

Wellbeing Guardians

Guidance for introducing the role in
healthcare organisations

April 2021

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Foreword

The NHS People Plan emphasises the importance of workforce health and wellbeing. It underlines our commitment to a long-term aim: keeping all our NHS people well.

Wellbeing is about much more than health. It describes our perception of the quality of our lives in their entirety as influenced by a range of physical, emotional, and psychological factors. Work-life is a key element of good wellbeing for most people. The evidence clearly shows that the way work is organised and the way people are managed has a significant impact on their wellbeing. Good work provides not only financial security but also an important set of relationships and a sense of purpose in life. Bad work can lead to physical and mental harm to individuals, their families, and their communities. As a healthcare service, it is vital that the NHS makes a positive contribution to the wellbeing of the people working within it and delivers on the People Promise: “we are safe and healthy”.

Much of the focus in recent years has been on the cost of impaired wellbeing. Absenteeism, presenteeism, poor retention rates and high vacancy levels all compromise an organisation’s ability to deliver effective services. All too often action has been directed at these intermediary effects rather than their root cause, the poor wellbeing of the staff concerned. Where wellbeing has been addressed, this has often placed the responsibility on individuals to improve their own physical and mental resilience. Yet, neglecting the organisational aspects of staff wellbeing is poor people management.

I hope that by establishing the Wellbeing Guardian role, all healthcare organisations will enjoy the support of an assurance approach that contributes to a healthier, happier and more effective NHS, creating a culture of wellbeing where our NHS people can pass the care that they receive, onto our patients and service users.

Dr Paul Litchfield

CBE OStJ FRCP FFOM

Member, NHS England and NHS Improvement Health and Wellbeing Expert Advisory Board
Chair, What Works Centre for Wellbeing

1. Introduction

This guidance explains the intention behind the new role of Wellbeing Guardian and the development of its outline responsibilities. It supports healthcare organisations in introducing this role to support the development of a compassionate and inclusive wellbeing culture by independently challenging senior leaders, seeking assurance and recommending models, methods, and resources to support employee wellbeing. Importantly, it also describes how the Wellbeing Guardian should ideally work with existing roles such as Health and Wellbeing Leads (or similar titles), Occupational Health and HR and OD, and wider stakeholders who support the wellbeing of our NHS people.

In 2019, the [NHS Staff and Learners' Mental Wellbeing Review](#) was published, led by Sir Keith Pearson and launched by the Secretary of State for Health and Social Care. This report identified a lack of uniformity in senior and board-level leadership around the wellbeing of our NHS people. It recommended the strengthening of consistency across NHS boards through the introduction of a board-level Wellbeing Guardian role and principles that the role should champion, which have since been adopted in the [NHS People Plan](#).

There is strong evidence that an organisation-wide prioritisation of workforce health and wellbeing supports operational delivery (see the [NHS Health and Wellbeing Framework](#) for further details) and that caring for our NHS people contributes to better patient experience and outcomes. However, work since 2018 delivering the national NHS health and wellbeing programme identified that a holistic approach to health and wellbeing is not a consistent feature of many NHS and wider healthcare organisations.

The Wellbeing Guardian role and this guidance are recommendations only. It is intended that this document creates a starting point for the new role of the Wellbeing Guardian, which can grow over time. Feedback on organisational implementation, best practice, variation in approach and direct shaping of the role with those who take it on will inform the ongoing development of this role. NHS England and NHS Improvement will seek stakeholder feedback on successes and challenges over the first year of implementation and involve Guardians in the ongoing development of this role, as well as in improving this guidance to Guardians, Chairs, Boards and Senior Leadership Teams to meet this role's objectives.

The aim of the People Plan is to make the NHS the best place to work. Subsequently, in the People Promise, part of [We are the NHS: People Plan for 2020/2021](#), we are committed to creating a working environment where “we are compassionate and inclusive... safe and

healthy... have a voice that counts". Key to this is an organisational culture where impact on the health and wellbeing of our NHS people is a routine and priority consideration in all operational and strategic activities and decisions. The [NHS Staff and Learners' Mental Wellbeing \(2019\) Report](#) gives the principles behind this as routine practice. Wellbeing Guardians will be a pivotal enabler in helping to create such a culture.

The COVID-19 pandemic has made the need for a compassionate, safe, and healthy working culture within the NHS more important than ever, and this is why the introduction of the Wellbeing Guardian role at pace is of high importance. When responding to the COVID-19 pandemic our healthcare people have been deployed to new environments, adjusted to new ways of working and shouldered increased work pressure. This potentially long and difficult period may have left many of our NHS people both mentally and physically fragile, and we may see the impact of this for years to come.

A Wellbeing Guardian's exact role is likely to vary between organisations when considering the different form and function of provider, mental health, community, commissioning, primary care, national, system and wider care organisations. National guidelines recommending the introduction of this role need to be interpreted locally in the context of specific organisational need. However, it is highly recommended that the role is filled by someone who can independently challenge senior organisational leaders in line with the principles outlined below. As the Wellbeing Guardian role is that of assurance, for larger healthcare organisations, it is expected that this role sits within a Non-Executive Director (NED) portfolio. It is recognised that such roles do not exist in all NHS settings (e.g. in primary care) and therefore organisations/systems should consider an equivalent role that enables the independent challenge of senior leaders in line with the principles outlined in this guidance.

NHS England and NHS Improvement is supporting the development of the Wellbeing Guardians as a community and more information is available on the national [community web space](#). This site also contains information on regional and national NHS England and NHS Improvement Wellbeing Teams and the main points of contact for further support, advice, and guidance.

2. Background to the Wellbeing Guardian role

The role of the Wellbeing Guardian and principles associated with the role were originally proposed within the [NHS Staff and Learners' Mental Wellbeing \(2019\)](#) report. These recommendations were subsequently adopted within the [NHS People Plan 2020-21](#).

Dr Paul Litchfield CBE, Chair of the What Works Centre for Wellbeing, and Danny Mortimer, Chief Executive Officer for NHS Employers, led the development of the Wellbeing Guardian role implementation guidance, working with policy-makers and NHS stakeholders. A consultation exercise ¹ supported the shaping of the role and elicited what support organisations and Wellbeing Guardians will require to successfully introduce the role.

The NHS England and NHS Improvement Health and Wellbeing Expert Advisory Board chaired by Dame Carol Black and an expert task and finish group (see **Appendix 1**) oversaw the role's development. This enabled access to leading experts in health and wellbeing at work, both in the NHS and from wider industry.

The NHS Staff and Learners' Mental Wellbeing Commission's report concentrated on the mental wellbeing of healthcare staff and workplace learners. However, in developing the Wellbeing Guardian role, it was recognised that a holistic approach should be taken to supporting health and wellbeing - one that also considers financial wellbeing, social wellbeing, teamwork, a wellbeing culture - in line with other NHS guidance such as the [NHS health and wellbeing framework](#).

These guidelines constitute the output of this work to realise the recommendations from the NHS Staff and Learners' Mental Wellbeing report. They provide a starting point to enable implementation of the role, with the intention that the role is developed and shaped by the community of Wellbeing Guardians over time as they are appointed and join a growing community network.

¹ Board development sessions with 10 trusts to seek feedback on our proposed approach; consultation of an expert reference group for the work programme (see Appendix 1 for membership) on the role description; attendance of NHS stakeholder groups (including trust chairs, HR director networks and health and wellbeing leads) and national healthcare conferences to present and seek feedback on the proposed new role.

3. Ambition for the Wellbeing Guardian role

What is the Wellbeing Guardian role?

“The NHS Workforce Wellbeing Guardian will seek to assure and continue to re-assure the board that their organisation is a wellbeing organisation and a healthy workplace in which NHS staff and learners can work and thrive ... The role will ensure that sufficient information is being provided to the Board [or equivalent senior leadership team], so it can benchmark, set organisational expectations and monitor performance in this regard. This will help provide a lens on learner and staff mental wellbeing in each and every NHS organisation, seeking continual improvements in how those who care for the nation’s health are indeed cared for themselves and supported in their working lives”. ([NHS Staff and Learners’ Mental Wellbeing Report, 2019](#))

In light of this recommendation from the NHS Staff and Learners’ Mental Wellbeing Report, it is envisaged that the Wellbeing Guardian will:

- Strategically support the organisation to create a culture of wellbeing where its diverse employees are cared for and can pass the care they receive onto their patients.
- Use available data and insights to look at the organisation’s people and performance activities through a holistic health and wellbeing lens.
- Question all strategic decisions that could impact on the wellbeing of employees.
- Prompt and hold the board/senior leadership team to account for undertaking improvement work as required to improve the wellbeing of employees.
- Work in collaboration with and be supported by the organisation’s Human Resource and Organisational Development (HROD) and Occupational Health and Wellbeing (OHWB) function to achieve this.

A full example role description is given in **Appendix 2**.

Who should take on the role?

The Wellbeing Guardian role is best suited to a Non-Executive Director (NED) in large provider organisations, or equivalent role that enables the independent challenge of senior organisational leaders in wider healthcare organisations, such as in the primary care setting.

They should be a senior/board-level assurance role that supports the explicit responsibility that falls under the accountability of the Chief Executive and board (or senior leadership team in non-trust settings) in ensuring the health and wellbeing of their employees.

The Wellbeing Guardian must be competent and confident in their ability to challenge the senior leadership team, performing the role of ‘critical friend’ rather than a wellbeing expert, and hold values that champion employee wellbeing. They may already have a special interest or expertise in workforce and people topics, but this is not a requirement as expertise for people or workforce is likely to already exist at board / senior leadership team level and can be supported by the HROD and OHWB functions of the organisation. Their questioning should prompt other board / senior leadership team members to consider the implications of actions and plans for the wellbeing of their employees so that this becomes routine for all board / senior leadership team members. They should understand how raising the level of holistic health and wellbeing of the organisation positively impacts the organisation’s performance, and quality patient care.

Who should not take on the role?

The recommendation in the NHS Staff and Learners’ Mental Wellbeing Report states:

“We anticipate this board-level [or equivalent senior leadership team] role being an existing executive director who would be aligned with a non-executive director.”
[*\(NHS Staff and Learners’ Mental Wellbeing Report, 2019\)*](#)

However, when working through this aspiration, it was found that the role is not suited to an existing executive director (or equivalent). The rationale for this is as follows.

An organisation’s Chief Executive (or equivalent) is the one person who can ensure that the various drivers of health, safety and wellbeing are correctly aligned, as they have management authority across all organisational services and functions. As confirmed by the Health and Safety Executive (HSE), this legal duty cannot be abrogated to a Wellbeing Guardian or anyone else. Designating the Chief Executive as the Wellbeing Guardian

could reinforce the perceived importance of this aspect of their role but would not make a material difference to ensuring these duties are discharged properly.

The role is not expected to undertake operational activities which influence wellbeing or measure their impact or provide reports to the board; those are executive responsibilities which a well-functioning organisation should be executing routinely with support from HROD and OHWB functions. As such, the Wellbeing Guardian cannot be an executive director, as initially recommended, since they may be required to challenge their superior, the Chief Executive, who is already accountable.

It is recommended that the individual taking on the role of the Wellbeing Guardian should be in a position that enables external challenge where they can hold the board / senior leadership team to account for the wellbeing of all employees. Every healthcare organisation is different and will need to decide the best-fit for this portfolio. In large healthcare organisations, this role sits comfortably with a Non-Executive Director (NED) portfolio. For wider healthcare organisational forms, such as Primary Care and system organisations, this role may sit with a lay member. At the time of writing these guidelines, it is acknowledged that more work needs to be done to understand how the role translates in these settings, and NHS England and NHS Improvement are working with stakeholders to provide further guidelines for Primary Care and system organisations.

Capacity and support for the role

The Wellbeing Guardian role is not a 'doing' role. Their purpose is to seek out and provide assurance around workforce wellbeing. They should be operationally supported to do this by functions/services that have responsibility for wellbeing, such as HROD OHWB Health services.

It is recognised that NEDs' or equivalent lay members' time is limited. By restricting the Wellbeing Guardian to an assurance role, the commitment should be manageable. Care should be taken that the role does not expand into territory which must remain the responsibility of an executive / senior leadership team member.

NHS England and NHS Improvement is committed to supporting Wellbeing Guardians to develop into role. A national [community website](#) has been established, with offers of support to enable this.

Interaction with the regulators

Legal accountability for the health, safety and wellbeing of the workforce must remain with the Chief Executive and those in the executive / senior leadership team with delegated responsibility. A Wellbeing Guardian's actions should improve governance in this area and hence reduce risk to the organisation.

The organisation's performance in supporting health and wellbeing will be assessed by the Care Quality Commission through the 'well-led' domain, as well as performance reporting to NHS England and NHS Improvement and HSE, and/or similar regulatory bodies for wider healthcare organisations.

Interaction with other guardian roles

Other guardian roles, such as the [Freedom to Speak Up](#) (FTSU) Guardian and the Guardian of Safe Working, are well-established in organisations and systems. The Wellbeing Guardian role does not replace any of these or change their nature and function. Unlike other guardian roles, which have operational elements, the Wellbeing Guardian role is intended to be the 'critical friend' to the board / senior leadership team, ensuring a compassionate leadership style that generates collective assurance of the holistic health and wellbeing of their workforce.

We envisage that the other guardians will be key stakeholders in creating an environment where holistic health and wellbeing is proactively supported, and for their effective functioning to be supported by its creation. Likewise, by creating such an environment, we would hope that our diversity of NHS people from all protected characteristics, staff groups and levels of seniority will feel able to share their experiences and raise concerns, confident in the knowledge that they will be heard and involved in remedying negative experiences. This is particularly important for groups of our workforce who have often not been heard, such as our NHS people from Black, Asian and minority ethnicity groups, LGBTQ+ community and people with disabilities.

No formal reporting into the Wellbeing Guardian is expected unless this is decided at a local, organisational level to be beneficial. However, reports and input from other guardian roles will be important in helping the Wellbeing Guardian to understand the working experience of colleagues in the organisation.

Shaping and developing the role over time

The [NHS Staff and Learners' Mental Wellbeing Report, 2019](#) states:

“The ways in which the NHS Wellbeing Guardian will work would be for determination by the individual organisation but should be within a common NHS framework, allowing for local best practice”

These guidelines provide a starting point to begin implementation of the role across healthcare organisations. NHS England and NHS Improvement will work to establish Wellbeing Guardian community networks, support the development of those in role, and work with these community networks to learn from and shape the role as it naturally evolves over time.

4. Championing wellbeing

The Wellbeing Guardian role will be influenced and shaped by local organisational need. It will also likely be shaped and developed over time by the community of Guardians as they develop into role. This section outlines a starting point for broad activities that a Wellbeing Guardian may undertake to be effective in role in championing the wellbeing of their employees and enabling a culture of wellbeing.

Supporting principles

The [NHS Staff and Learners' Mental Wellbeing Report, 2019](#) recommended nine principles that the Wellbeing Guardian and board / senior leadership team should uphold to ensure the wellbeing of their employees. These principles have been revised through stakeholder consultation and may continually be updated through ongoing engagement with the Wellbeing Guardian community and stakeholders. These principles are described as follows and offer Wellbeing Guardians and boards / senior leadership teams principles to follow to ensure safe and healthy employees:

- *The health and wellbeing of our NHS people and those learning and working in the NHS should not be compromised by the work that they do for the NHS.*
- *The Wellbeing Guardian will provide suitable challenge to the board / senior leadership team to be assured that the organisation is working with system leaders and regulators, to ensure that wellbeing is given the same weight as other aspects in organisational performance assessment.*
- *The NHS will ensure that all NHS people and learners have an environment that is both safe and supportive of their mental and psychological wellbeing, as well as their physical wellbeing.*
- *The NHS will ensure that the cultural and spiritual needs of our NHS people and those learning in the NHS are protected, and equitable and appropriate wellbeing support for overseas NHS people and learners working in the NHS is provided.*

- *The NHS will ensure the wellbeing of, and make the necessary adjustments for, the nine groups protected under the Equality Act 2010, including consideration for how intersectionality may impact wellbeing².*
- *The Wellbeing Guardian will receive assurance that all NHS people and those learning in the NHS have ready access to a self-referral, proactive and confidential occupational health and wellbeing services that promotes and protects wellbeing.*
- *Regular assurance will be provided to the Wellbeing Guardian to ensure that NHS people are continually supported through ongoing [wellbeing conversations](#). Also, assurance that ‘wellness inductions’ (previously ‘wellbeing check-in’) are being provided to all new NHS people on appointment and to all learners on placement in the NHS, as outlined in the 2019 NHS Staff and Learners’ Mental Wellbeing Review’s recommendations.*
- *Where an individual or team is exposed to a particularly distressing event, time should be made available to assure the board / senior leadership team and the Wellbeing Guardian that the wellbeing impact on those NHS people has been checked and supported.*
- *The death by suicide of any member of our NHS people or a learner working in an NHS organisation will be independently examined and the findings reported through the board to the Wellbeing Guardian.*

Wellbeing data and insights

For the board / senior leadership team to have effective oversight of the health and wellbeing of the organisation, and for the Wellbeing Guardian to be able to undertake their assurance role effectively, executive members should regularly present a range of wellbeing related information to the board to review, analyse and action.

Appendix 3 gives examples of where and from whom evidence might be sought to inform the board / senior leadership team about health and wellbeing and provide the Wellbeing Guardian with the assurance needed to carrying out their role. The list is not exhaustive, and the availability of sources may vary between organisations.

Several tools support organisational analysis of current health and wellbeing and the provision of data to measure performance. Consistent and regular use of analytical tools

² Intersectionality: term used to describe the relationship between overlapping social identities and protected characteristics. More information is found [here](#).

will assist trend mapping as new initiatives are introduced. Organisations will need to identify the team or function that is best placed to support the collection of information and its analysis for reporting to the board and Wellbeing Guardian.

The initial analysis phase must be entered into with absolute integrity to create a genuine baseline for employee wellbeing. Some initial analyses may reveal a disappointing overview, but the true picture is needed and the key to maximising improvement.

Recommended validated tools for an organisation's analysis of its performance against holistic health and wellbeing are:

- [NHS health and wellbeing framework](#) and [diagnostic tool](#) can be used on an ongoing basis as a developmental tool to continually baseline and seek assurance around employee wellbeing. Wellbeing is dynamic, changes over time and is different to different people. It is important that the diversity of employees' voices is continually engaged and captured (beyond the staff survey) to ensure these rich and diverse perspectives build a true picture of the current culture of wellbeing. This key data stream and analysis should be regularly available to Wellbeing Guardians.
- The [Model Healthcare System](#) has evolving wellbeing data set that can be used for this purpose comprising of a variety of wellbeing indicators for use as part of the Wellbeing Guardian assurance role. The [NHS Staff Survey](#) also has a variety of employee data for consideration.
- [NHS workforce stress and the supportive organisation framework](#) developed by the National Workforce Skills Development Unit at the Tavistock and Portman NHS Trust health and social care employers improve the mental wellbeing of their employees. It encourages employers to take a closer look at the systems they have to manage and the wellbeing of their people and challenges them to give greater consideration to the impact of workforce stress on their people and to look at how they can provide better support to those who may need it.

Driven by employee engagement

The Wellbeing Guardian should work with operational leads for health and wellbeing in the organisation (e.g. HROD, OHWB, or equivalent) to ensure the diversity of the employee voice drives the wellbeing agenda. Most importantly, they should ensure that where improvements are identified, these are acted on to demonstrate to employees that the organisation, board / senior leadership team are committed to creating a culture of wellbeing.

The [Staff Survey](#) is a highly valuable data source for identifying areas of good practice and of concern. However, it is recommended that the organisation has a strategy for collecting data about employee wellbeing with much greater frequency and in a much more targeted manner to ensure ongoing dialogue with the diversity of employees.

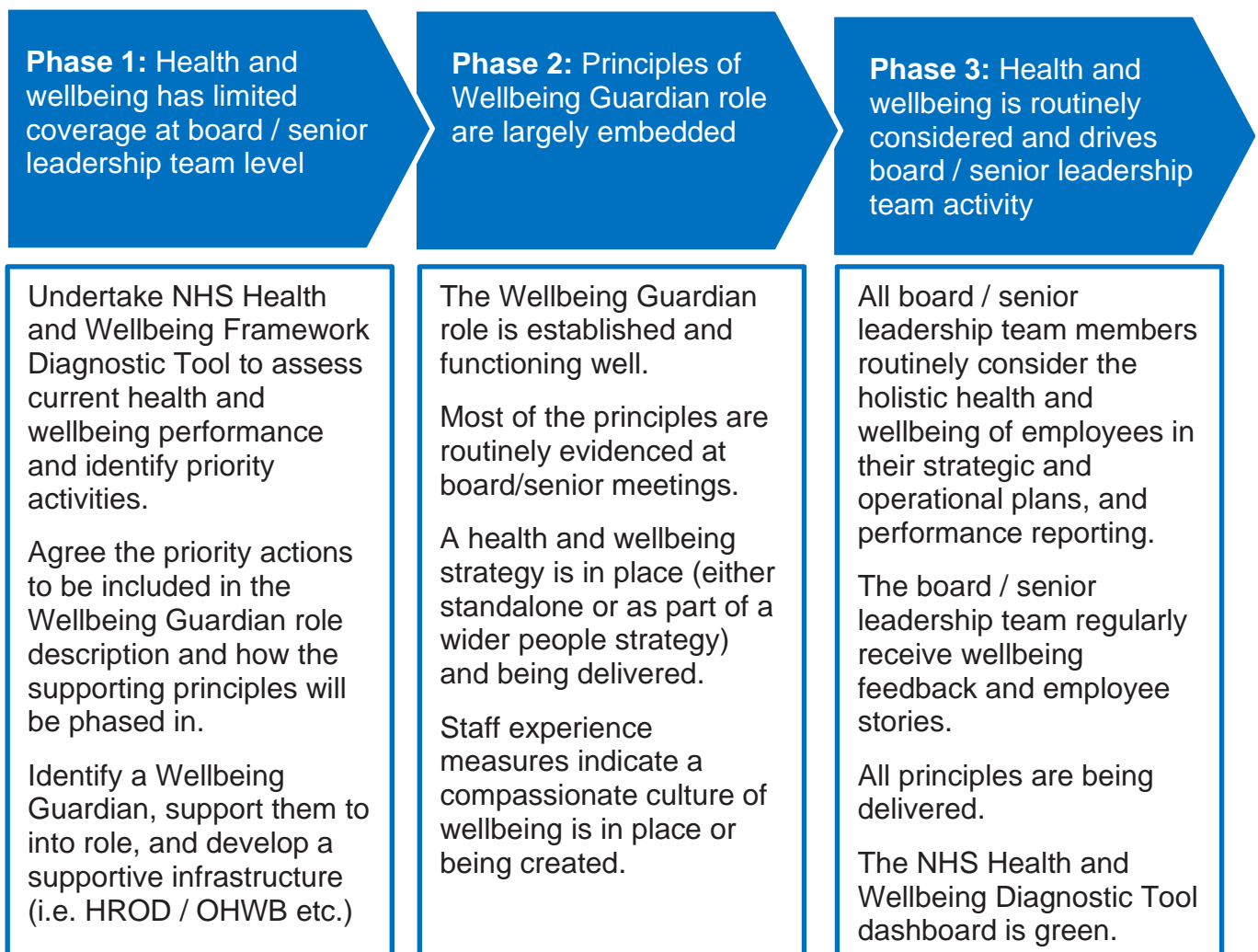
Workforce wellbeing data should be analysed to identify potential health and wellbeing inequalities in the workforce. Existing people networks (e.g. BAME, LGBTQ+, disability, staff partnership forums, etc) should provide valuable feedback to the Wellbeing Guardian and support positive, targeted action to address inequalities.

It may be appropriate for Wellbeing Guardians to participate in health and wellbeing employee engagement networks, or similar.

Workplace Wellbeing Champions also offer a rich source of data to assist in this ongoing dialogue. Wellbeing Champions are existing employees who take on an additional, active and practical role in ensuring the continued safety, health and wellbeing of colleagues within their local team / service / function / network / community setting. The network of organisational Wellbeing Champions is able to provide rapid feedback on issues and opportunities relating to organisational health and wellbeing.

5. Implementing the Wellbeing Guardian role

Different healthcare provider and commissioning organisations, primary care, and system-level organisations will be at different places in their journey to support and improve the health and wellbeing of their NHS people. They should therefore self-assess and decide how they can best introduce the Wellbeing Guardian role, while also achieving its aims as outlines in this guidance. In some organisations the new Wellbeing Guardian may be able to fulfil all elements of their role from the start, and in others they may need to phase these in.



Organisations will first need to assess their current performance in relation to the nine principles supported by the Wellbeing Guardian. They will then need to agree which of the three starting points will ensure their effective implementation and delivery of these principles that the Wellbeing Guardian role will support.

The Wellbeing Guardian role should become an integral part of the organisation, role modelling how the holistic health and wellbeing of healthcare people is everyone's responsibility and how it should be given explicit consideration in everything we do. They also provide an opportunity to identify and address inequalities for specific groups in our workforce, for the benefit of these groups and in turn, the workforce as a whole.

Appendix 1a: Wellbeing Guardian Expert Reference Group

Name	Organisation/role
Co-Chair: Dr Paul Litchfield CBE	Chair of the What Works Centre for Wellbeing
Co-Chair: Danny Mortimer	Chief Executive Officer, NHS Employers
Cheryl Samuels	Head of People Strategy, National Health and Wellbeing Programme, NHS England and NHS Improvement
Diane Oakley	Workforce Improvement Lead, NHS England and NHS Improvement
Louise Pramas (Pratt)	Project Lead - Health and Wellbeing, NHS England and NHS Improvement
Dr Teresa Hewitt-Moran	Health Education England Senior Prog Lead, NHS Staff and Learners' Wellbeing Commission
Kathryn Grayling	Health Education England Clinical Fellow, NHS Staff and Learners' Wellbeing Commission
Dr Tahreema Matin	Health Education England Clinical Advisor, NHS Staff and Learners' Wellbeing Commission
Anne De Bono	President, Faculty of Occupational Medicine, and University Hospitals of Leicester
Kerry Gulliver	Director of Human Resources and Organisational Development, East Midlands Ambulance Service NHS Trust
Henrietta Hughes	National Freedom to Speak Up Guardian
Melanie Walker	Chief Executive Officer, Devon Partnership NHS Trust
Alan Craddock	Head of Public Services, Health and Safety Executive
Steve Alwyn	Workforce and OD lead, NHS Dorset Clinical Commissioning Group
Prof Louis Appleby	Government advisor on suicide, Manchester University, Division of Psychology & Mental Health
Trade Union Group	Trade Union Group
Michael Pantlin	Group Director of People, Barts Health NHS Trust
Julian Eve	Head of Learning and Development, Nottinghamshire Healthcare NHS Foundation Trust
Jennifer Gardner	Assistant Director, Staff Experience, NHS Employers
Amanda Oates	Executive Director of Workforce, Mersey Care NHS Foundation Trust
Alex Watson	HR Business Partner, Norfolk Community Health and Care NHS Trust

Appendix 1b: NHS England and NHS Improvement Health and Wellbeing Expert Advisory Board

Name	Role
Chair: Dame Carol Black	Expert Adviser on Health and Work to NHS England and Public Health England
Caroline Corrigan	Interim Director of Culture Transformation, NHS England and NHS Improvement
Cheryl Samuels	Head of People Strategy, National Health and Wellbeing Programme, NHS England and NHS Improvement
Chris Turner	Civility Saves Lives
Christian van Stolk	Vice President and Research Group Director of Home and Social Policy at RAND Europe
Christine Hancock	Founder of C3, Collaborating for Health
Crishni Waring	Chair, Northamptonshire Healthcare NHS Foundation Trust
Diane Oakley	Workforce Improvement Lead, NHS England and NHS Improvement
Giles Wright	Assoc. Director Health & Wellbeing, Cambridge University Hospitals NHS FT
Habib Naqvi	WRES Implementation Manager
Harprit Hockley	Lead for Civility and Respect, NHS England and NHS Improvement
Henrietta Hughes	National Freedom to Speak Up Guardian Office
Jennifer Gardner	Assistant Director at NHS Employers - Staff experience including health and wellbeing, engagement and retention
Justin Varney	Director of Public Health, Birmingham City Council
Kim Nurse	Executive Director of Workforce at West Midlands Ambulance Service University NHS Foundation Trust
Liz Nyewade	Deputy CPO, St George's University Hospitals NHS Foundation Trust
Secretary: Louise Pramas (Pratt)	Project Lead - Health and Wellbeing, NHS England and NHS Improvement
Paul Litchfield	Chair of the UK's What Works Centre for Wellbeing, Previous Chief Medical Officer at BT
Richard Heron	Vice President and Chief Medical Officer (previous president of society of occupational medicine and faculty of occupational medicine)
Roger Kline	Research Fellow, Middlesex University. Advisor on bullying and equality in the NHS
Steve Boorman	Chair, Council Work and Health, Director of Employee Health, Empactis

Appendix 2: Example Wellbeing Guardian role description

The Wellbeing Guardian role will be different in each healthcare organisational context and setting. Therefore, these role guidelines should be adapted to the local context and used as a flexible starting point, rather than mandate.

When implementing the Wellbeing Guardian role, the organisation should keep in mind that the role is that of leadership and assurance to enable a culture of wellbeing. Therefore, the organisation should ensure that there is operational infrastructure and support to enable the Guardian to be effective and maximise their time in role (e.g. with support from Human Resources, Organisational Development, Occupational Health and Wellbeing people related functions).

Purpose

The overriding purpose of the Wellbeing Guardian is to routinely challenge the organisation's activities and performance to create a compassionate environment which promotes the culture of wellbeing of our NHS people, where organisational activities empower the holistic health and wellbeing of its entire workforce.

Promoting holistic wellbeing: Enabling the organisation to consider a holistic health and wellbeing approach, intended to reflect:

- **mental/psychological wellbeing** – e.g. recognising that we all have mental wellbeing and that we need a psychologically safe environment to work in, with support available when it is needed.
- **physical wellbeing** – e.g. taking proactive steps to create a healthy working environment, including by making food available, providing equipment to keep our people safe and active, and ensuring rest breaks and working patterns support good health.
- **equality and inclusion** – e.g. taking steps to understand and support the individual and diverse needs of people working in the organisation so that they can thrive at work.
- **civility and respect** – e.g. addressing incivility which can lead to bullying
- **social wellbeing** – e.g. recognising team wellbeing, informal chats, shared rest spaces and moments of down-time enable our people to re-charge, bond and share resilience.

- **spiritual wellbeing** – e.g. creating a working environment where our people feel able to share their whole selves, beyond just their beliefs or faith (including people of no faith), sharing who we are as individuals, our relationships and what gives us meaning and purpose.
- **financial wellbeing** – e.g. ensuring that the employer recognises the diverse ways that our NHS people are financially impacted by internal or external activities, making different sources of support available for all.

Seeking assurance: The Wellbeing Guardian may request information from the executive / operational management team to give the board / senior leadership team the necessary assurance that a healthy working environment is being created. This should enable the board / senior team to determine what is important for them to pay attention to so that improvements can be made and shared. For example, they may wish to request a ‘wellbeing dashboard’ using existing quantitative data sources and also complement this with qualitative data using frontline feedback in the form of stories from our NHS people. The corresponding updates and assurance from the executive team will evidence how the organisation creating a wellbeing culture and taking action, as required.

Questioning: In line with the nine principles, through their line of questioning they should help the board / senior leadership team to be mindful of the organisational responsibility to the health and wellbeing of their NHS people. The Wellbeing Guardian should challenge the board / senior leadership team to account for its decisions and their impact on the health and wellbeing of its NHS people. Any identified unintended negative consequences of organisational actions need to be reviewed with a view to mitigating them. As this becomes routine practice, the Wellbeing Guardian’s need to challenge should reduce over time, as peer senior leaders increasingly champion wellbeing as ‘the norm’.

Diversity of people: The Wellbeing Guardian will recognise and respond to the need for a tailored, holistic health and wellbeing approach for different groups within the workforce, the diverse cultural backgrounds that need to be engaged in different ways and may require different responses, and the potential impact of intersectionality needs to be recognised. For example, different cultures and faith groups do not approach bereavement and grief in the same way and therefore more than one support offer may be needed / those from LGBTQ+ communities may hide their wellbeing needs as part of feeling unable to fully express their personal identity in the workplace, etc.

Connectivity: Operating in an inclusive manner, the Wellbeing Guardian will actively encourage leadership of the wellbeing agenda across all executive functions in a way that

engages ownership and advocacy across the organisation, valuing and building on existing internal resource.

Values

The Wellbeing Guardian will act as a critical friend to the board / senior leadership team colleagues, based on the available evidence showing that organisations which promote workforce wellbeing deliver safer, higher quality patient care.

Leadership that focuses on how people are treated as well as what they achieve is critical to a wellbeing culture. The Wellbeing Guardian will therefore role model the values of fairness, compassion, and inclusivity.

Wellbeing inequalities are particularly damaging, and an organisation's most vulnerable people are therefore at greatest risk. The Wellbeing Guardian should therefore be mindful of their perceived seniority and will actively promote opportunities for the most vulnerable in the workforce to contribute.

Consideration of personal characteristics is critical when deciding who to appoint to the Wellbeing Guardian role. A successful Guardian will be open, honest, and willing to challenge the status quo in promoting a wellbeing culture within the organisation.

Recommended main duties and responsibilities

To meet the aims of this role, the Wellbeing Guardian may:

- **Routinely question how the wellbeing of employees has been considered** as part of every board / senior leadership team decision.
- Request **evidence** on behalf of the board to provide assurance of the organisation's strategic approach to a wellbeing culture which is supportive of NHS people, fostering the ambition of creating a happy, healthy and psychologically safe workplace.
- Routinely **challenge** senior leaders, to ensure that holistic health and wellbeing is considered in all aspects and levels of the organisational structure.
- Support the development of the organisation's **holistic health and wellbeing strategy** to meet the requirements outlined in the NHS People Plan.
- Encourage high level engagement with the wellbeing strategy, questioning whether the **appropriate level of resource, capacity, infrastructure and capability** are in

place to deliver sustainable change and improvement (e.g. HR, OD, Occupational Health and Wellbeing services etc).

- Provide opportunities for existing **good practice** to be shared and recognised more widely to aid learning.
- **Challenge the board / senior team to monitor** and receive reports on the implementation and delivery of the wellbeing strategy, benchmarking progress on the nine principles supported by the Wellbeing Guardian and the high impact actions of the NHS People Plan. This will include identification of immediate risks to staff and learner holistic health and wellbeing and the mitigating actions.
- Receive **evidence and assurance** that an appropriate programme **resource is in place** to yield **successful delivery** of the wellbeing strategy, including scope, objectives, project plans, risks, interdependencies, resources, and measures of success.
- Confront and **challenge organisational behaviours** that are detrimental to staff and learner health and wellbeing at the individual, team, and system level.
- Influence senior managers in the organisation through complex and **cultural change**, promoting involvement and engagement for wellbeing improvements.
- Provide **innovative and progressive thinking**, guidance, and challenge to senior stakeholders about what it means to be a supportive organisation.
- Where appropriate, participate in regional and national Wellbeing Guardian networks to **maximise the opportunity for system-wide partnerships** and cross-organisational learning.

Recommended principle-specific responsibilities

To meet the aims and nine principles of this role, the Wellbeing Guardian may:

- Receive assurance that **health and wellbeing strategies protect holistic health and wellbeing** and meet the specific needs of the organisation's people and learners.
- Influence senior leaders in the organisation to ensure that the same **weight is given to holistic health and wellbeing** as to other aspects in organisational performance assessment.
- Request assurance for the board that the necessary process and infrastructure is in place for a self-referring, **proactive and confidential occupational health service** that protects wellbeing and meets the specific needs of the organisation's staff and learners.

- Request progress updates on the implementation of the organisation's **wellbeing conversations** and **wellness induction** (previously wellbeing 'check-in') policy, process and reporting systems.
- Request assurance for the board on the development of the policy and infrastructure required to provide meaningful and timely **wellbeing impact assessments** for staff and learners following their exposure to difficult or distressing incidents (including but not limited to clinical incidents).
- Request reports evidencing the organisation's compliance with meeting the wellbeing needs and necessary adjustments for the **nine groups protected under the Equality Act 2010** (including consideration for how intersectionality may impact on wellbeing).
- Request strategic oversight on the **organisation's environment and infrastructure** (e.g. civility and respect, inequalities, etc) to ensure that it is safe and supportive of the holistic health and wellbeing needs of staff and learners.
- Challenge the board to ensure that policies and processes are implemented to provide assurance that the **spiritual and cultural needs** of the organisation's staff and learners are protected, and that the support available to staff is equitable and appropriate.
- **Support the lead for the organisational People Plan** (sometimes called the Workforce Strategy or part of the organisational Strategic Development Plan) to **commission the independent examination** in the unfortunate event of a death by suicide of a member staff or learner on placement with the organisation. Invite presentation of the findings of 'death by suicide reviews' to the trust board, leading frank and open discussions of deliverable improvement plans, where recommended.

Appendix 3: Examples of evidence to support the Wellbeing Guardian principles

The following table highlights the nine principles from within the original NHS Staff and Learners’ Mental Wellbeing Review (2019) and potential sources of evidence and ways for organisations to collect that evidence to effectively support Wellbeing Guardians in their role.

Principle	Possible evidence sources	Possible key stakeholders in collecting/ providing evidence
<p>1. The health and wellbeing of those working and learning in the NHS should not be compromised by the work they do for the NHS.</p>	<ul style="list-style-type: none"> • The organisation’s people strategy includes detailed workforce data to indicate demographic and location-specific risks • Workforce performance reports regularly reflect what action is being taken to mitigate or address these risks • Operational plans and strategies explicitly reference risk assessments and analysis of risks to staff holistic health and wellbeing and mitigating actions 	<ul style="list-style-type: none"> • Wellbeing champions • Occupational Health and Wellbeing leads • Human resource/organisational development (or similar) teams • Operational directorates • Trade union/staff-side representatives • Staff networks (e.g. BAME, LGBTQ+, disability)
<p>2. Where an individual or team is exposed to a particularly distressing event, board time should be made available to assure the board and the Wellbeing Guardian that the wellbeing impact on those NHS staff and learners has been checked.</p>	<ul style="list-style-type: none"> • Process is identified to ensure risks to staff mental wellbeing are identified and support is in place • Process is identified to monitor availability and uptake of support offer • Data is consistently collected and presented to the board that evidence that staff value the support offered 	<ul style="list-style-type: none"> • Occupational Health and Wellbeing leads • Human resources and OD • Operational directorates • Professional leads/directorates and other relevant functions/support services (e.g. Estates and Facilities)

Principle	Possible evidence sources	Possible key stakeholders in collecting/ providing evidence
<p>3. The Wellbeing Guardian will be given regular assurance that wellbeing conversations regularly take place and wellness inductions (previously wellbeing ‘check-in’) are held with all newly appointed staff on appointment and with all learners on placement in the NHS as outlined in the 2019 NHS Staff and Learners’ Mental Wellbeing Review recommendations.</p>	<ul style="list-style-type: none"> Wellbeing conversation policy Process is identified to introduce the purpose of a wellness induction, and who will undertake them and monitor uptake Feedback via staff survey or similar routes Mechanisms are in place to collect and collate feedback from new joiners for the board 	<ul style="list-style-type: none"> Human resources and OD Occupational Health and Wellbeing leads Professional leads/directorates Operational directorates Corporate directorates Trade union/staff-side representatives Staff networks (e.g. BAME, LGBTQ+, disability) Wellbeing Champions
<p>4. The Wellbeing Guardian will receive assurance that all NHS staff and those learning in the NHS have ready access to a self-referring, proactive and confidential occupational health service that promotes and protects wellbeing.</p>	<ul style="list-style-type: none"> Occupational health and wellbeing services meet SEQOHS (safe, effective, quality occupational health service) standards Occupational health and wellbeing services regularly report on proactive/preventative health promotion activities, levels of participation and staff/line manager feedback 	<ul style="list-style-type: none"> Occupational Health and Wellbeing service leads HR, OD, Health and Wellbeing leads Directorate reporting Trade union/staff-side representative Staff networks (e.g. BAME, LGBTQ+, disability)
<p>5. The death by suicide of any member of staff or a learner working in an NHS organisation will be independently examined and the findings reported through the board to the wellbeing guardian.</p>	<ul style="list-style-type: none"> The organisation commissions an independent investigation (that is outside the service or organisation) and invites presentation of findings and recommendations to the board and Wellbeing Guardian for action Those who may be affected by this tragic loss are supported appropriately 	<ul style="list-style-type: none"> Professional leads/directorates Human resources Independent investigator

Principle	Possible evidence sources	Possible key stakeholders in collecting/ providing evidence
<p>6. The NHS will ensure that all its staff and learners are in an environment that is both safe and supportive of their mental wellbeing.</p>	<ul style="list-style-type: none"> • Regular assessment of the organisation’s holistic health and wellbeing offer for staff using the NHS Health and Wellbeing Framework Diagnostic Tool, carried out with diverse groups of the workforce and reported to the board • Holistic health and wellbeing approaches create environments of civility and respect, and safety • Regular review of people plans and/or health and wellbeing strategies and activities to respond to the needs of the workforce • The Wellbeing Guardian supports the creation/development of a health and wellbeing network group to receive feedback from Wellbeing Champions and health and wellbeing leads in the organisation 	<ul style="list-style-type: none"> • Wellbeing Champions • Occupational Health and Wellbeing leads • Professional leads/directorates • Human resources and OD • Chairs of staff networks (e.g. BAME, LGBTQ+, disability) and staff partnership forum representatives • Operational directorates
<p>7. The NHS will ensure that the cultural and spiritual needs of its staff and those learning in the NHS are protected. It will ensure equitable and appropriate wellbeing support for overseas staff and learners working in the NHS.</p>	<ul style="list-style-type: none"> • Regular feedback provided through staff networks (e.g. BAME, LGBTQ+, disability etc) and staff partnership forums (i.e. trade union feedback) and professional networks (e.g. nursing, AHPs, doctors etc) • National staff survey responses (including analysis of free-text responses) • Pulse survey responses • Organisational strategies explicitly consider the cultural and spiritual needs of overseas staff and learners and take positive action to address inequalities 	<ul style="list-style-type: none"> • Wellbeing Champions • Occupational Health and Wellbeing leads • Professional leads/directorates • Operational directorates • Human resources and OD • Chairs of staff networks (e.g. BAME, LGBTQ+, disability) and staff partnership forum representatives

Principle	Possible evidence sources	Possible key stakeholders in collecting/ providing evidence
<p>8. The NHS will ensure the wellbeing of and make the necessary adjustments for the nine groups protected under the Equality Act 2010 (including consideration for how intersectionality¹ may impact wellbeing).</p>	<ul style="list-style-type: none"> • Workforce Race Equality Standard analysis and plans • Workforce Disability Equality Standards • National Staff Survey responses (including analysis of free-text responses) • Regular feedback provided through staff networks (e.g. BAME, LGBTQ+, disability etc) and staff partnership forums (e.g. trade union) feedback to the board • Organisational strategies explicitly consider the holistic wellbeing needs of all segments of the workforce (including intersectionality) and take positive action to address inequalities 	<ul style="list-style-type: none"> • Wellbeing Champions • Occupational Health and Wellbeing leads • Professional leads/directorates • Operational directorates • Human resources and OD • Chairs of staff networks (e.g. BAME, LGBTQ+, disability) and staff partnership forum representatives
<p>9. The Wellbeing Guardian will appropriately challenge the board to be assured that the organisation is working with system leaders and regulators to give the same weight to wellbeing as to other aspects in organisational performance assessment.</p>	<ul style="list-style-type: none"> • Board / similar meeting minutes • Sustainability and transformation partnership/integrated care system workforce plans include actions to support good holistic health and wellbeing of staff and learners and address health inequalities at a local population level 	<ul style="list-style-type: none"> • Senior Leadership Team • Human resources and OD • Operational directorates

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