Workplace Wellbeing Charter

Analysis of take-up and impact

Joanna Hofman, Bryn Garrod, Katherine Stewart, Martin Stepanek, Janna van Belle
There is strong and growing evidence that work and health and wellbeing are closely and strongly linked and need to be addressed together. In June 2014, Public Health England (PHE) published a set of national standards for workplace health for the first time – the Workplace Wellbeing Charter (WWC or Charter), which was developed with the charity Health@Work and Liverpool County Council and was based on their scheme and others from around the country. The national standards aimed to introduce a level of coherence and consistency across the country to support local authorities that had different programmes, with their own standards and reporting requirements, or were planning to introduce them.¹

The standards provide a universal baseline for local areas to commission or provide their schemes against, harmonising the core of existing schemes and allowing other elements to be tailored to local needs and interests. The WWC is designed to provide employers with a systematic, evidence-based approach to workplace health improvement.

While the need for employers to act on workplace health and wellbeing is unequivocal and the practice of bringing together resources within a coherent approach is valid, there has been limited research into the impact of the WWC as a method. This study investigates the take-up and impact of the WWC, maps available data on the number of organisations accredited with the Charter across England and provides insights into a diverse range of organisations that have invested in the wellbeing of staff in their workplaces.

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For more information about RAND Europe or this document, please contact Joanna Hofman (jhofman@rand.org).

¹ Tony Vickers-Byrne, ‘Towards a national model of workplace wellbeing,’ GOV.UK, 2 June 2014, as of 15 December 2016:
https://publichealthmatters.blog.gov.uk/2014/06/02/towards-a-national-model-of-workplace-wellbeing/
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Background

There is an increasing recognition among companies, local authorities and the government that health and wellbeing in the workplace is important.\(^2\) Against this background, in June 2014, Public Health England (PHE) published a set of national standards for workplace health for the first time. The Workplace Wellbeing Charter (WWC or Charter), designed by Liverpool Primary Care Trust in partnership with Liverpool City Council and supported by PHE through the national standards as a model for other local authorities to use, provides local authorities and employers across England with a comprehensive, systematic and universal framework for workplace health improvement.

Commissioned and funded by PHE, RAND Europe undertook an analysis of the take-up and impact of the Workplace Wellbeing Charter. The analysis was conducted at two levels. Firstly, we analysed data provided by local authorities, via PHE, on organisations participating in the Charter scheme (or an equivalent). However, the analysis was limited by data availability and, although the data present in the dataset appears to be broadly reliable, using data missing from one area as evidence that there has been no take-up of the scheme there is inadvisable, and therefore we have not done this. Secondly, we carried out a set of case studies and carried out 37 interviews in 13 organisations to provide additional insights into the evidence that underpins the Charter.

Key findings

It is important to note that this study is not an impact evaluation, and did not attempt to draw robust conclusions about the overall impact of the WWC, or the likelihood or type of positive impact in any organisation. Rather, it uncovers areas in which the WWC has been particularly well-received and explores the potential impact of the WWC in a variety of contexts as a basis to allow organisations to make more informed decisions about the relevance of the WWC to their own needs and potential ways to implement it in their workplaces.

The accreditation process required a lot of effort and it was considered as long and time-consuming, particularly by micro and small organisations, unless organisations used collaborative software, dedicated tools and electronic data submission, which help to simplify the process.

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The most common motivation to undergo the accreditation process was a desire to reduce sickness absence and demonstrate commitment to workplace wellbeing to staff. Organisations also wished to improve motivation, satisfaction and staff engagement, and sought external validation and feedback on their pre-existing initiatives.

When exploring how organisations implemented staff health and wellbeing interventions, we found that information on resources invested was partial. We did, however, find that there were various forms of collaboration and partnership between the accredited organisations and local institutions, charities, healthcare and specialist providers, which brought expertise, advice, services and products directly to the case study organisations.

The study found a wide range of health and wellbeing activities implemented by the accredited organisations – from facilitating healthy choices, introducing new policies, and providing health screenings, through to workshops, training and team-building activities.

However, the information on outputs (the overall number of wellbeing events and initiatives) and outcomes (staff participation data) was scarce. This lack of data made the link between the activities and impacts more difficult to capture – both for the organisations themselves and for the researchers.

While the study identified a number of improvements in policies, infrastructure and the provision of wellbeing programmes – sickness absence, job satisfaction and staff morale, to name but a few – these changes could not be unambiguously attributed to the WWC accreditation and the wellbeing activities. However, we found a number of areas where the WWC contributed to making a positive difference to the accredited organisations and their staff:

- The WWC provides organisations with an all-inclusive framework for identifying gaps and areas for improvements, while allowing them the flexibility to prioritise certain areas and pace changes according to their determination, resources and abilities. Of the 13 organisations featured in case studies, eight reported that they had been motivated to improve their workplace health and that the WWC had given them specific ideas or added structure to what they were doing.
- The WWC inspires novel approaches to achieve sustainable results in times of austerity and limited resources. Seven organisations explicitly mentioned partnerships with local organisations that provided services free of charge, and all said that the main investment was time rather than money.
- The WWC helps organisations capture results and realise how much they already do. It also demonstrates the benefits that organisations gain from wellbeing initiatives and encourages organisations to maximise the results. Ten organisations reported an improvement to a quantitative outcome measure that they believed the WWC had contributed to.

Although the case studies were self-selected and likely to be biased towards creating a favourable impression of the Charter, the reported results broadly point in a direction which suggests that the Charter can, in the right circumstances, make a positive contribution to workplace wellbeing. For similar organisations, the issues, activities and consequences reported here might be indicative of what they can expect to experience by undergoing WWC accreditation and investing in staff health and wellbeing.
Main recommendations

Based on these findings we arrived at the following suggestions for PHE:

1) Introduce a system to monitor the nationwide use of the WWC national standards as soon as possible.
2) Further develop and implement reporting guidance and tools for consistent reporting on WWC accreditation.
3) Create a toolbox with tried and tested solutions to simplify and aid the process for organisations applying for WWC accreditation for the first time.
4) Simplify the accreditation process for micro and small organisations by increasing flexibility, thereby making it less difficult for them to undergo the accreditation without compromising the national standards.
5) Specifically include examples of effective collaboration between accredited organisations and local providers in the aforementioned toolbox.
6) Embed the logic model approach in the WWC accreditation process to help organisations prioritise or introduce wellbeing interventions more likely to lead to intended or desired outcomes.

And for local providers:

7) Augment existing successful partnerships and continue working with organisations to build partnerships with local services, and to facilitate the links with relevant institutions and organisations.
Acknowledgements

We want to thank the project team at Public Health England for their support throughout this study. In particular, we are grateful to Dr Justin Varney, Dr Mike Brannan, Manuel Ramos, Louise Lees and Robin Burgess who provided helpful guidance and support throughout the duration of the study. We also wish to acknowledge the kind assistance of Martin Smith and Joan Brookman from Liverpool City Council, Rachel Faulkner from Cornwall Council, Gillian Maxwell-Barrett from Kirklees Council, Grace Davies from Bristol City Council, Jane Abraham from Flourish Workplace and Kevin Yip from Health@Work.

We are greatly indebted to all organisations participating in the case studies, namely: BAE Systems, Carillion Construction Training plc, Coventry City Council, Dearne ALC, Edgetech, Mersey Care NHS Trust, Munroe K Asset Management, Rowlinson Knitwear, Tameside Metropolitan Borough Council, The Regulatory Affairs Consultancy, University of the West of England, XPO Logistics and YMCA Cornwall. We wish to thank our interviewees – members of staff of these organisations – for sharing their experiences on wellbeing initiatives in their workplaces.

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This report represents the views of the authors. Any remaining inaccuracies are our own.
### Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>LAs</td>
<td>Local authorities</td>
</tr>
<tr>
<td>PHE</td>
<td>Public Health England</td>
</tr>
<tr>
<td>WWC</td>
<td>Workplace Wellbeing Charter</td>
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</table>
1. Introduction

1.1. The workplace and wellbeing

There is an increasing recognition among companies, local authorities and the government that health and wellbeing in the workplace is important and can have profound impacts on individuals, organisations and societies.\(^3\) This is in part due to significant changes in the labour markets across industrialised countries, including: increased female participation; the move from blue collar to white collar jobs; the higher educational levels of workers; and the transition from an economy based on manufacturing to one more reliant on the services sector.\(^4\) A more knowledge-based economy also implies that policymakers will focus on the creation of ‘better jobs’. If the economy is to become more productive, and if it can be demonstrated that workplace wellbeing supports improved productivity, it makes sense for companies to improve the quality of jobs and invest in their workers’ wellbeing.

This increasing interest in the health and wellbeing of workers can also be explained by negative factors, such as increased job insecurity, worse working conditions, and the reduced possibilities of combining work with other private and social responsibilities.\(^5\)

Dame Carol Black’s Review – Working for a Healthier Tomorrow – recognised that there is strong and growing evidence that work and health and wellbeing are closely and powerfully linked and need to be addressed together.\(^6\) In the United Kingdom, in 2014–15, an estimated 1.2 million people were suffering from an illness they believed was caused or made worse by work and 142 workers suffered fatal injuries at work. Finally, an estimated 4.1 million working days were lost due to workplace injuries, on average 6.7 days per case.\(^7\) The 2011 Black–Frost report on sickness absence in the workplace in the UK highlighted that 140 million working days are lost to sickness absence and 300,000 individuals leave the workplace a

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\(^3\) See, for instance, European Commission, 2007.


\(^7\) Health and Safety Executive (homepage), as of 15 December 2016: [http://www.hse.gov.uk/index.htm](http://www.hse.gov.uk/index.htm)
year due to ill-health.⁸ The Centre for Mental Health has also calculated that the cost to the economy of ‘presenteeism’ from mental ill-health alone is £15.1 billion annually, while absenteeism from the same cause costs £8.4 billion.⁹

As a consequence, more scholarly work has been undertaken to define the issue of health and wellbeing in the workplace and to also understand what is effective in addressing health and wellbeing in the workplace.¹⁰ In summary, there is good evidence that:

- **Work tends to be good for individuals and for society as a whole:** Compared with those out of work, the working population makes far less use of healthcare services, is generally happier and healthier, and contributes more to the public purse in taxes than it takes out in benefits. As a consequence, society can gain from supporting people in employment and providing rapid assistance for those under threat of unemployment or out of work.¹¹

- **Investing in health and wellbeing makes sense from a business point of view:** For instance, we know that a healthy and well-supported workforce is more productive and delivers better service. In the health service, for example, this is associated with better quality of patient care. RAND’s work for the Boorman Review on the health and wellbeing of NHS staff gave a sense of possible savings to organisations from adopting more effective ways of managing the health and wellbeing of staff: savings to the NHS alone were estimated at half a billion pounds a year.¹²

- **Work can also be a cause of ill-health:** Exposure to physical hazards at work, a stressful working environment and physically or emotionally demanding work can increase the risk of sickness absence and pose a risk to health. Musculoskeletal disorders and common mental health disorders, such as stress, depression or anxiety, are now the major causes of self-reported illness among employees.¹³

- **Workplace wellbeing interventions can be effective:** A recent systematic meta-review has shown that workplace interventions can help prevent common mental illnesses and facilitate the

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¹⁰ For overviews see for instance:


¹³ Health and Safety Executive (homepage), as of 15 December 2016: http://www.hse.gov.uk/index.htm
recovery of employees with depression or anxiety. A RAND study in the US found statistically significant and clinically meaningful improvements among programme participants in exercise frequency, smoking behaviour, and weight control. In the same study, participation in a wellness programme over five years was associated with lower health care costs and decreasing health care use.

In response to the above developments, in 2005 the government launched the cross-departmental programme ‘health, work and wellbeing initiative’ focused on improving health and wellbeing for the working age population. As part of the initiative, the government’s publication ‘Health, work and wellbeing – caring for our future’ set out a comprehensive strategy bringing together different strands of activity under one programme. The two overarching objectives of the strategy are centred on improving the general health and wellbeing of the working age population, and on supporting people with health conditions to stay in work or to enter the labour market. Importantly, the strategy builds on a collaborative approach, encouraging the participation of a wide range of stakeholders, such as employers, trade unions, professional organisations, voluntary bodies and other relevant organisations that can help to create a healthy environment and support individuals in making healthier lifestyle choices. The programme also aims at reducing health inequalities and social exclusion by reinforcing the link between employment and overall personal health and wellbeing. The government subsequently launched a number of initiatives to support and drive the strategy.

Despite growing evidence on the effectiveness of workplace wellbeing interventions, a number of factors affect employers’ engagement with workplace health promotion. A literature review has shown that these include: a lack of occupational safety and health infrastructure, a negative perception of occupational health requirements and benefits, a lack of relevant skills and qualifications, inadequate cooperation

17 See for instance:
- Fit for work, as of 15 December 2016: http://fitforwork.org/
- Fit note, as of 15 December 2016: https://www.gov.uk/government/collections/fit-note
- Healthy working UK, as of 15 December 2016: http://www.healthworkinguk.co.uk/home
- Public Health Responsibility Deal, as of 15 December 2016: https://responsibilitydeal.dh.gov.uk/
between key stakeholders in the process, bureaucratic requirements, the perceived need for major financial investment in a programme, and the misperception by employers and organisations that such interventions have limited or no benefits for the company, are too time-consuming, or are not their responsibility. In 2012, in a study of US employers, 46 per cent of all businesses surveyed said lack of interest was the key barrier to implementing a wellbeing programme, while 21 per cent of small business owners who pointed to difficulty of administering such programmes. The challenges for businesses in this regard may also relate to the size of organisations, the nature and patterns of work within particular organisations and logistical issues.

1.2. Workplace Wellbeing Charter

Against this background, in June 2014, Public Health England published a set of national standards for workplace health, the Workplace Wellbeing Charter (WWC), which was designed to provide employers with a systematic, evidence-based approach to workplace health improvement. The standards were developed with the charity Health@Work and Liverpool County Council and were based on their scheme and others from around the country. Local authorities who choose to run workplace health award schemes for organisations in their areas can adopt the WWC in its entirety or implement a local scheme based on the national standards; there is no single national scheme.

The Charter is based on three elements – leadership, culture and communication (Figure 1-1) – that are needed to make initiatives successful and sustainable. There are 95 Charter standards grouped into eight areas: 1) leadership, 2) sickness and absence management, 3) health and safety, 4) mental health, 5) smoking and tobacco, 6) physical activity, 7) healthy eating, and 8) alcohol and substance misuse. Standards can be met, partially met or not met. The standards are not specifically linked to the three elements, but inspired by them. They do not prescribe specific outcomes that must be met or any numerical objectives, but policies, systems or specific interventions that should be in place. Within each area, the standards are divided into three different levels of award towards which organisations can work:

- **Commitment:** This level should be met by all. It requires an organisation to have a set of health, safety and wellbeing policies in place that cover all areas and which provide employees with the tools to help themselves to improve their health and wellbeing.

- **Achievement:** This level requires an organisation to actively encourage employees to make positive lifestyle choices. An organisation also ought to be taking steps to introduce basic interventions to identify serious health issues.

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19 The survey was conducted by telephone among a nationally-representative sample of 1,005 US owners and decisionmakers of businesses with between 2 and 100 employees. The margin of error is ± 3.1 per cent, assuming a 95 per cent confidence. See NSBA, ‘Wellness Programs Impact Bottom Line’. NSBA, 27 September 2012, as of 15 December 2016: [http://www.nsba.biz/?p=4224](http://www.nsba.biz/?p=4224)

• **Excellence:** This level signifies fully-engaged leadership, with a range of interventions and support mechanisms to help staff prevent ill-health, stay in work or return to work as soon as possible. Information about health and wellbeing should also be easily accessible and well publicised.

For example, standard 1.1, which is in the ‘leadership’ area and at the ‘commitment’ level is:

The organisation has assessed its needs and priorities around health and work.
*The Workplace Wellbeing Charter: National Award for England: Self Assessment Standards*

Organisations may complete a self-assessment process for their own benefit, but formal assessment is carried out by external assessors known as ‘providers’. The accreditation process involves a review of internal policies, processes and activities aimed at improving staff wellbeing, centred on the Charter standards. The review comprises short interviews with staff representatives and site visits to inspect the facilities in place and the work environment. If this is successful, then organisations are accredited with the WWC, or a local equivalent.

The aims of the standards are twofold. Firstly, they aim to harmonise practices across the country and support local authorities that had considered a scheme or had different schemes in place. As such, the standards provide a national baseline for local authorities to commission or provide their schemes against, while allowing for supplementary elements to tailor schemes to local needs and interests.

Secondly, the WWC is designed to provide employers with a systematic approach to workplace health improvement. For businesses, the Charter’s website describes the Charter as ‘a statement of intent, showing your commitment to the health of the people who work for you.’ It states that organisations can use it in different ways including:

- **‘Auditing and benchmarking against an established and independent set of standards’** – identifying what the organisation already has in place and what gaps there may be in the health, safety and wellbeing of your employees.
- **‘Developing strategies and plans’** – providing a clear structure that organisations can use to develop health, safety and wellbeing strategies and plans.
- **‘Gaining national recognition’** – The Charter award process is robust and evidence based. With over 1,000 organisations across England holding the award, The Workplace Wellbeing Charter is now widely recognised as the business standard for health, safety and wellbeing across England. The award helps to strengthen the organisation’s brand and reputation and supports in sales and marketing activities.

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21 Tony Vickers-Byrne, 2014.
While the need for employers to act on workplace health and wellbeing is unequivocal and the practice of bringing together resources within a coherent approach is valid, there has been limited research into the impact of the WWC as a method.

This study investigates the take-up and impact of the WWC, maps available data on the number of organisations accredited with the Charter across England and provides insights into a diverse range of organisations that have invested in the wellbeing of staff in their workplaces.
2. Methodology

2.1. Overall approach and methods

We adopted a two-pronged approach in order to investigate the take-up and impact of the WWC:

1. We conducted a secondary analysis of available quantitative data on accredited organisations and those working towards accreditation with the Charter (or an equivalent scheme).
2. We carried out a series of qualitative case studies in 13 accredited organisations to better understand the accreditation process, the implementation of the WWC (or an equivalent scheme), the results that have been achieved so far, the likely impact of the Charter on these organisations, and the health and wellbeing of their staff.

The analysis of the take-up of the Charter – based on the analysis of data on accredited organisations – aimed to provide PHE with characteristics of the said establishments and the WWC coverage across England. The mapping of the accredited organisations was to be complemented by an exploration of impacts the WWC had had on the participating organisations.

The aim of this exploration was to investigate the potential impact of the WWC, to help organisations decide whether or not, and if so how, to implement the WWC in their own contexts. We did not aim to evaluate the WWC or to reach any overall assessment of its impact. Instead, we used a qualitative approach to understand what types of impact exist, how they are likely to occur and where the WWC adds most value to the participating organisations. We actively sought out positive examples to better understand the full range of possible impacts.

We describe each of these methods and their limitations in more detail below.

2.2. Scope of this report

Although the intended audience for this report includes PHE and local authorities, the case studies in particular are intended to demonstrate the possible benefits of the WWC to other organisations, to help them consider whether or not the WWC is likely to be appropriate for them. Therefore, in this report we describe what happened in the organisations we consider, rather than to make claims of generalisability. This reflects the stage of development that the WWC is at, and further research would need to be done, with a different study design, to reach a rigorous assessment of the impact of the WWC.

This study is not an evaluation and should not be seen as attributing any impacts to the WWC conclusively. In order to establish impacts of the WWC, we should provide a counter-factual, for example by comparing the performance of the accredited organisations with identical or similar organisations...
without the accreditation: the only difference between the two groups being the lack of (or presence) of the WWC accreditation. If any changes between the groups were observed over time, this would support causality and we could discard any other factors or explanations coming into play when attributing the achieved impacts to the intervention (here: the WWC accreditation). However, in this study, there was no control group (which could have been achieved, for example, by randomly assigning organisations to be accredited or not). It was also not possible to use comparison groups, since the characteristics of the accredited organisations were unknown and only explored in this study. Other techniques to establish counterfactual evidence (such as regression discontinuity designs or interrupted time-series models) were not feasible for this study, because of the lack of available data. To establish causality, more rigorous research is needed, such as a randomised controlled trial. One prerequisite for a rigorous evaluation would be a central record of all accredited organisations, or more robust processes to collect that data in a reliable form and timely manner. At the moment neither exists.

In the area of health and wellbeing at work, attribution of outcomes to an intervention such as the WWC is very difficult because organisations tend to have a lot of health wellbeing initiatives in operation. Any such attribution is at best anecdotal, and interviewees were often unable to separate the effect of the WWC from other initiatives.

Causal relationships are further complicated by apparently paradoxical timelines. The WWC is intended to unify other workplace wellbeing accreditation schemes, which existed before the WWC. Even within the boundaries already described, this report is not assessing the WWC in opposition to similar workplace wellbeing accreditation schemes, but rather as a part of this group. Thus outcomes might be related to a scheme other than the WWC, but this might still be an indicator of a potential impact of the WWC. In many instances an organisation was already offering a service or resource advocated by the WWC before they had heard of the WWC. For that organisation the WWC did not lead to that service being provided; however, it is still useful to know what it achieved if it is something advocated by the Charter, as in another organisation the WWC could lead to similar outcomes. Finally, WWC accreditation is awarded in recognition of measures that have been put into place in organisations, often but not always specifically in preparation for the WWC, and which could thus already be leading to positive outcomes at the time of accreditation. Therefore, it would not be unreasonable for impacts of the WWC to be seen before accreditation occurs.

Varying implementation across local authorities also means it is hard to define the intervention itself in a consistent, accurate manner (which we had not appreciated at the start of this study), and this intervention would also need to be defined clearly in future research. Is the intervention the provision of standards by PHE to local authorities, or is it a specific model of implementation by one local authority? If the latter, different areas would have to be evaluated separately, and ideally compared to identify what works in what context. This would lead to related questions about how tightly PHE controlled the

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24 This similarity would have to include being motivated to be accredited under the Charter. For example, one way of testing the Charter would be to use a step-wedge design: take a group of organisations who wish to be accredited and then randomly divide them into one group of organisations that go through the process and another group that delay it, so that outcomes can be compared while one group is still unaccredited.
implementation of the WWC and what its model of spread is. This is a research topic of increasing interest.

Since the case studies are in no way representative of accredited organisations, exact numbers of organisations should not have too much meaning read into them. We provide numbers only as a rough indication of the evidence that exists. The case studies do provide a reasonable cross-section of the sector, size and location of accredited organisations, and in this sense larger numbers do indicate potential applicability in a greater range of settings.

2.3. Data on take-up of the WWC

The analysis of the take-up of the WWC across the country is limited by data availability and, although the data present in the data set appears to be broadly reliable, using data missing from one area as evidence that there has been no take-up of the scheme there is inadvisable. As the WWC accreditation is carried out at the local level, the data of individual organisations accredited or working towards accreditation are owned by local authorities. These data are not immediately available to PHE who needed to obtain it from local authorities for the purpose of this study.

The request for data was sent from the PHE National Team to local authorities via the nine PHE Centres before RAND Europe had been commissioned to carry out this study (see Appendix A). The local authorities who were sent the request comprised 27 non-metropolitan county councils, 36 metropolitan district councils, 55 unitary authorities and 32 London boroughs. In addition, where PHE Centres were aware that a scheme was being administered by a non-metropolitan district council, this council was sent the request as well. Data was requested in aggregate and categorised form rather than at the level of individual accredited businesses, which limited options for analysis. The categorisations requested were year of accreditation, size of business and sector.

Local authorities provided data to the PHE Centres, who collated it and sent it to the PHE National Team, who collated it and sent it to RAND Europe on 9 February 2016. The available data was patchy (not all authorities presented data disaggregated by both size and sector) and was reported by a very small proportion of the 150 local authorities across England (see Table 2-1). It was not generally possible to distinguish local authorities without schemes from those who did not respond to the request for data. It was also not possible to resolve some inconsistencies in the data from individual authorities, for example, where the reported number of organisations by size did not match the reported number of organisations across all sectors. There were some areas where the scheme was better established and data was more readily available (see Figure 3-1); these areas were also the source of our case studies.
Table 2-1: Number of local authorities reporting WWC data

<table>
<thead>
<tr>
<th>Scope of reporting:</th>
<th>Number of LAs who reported on accredited organisations (% of all 150 LAs)</th>
<th>Number of LAs who reported on organisations working towards accreditation (% of all 150 LAs)</th>
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<tbody>
<tr>
<td>Reported (some) data</td>
<td>39 (26%)</td>
<td>4 (3%)</td>
</tr>
<tr>
<td>Reported no data available</td>
<td>12 (8%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Reported no scheme</td>
<td>16 (11%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Did not report</td>
<td>83 (55%)</td>
<td>N/A</td>
</tr>
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</table>

2.4. Case studies

2.4.1. Sample selection

The case studies aim to illustrate a wide range of different initiatives under the Charter and of impacts of undertaking action under the Charter. The candidates for case studies were identified by WWC providers (who accredit organisations; see section 1.2) at the request of PHE (see Appendix A), who indicated no specific criteria apart from the willingness of the accredited organisations to share their experience in taking action on the WWC (or equivalent) scheme.

We received 39 suggestions in total and the contact between the accredited organisations and the study team was facilitated by WWC providers. However, the actual recruitment process proved to be difficult. Despite numerous attempts to establish contact or arrange interviews with all 39 organisations, only 13 finally agreed and participated in the study.

As such, the process was largely driven by self-selection and most likely resulted in a sample biased towards more successful organisations – since they were not only identified by WWC providers but also willing to share their stories. While the selected organisations cannot, therefore, be considered as representative of all accredited organisations, they provide a combination of public, private and third sector employers, different size bodies, and industry sectors. They also represent various lengths of experience with the WWC (or equivalent) – from the organisations who have been accredited for a long time to those who only recently joined the scheme (Table 2-2). However, the experiences of the case study organisations described in this report effectively illustrate the kind requirements, activities and consequences that similar organisations applying for WWC accreditation can expect.
Table 2-2: Case study organisations

<table>
<thead>
<tr>
<th>No</th>
<th>Organisation</th>
<th>Type of organisation</th>
<th>Size</th>
<th>Industry sector</th>
<th>First accreditation*</th>
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<td>Defence</td>
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<tr>
<td>2</td>
<td>Carillion Construction Training plc</td>
<td>Public</td>
<td>Small</td>
<td>Construction</td>
<td>2015</td>
</tr>
<tr>
<td>3</td>
<td>Coventry City Council</td>
<td>Public</td>
<td>Large</td>
<td>Public administration</td>
<td>2014</td>
</tr>
<tr>
<td>4</td>
<td>Dearne ALC</td>
<td>Public</td>
<td>Medium</td>
<td>Education</td>
<td>Pending</td>
</tr>
<tr>
<td>5</td>
<td>Edgetech</td>
<td>Private</td>
<td>Medium</td>
<td>Manufacturing</td>
<td>2013</td>
</tr>
<tr>
<td>6</td>
<td>Mersey Care NHS Trust</td>
<td>Public</td>
<td>Large</td>
<td>Health and social care</td>
<td>2015</td>
</tr>
<tr>
<td>7</td>
<td>Munroe K Asset Management</td>
<td>Private</td>
<td>Small</td>
<td>Financial services</td>
<td>2015</td>
</tr>
<tr>
<td>8</td>
<td>Rowlinson Knitwear</td>
<td>Private</td>
<td>Small</td>
<td>Manufacturing</td>
<td>2015</td>
</tr>
<tr>
<td>9</td>
<td>Tameside Metropolitan Borough Council</td>
<td>Public</td>
<td>Large</td>
<td>Public administration</td>
<td>2013</td>
</tr>
<tr>
<td>10</td>
<td>TRAC</td>
<td>Private</td>
<td>Small</td>
<td>Business services</td>
<td>2012</td>
</tr>
<tr>
<td>11</td>
<td>University of the West of England</td>
<td>Public</td>
<td>Large</td>
<td>Education</td>
<td>2013</td>
</tr>
<tr>
<td>12</td>
<td>XPO Logistics</td>
<td>Private</td>
<td>Large</td>
<td>Transport</td>
<td>2015</td>
</tr>
<tr>
<td>13</td>
<td>YMCA Cornwall</td>
<td>Third sector</td>
<td>Small</td>
<td>Health and social care</td>
<td>2011</td>
</tr>
</tbody>
</table>

* Note: As the WWC brought together existing local schemes, the first accreditation under the local scheme may have been before the WWC was launched.

2.4.2. Approach and methods

For each of the case studies, we took a logic model approach\textsuperscript{25} to understand the motivation behind the WWC accreditation and to see how the actions and strategy put in place logically led to outputs, outcomes and potentially impact. A logic model presents a plausible and sensible model of how an intervention or programme works,\textsuperscript{26} in this case the WWC. Basing a research approach around a logic model can therefore help test the validity of the assumed causal mechanisms underlying it. We used this framework to develop interview protocols (see below) and establish how this impact can (or cannot) be logically attributed to the actions undertaken.


\textsuperscript{26} L. Bickman, ‘The functions of program theory,’ in New Directions for Program Evaluation (1987): 5–18.
We distinguished different kinds of results: outputs refer to what the organisations produced through their activities, such as the number of health and wellbeing events, new policies or initiatives; outcomes refer to the attendance at events, uptake and use of wellbeing programmes (which are outputs) by employees; and impacts refer to improvements in staff health and wellbeing, organisational benefits such as reduced sickness absence and staff turnover, and wider social, economic or legal changes that arise as the result of the outputs and outcomes. As shown in the diagrammatic representation of the logic model in Figure 2-1, there is hypothesised to be some causal link from outputs to outcomes and thence to impacts (usually with other factors also coming into play), which means that the successful generation of outputs or observation of outcomes could be a step towards creating impacts. The terms ‘achievements’ and ‘results’ are therefore used to refer collectively to all of these.

In each case study, we used the following methods:

- **Documentary examination:** we reviewed available documentation and data on the WWC accreditation and its impact within the organisation on sickness absence rates, staff turnover, staff engagement, and other areas – where this information was available.
- **Semi-structured interviews:** we carried out semi-structured interviews with staff. In each organisation we aimed to carry out three interviews with representatives of the following groups:
  - organisational leaders – to understand their rationale for taking up the Charter
  - HR staff – to gain their professional view on the impact
  - staff representatives – to hear their views on the benefits of the initiatives.

However, the available interviewees did not always directly relate to these categories of staff. Each interview followed a draft protocol (Appendix B) and took approximately 30 minutes. Between December 2015 and June 2016 we carried out 37 interviews in total. The interviews were often carried out with only a small sample of the staff, many of whom had vested interests in presenting their organisations in a positive light and whose views could not be generalised to the entire organisation. Because the interviews were carried out in only a few organisations, we did not generalise the interview findings to all accredited organisations.

### 2.4.3. Analysis and reporting

The case study analysis was carried out at two levels: at the level of each establishment and across all selected organisations. The evidence gathered at the level of each case study organisation shows the likely effects of WWC accreditation on the establishment and its performance. This evidence was scrutinised against Nesta Standards of Evidence\(^{27}\) and the analysis against the RAND Quality Standards,\(^{28}\) to make sure the impact of the WWC is not overestimated in this study. In addition, we examined the data available to identify any potential limitations and biases. The Nesta Standards of Evidence describe five

\[\text{http://www.nesta.org.uk/publications/nesta-standards-evidence}\]

\[^{28}\text{RAND Corporation, ‘Standards for High-Quality Research and Analysis,’ RAND Corporation, as of 15 December 2016:}\]
\[\text{http://www.rand.org/standards/standards_high.html}\]
levels of evidence that might exist. These levels are cumulative, with each level including all attributes of the previous levels:

- **Level 1**: Organisations can describe what they do and why it matters, logically, coherently and convincingly.
- **Level 2**: Organisations capture data that show positive change, although they cannot confirm the causal link.
- **Level 3**: Organisations can prove causality through using a control group or comparison groups.
- **Level 4**: Organisations have at least one independent replication evaluation that confirms the conclusions.
- **Level 5**: Organisations have manuals, systems and procedures to ensure consistent replication and positive impact.

All investigated organisations achieved Level 2, but none proved causality (Level 3). Level 1 includes a clear description of who did what. At Level 2, in the absence of experimental or quasi-experimental data, the Bradford Hill criteria can be useful indicators of causality. For example, the positive change must occur after the intervention and the change is likely to be at a scale commensurate with the activity.

Drawing on the elements of the logic model likely to resonate with other employers (such as motivations, activities, results, resources), we developed a case study template, which was agreed with PHE (Appendix C). Each case study report provides a clear and accessible summary of our findings, highlighting the evidence on the impact and explaining how the impact appears to have been achieved (see Appendix D).

The second level analysis was carried out across all selected organisations and individual case study reports. In analysing the 13 case studies we tried to identify any recurring themes and patterns emerging from the data. The results of this analysis are presented in section 3.2.

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3. Findings

In this chapter we present the findings from the two main data sources: section 3.1 provides an overview of the reported data on the take-up of the WWC and section 3.2 describes and details experiences of selected accredited organisations.

3.1. Data analysis

The following sections include information about the number of accredited organisations and organisations working towards accreditation. We start with a description of the overall numbers for England as a whole and subsequently provide a breakdown by local authorities, where possible and relevant. We include information on the distribution of the organisations by size and by industry sector.

3.1.1. Number of organisations

Figure 3-1 shows the geographic distribution of the accredited organisations across England at the level of local authorities. Among local authorities for which we received the data, Darlington and Liverpool have by far the highest numbers of accredited organisations (278 and 148 respectively) followed by Cornwall (77).[^30]

[^30]: Calculated as the sum of organisations by size (or by industry sector).
Figure 3-1: Reported geographic distribution of Charter schemes and accredited organisations within this study

![Map showing geographic distribution](image)

**Legend**
- Missing
- 0
- 1 - 56
- 57 - 111
- 112 - 167
- 168 - 222
- 223 - 278

**Source:** WWC data reported to PHE by local authorities (2015). The authors are aware of other schemes not included within this study.

Figure 3-2 shows the number of organisations that were either accredited or working towards accreditation from 1 April 2012 to 31 March 2015. Local authorities reported a large increase in the number of accredited organisations over time, from only 42 in 2012–2013 to 410 in 2014–2015. Overall, in the first three years the number of accredited organisations among the reporting local authorities increased by more than nine times. The picture is quite different for the number of organisations working towards accreditation. Local authorities reported fewer organisations working towards accreditation in 2013–2014 compared with 2012–2013. However, more organisations were reported to have started to work towards accreditation during 2014–2015.
3.1.2. Size of organisations

Figure 3-3 illustrates the type of organisations to either gain accreditation or be working towards it based on size. For the accredited organisations, large organisations (with 250 or more employees) represented the largest group, followed closely by medium-sized organisations (50 to 249 employees). Third was the group of small organisations (10 to 49 employees), with those employing fewer than 10 employees (micro) making up the smallest proportion of the accredited organisations. A similar picture, with even higher participation of large and medium-sized organisations, can be drawn for organisations working towards accreditation.
Figure 3-3: Reported number of organisations by size

```
<table>
<thead>
<tr>
<th>Size</th>
<th>Accredited</th>
<th>Working towards accreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large (250+ employees)</td>
<td>176</td>
<td>36</td>
</tr>
<tr>
<td>Medium (50-249 employees)</td>
<td>130</td>
<td>35</td>
</tr>
<tr>
<td>Small (10-49 employees)</td>
<td>77</td>
<td>13</td>
</tr>
<tr>
<td>Micro (0-9 employees)</td>
<td>33</td>
<td>5</td>
</tr>
</tbody>
</table>
```

NOTE: Liverpool used a different categorisation of business sizes from the rest of the country (small: 1-30, medium: 31-150, large: 150+) and therefore was excluded from the analysis.

SOURCE: WWC data reported to PHE by local authorities (2015).

Figure 3-4 provides a more detailed picture of the size of accredited organisations in the two local authorities that reported the largest numbers of accreditations disaggregated by size.

Figure 3-4: Reported number of accredited organisations by size in two local authorities

```
<table>
<thead>
<tr>
<th>Size</th>
<th>Darlington (n=278)</th>
<th>Cornwall (n=77)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large</td>
<td>131</td>
<td>20</td>
</tr>
<tr>
<td>Medium</td>
<td>81</td>
<td>40</td>
</tr>
<tr>
<td>Small</td>
<td>50</td>
<td>15</td>
</tr>
<tr>
<td>Micro</td>
<td>16</td>
<td>2</td>
</tr>
</tbody>
</table>
```

SOURCE: WWC data reported to PHE by local authorities (2015).
The analysis presented here is based on data submitted to PHE by local authorities and is clearly incomplete. The data is largely driven by a few local authorities with the largest numbers of accreditations, and thus is not necessarily representative of the total number of accredited organisations and organisations working towards accreditation. It is, however, symptomatic that organisations with fewer than ten employees are likely to be under-represented among those that undergo the accreditation, given that small businesses accounted for 99% of businesses in the UK. By the same token, large organisations are likely to be overrepresented among those already accredited. This is well illustrated by Figure 3-5 which provides comparison between the proportions of businesses and accredited organisations by size in Darlington.

Figure 3-5: Proportions of enterprises and accredited organisations by size

[source image]

The size of an organisation may have certain implications on the breadth and depth of health and wellbeing activities. Our case studies do not allow us to reach any firm conclusions; however, the larger organisations all had fairly wide offerings not necessarily offered to everyone, while the smaller organisations had universal offerings that could be relatively simple or quite varied. Section 3.2 and Appendix D illustrate different approaches adopted by accredited organisations, depending on their size:

- For examples of the activities and achievements of micro and small organisations, see Appendices D.2 (Carillion Training PLC), D.7 (Munroe K Asset Management), D.8 (Rowlinson Knitwear), D.10 (TRAC) and D.13 (YMCA Cornwall).
- For examples of medium-sized organisations, see Appendices D.4 (Dearne ALC) and D.5 (Edgetech).

For examples of large organisations, see Appendices D.1 (BAE Systems), D.3 (Coventry City Council), D.6 (Mersey Care), D.9 (Tameside Metropolitan Borough Council), D.11 (University of West of England) and D.12 (XPO Logistics).

3.1.3. Organisations by industry sector

Figure 3-6 further divides the organisations by industry sector\(^\text{32}\). The largest group among the accredited organisations and those working towards accreditation was formed by the service industry\(^\text{33}\) (38 and 53 per cent respectively). Companies in manufacturing\(^\text{34}\) represented the second largest group (accounting for 17 per cent of accredited organisations and 20 per cent of organisations working towards accreditation). The third largest group – health and social care – accounted for 17 per cent of accredited organisations and 13 per cent of those working towards accreditation. The last group, knowledge industry,\(^\text{35}\) was represented by 16 per cent of accredited organisations and 13 per cent of those working towards accreditation. Only small proportions of organisations belonged to other production sectors (9 per cent of accredited organisations and 4 per cent of those working towards accreditation).

![Figure 3-6: Reported number of organisations by industry sector](image)

SOURCE: WWC data reported to PHE by local authorities (2015).

The reported data shows a high level of variation at the local level – from areas visibly dominated by one group such as the service industry in Bristol and Darlington or manufacturing in Coventry, to a more equal distribution across different groups in Cornwall (Figure 3-7).

\(^{32}\) Please note the sectors were defined by PHE in their data request to WWC accreditation providers (see Appendix A).

\(^{33}\) These include: Retail, Transport, Storage and Distribution, Real Estate, Public Administration and Defence, Hotels and Restaurants, Community, Social and Personal Services, Admin and Support Services.

\(^{34}\) These include: Pharmaceuticals, Machinery, Electrical and Transport Equipment, ICT and Precision Instruments, Chemicals, Automotive, Aerospace, Shipbuilding, Other Manufacturing, Metal, Plastic and Non-Metal Mineral Products, Food, Beverages and Tobacco.

\(^{35}\) These include: Research and Development, Business Services, Financial Services, Education, Digital, Creative and Information Services, Communications.
Figure 3-7: Reported number of organisations by sector in selected local authorities

The case study organisations represent a wide range of industry sectors:

- Examples of organisations in public administration and defence can be found in Appendices D.1 (BAE Systems), D.3 (Coventry City Council) and D.9 (Tameside Metropolitan Borough Council).
- For institutions working in education, see Appendices D.4 (Dearne ALC) and D.11 (University of West of England).
- Institutions in the health and social care sector are presented in Appendices D.6 (Mersey Care NHS Trust) and D.13 (YMCA Cornwall).
- Accredited construction, logistics and manufacturing organisations included in the case studies are presented in Appendices D.2 (Carillion Southampton), D.5 (Edgetech), D.8 (Rowlinson Knitwear) and D.12 (XPO Logistics).
- A centre management organisation is the subject of a case study in Appendix D.7 (Munroe K Asset Management).
- A case study on a consultancy organisation is in Appendix D.10 (TRAC).
3.2. Case study analysis

In this section we synthesise the results of the 13 case studies and identify any recurring trends and patterns emerging from individual case study reports. We pay particular attention to specific approaches or tendencies shared by organisations of similar characteristics, such as size or industry sector, in order to draw conclusions relevant for other similar organisations.

In this section we follow the main element of the generic logic model: we start by outlining the reasons different organisations undergo the WWC accreditation process and invest in the health and wellbeing of their staff (3.2.1). We then summarise their testimonies on how much they invested (3.2.2) and what types of activities they implemented (3.2.3) in order to highlight the reported results and types of likely impact (3.2.4).

3.2.1. Motivations and the WWC accreditation process

The case study organisations described a wide range of motivations behind their decision to apply for WWC accreditation. Five organisations – which represented different sizes and types of establishment, from a small private company to a large public organisation – pointed to their desire to reduce sickness absence, and thus improve productivity and business outcomes or services. The second most frequently quoted reason for undergoing accreditation – indicated by four organisations – was a desire to demonstrate the organisation’s commitment to its staff.

Improving motivation, increasing satisfaction and better levels of engagement of staff drove three small establishments, while another three organisations – different in size – needed a framework to better look after their employees and inspire new initiatives. In a similar vein, two large organisations explained that they wanted to receive comprehensive and objective feedback on their initiatives so far, have them externally validated and draw lessons for further improvements. Two organisations considered improving health and safety to be their responsibility, leading them to adopt the standards.

Another two organisations explained that in time of staff reductions, they needed to focus on the remaining staff and move their focus from retention to building resilience. Only one organisation explicitly mentioned attracting and retaining top talent as their motivation behind the WWC accreditation.

The accreditation process involves a review of internal policies, processes and activities aimed at improving staff wellbeing, centred on the areas of the Charter (Figure 3-8). The review comprises short
interviews with staff representatives and site visits to inspect the facilities in place and the work environment.

Organisations apply for accreditation, which is granted (at an appropriate level; see section 1.2) with an assessment of their practices and suggestions for further improvements. Based on this feedback, organisations that are already accredited can plan future activities and apply for re-accreditation, once they have made further progress.

Most of the case study organisations (ten) agreed that the accreditation process required a lot of effort and was time-consuming because of the need to collect the evidence and schedule interviews – the more policies and initiatives that were in place, the more data there was to collate. While the interviewees found it difficult to quantify the costs of the accreditation process, some offered an estimation of the amount of time they spent on it: from 16 to 120 hours, spread over several months (from making the decision to apply and receiving the accreditation).45

As the collection of data was usually carried out for the first time for the accreditation, it was most painfully felt by smaller organisations without dedicated HR staff to facilitate the process.46 However, four organisations pointed out that re-accreditation was (or should be) easier, thanks to collaborative software used to collate evidence, the electronic submission of documentation and the fact that data was being collected on a regular basis.47

44 BAE Systems, Coventry City Council, Dearne ALC, Mersey Care NHS Trust, Rowlinson Knitwear, Tameside MBC, TRAC, UWE, XPO Logistic, YMCA
45 Dearne ALC, Mersey Care NHS Trust, Munroe K, Rowlinson Knitwear
46 Munroe K, Rowlinson Knitwear, XPO Logistic, YMCA
47 Tameside MBC, TRAC, UWE, YMCA
Some organisations (three), including small ones, emphasised positive aspects of the accreditation process, including good collaboration with, support from and regular communication with their WWC provider.48

3.2.2. Resources for wellbeing initiatives

In addition to the costs of the accreditation process, the case study organisations invested their resources in various health and wellbeing initiatives. However, only five interviewed organisations (small, medium and large) reported specific figures dedicated to improving staff wellbeing (annual budgets between £900 and £1,500 or individual grants between £1,000 and £3,000).49 A few establishments emphasised that implementing health and wellbeing initiatives did not necessarily require considerable financial resources.50 Among these, one large employer, who used to invest in expensive wellbeing programmes in the past, explained that in the absence of financial resources dedicated to the health and wellbeing of staff, they collaborated with trade unions and partners to identify and implement minor but original initiatives that would have a lasting effect on their organisational culture.51 For example, a ‘Time to Talk’ initiative encouraged staff to take short but regular breaks from a computer screen. Rather than provide estimations of monetary costs, four mainly small organisations pointed to the time staff dedicated to developing wellbeing policies and organising related activities.52

The majority of interviewed organisations – from small to large – emphasised collaboration with local partners, charities and other organisations that specialise in offering health and wellbeing services. The links and partnerships with local providers reported by the case study organisations are well illustrated by the following examples:

- **Specialist organisations that offered their support and advice:**
  - British Heart Foundation helped run a workshop on risk areas around alcohol consumption, eating habits, etc. (BAE Systems).
  - Mind provided specialist advice and support (Coventry City Council, XPO Logistics).
  - Addaction provided specialist advice and support (XPO Logistics).
  - Cornwall Sports Partnership helped to promote physical activity (TRAC).

- **Local authorities and healthcare service providers offered:**
  - Presentations on health and wellbeing topics to staff on site (Carillion Construction Training plc, Edgetech).
  - Health screenings for staff on site (Dearne ALC).

- **Local providers donated their unsold fruit to provide breakfast** for staff and apprentices (Carillion Construction Training plc).

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48 BAE Systems, Carillion Construction Training plc, Rowlinson Knitwear
49 Dearne ALC, Edgetech, TRAC, UWE, YMCA. However, Edgetech reported that the initial setup costs were about £32,000.
50 Dearne ALC, Tameside MBC, Rowlinson Knitwear
51 Tameside MBC
52 Munroe K, Tameside MBC, TRAC, Rowlinson Knitwear, YMCA
3.2.3. Activities, outputs and outcomes

Activities that have been undertaken by the case study organisations can broadly be grouped into the following categories:

- **Facilitating healthy choices around:**
  - **physical activity:** nearly all organisations (12) reportedly engaged in promoting outdoor activities and cycling to work schemes, and providing free cycling maps, discounts for gym memberships, exercise classes during worktime, running or walking clubs, sporting competitions, walking business meetings and more.\(^{53}\)
  - **eating:** nine organisations provide healthy eating displays, water machines, fresh fruit, sugar awareness days, free or discounted healthy meals, healthy menus in staff canteens, healthy options in vending machines and healthy eating competitions.\(^ {54}\)
  - **(non-)smoking and alcohol consumption:** five (both large and small) organisations reportedly encouraged participation in Stoptober, promoted national No Smoking Day, and ran no smoking competitions.\(^ {55}\)

- **Introducing or tweaking policies and procedures** around the standards, developing action plans around work–life balance, flexible working, bullying and harassment, encouraging staff to take breaks, including health and wellbeing issues in staff induction programmes and providing employee assistance programmes – at least one of these was reported by nine organisations.\(^ {56}\)

- **Health screenings** aimed at helping individuals to understand their own health situation better (e.g. BMI assessment, blood glucose test, blood pressure, cholesterol tests) – at least one of these was reported by eight organisations ranging in size, from large to small.\(^ {57}\)

- **Workshops and training** focused on a wide range of topics, such as leadership and absence management programmes, smoking or alcohol awareness, cancer, stress and mental health, the effects of technology on sleep – at least one of these was reported by three organisations of varying sizes.\(^ {58}\)

- **Staff engagement activities** were introduced by three organisations (medium to small) and comprising voluntary work and team-building activities.\(^ {59}\)

- **Additional services,** such as inviting a car mechanic on site, providing ironing and dry cleaning services – these were reportedly provided by one medium-sized organisation.\(^ {60}\)

\(^{53}\) BAE Systems, Carillion Construction Training plc, Coventry City Council, Dearne ALC, Edgetech, Mersey Care NHS Trust, Rowlinson Knitwear, Tameside MBC, TRAC, UWE, XPO Logistic, YMCA

\(^{54}\) BAE Systems, Carillion Construction Training plc, Coventry City Council, Edgetech, Mersey Care NHS Trust, Rowlinson Knitwear, Tameside MBC, TRAC, UWE

\(^{55}\) BAE Systems, Rowlinson Knitwear, Tameside MBC, TRAC, UWE, XPO Logistic

\(^{56}\) BAE Systems, Carillion Construction Training plc, Dearne ALC, Edgetech, Mersey Care NHS Trust, Munroe K, Tameside MBC, TRAC, YMCA

\(^{57}\) BAE Systems, Dearne ALC, Edgetech, Munroe K, Tameside MBC, TRAC, UWE, XPO Logistic

\(^{58}\) Coventry City Council, Edgetech, XPO Logistic

\(^{59}\) Dearne ALC, XPO Logistic, YMCA

\(^{60}\) Dearne ALC
Only a few organisations were able to share information about the precise number of outputs (events, initiatives and programmes implemented as part of their drive for staff health and wellbeing). This number also varied by the size of the organisation in question. For example, UWE reported organising 330 health and wellbeing events in February 2016 alone (including 106 events relating to physical activity and 87 events on healthy eating), while small organisations pointed to much lower numbers of events, spread over a longer period of time.

The case studies provide limited information on the take-up of these activities among their staff. However, those organisations which shared some figures show a participation rate of between 20 and 60 per cent.61

3.2.4. Impacts

Observable changes

The interviewed organisations reported a number of observable (tangible and intangible) changes – these are presented below. However, interviewees did not claim that all of these changes were results of the accreditation with the WWC and ensuing activities, as some organisations described workplace wellbeing activities that had not been motivated by the WWC. The extent to which these changes can be attributed to the WWC accreditation is a complex issue and we discuss it in the section entitled ‘Attribution of impact’.

Direct improvements in policies, infrastructure and the provision of wellbeing programmes

The case studies showed a number of improvements implemented by organisations in their work environments and wellbeing programmes as a result of suggestions received through the WWC accreditation process. For example, three establishments reported introducing new, or tweaking existing, policies to bring their practices in line with the standards in relation to physical activity, health and safety, healthy eating, smoking and other areas.62

The recommendations from the WWC accreditation led one large employer to construct an on-site gymnasium.63 Reportedly, they also directly affected the design of a new manufacturing facility at the same organisation, with more space around machinery and a humidity control system. The same employer (BAE) confirmed that they introduced improvements in the canteen, new outdoor picnic tables and healthier snacks in vending machines (the latter was also reported by Mersey Care).

Following the WWC accreditation and suggested improvements, another organisation reported moving their smoking area – originally located inside the main factory building – to a separate block.64 This decision was welcomed by non-smoking staff and reportedly led to some reduction in smoking (see the section entitled ‘Healthier behaviours’).

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61 BAE Systems, Edgetech
62 Munroe K, TRAC, YMCA
63 BAE Systems
64 Rowlinson Knitwear
Reductions in sickness absence

As mentioned above, a reduction in sickness absence and associated costs was reported as one of the main drivers behind investing in staff health and wellbeing. The organisations that provided data about the reductions in sickness absence that they achieved varied in the way they reported improvements. For instance, reductions were reported as occurring over different periods of time. For this reason, direct comparisons were not possible. Below, we present the data as reported by the organisations and grouped around the type of indicators used.

Overall, these data show a trend of a reduction of sickness absence, from incremental improvements to a 50 per cent reduction, bringing substantial savings for the organisations, regardless of their size:

- BAE Systems (first accredited in 2010):
  - from 277 people took some sick leave in 2011
  - to 98 people took some sick leave in 2015 (with the same number of staff).

- Edgetech (first accredited in 2009):
  - reduction of 3 per cent in total sick leave in 2013
  - reduction of 1 per cent in total sick leave in 2014
  - reduction of 2 per cent in total sick leave in 2015 (with the staff increasing by 40 per cent).

- Carillion Construction Training plc (first accredited in 2015):
  - from 18 person-days lost in 2014
  - to 5 person-days lost in 2015.

- Dearne ALC (to be accredited in 2016):
  - from 752 person-days lost among the teaching staff in 2012–2013
  - to 342 person-days lost among the teaching staff in 2014–2015
  - from 484 person-days lost among the associated staff 2012–2013
  - to 226 person-days lost among the associated staff 2014–201565.

- TRAC (first accredited in 2012):
  - on average 1.77 days lost per employee in 2011
  - on average 1.55 days lost per employee in 2015.

- YMCA Cornwall (first accredited in 2011):
  - on average 8.35 days lost per employee in 2010–2011
  - on average 4.75 days lost per employee in 2012–2013.

- Coventry City Council (first accredited in 2014):
  - reduction of 2.25 days lost per employee per year (between 2009 and 2016)
  - equivalent of £4.5m cost reductions.

- Tameside Metropolitan Borough Council (first accredited in 2013):
  - reduction of 5.9 days lost per employee per year (since 2001)
  - equivalent of £0.5m non-cashable savings.

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65 Dearne ALC expects the accreditation in 2016.
Reduction in accidents at work

Only one organisation reported the number of accidents at work, which reduced from 3–4 per year before 2015 to 1 since 2015.66

Lower staff turnover

Only a few (small) organisations declared changes in staff turnover. As was the case with reductions in sickness absence, improvements were seen. However, given the small size of the reporting organisations and a limited number of observations, the data provided below needs to be interpreted with care:

- Edgetech (first accredited in 2009) stated their average turnover improved from 8 per cent to 5 per cent between 2009 and 2013. The organisation considered this as a particular success, given that their staff increased by 40 per cent over the same time period.
- Rowlinson Knitwear (first accredited in 2015) specified that over the last 5 years (so including the period before the accreditation) their turnover fell below one person per year (out of 24 employees).
- TRAC also reported high staff retention but did not share corresponding evidence.

Healthier behaviours

The case studies indicate some changes in employee behaviour. We make a distinction below between whether the information is based on a staff survey or captures perceptions of our interviewees only. Both types of source are prone to a number of limitations: for interviews there is a risk of bias, while survey data often lacks the information that would allow us to judge the results as robust (e.g. unknown sample size, response rates and questions asked). We have outlined these limitations in detail in Appendix D.

- At BAE Systems 19 per cent of surveyed staff reported doing physical activity on a regular basis.
- At UWE 57 per cent of responding staff reported eating more fruit and vegetables as a result of having access to the new fruit and vegetables stall.
- Two interviewees from small organisations (Edgetech and Rowlinson Knitwear) reported eating more healthily (e.g. fewer snacks or more fruit).
- One interviewee (also from a small organisation) stated that several people reportedly stopped smoking, or reduced the amount they smoked, as a result of a dedicated smoking area being moved to a location further away from the work environment (Rowlinson Knitwear), while another said that smoking among apprentices was reduced, from 85 per cent before the accreditation to 40 per cent in 2016 (Carillion Construction Training plc).

Improved job satisfaction and staff morale67

Three large organisations provided data on employee satisfaction levels before and after the accreditation. In one organisation (BAE Systems) employee satisfaction increased from 84 per cent to 91 per cent between 2010 and 2015. At UWE the share of responding staff who felt their line manager was interested

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66 Carillion Construction Training plc
67 The survey data in this section are prone to the same limitations as mentioned above ('Healthier behaviours') and detailed in Appendix D.
in their wellbeing increased from 68 per cent to 73 per cent between 2012 and 2014. In Mersey Care NHS Trust staff engagement measured on a 5-point scale (with 1 being the lowest and 5 being the highest score) showed incremental improvements: from 3.65 to 3.74 between 2013 and 2015.

Although three other organisations (two small and one large) showed only one data point (after their accreditation), the results were also positive and high:

- At Rowlinson Knitwear employee satisfaction was at 89 per cent, 86 per cent of respondents felt valued, 95 per cent reported the company cared about their health and wellbeing, all respondents considered their workload to be manageable and 98 per cent of respondents felt proud to work for the organisation.
- At TRAC all respondents valued their employer’s commitment to promoting a healthy workplace and 88 per cent of respondents felt the introduction of flexible working had had a positive impact on their work–life balance.
- At Tameside Metropolitan Borough Council the staff satisfaction level was also (relatively) high, at 65 per cent, while 73 per cent of respondents felt that their job allowed them to maintain a good work–life balance. These results – although low when compared with BAE Systems, TRAC or Rowlinson Knitwear – should be considered in the context of recent austerity measures that led to staff reductions and increased pressure on the remaining staff.

According to interviewees from six organisations, the wellness activities and programmes provided a way for staff to keep in touch and connect with each other, which helped improve the atmosphere and motivation – changes which are more difficult to capture, but can be easily felt at the workplace.\(^{68}\)

**Improved company reputation**

Although the case study organisation did not provide evidence to support it, the interviewed employers at one company reported increased visibility (through appearance and presentations at Chambers of Commerce, and in the local press) that gained them recognition among suppliers, partners and a wider audience.\(^{69}\) In the opinion of four interviewees, these benefits also facilitated recruitment and helped attract new talent.\(^{70}\)

**Attribution of impact**

Many of the changes observed and outlined above followed a basic chronology of events, allowing us to suggest plausible links between the WWC accreditation, the wellbeing activities and the results.\(^{71}\) However, such evidence is not sufficient to claim that there is a direct causal relationship.

In fact, there are many factors that could help to explain the changes listed above and the WWC is just one of the possible explanations. Some organisations emphasised that changes they observed stemmed

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\(^{68}\) Edgetech, Rowlinson Knitwear, TRAC, Dearne ALC, XPO Logistics, YMCA

\(^{69}\) BAE Systems, Coventry City Council, Edgetech, UWE

\(^{70}\) BAE, Coventry City Council, TRAC, UWE

\(^{71}\) For Dearne ALC the results occurred before the WWC accreditation, which was expected in 2016. However, it is still plausible that activities that were put in place in order to achieve accreditation contributed to observed changes.
from wellbeing programmes and activities that had been implemented over a long period of time, and which often preceded the accreditation with the WWC.\textsuperscript{72} Moreover, three organisations emphasised that many (if not all) activities would have taken place regardless of the WWC accreditation.\textsuperscript{73} Hence, attributing any of these impacts to the WWC alone is not possible.

Instead, below we highlight areas where the WWC seemed to make a positive difference and add value over and above that which might have happened otherwise.

**Added value of the WWC**

The case studies highlighted a number of areas where the WWC made a positive difference to accredited organisations and their staff. The case studies were chosen to cover a range of organisations where the WWC was considered a success, and not intended to be representative in any way. Therefore, we strongly urge caution around any quantification of impact or over-generalisation of results. We do not have sufficient evidence to make a judgement on the likelihood of other organisations achieving similar results, but do have strong evidence of the potential impact of the WWC across a cross-section of organisations. The case studies highlight evidence pointing in similar directions across a wide variety of organisations. We list these below:

- **Providing a comprehensive framework to identify gaps and areas for improvements** – nine organisations spanning all sectors emphasised the role of the WWC accreditation process in determining their position in an ongoing journey towards staff health and wellbeing, or in adding structure or new ideas to their offerings. The standards form an all-inclusive structure against which organisations are independently and systematically assessed. The assessment helps the organisations to identify targets to work towards in future while leaving them the flexibility to prioritise certain areas and pace organisational changes according to their determination, resources and abilities.\textsuperscript{74}

- **Inspiring novel approaches to achieve sustainable results** – in times of austerity and limited resources, the WWC encouraged organisations to do things more creatively with less money. Seven organisations, particularly the smaller ones and public-sector employers, explicitly mentioned partnerships with local organisations who provided services free of charge, with one emphasising that instead of investing significant resources in wellness programmes, they were looking for solutions which – embedded in organisational culture and staff behaviours – would result in lasting changes. Such solutions and approaches do not need to be expensive (in terms of money or time) and it is often possible to draw on expertise from specialist organisations to help introduce these in the workplace.\textsuperscript{75}

- **Capturing and maximising the results** – perhaps the most striking difference the WWC made was in helping organisations to monitor and evidence the effects of health and wellbeing

\textsuperscript{72} BAE Systems, Coventry City Council, Tameside Metropolitan Borough Council

\textsuperscript{73} Carillion Construction Training plc, TRAC and XPO Logistics

\textsuperscript{74} BAE Systems, Carillion Construction Training plc, Coventry City Council, Mersey Care NHS Trust, Rowlinson Knitwear, TRAC, UWE

\textsuperscript{75} Coventry City Council, Tameside MBC, Munroe K
interventions for their staff. This process often helped them to understand how much they were already doing and what benefits these activities contributed to. For ten organisations, the WWC also provided a vehicle to maintain good, or achieve better, performance results by investing in staff health and wellbeing, and quantitative outcome measures supported this.\textsuperscript{76}

- **Accelerating changes** – finally, one organisation acknowledged that the WWC helped them implement changes faster than they would have done otherwise.\textsuperscript{77}

\begin{flushright}
\textsuperscript{76} Dearne ALC, Tameside MBC, YMCA
\textsuperscript{77} XPO Logistics
\end{flushright}
This chapter presents our overarching conclusions and recommendations, bearing in mind the limitations of the study.

4.1. Limitations

This study was prone to a number of limitations highlighted in the text of the report and summarised below. That said, this study has effectively made new evidence available that contributes to an understanding of the potential effectiveness of the WWC. The limitations were:

- **Approach for measuring impact**: the study aimed to map the take-up of the WWC across England and explore its impact through a series of case studies. In the absence of control or comparison groups, this approach was chosen as a viable alternative to help PHE (and the scheme providers) better understand the characteristics of the accredited organisations (and those undergoing the accreditation) across England and in each region, and to provide other employers with insights into the potential benefits associated with investing in the health and wellbeing of their staff. At the same time, the chosen approach did not allow for clear attribution of observable changes to the WWC accreditation.

- **Data availability**: as only a small proportion of local authorities (26 per cent) shared data on WWC accreditation, the picture of the take-up of the Charter is very patchy. The lack of data limited our ability to analyse the accredited organisations by region, size, industry sectors and other characteristics, or compare these with a general population of enterprises in England and in each region. It is possible that most of the missing data came from local authorities without workplace health schemes, but without the data we cannot be sure.

- **Case studies**: the case studies included 13 organisations that agreed to share their experience of the WWC accreditation and any achievements resulting from investment in staff health and wellbeing in general. The sample comprised a varied group of largely self-selected organisations that were not representative of all accredited organisations. Although we carried out a total of 37 interviews, this number was limited to three per organisation, so the views and opinions of our interviewees cannot be generalised to all staff of these organisations and should be interpreted with caution as there was a risk of bias. Finally, we drew on available administrative and survey data, but the robustness of this was also often limited by the lack of information on sample sizes and response rates.

These restrictions significantly affected the level of evidence used in this study and did not allow firm inferences to be drawn. However, the purpose of this study was to investigate and highlight the potential
impact of the WWC, not to evaluate the impact systematically. Although the case studies are almost certain to be from organisations where the WWC has had a greater impact, they still allow us to explore the range of possible impacts and the broad directions of change, although any quantification of these should be treated with scepticism.

While the data are clearly incomplete, they can still be informative. The case studies are self-selected and likely to be biased towards creating a favourable impression of the Charter. These organisations are also likely to be employers more committed to improving staff health and wellbeing than an average business. However, for similar organisations, or those that aspire to become like these, the issues, activities and consequences reported here might be indicative of what they can expect to experience. Furthermore, the reported results all broadly point in a direction that suggests the Charter can, in the right circumstances, make a positive contribution to workplace wellbeing.

Within the boundaries of the available evidence, we highlight the key conclusions and suggest possible improvements to the implementation and impacts of the WWC.

### 4.2. Conclusions and recommendations

In this section we present our conclusions from the study, with accompanying recommendations where appropriate.

**Accreditation data**

Section 2.2 presented the limitations of the data on accredited organisations and organisations working towards accreditation and Section 3.1 showed that the analysis carried out on the available data pointed to the major problem: the lack of a fully functioning system to regularly monitor the implementation of the Charter at the national level. While local providers might have necessary information about WWC accreditation, this is not immediately (or easily) available to the PHE National Team (and the researchers). Until the issues of ownership of the data and access to these are addressed by PHE National Team, the nine PHE Centres and local providers, it is impossible to draw any overarching conclusions on the response to the Charter in different regions and organisations, or on how well it was received and whether its implementation was successful in harmonising local practices (and local schemes) across the country.

**Recommendation 1**: The study team recommends that the PHE National Team, PHE Centres and local providers agree on and implement a system to monitor the nationwide use of the WWC as soon as possible.

We identified some inconsistencies in the data (i.e. regarding the size of businesses, differences between the number of organisations by size and by industry sector). The categorisation of accredited organisations into different industry clusters provided by PHE from the data request to local providers included the following five groups: service industry, manufacturing, knowledge industry, health and social care sector and other production. This categorisation may lend itself to different interpretations; however, we were unable to verify this, as data was provided in aggregated form only. These discrepancies and possible risks
point towards a need for better guidance around data collection, definitions used and quality assurance of the data.

Recommendation 2: The study team recommends that PHE develop and implement guidance and tools for consistent reporting on WWC accreditation, and develop a data check protocol to help those responsible for scheme-monitoring at the local, regional or national level to review if data are complete, accurate and consistent.

Accreditation process
According to most of the case study organisations, the accreditation process required a lot of effort and it was long and time-consuming. This was particularly emphasised by small organisations, which felt the process requirements did not sufficiently accommodate size (and capacity) differences among the applicants. At the same time, we found that those few organisations which applied for re-accreditation perceived the process as less burdensome, as they used collaborative software, dedicated tools (such as evidence grids) and electronic data submission. These methods – developed by the accredited organisations themselves – facilitated the process of re-accreditation. Such practices and solutions could be suggested to new applicants to reduce the weight of the accreditation process.

Recommendation 3: The study team recommends that PHE, together with the nine PHE Centres and local providers, create a toolbox with examples of solutions used to meet each standard by accredited organisations in each size category and sector, to aid the process for organisations applying for the WWC accreditation for the first time.

Recommendation 4: The study team recommends that PHE simplify the accreditation process for micro and small organisations by being more flexible about what evidence is acceptable, to make it less difficult for them to undergo the accreditation without compromising the national standards.

Motivations
The most common motivation to undergo the accreditation process – regardless of the different characteristics of the organisations – seemed to be the desire to reduce sickness absence and to demonstrate a commitment to workplace wellbeing. The wish to improve motivation, satisfaction and staff engagement seemed more common among small establishments, while large organisations appeared to seek external validation and feedback on their initiatives so far. However, the small sample of case study organisations paired with a wide range of reasons provided for pursuing accreditation did not allow any robust associations to be drawn.
Resources

The study found partial information about the resources invested in staff health and wellbeing, with annual budgets between £900 and £1,500 and individual grants of between £1,000 and £3,000 being reported. The case study organisations emphasised that the determination and time of those responsible for wellness activities and interventions were often more important than money. Various forms of collaboration and partnership with local organisations, healthcare and specialist providers emerged as a very prominent theme across the case study organisations. Drawing on existing expertise, advice and services available and offered at a local level seemed like a promising practice for all but especially for those with constrained budgets.

Recommendation 5: The study team recommends that local providers augment existing successful partnerships by identifying areas of the WWC that they do not currently actively support and working with organisations to build partnerships with local services to facilitate links with relevant institutions and organisations.

Recommendation 6: The study team recommends that PHE, the nine PHE Centres and local providers specifically include examples of effective collaboration between the accredited organisations and local providers in the WWC toolbox recommended in Recommendation 3.

Activities, outputs and outcomes

The study found a wide range of health and wellbeing activities implemented by accredited organisations. These included: facilitating healthy choices around physical activity, healthy eating, smoking and alcohol consumption; introducing or tweaking health and wellbeing policies and procedures; arranging health screenings for staff; organising workshops and training on specific subjects; and offering team building activities and other services for staff. The study did not establish any patterns suggesting that organisations of certain characteristics were more (or less) likely to focus on a particular type of activity.

However, the information on outputs and outcomes was scarce (with only a few organisations sharing information about the overall number of their wellbeing events and initiatives and the take-up of these among their staff). This gap made the link between activities and impacts more difficult to capture – both for the organisations themselves and for the researchers.

Recommendation 7: The study team suggests that PHE embed the logic model approach in the WWC accreditation process by linking each standard to the relevant component of the logic model and ensuring that all components are covered, thereby helping organisations to prioritise or introduce wellbeing interventions more likely to lead to intended or desired outcomes.

Impacts and added value

While the study identified a number of improvements in relation to policies, infrastructure and the provision of wellbeing programmes, sickness absence, job satisfaction and staff morale to name but a few, these changes could not be unambiguously attributed to the WWC accreditation and the wellbeing
activities. However, we found a number of areas where the WWC clearly contributed to making a positive difference to the accredited organisations and their staff:

- The WWC provides organisations with an all-inclusive framework to identify gaps and areas for improvements while leaving them the flexibility to prioritise certain areas and pace changes according to their determination, resources and abilities.
- The WWC inspires novel approaches to achieve sustainable results in times of austerity and limited resources.
- The WWC helps organisations capture results and realise how much they already do and what benefits they gain. Thus, it encourages organisations to maximise the results.
Appendix A. Data request from PHE to providers

The PHE National Team provided the following template for the nine PHE Centres to use in their requests for data from local authorities.
To: Charter (or equivalent scheme) provider  
From: PHE Centre Team

FOR ACTION – Workplace Wellbeing Interventions mapping exercise

1. Following the initial mapping exercise carried out earlier in the year the national team is conducting a follow-up exercise. The aims are to establish the number of Workplace Wellbeing Charter or equivalent schemes running, numbers of businesses accredited, and to find individual organisations willing to share their story as part of a case study collation exercise. This will help us to spread good practice across the country and encourage further take up of the scheme.

2. As a local authority and/or provider of the Workplace Wellbeing Charter (or equivalent) scheme, you are asked to help gather this information using the Excel spreadsheet provided. This has three tabs as follows:

   - Details of your Charter providers across each of the upper tier local authorities (this has been populated with information from last time, so may need updating);
   - Details of organisations accredited under each scheme (this is blank and needs to be populated); and
   - Names and contact details of organisations willing to share their story as part of a case study collation exercise, which will be completed later in the year.

3. The second tab – organisations accredited – is the most substantial section. Here, we are interested in the total number of organisations accredited, as well as the types of organisation, i.e. (i) the size (are they small, medium or large?), the sector that they work in, and (iii) whether they are based on your geographical patch or outside it.

4. To make this process as easy as possible, we have put together a short FAQs document. If you have any other questions – or are not sure what is required – please email Louise Lees at louise.lees@phe.gov.uk

5. It would be helpful if you could return your completed spreadsheet by 23rd October, which will allow us to proceed with the next stage of the mapping exercise – the case study collation. Thanks for your support – we really appreciate it!
Appendix B. Interview protocol

RAND Europe (an independent policy research institute) has been commissioned by Public Health England to undertake an analysis of the take-up and impact of the Workplace Wellbeing Charter (WWC). This includes some case studies of organisations who have been accredited under the scheme. The case studies will be a part of the final report that is to be published in summer 2016.

We would like to thank you in advance for taking the time to speak with us; the interview will be treated in confidence and your name will not be stated in the report, unless you give us your explicit permission. Please note that some of the questions may not be relevant, depending on your involvement in the WWC application/implementation.

Approximate length: 20–40 minutes.

Logic model of the interview:

Motivation -> Resources -> Activities -> Outputs -> Outcomes

1. Background

- Would you mind if I record the interview? It will help me to check whether I captured all the important information. The recording will never be played to anyone else and will be deleted once the write-up is complete.
- Please describe your role in your organisation.
- What was your involvement in the WWC application and/or implementation?

2. Motivation

- What do you understand to be the aims and objectives of the WWC?
- What was the main motivating factor(s) behind your decision to participate?
  - How did your business become aware of the scheme and its potential benefits?
  - Did you consider any potential downsides of participation?
- Did you have specific mid-term and long-term aims?
- Who was involved in the WWC application/accreditation process? Who in the organisation decided to go ahead and apply?
  - Who was involved in the implementation of interventions included in WWC accreditation?
3. Resources

If directly involved in the application/implementation process:

- When did you apply for the accreditation?
- In which stage of the accreditation process are you?
- If completed, which provider gave you the accreditation? If not yet completed, which provider are you working with?
- How did the accreditation process seem to you? (e.g. in terms of scale of effort involved, whether onerous, bureaucratic, views on support given, etc.)
- Did you have all relevant information required readily available? If not, what did you have to do to gather it? Please include information about data sources, how it was collected, and its use.

If relevant in terms of responsibilities:

- How much time and money did you spend on implementation of the WWC (from the starting point to accreditation)? Please provide separate figures for the accreditation process and for the set-up costs of any newly established interventions.
- What are the annual costs for your organisation related to newly established interventions?
- Have you hired any new employees as a result of the application/accreditation?

4. Activities

- Have you introduced any changes/differences in the operation of your business as a direct result of participation in the Workplace Wellbeing Charter? Please include, for instance, changes to the workplace environment, involvement with local services/providers, new training opportunities, policies, procedures, etc. Which have affected you? – employee
- What, if any, activities have taken place as part of your implementation of the Workplace Wellbeing Charter standards (e.g. sports days, health events)? Which have you participated in? – employee
- How do your managers encourage participation in the programmes?
- What initiatives/rewards do you use/are you offered? Why?

If relevant in terms of responsibilities:

- What partnerships (if any) did you enter into as part of the accreditation process?
- Did you engage with your local NHS services or local health promotion team?
- Did you commission any services from training providers or consultants? Please include details about type of service, reason for its commissioning and costs.
- Was the service beneficial to your organisation? – Ask employee service-specific questions once we have them from management/HR.
- Is the relationship ongoing?
- If accredited, do you promote your accreditation within/outside of the company? How do you promote it?
• If not accredited, do you communicate the ongoing changes with the stakeholders? How do you communicate it?

5. Outputs

Direct

• Please provide details of any quantifiable impacts on your organisation from implementing the Charter standards. Please include any figures you feel are relevant – e.g. improvements in self-reported wellbeing/morale in staff surveys, improvements in health (for example weight loss or reduction in smoking), reduction in staff sickness absences, improvement in number of return-to-work interviews, productivity, staff retention, or reduction of accidents or injuries.

Indirect – on the organisation

• Has completion of the Workplace Wellbeing Charter provided any positive external business benefits? For example, please consider whether there has been an improvement in customer satisfaction/reputation, in attracting more business/talent, or corporate social responsibility factors.
• Have these benefits been at local or national level?

Indirect – on the staff or work environment

• Are there any other positive impacts on your organisation that are not covered by the above? This may include some of the measures listed under ‘direct’ benefits if they were not direct benefits of the interventions.
• Do you have any recommendations for the WWC? Regarding accreditation/information/support/standards, etc.

6. Outcomes

• Do you consider WWC implementation in your organisation has been beneficial for (in what ways?):
  o The employees?
  o The organisation (including business resilience)?
  o For the work environment?
  o For you personally?
• Do you consider the changes have been accepted well by the employees? What responses have you had?
• Have you noticed any changes in the employees’ behavioural patterns (e.g. diet adjustments, taking more responsibility for health), attitudes to work and the organisation?
• Have you received any feedback from other stakeholders (e.g. directors, family of staff, customers, suppliers, regulatory bodies)?

7. Employees

• Do you consider WWC implementation in your organisation beneficial for:
You personally?
  o For the company?
  o For the work environment?

- Have the practices affected your behaviour/performance/attendance and, if so, how (e.g. walking to appointments instead of driving, providing showers means I can cycle to work, providing information about local and national health advice means I’m more likely to use it/trust it)?
- What would you like to change or introduce?

8. HR

- Do you consider WWC implementation in your organisation beneficial for the workers? The work environment? In what ways? Please provide examples.
- Do you measure employee satisfaction/attendance/productivity/engagement or other similar measures? Have they changed since the accreditation? Please provide the measures you use.
- What would you like to change or introduce?
Appendix C. Case study template

Title

Abstract

About X

Why did X decide to participate?

Key quotation

Key statistic/descriptive outcome – with icon

Actions and their impacts.

How much did X invest?

List of interviewees and documents
The 13 case studies outlined below represent a diverse selection in terms of their size and industry sectors. The case study reports were prepared in line with NESTA Standards of Evidence[^78] and RAND Quality Standards[^79]. We were looking for clear evidence to support conclusions on the impact of the health and wellbeing activities undertaken by the selected organisations and to avoid over-claiming the impact of the WWC.

<table>
<thead>
<tr>
<th>No</th>
<th>Organisation</th>
<th>Evidence level and justification*</th>
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</table>
| 1. | BAE Systems | **Level 2**: Organisation captures data that shows positive change, although they cannot confirm the causal link. There are some limitations to the data presented in this report:  
  - Employee surveys: 2015 survey was completed by 94 people (27 per cent of the workforce) but 2010 counts unknown; there is no additional information on possible bias.  
  - Data on sickness absence: it is possible to provide explanations alternative to the implementation of the WWC for the achieved reductions. |
| 2. | Carillion Training PLC | **Level 2**: Organisation captures data that shows positive change, although they cannot confirm the causal link. |
| 3. | Coventry City Council | **Level 2**: Organisation captures data that shows positive change, although they cannot confirm the causal link. There are some limitations to the data presented in this report:  
  - Data on sickness absence: it is possible to provide explanations alternative to the implementation of the WWC for the achieved reductions. |
| 4. | Dearne ALC | **Level 2**: Organisation captures data that shows positive change, although they cannot confirm the causal link. |
| 5. | Edgetech | **Level 2**: Organisation captures data that shows positive change, although they cannot confirm the causal link. |
| 6. | Mersey Care NHS Trust | **Level 2**: Organisation captures data that shows positive change, although they cannot confirm the causal link. There are some limitations to the data presented in this report:  
  - NHS Staff survey: there is no information on the sample size, response rates, exact questions and possible bias. |
| 7. | Munroe K Asset Management | **Level 2**: Organisation captures data that shows positive change, although they cannot confirm the causal link. |
| 8. | Rowlinson Knitwear | **Level 2**: Organisation captures data that shows positive change, although they cannot confirm the causal link. There are some limitations to the data presented in this report:  
  - Staff turnover: although it is reportedly reduced, no exact figure is available. Also, it is possible to provide explanations alternative to the implementation of the WWC for the achieved reductions. |


[^79]: As of 8 August: [http://www.rand.org/standards/standards_high.html](http://www.rand.org/standards/standards_high.html)
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<th>No</th>
<th>Organisation</th>
<th>Evidence level and justification*</th>
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<tbody>
<tr>
<td>9.</td>
<td>Tameside Metropolitan Borough Council</td>
<td>Level 2: Organisation captures data that shows positive change, although they cannot confirm the causal link. There are some limitations to the data presented in this report:</td>
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<tr>
<td></td>
<td>- Data on sickness absence: it is possible to provide explanations for the achieved reductions in cost of sickness absence and lost FTE days other than the implementation of the WWC.</td>
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<td></td>
<td>- Staff survey: although scores for job satisfaction and work–life balance are reportedly high and outperform other LAs, there is no additional information on the sample size, response rate, average results, exact questions and possible bias.</td>
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<tr>
<td>10.</td>
<td>TRAC</td>
<td>Level 2: Organisation captures data that shows positive change, although they cannot confirm the causal link. There are some limitations to the data presented in this report:</td>
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<tr>
<td></td>
<td>- Staff survey: although the results are reportedly positive, there is no additional information on the sample size, response rates, exact questions and possible bias.</td>
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<tr>
<td>11.</td>
<td>University of the West of England</td>
<td>Level 2: Organisation captures data that shows positive change, although they cannot confirm the causal link. There are some limitations to the data presented in this report:</td>
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<td>- Employee surveys: although the results have reportedly improved, there is no additional information on the sample sizes, response rates and possible bias.</td>
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<tr>
<td></td>
<td>- Fruit and vegetables consumption: although data are provided on a basis of a short on-site survey carried out with 156 staff during one week in December 2014, there is no additional information on the response rate, exact questions and possible bias.</td>
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<tr>
<td>12.</td>
<td>XPO Logistics</td>
<td>Level 2: Organisation captures data that shows positive change, although they cannot confirm the causal link.</td>
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<td>13.</td>
<td>YMCA Cornwall</td>
<td>Level 2: Organisation captures data that shows positive change, although they cannot confirm the causal link.</td>
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NOTE: * The NESTA standards of evidence categorise the collection of evidence for interventions in according to five levels, from the least to the most mature models of collecting evidence:
Level 1: Organisations can describe what they do and why it matters, logically, coherently and convincingly.
Level 2: Organisations capture data that shows positive change, although they cannot confirm the causal link.
Level 3: Organisations can prove causality through the use of a control group or comparison groups.
Level 4: The results shown in one intervention have been successfully replicated elsewhere.
Level 5: Organisations have systemic approaches with manuals, systems and procedures to ensure consistent replication and positive impact.
Looking for areas to improve in
A case study of the impact of the Workplace Wellbeing Charter on BAE Systems

About BAE Systems

BAE Systems is a global defence, aerospace, and security company employing around 83,400 people worldwide. Their products and services cover air, land and naval forces, as well as advanced electronics, security, information technology and support services. To attract and retain top talent, BAE Systems puts emphasis on the training and development of its employees, providing appropriate rewards and recognition. BAE Systems promotes trust, delivering on commitments, and particularly the ‘everyone matters’ ethos as some of its core values.

The interviews were conducted with personnel of the BAE Systems Radway Green group, comprising 340 employees.

Why did BAE Systems participate and what were the results?

BAE Systems strives to improve employee wellbeing in all its workplaces. The organisation uses a Safety Maturity Matrix as a part of its ‘safety first’ approach, with which it hopes both to work towards consistently high safety standards and to improve performance. In addition, every BAE site in the UK has its own wellbeing group, which includes both managers and representatives of the union or health advisers.

BAE Systems first applied for Workplace Wellbeing Charter (WWC) accreditation in 2010 and was awarded it in 2011, then reapplied in 2013, and finally again in 2015 through Health@Work, Liverpool. The company sees WWC as a perfect opportunity to receive objective and comprehensive feedback on its improvements in wellbeing from a third party. Specifically, the accreditation involves a substantial review of internal processes and existing wellbeing programmes and aims to identify areas for improvement that are subsequently targeted by the wellbeing group. Improvements in physical health programmes were suggested during the last accreditation and led to the planned construction of an on-site gymnasium, for example.

What did BAE Systems do and how did it go?

Having been accredited three times, BAE Systems has had a complex set of wellbeing programmes in place for many years. The wellbeing group continues to regularly distribute a questionnaire, which asks about physical activity, mental health and smoking, to identify the most popular initiatives that can be introduced. Some of the wellbeing programmes offered include:

- On-site six-point health check measuring BMI, cholesterol, etc.
- Healthy eating displays in the canteen, free fruit every Tuesday to all employees, sugar awareness days and healthy eating competitions.
- Employee Assistance Programme – telephone or face-to-face counselling offered 24 hours a day.
- Stoptober and No Smoking Day, no smoking policies and competitions around smoking.
- Free cycling maps, discount cards for exercise and other incentives for employees to go outside.

“...The Charter really clarifies where you are at as a company in terms of wellbeing and identifies areas for improvement. ...
Moreover, the Charter influenced the design of a new manufacturing facility that now has more room around machines, humidity controls, an improved canteen, outdoor picnic tables and even healthier snacks in vending machines. All new and existing programmes are regularly communicated with the employees through newsletters, presentations from managers and various information stands. The employees are genuinely interested in the programmes and often seek additional information from the occupational health officers, and the general interest in health-related issues has greatly increased over the past years. According to Ms Sue Jones, a substantial reduction in sickness absence over time, from 277 people in 2011 to just 98 in 2015 (without a corresponding decrease in the number of employees), illustrated the improving conditions.

Following its first accreditation, BAE Systems was invited to talk about the Charter to other organisations, such as the local Chamber of Commerce, and appeared in the local press as an example of good practice. It appreciates the recognition it has received since then, which has had a number of positive effects. For example, it has helped in recruitment processes, as prospective employees understand that BAE Systems takes workplace wellbeing seriously.

**British Heart Foundation day** – A workshop run by the British Heart Foundation, covering risk areas such as alcohol consumption, physical activity or healthy eating, accessible to employees during working hours. The most recent ‘heart health day’ was attended by 82 people (approximately a quarter of all employees) with 11 being referred to their GP for further investigations. In the last year, atrial fibrillation was diagnosed to one employee who was admitted to hospital for urgent treatment.

### How much did BAE Systems invest?

The organisation considered the third WWC assessment in particular to be ‘very thorough’, as it involved five-to-ten-minute interviews with over 30 employees at the site and an examination of every single relevant piece of evidence provided by BAE Systems. However, the thoroughness was welcomed as it uncovered multiple areas for possible improvement that are now being targeted by the wellbeing group, and BAE Systems understands that the purpose of the Charter is not to obtain an excellence rating in every category, but rather to identify areas for improvement. Admittedly, gathering all the relevant evidence for the accreditation process requires a considerable amount of time, but the interviewees did not identify any downside of the process. Overall, they considered the outcomes to be well worth the investment.

### Methods

To prepare these case studies, we aimed to interview the following people:

- A senior manager who had been involved in the decision to participate in the Workplace Wellbeing Charter or equivalent local scheme
- A member with responsibility for human resources who would have data on impact indicators
- A member of staff who had benefited from the organisation’s participation in the Workplace Wellbeing Charter or equivalent local scheme, and did not fit into the previous two categories.

However, the available interviewees did not always directly relate to these categories of staff. The selection of interviewees for BAE Systems is shown below. We also asked for any relevant documents that would provide supplementary information to the interviews. Interviewees provided their consent to be identified in the case studies.

### List of interviewees

- **a. Sue Jones**, Occupational Health Adviser
- **b. Dave Horvath**, Trade Union Official
- **c. Neil Davis**, HR Administrator

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Complementing a wider drive to improve health and wellbeing provision

A case study of the impact of the Workplace Wellbeing Charter on Carillion Construction Training plc (Southampton office)

Carillion Construction Training’s Southampton office manages a rolling apprenticeship scheme for the construction industry. They were one of the first firms in Southampton to gain Workplace Wellbeing Charter accreditation in 2015, as part of a wider company drive to improve health and wellbeing provision for permanent staff and apprentices.

Carillion Construction Training Southampton began looking for ways to improve health and wellbeing provision across the company. As apprentices work on construction sites, safety is a major consideration. The Centre Manager saw improving health and wellbeing support as a means by which to reduce absences and improve productivity and safety for all staff, and to also assist the apprentices, a number of whom are from vulnerable or disadvantaged backgrounds, in their wider development as young adults.

Carillion Construction Training Southampton approached Southampton City Council for advice on health and wellbeing initiatives, and were informed of the Workplace Wellbeing Charter. The Centre Manager and Deputy Centre Manager took the decision to apply on grounds that this would complement their ongoing drive towards improving health and wellbeing and provide them with further resources in this regard. They found the accreditation process to be a ‘seamless transition’; it was done at their convenience and with regular communication and visits from the awarding body.

As part of the accreditation process, they entered into a partnership with a local Tesco superstore, who now donate their unsold fruit to provide breakfast for the apprentices. They have also hired a full-time Learning Support Adviser to offer support to apprentices. As part of the role, the adviser will interview each apprentice individually to learn what support they would like to receive, and to ascertain if specific health or educational support is needed.

Carillion feel they have learned a lot from the Charter process and that it has connected them with a number of new organisations whose expertise they can draw upon.
A programme of talks on issues such as alcohol and substance misuse, healthy eating and sexual health has been introduced. As Carillion Construction Training Southampton offer a rolling apprenticeship programme, these are repeated for each new cohort. Posters encouraging healthy lifestyles are displayed around the office. The number of water machines has been increased, to promote hydration. Staff are encouraged to take walks at lunchtime and many have signed up to the Global Corporate Challenge to take 10,000 steps a day. A football match is also held for apprentices every 6 weeks.

In terms of health and wellbeing improvement, the company has seen a large reduction in smoking: as of 2016, approximately 40 per cent of apprentices smoked, compared with around 85 per cent prior to the wellbeing drive. Both interviewees also identified staff absence as a key area in which they have seen improvement. Absences have reduced markedly among the apprentices over the previous two years, which interviewees attributed to the increased availability of information and support relating to health and wellbeing. Illness-related absences have also reduced among the office-based staff, from 18 total days in the year before accreditation to five days in 2015.

As of 2016, the office has introduced a new motto – Health Like Safety – to emphasise the relationship between health issues, such as tiredness, and the risk of accidents. Accidents have reduced from between three and four per year previously, to just one over the previous two years. The Centre Manager attributes this reduction to both a greater focus on safety education and improvements in health. As support services have been provided on a confidential basis, for apprentices to access should they require support, the company noted that they cannot keep track of the extent of which services are being used.

As a result of Carillion Construction Training Southampton’s experience with the Charter, the staff are speaking with regional authorities about rolling out accreditation to other Carillion Construction Services business units. Similarly, a local supplier company has also begun the accreditation process after learning of Carillion Construction Training Southampton’s experience. The Charter mark features on most company paperwork and is displayed in the office reception.

**How much did Carillion Construction Training Southampton invest?**

An estimated 30–40 hours of staff time was required for the administrative aspects of the accreditation process; however, the Centre Manager considers this worthwhile and not a large financial commitment, since the drive to improve health and wellbeing was under way in any case.
External recognition in an ongoing journey towards staff wellbeing

A case study of the impact of the Workplace Wellbeing Charter on the Coventry City Council

Coventry City Council (CCC) is the local authority responsible for the governance of the City of Coventry. The Council provides a range of services, including: education, children’s services, adult social care, environmental health and public protection, refuse and waste collection and disposal, highways services and economic development and regeneration.

About CCC

The Council is a provider of the Workplace Wellbeing Charter (WWC) and supports local businesses in developing workplace health and wellbeing programmes. CCC employs 5,642 people (excluding schools). It was accredited with the WWC for the first time in 2014, and was reaccredited in 2016.

Why did CCC participate and what were the results?

The Council supported the Charter to demonstrate its own commitment to employee wellbeing, to reduce absence rates and to create a strong employee wellbeing culture within the organisation. The Council implemented a comprehensive wellbeing strategy in 2009. The three key drivers of the strategy were:

- **Leadership and Commitment** – ensuring attendance and employee welfare was at the heart of the organisation.
- **Attendance and Management** – effective, robust and fair application of the Council’s attendance management procedure ‘Promoting Health at Work’ and manager training and development.
- **Employee Wellbeing** – initiatives and programmes aimed at improving and supporting employee wellbeing.

Service Manager Angela White said that, as the WWC provider, the Council wanted to set an example for other employers by going through the accreditation process themselves – a view also shared by her colleagues. Business Development Officer Sharon Lindop was the initiator of the Council’s accreditation – she encouraged colleagues to collate necessary evidence, which was subsequently reviewed by an independent assessor. The wellbeing interventions (and the accreditation process) have been supported by senior management, HR and the Occupational Health services at CCC and implemented as a team effort across various services.

As many policies and campaigns aimed at staff wellbeing and health have been implemented by CCC over many years, it is difficult to attribute any specific results to the Charter alone. However, HR Business Partner Jasbir Bilen thought that the WWC provided the Council with a great opportunity to review what has been done so far, to have it externally validated and find out where further improvements can be made to support ongoing development and improvement. He considered the Charter’s accreditation to be useful, even though it constituted only an element of an ongoing process of establishing a positive employee wellbeing organisational culture. Having the Charter’s mark helped the Council engage with other organisations and attract and recruit new talent to its current workforce and demonstrate its commitment to employee wellbeing.
What did CCC do and how did it go?

CCC has implemented a wide range of policies and activities, such as leadership and absence management programmes, and has introduced measures around the following issues: health and safety at work, mental health and wellbeing, smoking and tobacco, physical activity, healthy eating, and alcohol and substance misuse.\(^2,3\,a,b\)

In addition to implementing mental health and wellbeing policies, CCC organised awareness training and developed an intranet-based mental wellbeing toolkit that offered guidance and support to managers when dealing with the wellbeing and mental health of their employees.\(^2,\) The Council has been working in partnership with a local mental health charity (Mind) to change the culture and stigma around mental health needs and create a safe environment for employees with mental health needs.\(^2,3\,b,c\)

Managers were trained to deal with practical and procedural issues of attendance management.\(^2\) Sickness absence is monitored, analysed and discussed on a monthly basis and absence management triggers are used to support employees back into their workplace or into a different position, where appropriate.\(^2,3\,b,c\) These measures contributed to significant reductions in sickness absence.\(^3\)

As a result of the Council’s wellbeing strategy implemented in 2009, the following benefits were seen by 2015:

- A reduction in the cost of absence by £4.5m\(^3\)
- A reduction of 2.25 days lost per FTE\(^3\) per year

How much did CCC invest?

Both Jasbir Bilen and Sharon Lindop felt that the accreditation process required quite a lot of effort – mainly because the Council implemented a wide range of initiatives and had a lot of evidence to provide. Altogether, the efforts added up to about four days’ work.\(^b\)

The accreditation process involved HR staff collating evidence, several meetings and interviews with a number of employees, and site inspections of Council premises.\(^b\) Staff efforts to collate the evidence were reduced through the use of electronic data, which was also easily accessible to assessors.\(^b\) Information on the costs of implementing wellbeing initiatives was not available.

For us it is an ongoing journey – the Charter marks just one stepping stone. If we are going to maintain the momentum, we’ve got to reinvent ourselves, make sure we are proactive in how we are managing employee wellbeing.\(^c\)

Methods

To prepare these case studies, we aimed to interview the following people:

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- A member with responsibility for human resources who would have data on impact indicators
- A member of staff who had benefited from the organisation’s participation in the Workplace Wellbeing Charter or equivalent local scheme, and did not fit into the previous two categories.

However, the available interviewees did not always directly relate to these categories of staff. The selection of interviewees for CCC is shown below. We also asked for any relevant documents that would provide supplementary information to the interviews. Interviewees provided their consent to be identified in the case studies.

List of documents


List of interviewees

- Angela White, Service Manager, Occupational Health, Safety and Wellbeing Services
- Sharon Lindop, Business Development Officer
- Jasbir Bilen, HR Business Partner, Service Support

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Investing in staff to maximise results

A case study of the impact of the Workplace Wellbeing Charter on the Dearne Advanced Learning Centre

The Dearne Advanced Learning Centre (Dearne ALC) is a secondary school in South Yorkshire, England. The school is located in one of the most deprived areas in the country and has 53 per cent of students eligible for Pupil Premium funding. The Dearne ALC considers itself responsible for promoting community cohesion and offering the best services for its children. The management of the school believes this can be achieved by investing in their staff.

About Dearne ALC

The Dearne ALC is a rapidly changing organisation that is committed to delivering high quality education. It became an Advanced Learning Centre (ALC) with new IT facilities and moved into a new building in 2011. The school has over 960 students and 126 staff.

Why did the Dearne ALC participate and what were the results?

Since 2013, the Dearne ALC has engaged in health and wellbeing initiatives with their local council (Barnsley Metropolitan Borough Council). The school received a Silver Award for ‘Good Practice in Workplace Health’ in 2014 and an Investors in People – Bronze Award in 2015. After the Workplace Wellbeing Charter (WWC) was introduced, the school decided to take part in the scheme, seeing it as a natural progression of their initiatives.

Mrs Chris Robinson, the Principal, emphasised that the school operated like any other business – it was outcome-focused (striving for better student exam results) and financially stretched. It needed to raise impact with reduced funding. Investing in staff – its greatest and most valuable resource – was the best way of achieving this.

According to Mrs Felicia Swann, Human Resources Manager, a staff wellbeing survey provided much needed insights into the most pressing areas. The results showed that 70 per cent of staff wanted a better work–life balance and this area formed the initial focus of the health and wellbeing activities on which the school has built ever since.

English teacher Mrs Nicola Clegg noted considerable improvements in the school’s wellbeing policy over the last three years and highlighted the management’s openness to ideas put forward by staff. As an example she mentioned some colleagues who needed dietary advice – which led to a nutritionist visiting the site and meeting those who were interested.

The most noticeable and direct results of health and wellbeing initiatives were found in staff absence levels (leading to lower supply teacher costs), while team building activities led to improved morale and staff engagement. More importantly, according to Mrs Robinson, the positive atmosphere and the staff’s motivation levels started having a notable impact on the children’s outcomes. As reported by Ofsted, ‘the proportion of pupils gaining grades A* and A increased in 2015 and is on track to increase further in 2016’.

In future, more emphasis is expected to be placed on mental health, fighting the stigma around mental health, and building trust among employees. Both Mrs Swann and Mrs Robinson noted some additional benefits to the school in terms of improved image and publicity, making recruitment easier and more successful.
What did the Dearne ALC do and how did it go?

Dearne’s approach to health and wellbeing comprised four key elements. Firstly, it focused on health management, working closely with various organisations to provide employees with regular health checks and wellbeing programmes. Secondly, it emphasised prevention and care by looking into absence management and helping staff return (and commute) to work, and by offering sports classes and occupational health support. Thirdly, the school provided wider support with a range of activities, from having a car mechanic coming on site to ironing and dry cleaning services and team building events. Finally, the school turned more attention to leadership and management, introducing line managers, flexible working, and leave measures.2,4,a

Absence management activities included regular catch-ups and keep-in-touch days to facilitate the transition from sick leave back to work. Incentives for teaching staff were created to encourage and reward attending for a whole term.

Participation in the third South Yorkshire Workplace Games, where teams from seven workplaces competed in five different disciplines, including sitting volleyball, New Age Kurling, netball and rounders. In addition to putting forward two teams, Dearne ALC won the team award for Spirit of the Workplace Games.3,c

How much did the Dearne ALC invest?

In terms of accreditation, the process required a dedicated HR person and time investment (approximately one week to gather all the relevant documents and schedule interviews).2,4,a According to Mrs Swann, the accreditation process was straightforward (largely thanks to support from the accrediting organisation). However, she felt that the process of arranging interviews and gathering evidence was somewhat difficult in terms of the time and logistics involved and that an online system of storing documentation would help in future.

The school’s budget for health and wellbeing is very small – it amounts to £1,500 for 126 staff and, like all government funding, is subject to public scrutiny. Therefore, any additional resources – that could be more flexibly used – come from fundraising activities.a,b
Edgetech is a manufacturing company based in Coventry. They make and supply parts for the window industry. The company has about 70 employees, of which 80 per cent are male. They were early to adopt wellbeing interventions in the workplace: they joined the Coventry City Council wellbeing charter in 2009 and were accredited in 2013. In 2015, they received accreditation under the national Workplace Wellbeing Charter (WWC).

Why did Edgetech participate and what were the results?

WWC accreditation was proposed by HR manager Suzanne Shelbourne who became aware of the local wellbeing charter through personal connections at Coventry City Council. Sales and Marketing Director Alan Fielder strongly believes healthy employees function better, so he was keen to join and provide support. They had no specific aim when joining, apart from that they wanted to be able to show their commitment to employee wellbeing.

Interviewees reported a number of positive effects that the WWC has had on staff health and the workplace. For example, the implementation of the WWC helped to improve work atmosphere: the company was acquired in 2011 by a bigger firm and WWC implementation meant that it continued to feel like a small company; workplace health and wellbeing activities provide a way for employees to keep in touch and connect with each other. In this respect it has also helped to build resilience to change. The workplace atmosphere has also benefited from a change in attitudes in the workplace: after-work pub trips have finished earlier as people are more aware of the consequences of drinking and sleep deprivation. Following breathalyser training, and aware that many of his employees would be driving the morning after a night at the pub, Sales and Marketing Director Alan Fielder even examined the effects of late-night drinking on blood alcohol levels by testing himself the morning after a night when he had been drinking. Employee engagement seems higher, as indicated by a high response rate on staff surveys. Employee Claire Fordham believes the cooking challenge has had a knock-on effect on other meals at home.

If you consider health and safety of employees a responsibility of the employer, then optimising mental and physical health of your employees follows from that.

WWC has allowed us to capitalise on the benefits of being small.
building business resilience: this is based on word of mouth from customers and suppliers, who are invited to take part in initiatives when they come to the office.

It has also helped to strengthen ties with their US sister company. Stress management training was reported to have had significant effects.

One of the areas the WWC reportedly contributed to was sickness absence, which has gone down by 3 per cent, 1 per cent and 2 per cent in 2013, 2014 and 2015. Staff turnover pre-WWC averaged 8 per cent. In the last three years the average figure was under 5 per cent, while Edgetech increased their workforce by around 40 per cent.

What did Edgetech do and how did it go?

Edgetech introduced stress management training, return-to-work processes, and many different courses. Suzanne Shelbourne feels some of the benefits do not follow directly from activities, but from a more general increased sense of awareness. In terms of the work environment, there are free foods, cooking competitions, a monthly wellness bulletin, health checks, activity challenges and visits from experts on site. For example, there is a vegetable market where employees can get free vegetables on the grounds that they take a photo of the dish that they make with them, with prizes available for the most appetising-looking meals. They also have a ‘healthy lunch’, at which everyone sits down to eat together. Take-up varies, but is around 60 per cent. Initially participation was compulsory, but not anymore. Management participates on equal terms with other staff.

The pedometer challenge and cooking challenges are both very popular.

How much did Edgetech invest?

The initial setup costs were around £32,000, which covered new initiatives every month, challenges, promotion of local classes, and an employee assistance program (EAP), which provides counselling. Annual running costs are now around £1,500, which includes self-assessment programmes, EAP, and more.

Methods

To prepare these case studies, we aimed to interview the following people:

- A senior manager who had been involved in the decision to participate in the Workplace Wellbeing Charter or equivalent local scheme
- A member with responsibility for human resources who would have data on impact indicators
- A member of staff who had benefited from the organisation’s participation in the Workplace Wellbeing Charter or equivalent local scheme, and did not fit into the previous two categories.

However, the available interviewees did not always directly relate to these categories of staff. The selection of interviewees for Edgetech is shown here. We also asked for any relevant documents that would provide supplementary information to the interviews. Interviewees provided their consent to be identified in the case studies.

List of documents

Edgetech was covered in an article in ‘Occupation Health’ in July 2015: http://www.personntoday.com/hr/workplace-wellbeing-charter-standard-health/

Interviewees

a. Suzanne Shelbourne, HR Manager, Head of Customer Service and Head of Administration
b. Alan Fielder, Sales and Marketing Director
c. Claire Fordham, employee

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Developing a holistic approach to health and wellbeing

A case study of the impact of the Workplace Wellbeing Charter on Mersey Care NHS Trust

Mersey Care offers a number of benefits to employees, including an extensive self-managed occupational health service. During accreditation in 2015, the Workplace Wellbeing Charter provided an opportunity to look at wellbeing holistically, with the aim of reducing sickness absence.

Mersey Care NHS Foundation Trust

Mersey Care is a mental health trust in North West England. It has 32 sites and is organised in three divisions: a secure division, a local division and a corporate division. In 2015–16, it served 41,173 users in local services and 761 in secure services at Ashworth Hospital.

Why did Mersey Care decide to participate and what were the results?

The Deputy Director of Workforce, Jo Twist, had undergone the accreditation process at her previous trust, and had found it to be a good overview of what to put in place in consideration of health and wellbeing in the workplace. She got in touch with the assessor who had carried out that assessment and they agreed that it would be worthwhile at Mersey Care. The accreditation took place in 2015. The aim was to raise the profile of health and wellbeing, and to help staff understand that it was a more holistic approach, involving more than just physical activity. They found that there was a lot of good practice, but that because of Mersey Care’s geographical spread it was in discrete pockets. In particular, it was easier for the corporate division to be accredited as it was in one, modern building with appropriate facilities, whereas the local division found it harder because staff visit individual patients and homes. Sickness absence remains a concern, but it has stopped rising. Staff appreciate health and wellbeing days, and would like more of them.

Mersey Care’s overall staff engagement, measured by the NHS Staff Survey on a scale from 1 to 5, has improved from 3.65 in 2013 to 3.68 in 2014 and 3.74 in 2015.

It’s a really good framework, especially the self-assessment. It gets you to do a complete overview of everything.
What did Mersey Care do and how did it go?

Mersey Care has an employee assistance programme and a range of occupational health services provided from one umbrella service that they run themselves. These include Eye Movement Desensitisation Reprogramming, Cognitive Behavioural Therapy, seated acupressure and physiotherapy. There is a daily triage line from which staff can get advice, support and information, and if necessary make an appointment to see a physiotherapist within five working days.

Mersey Care competes in the NHS North West Games, which include football, netball and badminton. The army has run challenges over assault courses, and there are also golf and 5km running competitions. Mersey Care runs health and wellbeing days at their sites and have also hired a bus to take taster sessions, including aromatherapy, nail-painting and Indian head massage, to staff who work in the community. They have increased the amount of healthy food in vending machines from 0 per cent to 50 per cent.

Dragon boat racing. Mersey Care has its own dragon boat crew, which trains weekly. For the last six or seven years, it has entered competitions around the country, in the Corporate Games and Dragons and Flowers competition. Mersey Care has funded kit and race fees for the crew.

How much did Mersey Care invest?

The main investment was time, but this is hard to quantify. The whole process, from deciding to apply to accreditation, took between six and nine months, with the assessment itself lasting a week. The process felt fairly time consuming, but since it involved three separate assessments for the three divisions, and because Mersey Care is a large organisation, it felt proportionate.

Methods

To prepare these case studies, we aimed to interview the following people:

• A senior manager who had been involved in the decision to participate in the Workplace Wellbeing Charter or equivalent local scheme
• A member with responsibility for human resources who would have data on impact indicators
• A member of staff who had benefited from the organisation’s participation in the Workplace Wellbeing Charter or equivalent local scheme, and did not fit into the previous two categories.

However, the available interviewees did not always directly relate to these categories of staff. The selection of interviewees for Mersey Care is shown below. We also asked for any relevant documents that would provide supplementary information to the interviews.

List of interviewees

a. Jo Twist, Deputy Director of Workforce
b. Amanda Smith, Head of Health and Wellbeing
c. Lynda Nunnen, Nursing Assistant in High Secure Services

List of documents

2. Staff Survey Summary Report 2015; paper for board meeting on 30 March 2016

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Using Charter accreditation as a source of information and confidence for a small workforce

A case study of the impact of the Workplace Wellbeing Charter on Munroe K Asset Management

Munroe K Asset Management manage the Belle Vale Shopping Centre site in Liverpool. The on-site team of three gained WWC accreditation in 2015 and, although few concrete impacts can be identified given the small workforce, the management feel it has been a valuable source of information and confidence in developing health and wellbeing policies.

About Munroe K Asset Management Ltd, Belle Vale Shopping Centre

Munroe K Asset Management is a nation-wide asset management firm, headquartered in London. They oversee the day-to-day operations of Belle Vale shopping centre in Liverpool. The on-site team consists of three full-time staff, who manage a team of external contractors. The site was awarded Charter accreditation in 2015; they currently hold a Commitment award in all levels except Smoking, Physical Activity and Alcohol, in which they have been awarded an Achievement award.

Why did Munroe K Asset Management Ltd, Belle Vale Shopping Centre decide to participate?

The Centre Manager, Paul Wilson, took the decision to apply for accreditation as part of broader efforts to improve motivation among the three permanent, and dozens of contracted, staff. He viewed the Charter’s aims as a mechanism by which to offer managers and companies the tools required to develop the welfare structures needed by staff. Alongside other existing efforts to encourage healthier lifestyles – including the introduction of an on-site gym for staff and customers – he felt that providing the ‘core essentials’ of knowledge about healthy lifestyles would encourage wider individual participation in health and wellbeing initiatives.

It’s all very well talking about diet, but how many diets are there under the sun? But when you have information at your fingertips about what is healthy eating... it gives you the confidence to know what you’re talking about.

Actions and their impacts

The company sought Charter accreditation as part of a wider drive to embed healthy living policies, and the team already considered themselves good at taking care of their own health and wellbeing. A number of healthy living initiatives and outreach events had been implemented before the company sought Charter
How much did Munroe K Asset Management Ltd, Belle Vale Shopping Centre invest?

The time commitment required for such a small team was identified by the Centre Manager as one of the potential downsides of participation for small businesses. The Centre Manager worked through the self-assessment before applying to make sure they had the required evidence available, and estimated that the process required 14–16 hours of staff time, spread over the course of a few months, to research and process the information. He is interested in seeking the next level of accreditation, and has already ticked off some of the criteria, but will wait until he feels the site is ready before applying.

Rather, in the words of the Centre Manager, Charter accreditation just ‘makes [health and wellbeing provision] more formal for us’. He noted that the main benefit of Charter accreditation was its utility as a source of confidence, and of credible information about effective H&W interventions. The Centre Manager noted that they have the Charter in mind now when they think about healthy living interventions, and now think about related interventions and campaigns, such as Dry January, with regard to how these could relate to the Charter.

The main changes that the company made to meet Charter standards focused on policies and information relating to healthy eating, which had not been previously formalised (although the interviewees noted that they already ate healthily in a personal capacity). The Charter, alongside the introduction of a new Holland & Barrett store at the shopping centre, influenced the decision to undertake a ‘healthy living’ campaign in January 2016, with various other stores in the centre encouraged to participate and promote a relevant product range.

How much did Munroe K Asset Management Ltd, Belle Vale Shopping Centre invest?

The time commitment required for such a small team was identified by the Centre Manager as one of the potential downsides of participation for small businesses. The Centre Manager worked through the self-assessment before applying to make sure they had the required evidence available, and estimated that the process required 14–16 hours of staff time, spread over the course of a few months, to research and process the information. He is interested in seeking the next level of accreditation, and has already ticked off some of the criteria, but will wait until he feels the site is ready before applying.

The Centre Manager has since spoken about the scheme to the national Managing Agents, who are considering rolling out the scheme to the other shopping centre sites in their portfolio; one other site in Liverpool has since also undergone accreditation.

Methods

To prepare these case studies, we aimed to interview the following people:

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- A member of staff who had benefited from the organisation’s participation in the Workplace Wellbeing Charter or equivalent local scheme, and did not fit into the previous two categories.

Although no direct H&W initiatives have been launched for contracted staff, the company currently operates an ‘open-door’ policy for contract staff to discuss H&W issues. The Centre Manager noted that it has had a small influence on the way they engage with the contract workforce; for example, they now provide wellbeing information relating to alcohol when emailing staff about their professional responsibilities regarding alcohol and the workplace.

The Centre Manager has since spoken about the scheme to the national Managing Agents, who are considering rolling out the scheme to the other shopping centre sites in their portfolio; one other site in Liverpool has since also undergone accreditation.

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Taking employee wellbeing to the next level

A case study of the impact of the Workplace Wellbeing Charter on Rowlinson Knitwear

Rowlinson Knitwear added structure to its employee-focused wellbeing policies, particularly in mental health. Employee satisfaction with the workplace is high and increasing.

About Rowlinson Knitwear

Rowlinson Knitwear (RK) is an employee-owned knitwear manufacturing business located in Stockport, UK, which produces garments for corporate branding and personalisation for schools and clubs. It places a strong emphasis on its core values – trust, care, be better – and particularly on its employees. RK has recently been recognised as Stockport’s employer of the year for the second consecutive year and has experienced a continuous increase in employee satisfaction throughout the years as a result of various interventions. However, prior to introduction of the Workplace Wellbeing Charter, RK did not have a real strategy or framework in employee care and launched most of their initiatives on an ad-hoc basis on request.

Why did Rowlinson Knitwear decide to participate and what were the results?

Without any specific medium- or long-term outcomes in mind, RK felt that the WWC was a natural extension of their broader focus on employee satisfaction and fitted well with the company ethos. The scheme allowed them to take another step in improving staff health and wellbeing. In particular, the management gained new insights into how many people had mental health needs, as three members of staff went on training sessions and used the acquired skills to recognise how problems at home affect people at work and how less visible problems can also have an impact. Employees reportedly gained confidence and learned techniques to manage anxiety. Some of them were even taught to use laptops to stay in contact with friends in order to prevent the negative effects of loneliness.

The company of 43 employees has managed to reduce employee turnover to less than one per year, significantly below comparable organisations. Part of this success was attributed to the WWC; the employees have become more connected with the company as they understand that their wellbeing is the management’s priority. Coincidentally, customer satisfaction, employee satisfaction and profit margins have risen over the last five years. According to the management, the overall atmosphere has improved – people were excited about the WWC and are happy to work for the organisation.

The outcomes were terrific and it was the right thing to do. If you care about your people, you should be going for the Charter.

What did Rowlinson Knitwear do and how did it go?

In general, RK does not require employees to participate in their programmes and does not offer rewards for participation – the attitude is ‘if you want it, you have access to it.’ Everyone in the organisation is regularly informed about proposed changes and has the opportunity to express their opinion. Moreover,
employees are recruited based on their mindsets rather than their possession of a specific skillset, resulting in a general enthusiasm for the programmes. Besides the overall improvement in providing the right physical and knowledge resources, the activities directly resulting from participation in the WWC included:

- cycle to work scheme
- fruit days
- relocation of smoking area
- walk to work event

**Fruit days** – Every two weeks, a large basket of fresh fruit is delivered and offered to all employees free of charge. The intervention has been very positively received and the anecdotal evidence shows that people now consider fruit a healthy snack option and buy it for themselves every now and then.

**Relocation of smoking area** – A designated smoking area originally located inside the main factory building has been moved to a separate house with places to sit and a Wi-Fi connection. The change was greatly appreciated by non-smokers, while smokers considered it a reasonable improvement of workplace conditions for everyone. Several people even stopped smoking as a result of the longer walk to the smoking area.

### How much did Rowlinson Knitwear invest?

Despite the rather minor monetary costs of the actual interventions, the interviewees considered WWC implementation to be ‘really onerous’ and insufficiently tailored to smaller organisations, which are expected to provide the same level of evidence as larger ones. RK used the services of Pure Innovations, a third-party organisation, to help them collect the data required for the certification audit but did not need any additional employees. The preparation process cost approximately 15 days of work, excluding another seven or eight days spent thinking about the actual processes and communicating the principles (for example, that the employees need to eat healthily).

Overall, the whole process, from finding out about the WWC to being accredited, took approximately a year. The company reported that it had all the required and relevant information regarding WWC implementation at its disposal and greatly appreciated its cooperation with Pure Innovations as well as the accreditation provider.

### A February 2016 employee satisfaction survey showed overall satisfaction levels to be positive for 89% employees, as well as the further positive results that follow:

- **86%** ‘I feel valued’
- **95%** ‘The company cares about my health and wellbeing’
- **100%** ‘My workload is manageable’
- **98%** ‘I feel proud to work here’

### Methods

To prepare these case studies, we aimed to interview the following people:

- A senior manager who had been involved in the decision to participate in the Workplace Wellbeing Charter or equivalent local scheme
- A member with responsibility for human resources who would have data on impact indicators
- A member of staff who had benefited from the organisation’s participation in the Workplace Wellbeing Charter or equivalent local scheme, and did not fit into the previous two categories.

However, the available interviewees did not always directly relate to these categories of staff. The selection of interviewees for Rowlinson Knitwear is shown below. We also asked for any relevant documents that would provide supplementary information to the interviews. Interviewees provided their consent to be identified in the case studies.

### List of interviewees

- Nicola Ryan, Head of People Services
- Ian Smith, Planning Manager
- Rachel Swindells, Customer Care Officer
- Donald Moore, Managing Director

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Helping to do things more creatively with less money

A case study of the impact of the Workplace Wellbeing Charter on the Tameside Metropolitan Borough Council

Tameside Metropolitan Borough Council (TMBC) is the local authority of the Metropolitan Borough of Tameside in Greater Manchester. It is a metropolitan district council, one of ten in Greater Manchester, and provides the majority of local government services in Tameside.¹

About TMBC

TMBC employs over 2,700 people (excluding schools).² Its longstanding commitment to workforce wellbeing is illustrated by its early enrolment on a health programme, which has helped improve staff health and wellbeing, reduce absence and increase productivity since 2005.³,⁴,⁵,⁶ TMBC received their first accreditation under the Workplace Wellbeing Charter (WWC) in 2013 and were re-accredited at excellence level in all eight areas in 2015.⁷,⁸

Why did TMBC participate and what were the results?

As Tracy Brennand, Assistant Executive Director at TMBC explained, in 2012 the Council was facing cuts to public spending that led to reductions in the workforce. An increased workload, combined with continuous pressure on the quality of services provided by the Council, resulted in high staff turnover and the staff reductions had a profound impact on the remaining workforce. The WWC prompted the Council to refocus their efforts from retention to improved staff engagement, resilience and attendance.⁹

Elizabeth Lawton, Assistant HR Consultant, pointed to a number of communication channels (such as a monthly newsletter, weekly staff emails and posters around the buildings) used to inform staff about different initiatives and activities. She also gave an example of a “Time to Talk” initiative, in which a staff member approaches colleagues for a cup of tea to encourage short breaks from a computer screen.¹⁰

[WWC] gives you a measure of what you are actually doing. […] The first time we did it, it was pleasing to see how much we were doing and [it] made us think how we can do things even more creatively with less money.¹¹

Our motivation and staff engagement is high, and productivity is still high, while about 50 per cent of staff that we had here previously have left.¹²

Although there was no hard data to support it, Elizabeth felt that these and other programmes introduced at TMBC as part of the WWC scheme helped to improve employees’ wellbeing and made the Council a more attractive employer. Some observable changes were minor – such as healthy options introduced in vending machines – and others were more substantial – for example, a small reduction in sickness absence, and an increase in productivity.¹³
What did TMBC do and how did it go?

TMBC has implemented a wide range of initiatives and activities from leadership and absence management programmes, to measures around health and safety at work, mental health, smoking and tobacco, physical activity, healthy eating and alcohol and substance misuse.3,4,5

Sickness absence is monitored on a monthly basis, using a case management database managed by the HR team, who work alongside managers to support people returning to work. The managing-attendance policy introduced new triggers and a commitment to regular updates with employees on sick leave in order to further support an early return, implementing adjustments which would facilitate their recovery and return to work.6

Over a long period of time these measures contributed to large reductions of days lost and cost savings.

Following suggestions from staff, a specific skin cancer awareness talk was organised for employees who predominantly work outdoors.7,8

The Level 2 Mental Health Awareness qualification has been promoted for staff who wished to undertake it, following a focus on mental health issues in the workplace and the commitment to reducing the stigma around mental health. This was very well received and might be repeated.9

How much did TMBC invest?

In the past, TMBC invested substantial financial resources in workforce wellbeing but this was not the case for the WWC.5 TMBC was looking for changes and activities that would have lasting effect on the culture of the whole organisation and the way it works.5 As such, the WWC initiatives relied on collaboration with local partners and trade unions and existing resources, rather than required additional investments.6 The accreditation process itself involved collating evidence across the eight areas of the Charter. To facilitate this process (given the wealth of data available at TMBC), an evidence matrix5 was developed that helped to save time and efforts of the involved staff.6

TMBC has seen an overall reduction of 5.9 days lost per employee per year due to sickness absence since 2001, resulting in productivity levels for the Council equivalent to an increase of around 168 jobs and non-cashable savings in the region of £500,000 per annum.5

The job satisfaction level was relatively high at 65%, while 73% of employees feel that their job allows them to maintain a good work–life balance.

Methods

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- A member of staff who had benefitted from the organisation’s participation in the Workplace Wellbeing Charter or equivalent local scheme, and did not fit into the previous two categories.

However, the available interviewees did not always directly relate to these categories of staff. The selection of interviewees for TMBC is shown below. We also asked for any relevant documents that would provide supplementary information to the interviews. Interviewees provided their consent to be identified in the case studies.

List of documents

List of interviewees
a. Alison Williams, Workforce Development and Engagement Manager
b. Tracy Brennand, Assistant Executive Director, Workforce Development
c. Elizabeth Lawton, Assistant HR Consultant, employee

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Adding structure to good intentions

A case study of the impact of the Workplace Wellbeing Charter on TRAC

The Regulatory Affairs Consultancy (TRAC) runs a programme of workplace health activities at minimal cost, for the benefit of its employees. Participation in activities is high and sick leave has decreased steadily since 2011.

About TRAC

TRAC is an independent regulatory affairs consultancy dedicated to serving the global pharmaceutical industry. It was founded in 2001 and is based in Pool in Cornwall. It currently has 21 employees.

TRAC has been awarded the Gold Cornwall and Isles of Scilly Workplace Health Award, with its first accreditation coming in 2012.

Why did TRAC decide to participate and what were the results?

TRAC first received the Cornwall and Isles of Scilly Workplace Health Award in 2012. They had already been running workplace health initiatives and the award presented an opportunity to create a more structured programme. They saw that some similar businesses had the award and were interested in learning about some other ideas. The motivation for creating a healthy workplace was a desire to look after employees rather than to improve business outcomes or seek recognition. This means that it is hard to separate out the impact of participation in the Workplace Health Award from activities that TRAC might have run anyway.

Sick leave has decreased steadily since 2011 (although a single case of long-term sick leave pushed up the average in 2013). Results of the staff survey were also positive, with 100 per cent of respondents valuing TRAC’s commitment to promoting a healthy workplace through activities and initiatives, and 88 per cent feeling that the introduction of flexible working has had a positive impact on their work–life balance. High participation rates in activities demonstrate their popularity, which one interviewee attributed to the fact they connect people across teams. TRAC’s website describes its workplace health activities.

Staff retention is high and recruitment for new posts is straightforward, which TRAC’s directors attribute partly to its strong commitment to staff health and wellbeing. You don’t have to be a big business; you don’t have to spend lots of money.

What did TRAC do and how did it go?

TRAC built an action plan around the ten Workplace Health Award criteria. This included putting new policies in place, formalising things that already existed and creating policies for situations that it had not yet had to deal with, such as stress and back pain management. Of these, the flexible working policy led to the most notable changes in business practices. Writing the policies for the initial accreditation was time-consuming, but they now keep records of wellbeing activities and collect data and evidence.
for changes these have contributed to, which makes reaccreditation a more efficient, albeit still time-consuming, task.\textsuperscript{b}

TRAC has a healthy workplace team of four people, who make the accreditation application and run activities and events.\textsuperscript{a,b} This has been a good development opportunity for the team.\textsuperscript{a} This year they are encouraging their colleagues from the wider organisation to run individual events rather than doing them all themselves.\textsuperscript{b} Activities that TRAC has run include a pedometer challenge, healthy lunches, walking tea breaks, badminton club, running club, massages from students at a local college, a stress test, and awareness sessions on alcohol and the effect of technology on sleep.\textsuperscript{1,a,b,c}

Staff were not explicitly encouraged or incentivised to participate, but activities such as walking tea breaks are now seen as part of TRAC’s culture.\textsuperscript{a,b,c}

**Walking tea breaks** – At least monthly, and more frequently in the summer,\textsuperscript{c} staff take a tea break while walking around a local park for 15 minutes.\textsuperscript{a,b,c} These are scheduled in people’s calendars and are popular.\textsuperscript{b} They clear people’s minds, and give them a break outside away from the office.\textsuperscript{b,c}

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**How much did TRAC invest?**

TRAC paid £12 per week for fruit boxes and the healthy workplace team has a small budget of £250 per year to spend on such things as prizes for treasure hunts or quizzes.\textsuperscript{a} The team spent 10 hours on the assessment process and another 244 on organising and delivering activities,\textsuperscript{2} with the organisation as a whole spending an average of 10 hours per employee participating in these activities.\textsuperscript{2}

Most activities did not cost anything more than time, because they were delivered free of charge by the workplace health award team or Cornwall Sports Partnership.\textsuperscript{a,b} The workplace health award team also runs a library with resources that TRAC’s health workplace team uses to organise activities.\textsuperscript{a,b}

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**List of documents**

1. TRAC healthy workplace annual assessment report 2015
2. Extract from TRAC billing system
3. TRAC staff survey 2014
4. TRAC website ‘community news & events’, as of 2 March 2016: [http://www.tracservices.co.uk/category/community-news-events/](http://www.tracservices.co.uk/category/community-news-events/)
5. TRAC website ‘company profile’, as of 2 March 2016: [http://www.tracservices.co.uk/company-profile/](http://www.tracservices.co.uk/company-profile/)

**List of interviewees**

a. Sarah Trethowan, Founding Director
b. Matthew Cotten, Regulatory Affairs Executive and Workplace Health Champion
c. Lisa Pascoe, Regulatory Affairs Project Manager

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Providing a framework for big players

A case study of the impact of the Workplace Wellbeing Charter on the University of the West of England, Bristol.

The University of the West of England (UWE Bristol) is a large higher education institution in Bristol. Since 2012, they have been involved in the Workplace Wellbeing Charter (WWC) and received their first accreditation in 2014. They believe that the WWC is a nationally recognised award that demonstrates commitment to employee wellbeing and showcases employment standards.

About UWE

With over 27,000 students and 3,000 staff, UWE Bristol is one of the largest providers of higher education in the South West. They were early to adopt wellbeing interventions in the workplace; they had their first discussions with Bristol City Council in 2012 and received accreditations in 2013, 2014 and 2015.

Why did UWE participate and what were the results?

UWE was invited to take part in the pilot and to the launch of the WWC by Bristol City Council. The contact was initiated by Professor Judy Orme, Chair of UWE Bristol's Healthy University Group, but participation in the pilot and the accreditation process was a team effort supported by various University services. HR Advisor Louise Davis noted that UWE has been undertaking wellbeing initiatives prior to their involvement with the Charter, but said that it provided them with a good framework to structure, prioritise and step up their activities. It also provided a mechanism to consistently raise and discuss staff health and wellbeing with senior management.

Judy Orme considered the WWC to provide UWE with levers to progress the work and set the goals shared by all parts of UWE. This – in her view – helped the University to consistently and effectively work together to improve the wellbeing of their diverse staff. The common set of goals also helped improve communication with staff on what matters most in their daily work. This opinion was shared by Catherine McCluskey, Sport Development Team Leader, who recognised that the WWC made it easier to find out what was going on and to see the bigger picture. This gave her (and her colleagues) a sense of being part of something bigger, which led to a massive improvement in how they felt about their work.

Both Judy Orme and Louise Davis also believe that the WWC gave the University a lot of exposure – they were invited to and presented their experiences at a number of events, explaining reasons to join the Charter, wellbeing activities and the resulting benefits (although these were thought to be difficult to measure). Louise Davis felt that the accreditation recognised employers' commitment to staff wellbeing, and therefore, possibly helped to attract new staff.
UWE introduced a number of initiatives: from training managers to monitor sickness absence and the mental health of employees, through to healthy eating and ‘Feel Good’ loyalty programmes that encourage staff to opt for a salad (rather than less healthy choices) and to take part in health checks and other events.1,3,4,a,b,c

How much did UWE invest?

Complete data on the costs of accreditation and related activities were not available. UWE did not dedicate additional human resources to the WWC accreditation; the efforts required for the accreditation and implementation process were difficult to estimate and their intensity varied over time.a,b While preparations for the first accreditation were considered a little burdensome as documentation was collated in hard copies, the second round was smoothed by the use of collaborative IT tools.a

Partial information on the costs of individual initiatives showed that small grants between £1,000 and £2,000 allowed UWE to conduct mental health training and a healthy eating programme.4,a

Staff survey

‘My line manager is interested in my wellbeing’ received a positive response of 73% in 2014 (an increase of 5 percentage points compared to 2012 data).a

Fruit and vegetable stalls

57% of staff reported eating more fruit and vegetables as a result of having access to the stall.4,5

330 health and wellbeing events held throughout Feel Good February in 2016 related to:
- physical activity (106 events)
- wellbeing (33 events)
- healthy eating (87 events)
- feel good (104 events).3

Methods

To prepare these case studies, we aimed to interview the following people:

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- A member of staff who had benefited from the organisation’s participation in the Workplace Wellbeing Charter or equivalent local scheme, and did not fit into the previous two categories.

However, the available interviewees did not always directly relate to these categories of staff. The selection of interviewees for UWE is shown below. We also asked for any relevant documents that would provide supplementary information to the interviews. Interviewees provided their consent to be identified in the case studies.

List of documents

4. Healthy Eating Grant Evaluation Form February 2015, unpublished
5. Evaluation of a fruit and vegetable stall: a university setting, Research Paper, manuscript for peer review, unpublished

List of interviewees

a. Louise Davis, HR Advisor
b. Professor Judy Orme, Chair of Healthy University Group
c. Catherine McCluskey, Sport Development Team Leader, employee
Accelerating positive changes
A case study of the impact of the Workplace Wellbeing Charter on XPO Logistics

XPO Logistics used the Workplace Wellbeing Charter to plan its wellbeing activities and put them in place more quickly than would otherwise have happened. As a result, long-term sickness was reduced and staff engagement improved.

About XPO Logistics
XPO Logistics is a logistics company with 87,000 employees across 1,440 locations in 33 countries. Its Barnsley site has been accredited under the Workplace Wellbeing Charter since 2015.

Why did XPO Logistics decide to participate and what were the results?

XPO Logistics was trying to find ways to reduce long-term sickness, improve nutrition and more effectively engage with staff, and the Workplace Wellbeing Charter seemed to present an opportunity to do all of these things. Although the charter did not lead to anything being implemented that had not already been planned, it accelerated the process. As hoped, long-term sickness has decreased and engagement has improved. People from across the organisation involved in the assessment process are proud of the accreditation.

I would recommend all businesses do it!

You don’t want people to come to work feeling miserable. You want them to enjoy their time.

People who have left the company have come back when they realised that the benefits that XPO Logistics offers could not be taken for granted.

What did XPO Logistics do and how did it go?
The mental health charity Mind provides counselling and Addaction provides assistance with drugs and alcohol dependency. XPO Logistics runs health and wellbeing events with nine or ten stands in the canteen, providing advice and information about, for example cancer and physiotherapy. Staff are encouraged to do voluntary work during work hours, for example at a hospice or residential home. Staff are offered medical check-ups, flu vaccinations, physiotherapy and counselling. XPO Logistics encourages physical activity through gym sessions, bike rides and walks.
How much did XPO Logistics invest?

The assessment process was a lot of hard work, but was mainly a process of gathering together information that already existed. In some cases it involved putting things into place sooner than had been planned.

Methods

To prepare these case studies, we aimed to interview the following people:

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• A member of staff who had benefited from the organisation’s participation in the Workplace Wellbeing Charter or equivalent local scheme, and did not fit into the previous two categories.

However, the available interviewees did not always directly relate to these categories of staff. The selection of interviewees for XPO Logistics is shown below. We also asked for any relevant documents that would provide supplementary information to the interviews.

List of documents

1. XPO Logistics website ‘Our Company | XPO Logistics’; as of 29 July 2016: http://www.xpo.com/content/our-company

Interviewees

a. Alison Field, Occupational Health Advisor

Wellbeing week. Last year XPO Logistics ran a wellbeing week, where the aim was to not drink alcohol for a week. They set targets, and people who achieved them received prizes.

The Workplace Wellbeing Charter did not create any work for XPO Logistics that it was not planning to do anyway.
Reducing stress and sickness absence

YMCA Cornwall has successfully tackled stress and sickness absence issues with a programme focused on activities for staff to participate in. Using a combination of external funding opportunities and partnerships, YMCA Cornwall has run these activities at no cost to the organisation.

About YMCA Cornwall

YMCA Cornwall is one of 114 independent YMCAs in England, working with young people and providing a range of community activities and housing. YMCA Cornwall was founded in 1877 and is based in Penzance in Cornwall, with sites in Camborne, Carn Brea, Mullion, Marazen, Redruth, Sennen and Truro. It currently has 24 employees.

YMCA Cornwall has been awarded the Gold Cornwall and Isles of Scilly Workplace Health Award, with its first accreditation taking place in 2011.

Why did YMCA Cornwall decide to participate and what were the results?

When the Chief Executive Officer and Human Resources Manager started their roles around six years ago, YMCA Cornwall had issues with staff stress and sickness absence. Local authority funding cuts meant that YMCA Cornwall had to reduce its size by around 75 per cent, meaning it would have been difficult to continue to provide high-quality services with the levels of absenteeism at the time.

YMCA Cornwall wanted to rectify this by introducing consistent policies and procedures and giving the managers the skills they needed. Furthermore, although YMCA Cornwall had an active workforce, it had several senior managers in their late fifties; it was considered important to be fit and healthy when working with young people.

In addition to achieving the intended aims around stress and sick leave, participating in the scheme improved cohesion across the organisations, as activities such as the staff away day were arranged for teams of people who did not usually work together, and even the directors. More broadly, the scheme has improved staff morale by making work about more than just a source of income to pay the mortgage, and helping people lose weight and improve their health.

Another benefit has been receiving Contractor’s Health and Safety (CHAS) accreditation, which makes YMCA Cornwall eligible for certain tenders from Cornwall Council.

“...[...] we have no cases at all now.”

Days lost through absence went down from 8.37 per employee in 2010/11 to 4.75 in 2012/13 (the first year of gold accreditation).
What did YMCA Cornwall do and how did it go?

YMCA Cornwall introduced policies around stress, returning to work, and flexible working. Although the first accreditation required a lot of evidence to be brought together, this is now collected on an ongoing basis and requires minimal effort.

The largest event in terms of participation is the staff away day, where YMCA Cornwall staff volunteer at a local community farm for a day; this event is compulsory. In addition, YMCA Cornwall runs a pedometer challenge, where teams compete against each other to take the greatest number of steps. These pedometers are now being replaced by Fitbits, which improve data collection and are now being offered as part of YMCA Cornwall's recruitment package.

YMCA has also introduced flexible working, which is popular among staff as it allows them to surf or participate in other physical activity, and a Cycle to Work scheme.

YMCA's activities have been helped by partnerships with Tempus Leisure, the Health Promotion Unit at Cornwall Council and with various organisations running local activities.

How much did YMCA Cornwall invest?

YMCA Cornwall has spent very little on the workplace health award, because it has managed to receive funding in other ways. For example, it won a grant to have bike storage installed, Fitbits were funded through a sponsored bike ride, and the local authority Health Promotion Unit provides a lot of resources, which are free of charge. The main cost has been time, but this is related to running the activities rather than the accreditation process, and is seen as a core part of a human resources role.

YMCA Cornwall spent £2,000 on providing Fitbits to employees, which was funded through a sponsored bike ride, and £3,000 on bike storage, which was paid for by a grant linked to Cornwall Council’s travel plan award.

Methods

To prepare these case studies, we aimed to interview the following people:

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- A member of staff who had benefited from the organisation’s participation in the Workplace Wellbeing Charter or equivalent local scheme, and did not fit into the previous two categories.

However, the available interviewees did not always directly relate to these categories of staff. The selection of interviewees for YMCA Cornwall is shown below. We also asked for any relevant documents that would provide supplementary information to the interviews.

List of documents

1. YMCA Cornwall website "Welcome to YMCA Cornwall", as of 19 July 2016: http://www.ymcacornwall.org.uk/

Interviewees

a. Louise Mallas, Human Resources Manager
b. David Hall-Davies, Chief Executive Officer
c. Julie Ford, Finance Assistant

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