational materials and support.
- **Back Care Awareness Week**, (www.backcare.org.uk), aimed to increase awareness, to the causes and effects of back pain Back Care Awareness week concentrates on different themes so it is best to check out whether they work for your organisation.
- **World Diabetes Day** (WDD) is celebrated annually on November 14. Led by the International Diabetes Federation (IDF), World Diabetes Day was created in 1991 by IDF and the World Health Organization in response to growing concerns about the escalating health threat posed by diabetes. Themes change annually but promote awareness and the importance of screening to minimise the impact of this condition, https://www.diabetes.org.uk.
- **Movember** (www.uk.movember.com), this is a global organisation committed to men living happier, healthier, longer lives. It has been running since 2003 raiding funds for projects focusing on prostate cancer, testicular cancer, poor mental health and physical inactivity.

5.6   Whether you choose to focus on a single health promotion topic, or several during the year, give sufficient time and resources to communicate and for people to make best use of the event. If a topic encourages team activities, then ensure that everyone, including senior managers, are supportive of the initiative. Make it relevant to your workforce and, as we shall explore in our final chapter, find out what people like. If it is a success, run it again. Health promotion is rarely a one hit activity but a programme that helps define your commitment to healthy employees.

Time to Reflect

6.1   In this chapter we have looked at various ways that organisations can help people take control of health issues and enhance physical and mental wellbeing. Thinking about your employee health strategy consider the following questions and what measures you may introduce to overcome any obstacles:

- Who are your hard to reach groups?
- Are there any role models that could (or would) be willing to help?
- Will employee participation in screening or health events be hampered by location?
- Or are working hours a problem?
- What services could you provide on-site or via the web?
- Are there particular sickness absence issues that need to be addressed?
- Could you offer flu vaccinations across the workforce? Or, at least, to people in critical front-line roles?
- Are there any national awareness days that would be particularly pertinent to your workforce?

6 MAKING THE STRATEGY A SUCCESS

1. Introduction

1.1   We hope that you now have some great ideas about how to improve the culture, the workplace and to make people's lives happier and healthier. But you will need to use a variety of tools to make the implementation of a health and wellbeing strategy a success. In this final chapter, we look at the parts played by promotion and employee engagement; because of its importance we have touched on engagement throughout this book. We also consider how you evaluate success. This is crucial in knowing what works for the future and for convincing senior managers that a health and wellbeing strategy is more than a good idea; there are real benefits. Our proposals can apply to SMEs or scaled up for larger organisations and those with a dedicated budget.

2. Promotion

2.1   It is essential to actively promote the strategy and its activities to your target groups. This cannot be a one off. Repetition and refreshment of messages are important. What you say and the methods used may also need to be flexed for the staff that you intend to reach. Some of the methods have been looked at in the previous chapter on health awareness, including; intranet pages, mobile apps, posters, newsletters, e-mail messages and staff magazine articles. Especially, where staff do not have regular access to IT, also include snail mail shots and promotion at staff meetings or workplaces. It is important to choose communication methods that suit your organisation whilst concentrating on maximising engagement and input. If it is possible and it spreads the word, be prepared to visit where people work to give out information or talk to the staff. This is always a great opportunity to get some instant feedback; good or bad.

2.2   Use language that is lively and clear. Be authentic and engaging. There are serious messages to convey but are best delivered in a spirit of dialogue. Handle them positively and in a way that people easily and immediately understand. Where there is a significant proportion of staff where English is a second language, consider translating key information into common languages. If this is not an option, you may choose to point people to NHS direct pages that provides advice on accessing health information in different languages.

2.3   Increasingly, people are overloaded with information. Make sure that the messages can stand out from competing noise. Give the health and wellbeing strategy an identity, potentially creating a brand with a recognisable by-line. Where available, marketing colleagues can advise on brand methodology. At its simplest, the aim is to create a distinguishing logo, headline and style that identifies the communication as part of the overall strategy. Use the brand on written materials, whether printed or electronic. Display the brand in other situations that people see daily, for example on "healthy" vending machines, in staff restaurants or on notices encouraging people to take the stairs.

2.4   Promote senior management's support for the strategy, particularly where implementation of the strategy will mean different ways of working or time out at an event during working hours, for example, attending health screening. Middle and junior managers will be far more active in encouraging staff participation if this has been clearly endorsed. Collection of attendance data will help the focus and measure how successful this is.

3. Engaging with Staff

3.1   An organisation's staff are an excellent way to promote the strategy, create enthusiasm and encourage participation. The introduction of a health and wellbeing strategy is a "safe" vehicle to generate staff engagement. Too often organisations only engage with staff on tricky issues; for example, staff cuts or changes in working practices. The introduction of health and wellbeing gives an opportunity to have a dialogue about something that is positive and voluntary which encourages valuable contributions from all.

3.2   Before introducing the strategy it is useful to seek staff views. Not only does this create a baseline for measurement of change, but it can give ideas about people's interests, their fears and potentially capture useful suggestions not previously considered. The methods used to gain views may be dependent on the tools that are available. Think about; focus groups, team meetings' feedback, staff surveys, e-mail voting, or old-fashioned suggestion boxes. Always be enthusiastic to constructive views, however outlandish they may first appear. There may be a nugget of an idea that can be developed.

3.3   Engage with Trade Unions or other organised staff groups. Many Trade Unions have their own health initiatives and existing organised groups may reach some staff groups faster and more effectively. Gaining support can help avoid any suspicion and lead to a sense of positive reinforcement of initiatives. Encourage staff to continue the dialogue amongst themselves.

3.4   Once the strategy is being rolled out:

- Communicate the objectives for the organisation and for staff. Always be honest.
- Encourage feedback, including comments on activities, screening and the information provided.
- Admit when things have not gone so well. Whilst staff may be great advocates, they can also be the organisation's greatest critics. If things go awry, respond to the people involved and be clear how this may change in the future.
- Encourage personal projects, there will be some gems. Just be cautious that anyone leading a group is suitably qualified and able, e.g. a qualified yoga instructor or a football coach.
- Celebrate success.
- Be prepared for the long haul, particularly where staff engagement is not a natural characteristic of the organisation. Use surveys to gauge success, build on progress.
- Try and try again, amending approaches and methods until you find what works, especially for your target groups.

4. Monitoring and Evaluation

4.1   There are some circumstances where the actions of an employer can be seen to directly impact on individuals' health and wellbeing. For example, where health and safety initiatives lead to a reduction in accidents. Such clarity will however be rare in a programme that includes; policy review, advice, education and health initiatives. Individual improvements in health will be impacted by factors at work and elsewhere. Attributing to a single cause is tricky. Monitoring the success of your strategy is, however, essential. Better results are likely to be seen over a longer time, so regular monitoring will allow you to measure effectively and see trends.

4.2   It is time to return to your overall objectives, aims and targets which we explored in chapter 1. Before getting started, it is important to set the baseline against which you can track progress. This will typically be sickness absence rates but also include numbers leaving the organisation or staff views collected through exit questionnaires and staff surveys. Where it is practical to do so, compare your organisation with others who are similar in size and purpose. Information on sickness absence rates can be found on the internet, via sites such as ONS (Office for National Statistics) and studies regularly published by the CIPD as well as industry specific reports. Set a clear time-line to monitor changes and to report on findings. Data will generally be internal but information about the workforce may also be gained from an occupational health provider or partner organisation delivering elements of the

strategy, e.g. data about health risks such as obesity levels, cholesterol and blood pressure. Remember, information must be anonymous. Be cautious, where the aim is to change the behaviours within a target group, to ensure that people cannot be identified. For example, even a positive news story such as: "our drivers have on average lost 2 stones over the last six months", may not be acceptable unless all those participating have agreed. Changes are not going to occur overnight but stick to your programme and report sensibly on findings.

4.3   Methods to gain staff feedback need not be complicated. Questions about health and wellbeing may of course be discussed through focus groups or included in a larger staff survey, but there are other options:

- E-mail shots with voting buttons to agree or disagree. Example, "do you think the organisation cares more about your health and wellbeing than a year ago?"
- Pulse surveys published via an intranet page. "The organisation helps me look after my health". Click on the following options, with 5 meaning totally agree to 1 totally disagree.
- Feedback from team meetings.
- Feedback forms or voting boxes, (like e-mail surveys described above but paper based), placed in workplaces, at training courses, rest rooms etc. You may also include a suggestion scheme or voting to identify the preferred next initiative.

4.4   In addition to monitoring the outcome of initiatives it is essential, and easier, to track the take-up rates of the strategy components, (screening, targeted support etc.) and to evaluate how staff perceive them. For example, "happy sheets" for completion at the end of a health-related training programme. When you do so, it is essential to set up and maintain robust records. These will provide invaluable tools for future judgments on what activities had greatest impact and to be able to justify recurrence to senior managers. The table below looks at this twin activity; monitoring the outcomes and considering the success of various actions. It is important to stress that these are examples. Some activities need subtle interpretation. For example, an increase in bullying and harassment complaints may not mean that more incidents are occurring but may be that people feel more comfortable in raising and confident they will be taken seriously. What you monitor and how must reflect your strategy and your organisation.

| Monitoring the Outcomes	Monitoring the Effectiveness of the Programme
Reduction in accident rates	Participation rates in screening & those participating reflect workforce demographics
Reduction in sickness absence duration	Purchase of healthy vending snacks
Reduction in frequency of sickness absence spells	Number of hits or downloads of e-based health materials
Increase in staff survey participation rates	Use of staff counselling or employee assistance programmes
More positive staff views about the organisation	Take up of smoking cessation programmes, those still smoke free after 6 months
Reduction in numbers leaving	Take up of activities encouraged by the organisation. At start and after defined period, e.g. walking group and 3 months
Increased applicant responses to advertised jobs	Participants feedback on events, materials, programme
	Increased take up of flexible working options/ reduction in excessive hours
	Reported changes in health indicators via occupational health service

Figure 6 – Areas to monitor when evaluating the success of the strategy.

4.5   Success is unlikely to be quick or easy. But with clarity of objectives, promotion and the engagement of staff, progress will be made. Potentially, staff are your greatest advocates. For example: the person who shares with colleagues how screening helped her identify and manage a previously unknown threat to health; the employee who is willing to promote how a cessation smoking group helped him stop for good. There are huge opportunities to change the organisation and people's lives. Why not get started?

5. Time to Reflect

5.1   This e-book introduces ways to develop and implement an employee health and wellbeing strategy. Use our 10-point plan to reflect on your readiness to apply in your organisation:

1. Why introduce a strategy? Ask yourself why it is necessary. Remember to create a balance between benefits for the organisation and the individual employee.

2. What is your organisational reach? Consider whether this covers the whole workforce, specific services, or if there are any hard to reach groups. If in doubt start small and build.

3. What are your objectives, aims and targets? Be honest, ambitious but still realistic.

4. Can you get senior manager buy in? Senior manager participation is great. Endorsement is essential.

5. Do you have the essential health related resources to deliver? Remember there is lots of free advice and materials available to employers, using services such as fit for work.

6. Who is going to deliver the programme? Involve colleagues outside the HR community; try to use the staff group themselves.

7. What's your ambition? Be realistic whether you can address organisation culture and policies as well as the work environment and individual health and wellbeing. If not, make a judgment on greatest need and positive impacts for both the organisation and the individual.
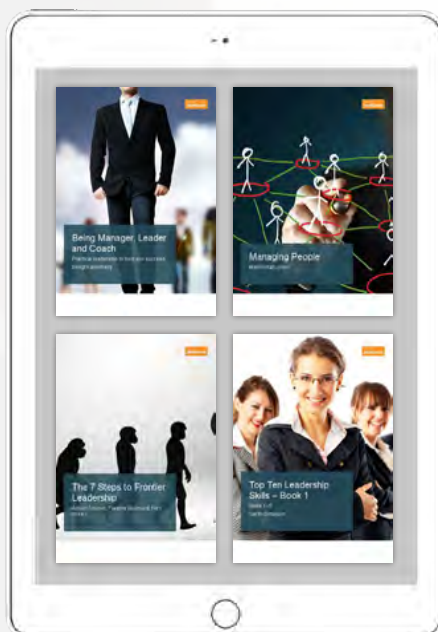
8. Can you promote the strategy and its programme of activities? Brand the activities if you can. Use free materials connected to national promotion events where appropriate.

9. Do you have the means to monitor success? For example, if you want to increase staff engagement be clear how you will track progress.

10. What are you waiting for? There may be occasions when a health and wellbeing strategy seems be counter-intuitive, for example during falling sales or major reorganisations. But if messages and the resources used are handled sensibly there will still be benefits for the organisation and individuals. Some of these benefits may significantly enhance people's lives.

5.2 We hope that you have enjoyed reading this book and that it has given you some ideas on how to develop a strategy, areas for implementation and tools to do. The success of this book will be your willingness to start the process in your organisation however small. Please, take up the challenge.

REFERENCES AND FURTHER HELP

There follows a list of materials that we have quoted in the book and which give useful information when considering the topic.

1. House of Commons Library; Number 06152 Business Statistics, by Chris Rhodes December 2018. Accessed March 2019 https://researchbriefings.files.parliament.uk/documents/SN06152/SN06152.pdf

2. Table drawn from Office for National Statistics (ONS) Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2017, released 28 June 2018. https://www.ons.gov.uk/

3. Men's Health Forum, Men's Health Manifesto 2014; www.menshealthforum.org.uk. Accessed March 2019.

4. Office for National Statistics (ONS) article, Sickness absence falls to the lowest rate on record. Published July 2018. Accessed March 2019 https://www.ons.gov.uk

5. Office for National Statistics (ONS) downloadable data on Number of days lost through sickness by reason and sex, UK, 2017, published October 2018. https://www.ons.gov.uk

6. Chartered Institute of Personnel, "What's happening with well-being at work?" CIPD, 2007

7. Business Case Development Fact Sheet – Workplace Health and Wellbeing Programs. Government of Tasmania www.healthyatwork.tas.gov.au

8. Public Health England: website, Workplace Wellbeing Charter www.wellbeingcharter.org.uk. Accessed March 2019

9. "Is Work Good for Your Health and Wellbeing", Gordon Waddell and Kim Burton 2006.

10. ACAS advisory booklet "Health, Work and Wellbeing", March 2012.

11. Dame Carol Black's, "Review of the health of Britain's working age population Working for a healthier tomorrow", March 2008.

12. 1'Improving Lives, the Future of Work Health and Disability, (Department of Health 2017), Accessed March 2019. https://www.gov.uk/government/publications/improving-lives-the-future-of-work-health-and-disability

13. "WHO Health Workplace Framework & Model" – Joan Burton 2010.

14. HSE – Health and Safety Statistics Key figures for Great Britain (2017/18) http://www.hse.gov.uk/statistics/index.htm.

15. HSE – Workplace Fatalities (2015) European Comparisons http://www.hse.gov.uk/statistics/european. Accessed March 2019

16. 1Office for National Statistics (ONS) statistical bulletin: Adult smoking habits in the UK: 2017. Published July 2018, accessed March 2019. https://www.ons.gov.uk

17. E- cigarettes an evidence update". A report commissioned by Public Health
England. https://www.gov.uk 2015

18. Office for National Statistics Alcohol-specific deaths in the UK: registered in
2017), released December 2018, accessed March 2019. https://www.ons.gov.uk

19. Office for National Statistics (ONS) Statistical bulletin: Annual Survey of Hours
and Earnings: 2015 Provisional Results. https://www.ons.gov.uk

20. Five Ways to Wellbeing, "A Report Presented to the Foresight Project on
Communicating the Evidence Base for People's Wellbeing" 2008 Jody Aked, Nic
Marks, Corrina Cordon, Sam Thompson.

ABOUT THE AUTHOR

Our book on how to develop and implement an employee health and wellbeing strategy has been prepared by Bernard Nawrat and Jill Seymour of Nawrat Seymour HR Service. Drawing on our experiences, we have tried to recognise the challenges that will be faced and to offer practical advice that is suitable for organisations of whatever size.

We both have extensive experience of working in human resources within the public sector. Whilst organisations differ in culture and structures there are common issues that are faced. A happy and productive workforce are desirable goals. Are these achievable? Certainly, they are! But success needs to be planned and worked upon.

During our careers, we have seen how high levels of sickness absence damages outputs but also how good and consistent management can yield rewards. We have seen an increasing shift towards staff engagement and growing employee demands for a work experience that goes beyond fair pay and safety compliance. An employee health and wellbeing strategy can help tackle problems, such as high levels of absence, but also enhance people's experience of work and potentially their lives. We aim to show how all organisations can make a difference.

A Health and Well-being Strategy for an Effective Workforce was the first of three e-books we have published with Bookboon. If you have the chance, please look for our other titles; Employer Brand and What is an Employee Handbook? What is next for us? We will continue to offer sound and achievable solutions to people management issues in a broad range of organisations. And ideally, like you, continue to learn from others. Good luck and have fun.

Bernard Nawrat and Jill Seymour
Nawrat Seymour HR Service Limited.

Figure 7 Logo: Nawrat Seymour HR Services Ltd
(www.nawratseymourhr.com)