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Draft PAS 3002:2018

Code of practice on improving the health and wellbeing within an organization

Please submit comments by Tuesday 14 November 2017
Online at: <http://drafts.bsigroup.com/Home/Details/59719>

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EDITORIAL NOTE

Please note that the following text does not form part of draft PAS 3002.

BSI are looking to include case studies in this PAS, to exemplify the good practice in this document. If you would like to propose a case study for inclusion, please send us a short write-up of your case study.

Please send any case studies by the consultation deadline to adam.richardson@bsigroup.com.

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Foreword

Publishing information

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Acknowledgement is given to the following organizations that were involved in the development of this PAS as members of the steering group:

- Ageing Better
- The Chartered Institute of Ergonomics and Human Factors (CIEHF)
- Chartered Institute of Personnel and Development (CIPD)
- Civil Service Employee Policy
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Acknowledgement is also given to the members of a wider review panel who were consulted in the development of this PAS.

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The PAS process enables a code of practice to be rapidly developed in order to fulfil an immediate need in industry. A PAS can be considered for further development as a British Standard, or constitute part of the UK input into the development of a European or International Standard.

Use of this document

It has been assumed in the preparation of this PAS that the execution of its provisions will be entrusted to appropriately qualified and experienced people, for whose use it has been produced.

Presentational conventions

The provisions of this PAS are presented in roman (i.e. upright) type. Its recommendations are expressed in sentences in which the principal auxiliary verb is “should”.

Commentary, explanation and general informative material is presented in smaller italic type, and does not constitute a normative element.

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Compliance with a PAS cannot confer immunity from legal obligations.

DRAFT

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Introduction

The health of working-age people has moved higher up the policy agenda in recent decades due to a series of trends including:

- an ageing society and a need to keep the existing workforce able to continue to work for as long as they wish and are able;
- increasing stress in the workplace;
- an increased awareness of mental illness;
- support and encouragement for a diverse workforce; and
- the addition of a non-communicable disease burden due to lifestyle choices ¹.

Increasingly employers are being asked to meet their responsibilities and needs in relation to health and wellbeing to:

- provide healthy workplaces and work to protect people from harm;
- provide early intervention to help prevent people being absent for health reasons;
- improve opportunities for rehabilitation from illness whilst at work;
- use the workplace to promote individual health and wellbeing; and
- enhance employee wellbeing and engagement.

There are good reasons for an employer to meet these responsibilities, for example:

- to protect and promote employee health is integral to corporate social responsibility;
- employees think employers should be more proactive in providing workplace health interventions;
- work-related ill health is a significant cost to individuals, employers and the taxpayer;
- 137 million working days were lost to sickness absence in the UK in 2016²;
- the cost of presenteeism in the UK alone is estimated to be £29 billion;
- employers in the UK spend £9bn each year on sick pay and associated costs³; and
- employer paid interventions may save more money at a societal level (health and social care).

The *Taylor Review of Modern Working Practices* [3] holds the ambition that: “All work in the UK economy should be fair and decent with realistic scope for development and fulfilment”. One of the seven main steps the authors identify to achieving this is the need to develop a more proactive approach to workplace health. Just as it has become conventional for both parents of small children to work, in an ageing society they suggest we need to get better at supporting those with caring responsibilities and health conditions to remain active contributors over longer working lives. An ageing workforce will result in a rise in the number of employees working with a health condition. For example, 44% of those aged 50–64 have at least one long-term health condition. (*Annual Population Survey* July 2015 – June 2016

¹) See <http://www.who.int/mediacentre/factsheets/fs355/en/>

²) For further information see the Office for National Statistics *Sickness in the labour market:2016* available from: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthe labourmarket/2016> [1].

³) For further information on the cost of sickness see IPPR *Working well* report available from: <http://www.ippr.org/publications/working-well-a-plan-to-reduce-long-term-sickness-absence> [2].

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⁴⁾). In addition, health has the biggest effect on older workers' decisions about continuing to work, more so than job satisfaction or job quality. Some older workers will therefore place greater value on flexibility at work, adjustments or part-time working hours to accommodate health needs or caring [4].

This PAS aims to provide a benchmark for organizations around the world regardless of jurisdiction, country, size and sector in relation to the health and wellbeing of its workforce and so help to improve the health of the working population, help prevent work-related illnesses, provide early interventions for those who develop a health condition, thus preventing avoidable sickness absence and increasing the efficiency and productivity of organizations. This PAS helps to provide organizations with the ability to audit and benchmark against recommendations – identifying what the organization already has in place and what gaps there may be in the health and wellbeing of its workforce – and form part of an organization's overall values and commitment to meet its wider social responsibilities.

This PAS is underpinned by the following two key considerations.

- 1) Attention is drawn to legal requirements which an organization's policies and actions are subject to in the relevant jurisdiction, with particular reference to the organization's health and safety at work obligations, regulations relating to accidents, data handling and sensitive data provisions and general employment rights.
- 2) The underpinning ethos of this PAS is that it is evidence-based, both in material referred to and in the way in which organizational data is used. A key evidence-based guide relevant to this code of practice is the NICE guidelines NG13 [5] on workplace policies and management practices to improve the health and wellbeing of employees, which is a consolidation of the WHO material ⁵⁾ for the UK. The NICE guidelines cover how to improve the health and wellbeing of employees, with a focus on organizational culture and the role of line managers.

A selection of health and wellbeing case studies are given at Annex A.

This PAS is structured in a plan-do-check-act model as shown in Figure 1. The correspondences to the management system, which is also founded on the concept, is shown in Annex B.

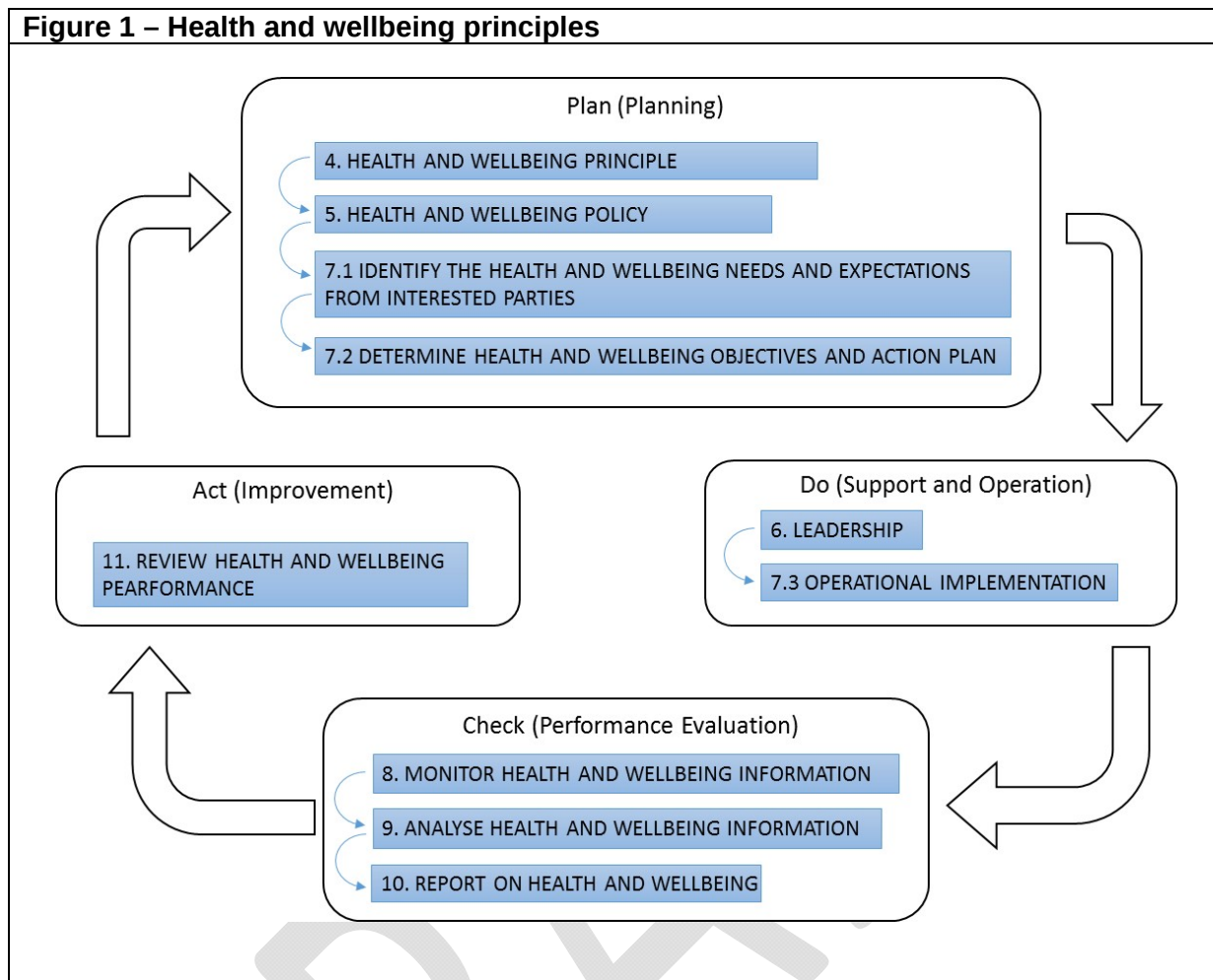
⁴⁾ See

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/qmis/annualpopulationssurveyapsqmi>

⁵⁾ See http://www.who.int/occupational_health/publications/en/

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Figure 1 – Health and wellbeing principles



It is often reported that employee wellbeing is positively linked to both objective and subjective measures of organizational performance for example, work attendance rates, productivity, employee engagement, etc. A large US Gallup survey [6] explored the causal relationships among a composite of wellbeing antecedents (career, social, financial, physical, and community) and life evaluations, daily experiences, employee engagement, workplace turnover, and health outcomes. Wellbeing antecedent variables were shown to be predictive of life evaluations, daily experiences, employee engagement, turnover intentions, actual turnover, unhealthy days, and new incidence of disease burden (e.g. anxiety/depression, hypertension, sleep disorders, diabetes and obesity). The study highlights that a sense of wellbeing is multi-factorial and not solely dependent on health – job security, reasonable task requirements and working hours (demands) and good social relations at work are the key influences.

An individual's subjective wellbeing at work is influenced by characteristics of the job and workplace (experienced in an individual way) and tends to be higher when employees have:

- autonomy and control over how they do their job;
- variety in their work;
- clarity over what is expected of them;
- opportunities to develop and use their skills;
- effective supervision;

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- a strong sense of values and beliefs linked to the organizational culture;
- fair and transparent pay;
- clear career prospects;
- good social relationships at work;
- job security;
- clear communication where there is exposure to restructuring;
- work-life balance; and
- reasonable task requirements and working hours.

See HSE Management Standards ⁶⁾ and the What Works Well website ⁷⁾ for an analysis of job quality.

What becomes apparent from the evidence is the depth and breadth of the scope of wellbeing and its relationship to organizational culture and the role of line managers. Wellbeing is often perceived as range of characteristics pertaining to an individual, whereas evidence suggests that the organization and organizational culture play an instrumental role in the wellbeing of individuals [7].

Leading organizations that connect health and productivity strategies to business objectives report employee health improvements, lower costs, reduced work loss and higher productivity ⁸⁾. These are also linked to significant competitive and financial advantages, including higher revenues per employee and total shareholder return. It is likely that the employers who introduce such programmes are the type of enlightened employer who utilizes a range of practices that affect productivity and competitiveness; and employers who are already profitable might be more likely to afford such programmes. Nonetheless, it is appropriate to view employee health as a social investment to be leveraged rather than a cost to be justified.

In the UK, the NHS and DWP (and hence the taxpayer) effectively subsidize poor management practice as the actions taken to prevent this public health issue are not taken and the consequent costs of stress-related damage are not met by the employer.

In summary, employee health and wellbeing contributes to successful business performance. Highly effective companies commit to a culture of health. It is important that wellbeing strategies extend beyond health to encompass the work environment, culture and interpersonal relationships.

Maturity models for health and wellbeing management are discussed at Annex C.

1 Scope

This PAS makes recommendations to establish, promote, maintain and review the health and wellbeing of the workforce within an organization. It considers how health and wellbeing are incorporated into the working environment and how leadership is demonstrated by way of health and wellbeing related services available.

This PAS relates to five key principles of an organization's health and wellbeing approach:

⁶⁾ <http://www.hse.gov.uk/stress/standards/index.htm>

⁷⁾ <https://whatworkswellbeing.org/>

⁸⁾ See <https://whatworkswellbeing.files.wordpress.com/2017/02/factsheet-why-invest-employee-wellbeing-may2017.pdf>

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- a) capitalize on diversity and inclusion as an organizational strength;
- b) proactively support the physical and psychological health and wellbeing of the workforce;
- c) foster a work culture that offers strong, ethical relationships, a collaborative and communicative management style, and an organizational culture in which learning and development are encouraged;
- d) ensure jobs are designed so that they offer meaningful work; and
- e) support good people management policies and practices.

This PAS is applicable to any organization regardless of size, type and nature. The target audience of the PAS is top management within large organizations but could also be of use to small and medium-sized enterprises and workforce representatives.

NOTE The recommendations in this PAS are intended to complement the legal requirements placed on employers by relevant health, safety and wellbeing legislation.

2 Normative references

There are no normative references.

3 Terms and definitions

For the purposes of this PAS the following terms and definitions apply.

3.1 action plan

set of actions and timelines associated with each action

NOTE In the context for this PAS the word "programme" can be used interchangeably.

3.2 effectiveness

extent to which planned activities are realised and planned results achieved

3.3 workforce health data

quantifiable data regarding the health status of the workforce to be managed by an organization

NOTE Workforce health data can include data on both the physical and mental status of the workforce.

3.4 health

state of physical, mental, and social wellbeing and not merely the absence of disease or infirmity

NOTE Health has many dimensions (anatomical, physiological and mental) and there can be cultural influences on the experiences of health and wellbeing

{SOURCE: WHO Ageing and Health Technical Report, Vol. 5 [8]}

3.5 health performance

measurable result of the health status of the workforce in an organization as a whole

NOTE 1 Health performance can include the results of both physical and mental statuses.

NOTE 2 Health performance includes the indicators to show the effectiveness of the management, e.g. the percentage of regular health check-up recipients within the total workforce.

NOTE 3 It can be expected to improve the effectiveness of the health management by using multiple health performance results obtained by versatile statistical analysis, e.g. in terms of business areas, functions, workplaces, ages and gender.

3.6 objective

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result to be achieved

NOTE 1 An objective can be strategic, tactical, or operational.

NOTE 2 Objectives can relate to different disciplines [such as financial, wellbeing, health and safety, and environmental goals] and can apply at different levels (such as strategic, organization-wide, project, product and process).

NOTE 3 An objective can be expressed in other ways, e.g. as an intended outcome, a purpose, an operational criterion, as health objective, or by the use of other words with similar meaning (e.g. aim, goal, or target).

NOTE 4 It is important that health objectives are set by the organization, consistent with the health policy, to achieve specific results and be evidence-based.

3.7 organization

person or group of people that has its own function with responsibilities, authorities and relationships to achieve an objective

NOTE The concept of organization includes, but is not limited to sole-trader, company, corporation, firm, enterprise, authority, partnership, charity or institution, or part or combination thereof, whether incorporated or not, public or private.

3.8 outsource

make an arrangement where an external organization performs part of an organization's function or process

NOTE An external organization is outside the scope of this document, although the outsourced function or process is within the scope.

3.9 performance

measurable result

NOTE 1 Performance can relate either to quantitative or qualitative findings.

NOTE 2 Performance can relate to the management of activities, processes, products (including services), systems or organizations.

3.10 policy

intention and direction of an organization, as formally expressed by its top management

3.11 presenteessim

practice of working more hours than is required by one's terms of employment, continuing to work without regard for health and wellbeing or attending a job but not working at full capacity

NOTE based on the Oxford English Dictionary definition.

3.11 process

set of interrelated or interacting activities which transform an input into an output

3.12 top management

person or group of people who directs and controls an organization at the highest level

NOTE 1 Top management has the power to delegate authority and provide resources within the organization.

NOTE 2 Top management can include two levels (e.g. executive team and board).

NOTE 3 Top management is also known as "senior management".

3.13 wellbeing

subjective experience of being comfortable, healthy and happy

NOTE 1 It is a way of life which equips the individual to realize the full potential of their capabilities and to adjust, support and accommodate vulnerabilities, and which recognizes the importance of nutrition, physical fitness and stress reduction.

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NOTE 2 Wellbeing is viewed as the result of four key factors over which an individual has varying degrees of control: human biology, social and physical environment, health care organization (system) and lifestyle.

{SOURCE: WHO Ageing and Health Technical Report, Vol. 5 [8], modified}

3.15 workforce

group of people who carry out work for an organization

NOTE Workforce may include employees and contracted persons.

4 Health and wellbeing principles

4.1 General

This PAS presents five principles that characterize health and wellbeing within an organization:

- a) capitalize on diversity and inclusion as an organizational strength (see 4.2);
- b) proactively support the physical and psychological health and wellbeing of the workforce (see 4.3);
- c) foster a work culture that offers strong, ethical relationships, a collaborative and communicative management style, and an organizational culture in which learning and development are encouraged (see 4.4);
- d) ensure jobs are designed so that they offer meaningful work (see 4.5); and
- e) support good people management policies and practices (see 4.6).

4.2 Workplace diversity and inclusion

The organization should capitalize on diversity and inclusion as an organizational strength by:

- a) valuing and acknowledging diversity and inclusion in its workforce;
- b) respecting the customs of a diverse workforce;
- c) supporting people who differ in their abilities and needs to uphold their full capability in the organization; and
- d) making diversity and inclusion credentials available so that the organization is viewed positively as an employer.

NOTE 1 This in turn might encourage other organizations to follow good practice.

NOTE 2 See BS 76005, Valuing people through diversity and inclusion – Code of practice for organizations.

4.3 Workforce support

4.3.1 The organization should proactively support the physical and psychological health of the workforce.

NOTE 1 This might be through:

- a) *providing healthy workplaces and work in order to protect people from harm;*
- b) *carrying out risk assessments to ensure that measures are put in place to protect people's physical and mental health;*
- c) *providing early intervention to help prevent people being absent for health reasons;*
- d) *providing effective rehabilitation support for people to return to work and make reasonable adjustments (e.g. flexible working);*
- e) *using the workplace to promote individual health and wellbeing behaviours (e.g. nutrition, exercise, moderating alcohol consumption, and giving up smoking);*
- f) *providing awareness and support including interventions and training to manage mental health issues for all employees (including managers);*

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- g) *training line managers to have the skills and competence to have difficult conversations with employees and implement policies and health support effectively and fairly, including reasonable adjustments;*
- h) *developing a stress management framework that assesses risk and puts in place preventative measures such as good work-life balance policies; and*
- i) *leadership leading by example to provide a supportive environment that encourages and maybe even rewards individuals to be proactive about their own health and wellbeing.*

4.3.2 The organization should proactively support the wellbeing of the workforce.

NOTE 2 This might be through:

- a) *providing employment security;*
- b) *enabling the development of strong positive workplace relationships;*
- c) *delivering fair treatment;*
- d) *creating a supportive environment that enables individuals to be proactive and if possible to protect and enhance their own health and wellbeing;*
- e) *supporting the development of skills able to cope with pressure;*
- f) *providing and explaining a balance between effort and reward; and*
- g) *ensuring clear responsibilities and accountabilities are negotiated, planned, clear and achievable.*

NOTE 3 See also Managing employee wellbeing [10] for further information.

NOTE 4 The following websites provide evidence on the importance of training individuals to protect and enhance their own wellbeing and cope with pressure, the importance of job design combined with other people management practices and supportive cultures:

- a) <https://www.whatworkswellbeing.org/blog/new-systematic-review-of-resilience-training-in-the-workplace/>
- b) <https://whatworkswellbeing.files.wordpress.com/2017/02/job-quality-wellbeing-april-2017.pdf>
- c) <http://www.tandfonline.com/doi/abs/10.1080/00140139.2017.1303085>

4.4 Work culture

4.4.1 The organization should foster a work culture that offers strong, ethical relationships, a collaborative and communicative management style, and an organizational culture in which learning and development are encouraged.

4.4.2 The organization's culture should:

- a) ensure the workforce feels valued and trusted by the organization by:
 - 1) offering support and training to help each person feel competent in their role; and
 - 2) promoting team working and a sense of community;
- b) encourage the workforce to have a voice in the organization, and actively seek their contribution in decision-making;
- c) adopt a positive leadership style that encourages creativity, offers help and encouragement, and avoids negative behaviour;
- d) make explicit the importance of support for the role of managers as a key relationship in workforce health and wellbeing;
- e) develop, in collaboration with the workforce, values and principles based on dignity and respect that align with the organization's purpose and mission;
- f) develop and promote robust ethical behaviours and activities to promote an inclusive and collaborative culture (e.g. dignity at work, corporate social responsibility, corporate governance, volunteering);
- g) encourage strong working relationships based on trust and underpinned by the values of the organization, and embedded in line management style and training; and

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- h) promote the collective and social aspects of health and wellbeing through the culture (e.g. by having effective mechanisms in place to encourage good team-working, cross-functional working, positive relationships at every level and genuine dialogue amongst the workforce).

4.5 Good work and job design

The organization should ensure jobs are designed so that they offer meaningful work for the workforce to:

- a) encourage the workforce to be involved in the design of their role;
- b) support the development of potential so that the learning and skills development is grounded in the organization's context;
- c) provide autonomy, control and task discretion;
- d) enable challenge and task variety;
- e) ensure work demands are not excessive and develop effective work organization for employees (e.g. good job design techniques, job quality, reasonable workloads and deadlines, work-life balance); and
- f) provide flexibility in ways of working; involvement and or consultation in the projects involved and the way that the work is carried out.

4.6 Support good people management policies and practices

NOTE 1 Organization-wide approaches that simultaneously enhance job design and a range of other management practices that are focused on worker welfare can improve wellbeing and performance (e.g. a new human resource management system, a new workload management tool or changes to management and rewards systems).

When making changes to improve the wellbeing of the workforce, the organization should ensure the following:

- a) changes are integrated with existing business systems;
- b) the health and wellbeing benefits of the changes are communicated to the workforce , even if that is only one goal of the changes; and
- c) the workforce is consulted and remains committed through the process.

NOTE 2 The following websites provide evidence of the need for good management practice:

- a) <https://whatworkswellbeing.files.wordpress.com/2017/02/job-quality-wellbeing-april-2017.pdf>
- b) <http://www.tandfonline.com/doi/abs/10.1080/00140139.2017.1303085>

5 Health and wellbeing policy

5.1 Establish the health and wellbeing policy of the organization

5.1.1 Top management should develop a health and wellbeing strategy which sets out arrangements for implementing a strategic approach to workforce health and wellbeing.

NOTE This may be through a standalone strategy document and/or a wellbeing plan or programme as part of the organization's wider people strategy.

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5.1.2 The organization's health and wellbeing strategy should be part of an organization-wide strategy— and not a series of standalone initiatives – and cover physical health, mental health, health promotion, good work and good lifestyle choices.

5.1.3 Top management should establish, resource, promote, maintain and review a health and wellbeing policy taking into account the health and wellbeing principles set out in Clause 4.

5.1.4 The health and wellbeing policy should:

- a) be based on the needs of the workforce and aligned with the organization's values, purpose and operations;
- b) be integrated with the corporate goals and people management approach of the organization;
- c) cover both on the prevention of physical and mental ill health as well as being reactive and outlining the pathways to support available if people do become ill;
- d) include a commitment to improve the health and wellbeing of the workforce and consideration of wider health and wellbeing impacts (e.g. family, community, supply chain etc.);
- e) outline what the organization is already doing and intends to do to maintain and promote the health and wellbeing of their workforce;
- f) include line management commitment to supporting health and wellbeing;
- g) provide a framework to identify risks and opportunities to the workforce's health and wellbeing;
- h) consider, as a minimum, priority concerns given the internal and external factors affecting the organization with a commitment and timeline to meeting those concerns; and
- i) consider, as a minimum, demographic influences in the community where the organization belongs, such as age, gender, ethnicity and educational attainment.

NOTE A health and wellbeing policy may be integrated into existing organizational policies.

5.2 Communication of the policy

The organization should develop a promotion and communication strategy that:

- a) promotes the organization's health and wellbeing strategy and programme on a regular basis to ensure that it is understood by the workforce, and enhances the take up of the support and services available;
- b) uses appropriate channels such as the intranet, line manager briefings, health and wellbeing events or days, posters, notice boards and meetings;
- c) is designed to fit the needs of the workforce and ensure that it reaches all groups of workers, including those that work at different locations or remotely; and
- d) encourages workforce involvement and feedback on the organization's health and wellbeing strategy so that the workforce can help shape future activities and support.

5.3 Consideration of the risk and opportunities

When developing a health and wellbeing policy the organization should identify the risks and opportunities by taking into account the:

- a) profile and needs of the workforce now and in the future associated with maintaining and improving the workforce's health and wellbeing;

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- b) monitoring related to workplace practices that can be detrimental to health and wellbeing, including long term health hazards that are cumulative (e.g. musculoskeletal disorders or noise induced hearing loss); and
- c) impact on the performance of the organization.

5.4 Stakeholder consultation

When developing the health and wellbeing policy, top management should consult with all relevant stakeholders, including but not limited to:

- a) the workforce at all levels and/or their representatives; and
- b) health and wellbeing specialists.

NOTE Health and wellbeing specialists include: occupational medicine and nursing; organizational and clinical psychologists; health and safety professionals accredited by IOSH and RoSPA; allied health professionals such as occupational hygienists, physiotherapists, occupational therapists; vocational rehabilitation experts; and health insurance companies.

5.5 Review of the policy

The health and wellbeing policy should be reviewed periodically or when needed.

NOTE 1 This might be at the same time as the organization's mid- and long-term strategy is reviewed, for example every three years.

NOTE 2 See also Clause 11.

6 Leadership

6.1 Establish roles and responsibilities

The organization should assign responsibility for:

- a) ensuring it has the necessary skills, knowledge and experience to lead and deliver the wellbeing programme;
- b) identifying health and wellbeing needs within the organization;
- c) aligning health and wellbeing needs to the organization's performance and values;
- d) establishing and maintaining a health and wellbeing policy (see Clause 5);
- e) defining and developing health and wellbeing actions (see Clause 7);
- f) planning and implementing health and wellbeing actions (see 7.3); and
- g) assessing and reporting and reviewing health and wellbeing outcomes (see Clauses 7 to 9).

NOTE A core team to facilitate organization-wide health and wellbeing efforts may be established.

6.2 Role of top management

Top management should be assigned overall responsibility for the development, monitoring and review of health and wellbeing activities of their workforce, including but not limited to:

- a) being responsible for the organization's health and wellbeing strategy;
- b) embedding a positive and supportive health and wellbeing philosophy and culture in the organization to help ensure that employee health and wellbeing is a central part of the organization's day-to-day operations;
- c) leading on communicating to employees the wellbeing initiatives at work and the behaviour it expects to encourage workforce participation in the health and wellbeing strategy and ability to access the appropriate support services when needed;

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- d) improving their own knowledge and awareness of the benefits of health and wellbeing activities through evidence-based research and education;
- e) demonstrating the right behaviours in regards to health and wellbeing, leading from the top down;
- f) engaging in training programmes that are offered to staff on all levels;
- g) defining and communicating responsibilities to all stakeholders, including the workforce;
- h) putting in place reporting structures and obligations, linked to the corporate governance code;
- i) identifying health and wellbeing actions and evaluating their performance;
- j) consulting with and involving the workforce in the development and implementation of health and wellbeing actions;
- k) monitoring the workforce's health and wellbeing periodically; and
- l) supporting and training line managers.

NOTE 1 Top management can include two levels (e.g. executive team and board).

NOTE 2 Top management is also known as "senior management".

NOTE 3 Top management has the power to delegate authority and provide resources within the organization.

NOTE 4 Where an organization has a non-hierarchical structure, "top management" implies ultimate decision-makers, who might be business owners or partners.

NOTE 6 Case study 1 gives an example of the role of top management in supporting health and wellbeing.

Case study 1 – The role of top management – McCue Corporation

"As Managing Director at McCue I recognise that it is my role to invest in all areas of the organization including the health and wellbeing of our teams. McCue offer various wellbeing initiatives that are proactive and help employees to maintain their productivity whilst having some fun, such as wellbeing days, charity events, 121 support as needed and health promotion challenges. McCue have found that the benefits of our wellbeing policy keep everybody motivated, improved job satisfaction and retention and has also improved absenteeism."

Emma Panter, Managing Director, McCue

6.3 Role of human resources

Human resources should be assigned responsibility for:

- a) implementing the health and wellbeing strategy and evaluating its performance;
- b) communicating the strategy to the workforce;
- c) providing training; and
- d) keeping up to date with good practice.

6.4 Role of line managers

Line managers should be assigned responsibility for:

- a) encouraging creativity, new ideas and exploring new ways of doing things;
- b) offering help and encouragement to each employee to build a supportive relationship;
- c) having a clear vision;
- d) becoming role models who are trusted and respected by employees;
- e) providing a sense of meaning and challenge;
- f) consulting regularly on daily procedures and problems;
- g) promoting employee engagement and communication;
- h) recognizing and praising good performance;

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- i) working with employees to produce and agree employees' personal development plans; and
- j) being proactive in identifying and addressing issues and concerns early, and taking preventive action at the earliest opportunity, identifying sources of internal and external support.

NOTE For further information on the role of line managers, see NICE Workplace health: Management practices [5].

6.3 Role of the workforce

The workforce should be assigned responsibility for:

- a) understanding the importance of health and wellbeing, being aware of their own responsibilities for health and wellbeing and of the organization's health and wellbeing priorities, policies and provision;
- b) participation in health and wellbeing opportunities offered to them; and
- c) involvement in the implementation, assessment of the effectiveness of, and co-creation of planned interventions and improvements.

7 Establish health and wellbeing of the workforce

7.1 Identify the health and wellbeing needs and expectations from interested parties

The organization should identify external and internal issues that are relevant to its purpose and that affect its ability to achieve the intended outcome(s) of its health and wellbeing policy.

NOTE 1 The issues could include the health and wellbeing of the workforce in the future after retirement as well as the current health and wellbeing of the workforce, which are both influenced by the organization.

NOTE 2 The interested parties could include occupational health support, health insurance companies, pension providers and the families of the workforce.

7.2 Determine health and wellbeing objectives and action plan

7.2.1 The organization should determine the scope and objectives of its health and wellbeing management considering the needs and expectations of interested parties and its health and wellbeing policy.

7.2.2 The organization should identify opportunities for health and wellbeing improvement and determine an action plan along with the necessary organizational resources to meet the objectives.

7.2.3 The organization should determine opportunities for improvement considering the evaluated and reviewed results (see **9.1**, **9.2**, and **11**), and reflect modification of the action plan.

7.3 Operational implementation

7.3.1 Prioritization of target improvements

7.3.1.1 Based on anonymized and aggregated health and wellness data, the organization should evaluate the potential of improvement in health status of the workforce and identify a prioritized set of improvement interventions across the organization.

NOTE 1 It is expected that parts of the workforce with low wellbeing and/or health will be targeted, so reducing inequalities in health and wellbeing across the workforce.

NOTE 2 See **A.1.2** for an example on the prioritization of target improvements.

7.3.1.2 The organization should review the identification of improvement interventions periodically.

NOTE It is recommended to evaluate the health and wellness data utilizing a scientific methodology, using quality data, statistically sound procedures and interpretation (including the limitations of method).

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7.3.2 Support for target improvements

Based on the action plan determined in 7.2, the organization should provide the identified target improvements determined in 7.3.1.2 with health and wellbeing support (e.g. counselling, advising, etc.).

NOTE 1 It is preferable to focus on all possible avenues of prevention, not just those that can be measured by data collection and analysis.

NOTE See A.1.3 for an example of the action plan and support.

8 Monitor health and wellbeing

8.1 Employee health and wellbeing data management

8.1.1 The organization should determine its health and wellbeing data including its types, attributes and units, which are relevant to monitor the health performance of the organization in line with the health and wellbeing objectives determined in 7.2.

NOTE It is encouraged to use a broad range of data, such as aggregated and anonymized health data, absence data and surveys, health check-up data, data associated with mental health, as well as dietary and workout data which is relevant to lifestyle diseases.

8.1.2 The organization should determine the criteria for protecting the workforce's privacy and managing the workforce health data in accordance with the criteria, taking into account legal frameworks in place regionally. Only data relevant to the intended purpose should be collected.

8.1.3 Data should be stored according to legal frameworks in place regionally. The data are retained for a specified timeframe, after which they are destroyed.

NOTE The organization may outsource the management and analysis of workforce health data to another organization, but only with the consent of the employee.

8.2 Gather health and wellbeing information

The organization should determine items to be monitored and measured, considering the following three levels.

- a) Level 1 – the extent to which the benefits of the health and wellbeing policy, including financial and productivity improvement, contribute to the organization.
- b) Level 2 – health and wellbeing performance of the organization.
- c) Level 3 – the workforce's health and wellbeing data and the data relevant to affect the health support.

The organization should specify how the monitoring will be conducted (e.g. by audit, by health surveillance, or by health surveys).

NOTE 1 It is important to use data to provide insights that support strategy development; inform integrated health and wellbeing policy development and the appropriate use of risk based health and wellbeing interventions.

NOTE 2 See A.1.4 for an example of such information.

9 Analyse health and wellbeing information

9.1 Evaluate the effectiveness of health and the wellbeing action plan

The organization should evaluate the effectiveness of the implemented health and wellbeing action plan by:

- a) identifying measures of effectiveness for the activity or programme implemented;
- b) specifying a process to measure effectiveness in accordance with the defined performance indicators;

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- c) establishing a procedure to collect and report on the outcomes of these measures; and
- d) highlighting opportunities to improve the effectiveness of the health and wellbeing action plan implemented.

9.2 Identify trends and key findings

9.2.1 The organization should analyse and collect health and wellbeing information that is appropriate to the type of health and wellbeing actions being implemented establish the significance of information gathered, and put it into usable forms for assimilation of key findings by means of:

- a) trend analysis;
- b) comparative and/or gap analysis techniques to evaluate health and wellbeing against the existing performance, desired performance and how the results compare against expectations; and
- c) identification of any additional health and wellbeing needs based on results and contextualized population data.

9.2.2 The organization should assess the workforce health and wellbeing information against the defined performance indicators to ascertain if the system of interventions and support are contributing to improvements in health and wellbeing of the workforce so that improvements and adjustments are evidence-based.

9.2.3 The organization should benchmark the performance indicators and wellbeing data against other sources, including similar data collected by other organizations.

10 Report on health and wellbeing

The organization should develop, document and report the health and wellbeing results, including:

- a) the level achieved; and
- b) the impact on the strategic objectives, such as company performance.

NOTE Other objectives might provide more effective measures, such as increase in engagement scores, uptake of interventions, and feedback.

The report should be published externally (e.g. with the annual report).

11 Review health and wellbeing performance

11.1 Top management should review the organization's health and wellbeing action plan against ambition and performance data at periodic intervals, to ensure its continuing suitability, adequacy and effectiveness.

11.2 The management review should include consideration of:

- a) the status of actions from previous management reviews;
- b) changes in external and internal issues that are relevant to the health and wellbeing actions, especially information on emergent health hazards and information on new risk topics;
- c) information on the health performance, including trends in:
 - 1) nonconformities and corrective actions;
 - 2) monitoring and measurement results; and
 - 3) audit results;
- d) opportunities for continual improvement.

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11.3 The outputs of the management review should include decisions related to continual improvement opportunities and any need for changes to the health and wellbeing actions.

11.4 The organization should retain documented information as evidence of the results of management reviews.

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Annex A (informative)

Case studies demonstrating employee health and wellbeing

NOTE Further examples or case studies are to be added to support the need for health and wellbeing policies in an organization

EDITORIAL NOTE

Please note that the following text does not form part of draft PAS 3002.

BSI are looking to include case studies in this PAS, to exemplify the good practice in this document. If you would like to propose a case study for inclusion, please send us a short write-up of your case study.

Please send any case studies by the consultation deadline to adam.richardson@bsigroup.com.

A.1 Case study: Hitachi, Ltd [10]

A.1.1 An approach for periodic acquisition of workforce health data

Many companies in Japan provide health insurance benefits to employees that cover 35% of the total medical payments of each employee. Companies also help each employee over 40 years of age undergo an annual health check-up under a national legal requirement. This has been a large financial burden for companies in Japan.

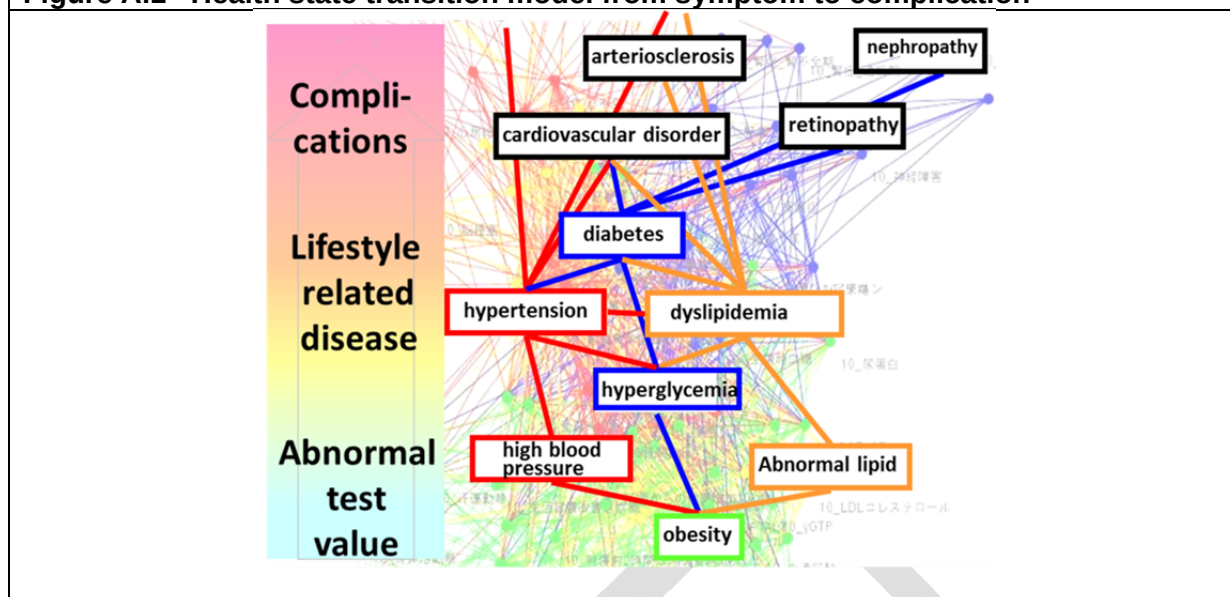
Hitachi, Ltd is collaborating with Hitachi Health Care Centre that is responsible for the health management of the workforce and Hitachi Health Insurance Union that joins to conduct analyses of healthcare data from several hundred thousand people. This collaboration (hereafter abbreviated as “Hitachi”) keeps the historical records of annual health check-up results in a digitized database, as well as behavioural information such as workout and dietary habits, of almost all workforce working in Japan; around 200 000 individuals. All data was used in an anonymized form. The health check-up results contain indicators such as height, weight, waist size, blood pressure, blood sugar, cholesterol, triglyceride, and uric acid. In addition to these data, the historical records of receipts each employee paid for their medical treatment or medication are kept, which indicate the development of any kind of disorder. The receipt records and health indicators are linked together on an individual basis for further analysis as described in **A.1.2**.

A.1.2 An approach for prioritization of target improvement

Hitachi conducted statistical analysis of the dataset by sampling around 100 000 individuals and constructed a health state transition model (see Figure A.1).

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Figure A.1 –Health state transition model from symptom to complication



NOTE Each line indicates a transition pathway with specific probability.

The progression model was used to identify prioritized target groups of workforce based on specific parameters, such as an interval of HbA1c (blood sugar indicator).

This target group is regarded as a cost-effective target in terms of responsiveness to behavioural changes under health advice/coaching as well as the amount of avoided medical expenditure which was predicted by the model.

A.1.3 An approach for providing support

Hitachi has been providing a lifestyle change program that focuses on metabolic syndrome. The program aims to reduce visceral fat by a gradual weight loss of 5% (or 7% for those weighing over 90 kg) over a 90-day period. Participants first set specific behaviour targets using cards that each represent 100 kcal of exercise or food and then record their weight and daily activity (number of steps walked, use of 100-kcal cards, etc.). The participants then receive health management advice from healthcare professionals ("Advisors") via e-mail, typically at 10-day intervals.

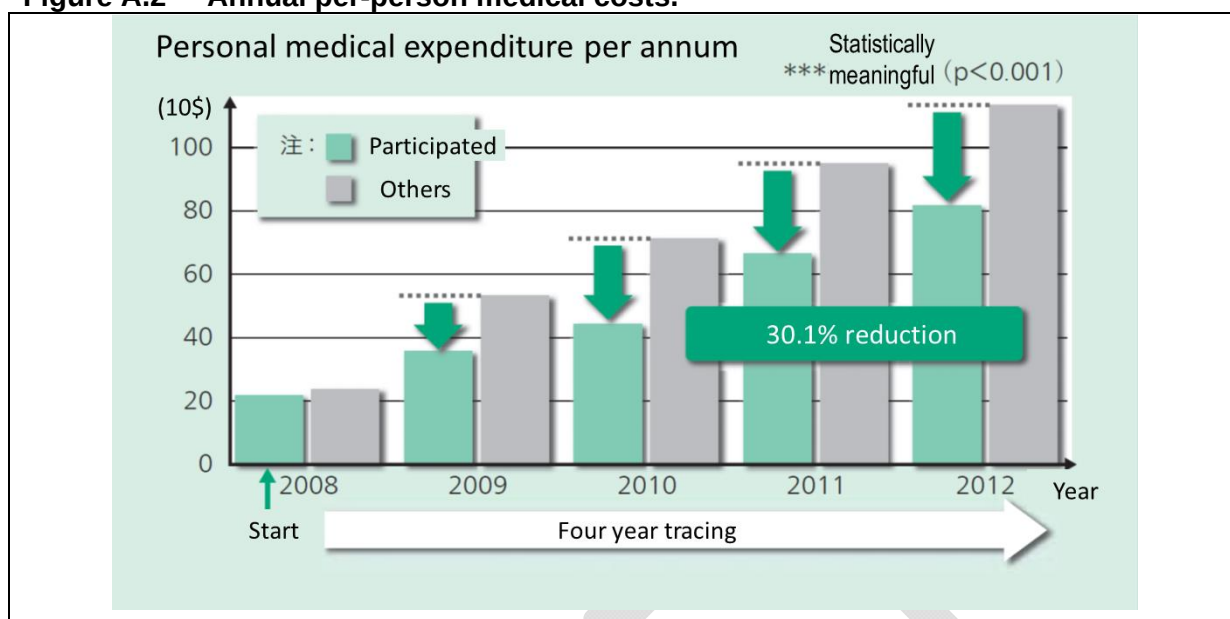
The idea is that they will reach their weight loss target by continuing this pattern of 90 days of weight loss and 90 days of weight maintenance.

A.1.4 An approach for gathering health and wellbeing information

Hitachi monitors the average personal medical expenditure (which impacts the company's financial outcome) which corresponds to "Level 1" described in 8.2. The actual medical expenditure has reduced as shown in Figure A.2 since Hitachi started this approach.

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Figure A.2 – Annual per-person medical costs.



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Annex B (informative)

PAS 3002 Clauses and a management system specification

Table B.1 outlines how the main clauses within this PAS can be mapped to the high level structure of a management system specification (MSS).

Table B.1 – PAS Clauses mapped to the high level structure of a management system specification

ISO MSS high level structure	PAS clause
Introduction	Introduction
1 Scope	1 Scope
2 Normative references	2 Normative references
3 Terms and definitions	3 Terms and definitions
	4 Health and wellbeing principle
4 Context of the organization	5 Health and wellbeing policy
5 Leadership	6 Leadership
6 Planning	7.2 Determine health and wellbeing objectives and action plan
7 Support	8 Monitor health and wellbeing
8 Operation	7.3 Operational implementation
9 Performance evaluation	9 Analyse health and wellbeing information 11 Review health and wellbeing performance
10 Improvement	7.3

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Annex C (informative)

Maturity model for health and wellbeing management

A generic framework for maturity models is shown in Table C.1. This framework has been used by various types of maturity models (see ISO DIS 37153, BS ISO 9004 and BS ISO/IEC TR 15504-2).

Table C.1 – Generic maturity model framework

Level	Definition	Description
5	Sustainably optimizing	Continually improving to satisfy future needs
4	Improving	Partially started towards future needs
3	Fulfilled	Satisfies current needs in a defined manner
2	Partially fulfilled	Needs are identified but not satisfied
1	Initial	Not started yet

[SOURCE: ISO/DIS 37153:2017, Table 4.3]

Table C.2 gives an example of a maturity model that can be used for assessing an organization's current status and identifying potential improvements.

Table C.2 – Example maturity model for health and wellbeing management

Level	Plan	Do	Check	Act
5	Action plan is regularly updated	Participation in actions and their quality are increasing	Analysed results are effectively used for updating the plan	Improved performance goals are set
4	Appropriate action plan and performance goals are determined	Support for target improvements is in place	Effectiveness of actions are evaluated	Reviewed results are reflected to improve the action plan
3	Needs are identified and Objectives are determined	Prioritization is conducted	Appropriate data management on relevant performance is implemented	Appropriate review is made against performance goals
2	Included in the organization's policy	Leadership and workforce roles and responsibilities are recognized	Some information on relevant aspects are obtained	Periodical review is made
1	No policy stated	No leader assigned	No data available	No review

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For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

BS 76005, *Valuing people through diversity and inclusion – Code of practice for organizations*

ISO DIS 37153 *Smart community infrastructures – Maturity model for assessment and improvement*

BS EN ISO 9004, *Managing for the sustained success of an organization – A quality management approach*

BS ISO/IEC TR 15504-2, *Information technology – Software process assessment – Part 2: A reference model for processes and process capability*

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Further reading

BS 18004, *Guide to achieving effective occupational health and safety performance*

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BS 76000, *Human resource – Valuing people – Management system – Requirements and guidance*

BS ISO 26000, *Guidance on social responsibility*

BS ISO 27500, *The human-centred organization – Rationale and general principles*

IWA 18, *Framework for integrated community-based life-long health and care services in aged societies*

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Useful websites

Workplace Wellbeing Charter: <http://www.wellbeingcharter.org.uk/index.php>

What works wellbeing <https://whatworkswellbeing.org/>

Engage for success <http://engageforsuccess.org/>