Appraisal of Implementation Model Options for the Healthy Workplace Framework

Department of Health

Healthy Workplace Framework

May 2022

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Introduction

Healthy Ireland at Work: A National Framework for Healthy Workplaces in Ireland 2021–2025[1] (HWF) is a government strategy to enhance the health and wellbeing of Ireland's workers.

The HWF sets the strategic direction for workplace policies and programmes to enhance the health of workers. Annual operational plans will drive the delivery of the framework from 2022 to 2025.

Grant Thornton were engaged by the Department of Health (DoH) in November 2021 to conduct an options appraisal for the implementation of the HWF.

The options for appraisal are as follows:

1. **Pilot:** A pilot program would involve a small-scale, short-term, experimental roll out;
2. **Phased:** this approach sees the HWF implemented in a set number of organisation for an agreed period of time. Once the phase elapses, the next phase begins in larger sized groups taking learnings from the previous phase to improve the maturity level of the programme; and
3. **Full Implementation:** a full implementation programme would be open to all organisations from kick-off of the HWF.

Our Approach

Grant Thornton's approach to complete the options appraisal for the HWF included:

- In-depth desk research of national and international literature;
- One-to-one interviews with 32 stakeholders;
- International benchmarking of comparator programmes;
- High level costings of each of the options; and
- A comparative analysis of each model was conducted to determine the optimal implementation model.

Key Findings

The key findings emerging from the research, consultation and analysis conducted in the development of this report are outlined below

- According to the World Health Organisation (WHO), workplace health programmes are one of the most effective ways to prevent and control chronic disease and support mental health.

Key Findings cont.

- There is considerable demand for companies across all industries to implement and engage with employee wellbeing in order to benefit from staff retention, boosted productivity and reduced staff absenteeism.
- The most beneficial and suitable implementation model for the HWF is that of phased implementation, whereby the framework is implemented in a set number of organisations over an agreed period of time, and learnings are taken from the previous phase to improve the maturity level of the programme.
- In terms of a phased implementation, it was recommended to start with medium-large enterprises with c. 200 employees.
- At the outset of the programme, a group of companies (approx. 20-25) should be targeted initially over a period of one year. Following which results and learnings should be collated to inform the next addition of companies depending on resource availability.
- Resources and Training have been identified as the highest priority critical success factor, in which 66% of stakeholders identified it as a key focus for the implementation of the HWF as it ensures appropriate resourcing is available to allow successful implementation
- The adoption of a programmatic approach has been cited as essential to ensuring the successful implementation of the HWF, this includes detailed annual action plans, clear deliverables, milestones and Key Performance Indicators (KPIs).
- Some workplaces and occupations may be more difficult to reach in this regard, engagement with representatives from relevant organisations were cited as critical.
- Implementation should include signposting to already established initiatives such as the 'Bike to Work' scheme and tax reliefs for companies to install showers, bikes and other exercise equipment in the workplace.
- Remote working hubs provide an opportunity for implementation of the HWF to a diverse group of workers in one location.

Executive Summary

Recommendations

1. The DoH should pursue Option 2 i.e. a phased approach that sees the HWF implemented in a set number of organisations for an agreed period of time, whereby once the phase elapses, the next phase begins in larger sized groups taking learnings from the previous phase to improve the maturity level of the programme.
2. It is recommended to initially roll out the HWF to medium to large enterprises (c. 200 employees), with a target of 20-25 companies over a lead in time of one year, then collate results and expand accordingly.
3. A programmatic approach is considered essential to ensure the successful implementation of the HWF, including detailed annual action plans with clear deliverables, milestones and Key Performance Indicators (KPIs). Pragmatic supports should also be provided to businesses for implementation.
4. Appropriate resources such as a Project Manager to oversee implementation with appropriate project management skills and experience is essential.
5. Buy-in before the rollout from 'Programme Gatekeepers' such as trade unions, third level institutes, employers groups and professional representative organisations is a critical success factor in terms of ensuring continuous engagement and collaboration from both employees and employers.
6. Commitment from DETE is critical to ensure that the HWF can reach its full potential. This should include involvement at a governance level in the implementation of this initiative.

Conclusion

The most beneficial and suitable implementation model for the HWF is that of Phased Implementation, whereby the HWF is implemented in a set number of organisations over an agreed period of time, and learnings are taken from the previous phase to improve the maturity level of the programme.

This approach was identified to be the preferred option amongst stakeholders as it ensures the roll-out is informed by learnings gathered at each phase and is evidence-based.

A phased approach would allow continuous education in relation to the framework and provide learnings from any failures in a controlled environment. Simultaneously, this approach would also allow the programme to generate successes that could then be used as a promotional tool to grow the programme over time.

This approach provides the highest level of control compared to the alternative options and it is easier to identify errors or barriers in the implementation process. Staff can be trained gradually ensuring that appropriate resourcing and training is allocated to coordinate implementation and successfully engage with companies. In addition, costs and benefits of the programme are easier to forecast by implementing this approach. Overall it is recommended that a phased approach is the most appropriate option to support the critical success factors needed to implement the HWF.

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- High level costings of each of the options; and
- A comparative analysis of each model was conducted to determine the optimal implementation model..

Strategic Context

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This Framework focuses on developing the workplace as a setting that creates the social, environmental and cultural conditions for health. It supports workplaces to foster better mental health, work-life balance and health promoting behaviours.

Introduction

The purpose of this section is to provide a contextual overview of the strategic landscape. This section will look at the strategic landscape across the following areas:

- Background;
- Global Context;
- COVID-19 Context;
- Private Sector; and
- Other Workplace Health and Wellness Programmes.

Background

The HWF is a government policy which aims to support the growth of effective approaches to enhance health and wellbeing in the workplace. The HWF is a key milestone for workplace wellbeing in Ireland as it sets out to recognise and enhance existing initiatives and to facilitate the sharing of experience and learning. A key element of the framework is to build an online platform and website to provide the necessary supports and tools for organisations and companies.[1]

The HWF is evidence-based and supported by the Department of Enterprise, Trade and Employment (DETE) and led by the Department of Health (DoH). It highlights the need for partnership across Government departments, State agencies, public and private employers and a range of stakeholders.[1]

The HWF is a component of *The Healthy Ireland Framework 2013-2025*. An implementation plan will be developed following an agreement on the strategic direction of the HWF and will drive positive change in how health and wellbeing programmes in the workplace are supported, designed, delivered, evaluated and improved.

The development of the HWF was overseen by a committee led by the DoH and DETE. It is both informed by a review of evidence and consultation and engagement with key stakeholders. Annual operational plans will drive the delivery of the HWF from 2022 to 2025.[2]

Global Context

Workplaces directly influence the physical, mental, economic and social wellbeing of workers and in turn, the health of their families, communities and society. The workplace therefore offers an ideal setting and infrastructure to support the promotion of health to a large audience. According to the World Health Organisation (WHO), workplace health programmes are one of the most effective ways to prevent and control chronic disease and support mental health.[3]

The WHO have set out a Global Workplace Framework based on gold standard and evidence-based practices. The WHO states that there is an ethical, legal and business rationale for engaging in Healthy Work practices. However, there exists a need for a greater focus on workplace health, due to the evolving issue that many organisations and governments have not understood the advantages of healthy workplaces, nor have the knowledge, skills or tools to improve their own workplace. According to the WHO, 615 million people suffer from depression and anxiety which causes an estimated cost of $1 trillion in lost productivity each year.[4]

There is widespread agreement among global agencies, including the WHO and the International Labour Organisation (ILO) that the health, safety and wellbeing of workers who make up nearly half of the global population, is of paramount importance.

It is also agreed that it is not only important to consider the health, safety and wellbeing of workers but it is essential to consider the effect on their families. Ultimately, this can impact the productivity, competitiveness and sustainability of their associated organisations. This in turn effects the national economy of countries and the global economy itself.

The European Union (EU) stresses that the lack of effective health and safety at work not only has a considerable human dimension but also has a major negative economic impact.[5]

Strategic Context

COVID-19 Context

A Harvard Business Review study (2020)[6] found that the COVID-19 pandemic has led to mental health declines, increased work demands and feelings of loneliness. According to their survey of nearly 1,500 individuals from 46 countries, 69% revealed that their workplace wellbeing had declined since before the pandemic.

The findings of this study emphasises the opportunity to observe those who feel their workplace wellbeing improved since before the pandemic and use this data to improve workplace wellbeing into the future. Those who feel their workplace wellbeing has improved attributed this to reasons such as having opportunities to innovate, fewer distractions, benefits of no commute and more control over their work.[6]

Organisations will need to move from a one size fits all approach in providing corporate wellness to attract and retain talent and preserve the psychosocial aspects impacting employees who may be working in remote locations.

Chronic stress has been an ongoing issue prior to the pandemic, the workplace being the leading cause. By 2022, it is expected that there will be a 30% increase in focus on mental wellbeing in the workplace, an increase from 10% in 2018.[7]

Workplace Health and Wellness Programmes

As the importance of a healthy lifestyle continues to gain greater awareness, there is growing interest in individuals in the workplace who are investing in their own wellbeing. This in turn is resulting in considerable demand for companies across all industries to implement and engage with employee wellbeing in order to benefit from staff retention, boosted productivity and reduced staff absenteeism.

The HWF highlights the benefits of developing and enhancing health and wellbeing policies and programmes across organisations. It aims to support the growth of effective approaches to enhance health and wellbeing in the workplace.. It highlights the benefits for the government, employers and employees of embedding a culture of health and wellbeing in the workplace.[6]

Stakeholder Consultation

Overview of Consultation Findings

Phased Approach to Implementation

- The majority (53%) of stakeholders identified a phased approach to implementation as their preferred option as it allows the roll-out to be evidence-based with key learnings gathered at each phase. While some stakeholders identified a pilot as their preferred approach, it may be difficult to gain momentum and stakeholder buy-in if implemented.
- It was recommended to initially roll out the HWF to medium to large enterprises (c. 200 employees), with a target of 20-25 companies over a lead in time of one year, then collate results and expand accordingly.

Resources

- The importance of an appropriate and well thought-out resourcing structure was suggested as a key success factor for effective implementation. In particular, appropriate resources relating to the allocation of specific FTEs to coordinate implementation at a national level.
- The adoption of a programmatic approach has been cited as essential to ensure the successful implementation of the HWF, including detailed annual action plans with clear deliverables, milestones and Key Performance Indicators (KPIs).
- It was suggested that a Project Manager should oversee implementation with appropriate project management skills and experience.

Awareness

- Increasing awareness of the HWF was highlighted as a critical success factor.
- Good communication skills have been cited as key to reach the right people such as business owners, HR teams and senior management. In practice, this involves DoH hiring individuals who are competent at presenting, engaging with stakeholders and conducting focus groups.
- The HWF should be communicated in a manner which presents the objectives of the HWF in a clear, tangible and realistic manner and pragmatic supports should be provided to businesses for implementation.

Collaboration

- A number of stakeholders outlined the importance of clear and continuous engagement in order to ensure buy-in from both employers and employees.
- A critical success factor cited by one international stakeholder was to gain buy-in before rollout from ‘Programme Gatekeepers’ such as trade unions, third level institutes, employers groups and professional representatives groups.
- Stakeholders have cited commitment from DETE as critical to ensure that the HWF can reach its full potential.

Opportunities to Leverage Successful Implementation

- Implementation should include signposting to already established initiatives such as the 'Bike to Work’ scheme and tax reliefs for companies to install showers, bikes and other exercise equipment in the workplace.
- As organisations reflect after the past two years of Covid-19, there may be an opportunity to build on an increased focus on work life balance and mental health.
- Remote Working Hubs provide an opportunity for the implementation of the HWF to a diverse group of workers in one location e.g. Ludgate Hub, West Cork, with rollout access to a number of SMEs which are located in one building.

Challenges of Implementation

- Resourcing was identified to be a significant challenge for sole traders and small businesses as staff may not have the capacity to focus on the implementation of the framework. Therefore, support from the HWF will be critical for these organisations.
- Effecting culture change was cited as a key challenge to the implementation of the HWF. In this regard, toolkits should be leveraged including those recommended in the WHO’s European Framework for Psychosocial Risk Management. It was also suggested that participating workplaces should be supported to develop policies related to health and wellness such as bullying in the workplace, breast feeding and remote working.

Stakeholder Consultation Findings

This section will provide an overview of the findings from our consultation process.

Introduction

This section will provide an overview of stakeholder feedback, including:

- Critical success factors for implementation;
- Stakeholder sentiment on the model of implementation (pilot, phased or full implementation);
- Key challenges to implementation;
- Opportunities to leverage for successful implementation;
- Measurements of success;
- SME engagement;
- Governance; and
- Best practice in relation to healthy workplace initiatives.

Stakeholder Consultation Process

As part of this project, we have conducted an in-depth stakeholder consultation process, whereby a total of 32 stakeholders were consulted through one-to-one interviews. The breakdown by grouping of the stakeholders consulted are outlined below. Note a full list of stakeholders consulted is available in Appendix 2.

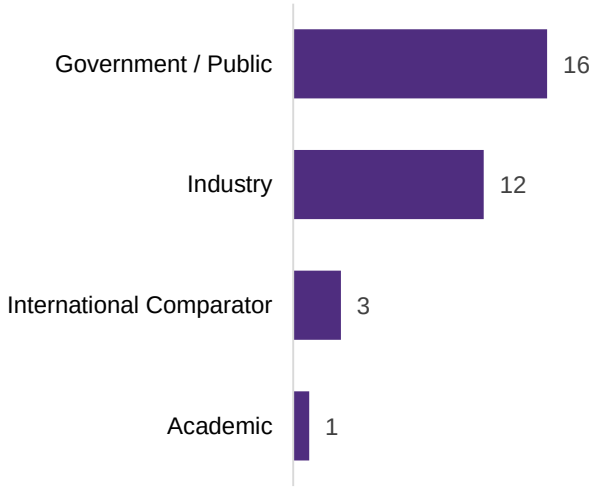


Figure 1: Stakeholder Organisation Breakdown (n=32)

Critical Success Factors

Each stakeholder was asked to provide critical success factors for the implementation of the HWF, their responses are summarised below. The most common answers were grouped as follows:

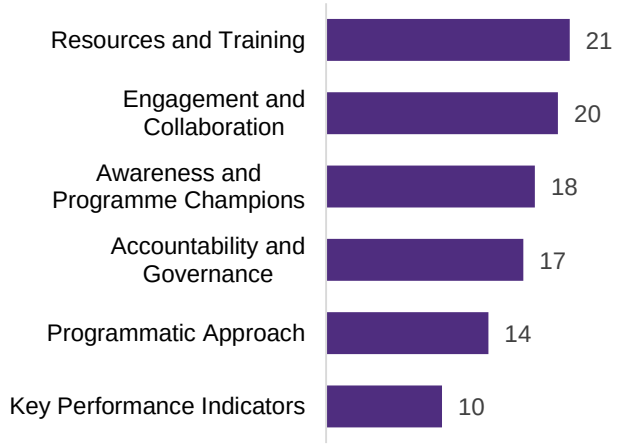


Figure 2: Critical Success Factors incidence (n=100)

Resources and Training

It has been repeatedly highlighted that the appropriate resourcing for implementation will be essential. In particular relating to the allocation of specific FTEs to coordinate implementation at a national level.

Stakeholders also recommended the provision of support locally with people whose primary job is to engage with enterprises. For example, this may be through healthy workplace practitioners or champions tasked with building relationships and liaising with organisations.

In terms of training and education, the feedback suggested that a wide spectrum of aspects need to be considered such as: can the HWF be accredited and how to successfully build learning capacity within an organisation. It was proposed that a practical toolkit co-designed with workplaces would contribute to success in addition to guidance, education and training provided centrally for companies.

Training will be essential for workplace ‘in-house champions’, these could either be in depth or short courses. In addition, the idea of a peer support network was also suggested in this regard.

Stakeholder Consultation Findings

Engagement and Collaboration

Stakeholders outlined the importance of clear and continuous engagement in order to ensure buy-in from both employers and employees as well as other stakeholders including social partners.

It was recommended that DoH facilitate a forum for sharing ideas and good practice e.g. this could be through a purpose built website or a Facebook chat group.

A 'Buddy System' i.e. matching SMEs with larger companies was also recommended to build capacity within workplaces who have less resources.

The need for appropriate collaboration was also suggested in the context of cross representation at a governance level HWF implementation. For example, including a representative cohort from employers groups, trade unions and public sector organisations.

Awareness and Programme Champions

Increasing awareness of the HWF was highlighted as a critical success factor.

Good communication skills have been cited as key to reach the right people such as business owners, HR teams and senior management teams. In practice, this involves individuals who are competent at presenting, engaging with stakeholders and conducting focus groups.

It was suggested that HWF communications must present the objectives of the HWF in a clear, tangible and realistic format. In addition, the importance of pragmatic supports being provided to business was highlighted such as access to toolkits and other resources.

Stakeholders conveyed the need for strong communication and engagement through the right channels to ensure that the programme is targeting all businesses, including small and niche groups.

Stakeholders outlined the role of developing program champions to assist with raising awareness and also to act as an easily accessible point of communication.

The need for increased awareness, specifically in relation to health and wellness and its differences from health and safety was also highlighted.

Accountability and Governance

The governance structure and appropriate management teams were also conveyed as a key contributors to successful implementation of the HWF.

Establishing clear and appropriate levels of accountability in the DoH and DETE in this regard was conveyed as crucial.

Stakeholders suggested the HWF should be delivered through a strong central team in the DoH. Stakeholders also cited commitment from DETE as critical to ensure that the programme can reach its full potential.

Programmatic Approach

The adoption of a programmatic approach has been cited as essential to ensuring the successful implementation of the HWF.This includes detailed annual action plans, clear deliverables, milestones and Key Performance Indicators (KPIs).

It was suggested that a Project Manager should oversee implementation with appropriate project management skills and experience. It was asserted that this individual should be the equivalent of Grade VIII on the HSE salary scale and be supported by staff depending on the volume of business engagement which they are committed to.

Key Performance Indicators (KPIs)

Stakeholders highlighted the importance of the HWF effecting change in the workplace. Success in this regard was suggested as national and company level health and wellness measures are improving.

KPIs such as monitoring absenteeism rates, lost output, productivity and talent metrics such as turnover and retention development were also recommended to provide companies with clear metrics and objectives that they can actively measure and work towards.

Another factor included a rounded view of wellbeing that companies could adopt to encompass both physical and mental health aspects - a success factor in this context may lead to tools such as the development of a "good work index''.

Stakeholders also suggested that in each company there needs to be a measurement of an agreed set of indicators such as reasons for sick leave, training budgets, smoking levels and BMI.

Stakeholder Consultation Findings

Models of Implementation

All stakeholders consulted were asked their opinion on the optimal model for implementation, with the following choices provided:

1. Pilot;
2. Phased; and
3. Full Implementation

The below graph demonstrates the percentage of stakeholders who identified their preferred model of implementation.

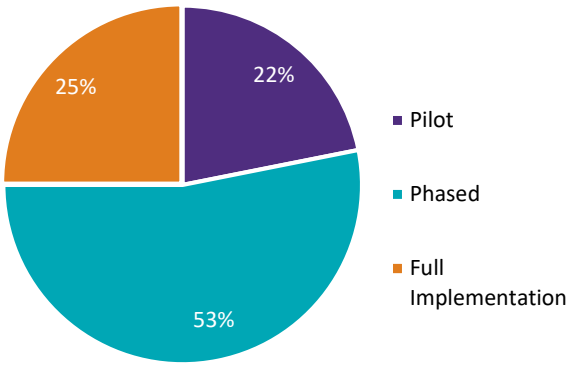
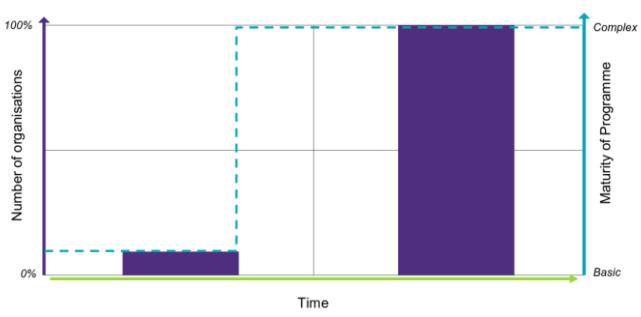


Figure 3: Models of Implementation Preference (n=32)

Pilot

A pilot program would involve a small-scale, short-term, experimental rollout. This rollout would provide proof of concept for the implementation of the HWF and assist with learnings as to how full scale national implementation would work in practice.



Stakeholders expressed concerns that this approach may not be the most effective option as stakeholder buy-in may be more difficult as pilot programmes can lack credibility due to insufficient resources and ambition. Furthermore, stakeholders stated that the HWF is a proven concept internationally and should be implemented on a larger scale in the immediate term.

Advantages

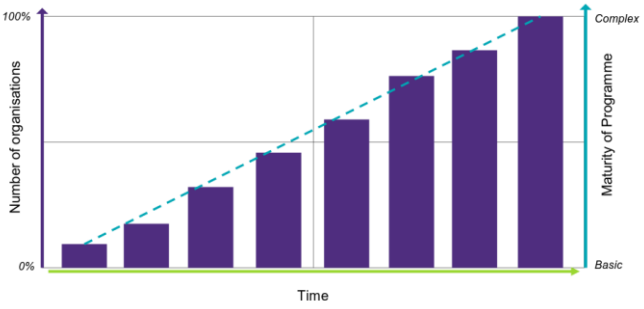
- Smaller scale is easier to manage;
- Training is easier at a smaller scale;
- Staff involved in pilot can become trainers of implementing the HWF;
- Cheaper initially than a full implementation;
- Costs can be spread out over the course of programme; and
- Pilot can be used as a case study to attract organisations with proof of concept and availability of real data.

Disadvantages

- Stakeholder buy-in can be more challenging;
- Proof of concept has already been achieved;
- Loss of momentum during roll out;
- Takes longer to implement and achieve critical mass; and
- Pilot may become seen as the ultimate goal and may not progress past that phase.

Phased Approach

This approach sees the HWF being implemented in a set number of organisations for a set time period. Once the phase elapses, the next phase begins in a larger sized grouping, taking learnings from the previous phase to improve the maturity level of the programme.



Stakeholder Consultation Findings

The most common reason for the preference of a phased approach was that it would allow for learning from any failures in a controlled environment while also allowing the programme to generate successes that could then be used as a promotional tool to grow the programme over time.

A focus on a multifactorial approach was also suggested, whereby implementation would focus on a range of factors such as the working environment and culture of an organisation in addition to the individual employee. In this context it was stressed that communication is key in terms of effectively communicating and tailoring the model of implementation to enterprises of all sizes and niche groups.

Advantages

- Learnings from each phase can be utilised in each consecutive phase;
- Cheaper than full implementation;
- Improved control with set deadlines;
- Costs and benefits are easier to forecast with each phase; and
- Staff can be trained gradually;
- Greater control compared to full Implementation; and
- Easier to identify errors or barriers.

Disadvantages

- Takes longer to implement and achieve critical mass;
- Greater planning required than Pilot option; and
- Greater resource requirement than Pilot option.

In terms of a Phased rollout, it was recommended to start with medium-large enterprises with c. 200 employees.

20-25 companies should be targeted initially over a lead in time of one year, then collate results, learnings and add other companies depending on resources.

Stakeholder Consultation Findings

Phased Approach *(Case Study: GAA Healthy Clubs)*

The purpose of this section is to summarise feedback received specifically in relation to the GAA Healthy Club Project (HCP). The HCP was established in 2013 with the aim of transforming GAA clubs into hubs for health within their communities and ultimately enhance health across every county in Ireland. The HCP consults with both their members and wider communities to prioritise common areas of focus including physical activity, mental fitness, healthy eating and substance use and gambling.

In order to become a participating club, clubs must document their progress on the healthy clubs portal as they complete 7 steps to work towards recognition as a foundation level healthy club.

To support this implementation the HCP has established the following three levels of accreditation.

- **Foundation Healthy Club**: the first level of accreditation encompassing the fundamental requirements of a healthy club.
- **Silver Award Healthy Club:** targeted towards clubs striving to achieve more and boost their healthy club profile.
- **Gold Standard Healthy Club:** the highest standard of healthy clubs.

Prior to the implementation of the HCP, a working group was established to explore other activities and initiatives in this space, including the Healthy Schools model of which learnings were taken to be incorporated in the GAA Healthy Clubs

The purpose of **Phase One** was to complete a learning phase, whereby following an expression of interest, a cohort of clubs were invited to join. This included 12 ‘guinea-pig’ clubs and 2 mentor clubs. Within the initial roll-out the themes of work, play and socialisation were identified as very important.

Each phase was set to run for 18 months with the clubs having certain criteria to meet to become accredited.

The final 6 months of each phase was utilised to review the case loads and to take learnings before launching the next phase.

Phase Two involved 60 clubs over a 2 year period.

Phase Three involved 150 clubs.

Phase Four involved 300 clubs.

Phase Five involves a target of 500 clubs.

The target for the full programme is to deliver the HCP across 1,600 GAA clubs.

The resourcing of the GAA Healthy Clubs initially involved one person dedicated to the programme.

In Phase Two, the team was delivered by two FTEs.

This increased to 5 FTEs in Phase Four, with the team planning on increasing to 9 to successfully deliver Phase Five

Lessons Learned:

- It is recommended to start with 2 FTEs – a national coordinator and support;
- Take Phase 1 as a learning opportunity then get a portal for Phase Two; and
- A bottom up approach is recommended.

Stakeholder Consultation Findings

Full Implementation

The option of a full implementation approach was the second preference option from the feedback received from stakeholders with a number of participants highlighting a lack of flexibility and scope to learn from shortcomings.

The key downside cited from stakeholders was that a full implementation or 'big bang' approach lacked evidence and it may be challenging to gain traction, buy-in and adequate resources.

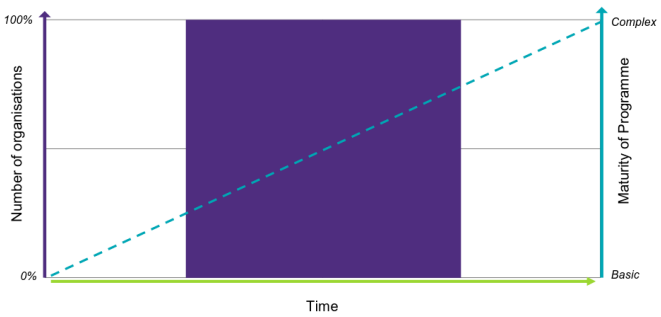
In practice, a fully implemented programme would be open to all organisations from kick-off. Progression of maturity of the programme is then reviewed en-masse to all bought-in organisations when improvements can be identified and implemented.

Advantages

- Fastest implementation option;
- More significant impact; and
- Likely quicker to achieve critical mass than other options;

Disadvantages

- Greater upfront costs;
- Does not benefit from lessons learned;
- Requires full team resourcing;
- Does not attract organisations with case study examples;
- Does not identify errors or barriers; and
- Greater likelihood of failure



Summary

As has been demonstrated over the preceding section, the most beneficial and suitable implementation model for the HWF is that of Phased Implementation , whereby the framework is implemented in a set number of organisations over an agreed period of time, and learnings are taken from the previous phase to improve the maturity level of the programme.

Stakeholders identified this approach as their preferred option as it ensures the roll-out is evidence-based with learnings gathered at each phase.

Some stakeholders preferred a pilot roll-out, however, many stakeholders asserted that this approach would have difficulty getting momentum and stakeholder buy-in may be weak if the pilot approach was taken.

Stakeholder Consultation Findings

Challenges for Implementation

This section provides an overview of stakeholder feedback on the challenges to the implementation of the HWF. The key responses are summarised below:

Engagement and buy-in: engagement and buy in from business owners and senior managers was cited as a major challenge. In order to ensure buy-in, it was asserted that being able to demonstrate the positive effects of engaging with the HWF would have on the business performance, is of utmost importance e.g. increased productivity, employee retention etc.

Resourcing and reach: resourcing was identified to be a significant challenge for sole traders and small businesses as staff may not have the capacity to focus on the implementation of the HWF. Therefore support from the HWF will be critical for these organisations.

It was also highlighted that some workplaces and occupations may be more difficult to reach such as retail, transport etc. In this regard, engagement with professional sectoral representative organisations were cited as critical.

Culture changes: effecting culture was cited as key challenge to the implementation of the HWF. In this regard, the importance of including toolkits were cited such as those recommended in the WHO's European Framework for Psychosocial Risk Management. It was also suggested that participating workplaces should be supported to develop policies related to health and wellness such as bullying in the workplace, breast feeding and remote working.

Sustainability: stakeholders raised concerns in regards to the impact on progress should key personnel or a 'champion' of the framework leave their role and/or their company. It was recommend that all workplaces have at least two persons involved in the roll out of the HWF.

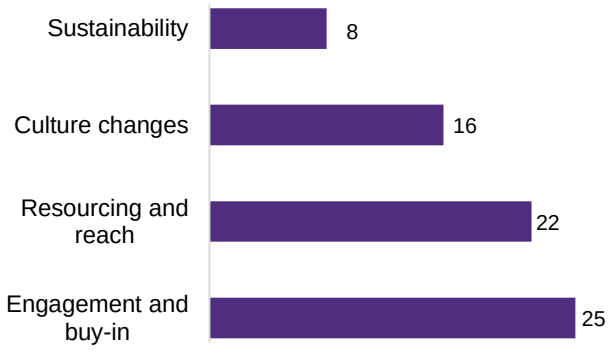


Figure 4: Challenges for Implementation (n=71)

Opportunities to Leverage Successful Implementation

Stakeholders were asked to suggest any opportunities that may be advantageous to leverage for the successful implementation of the framework. Their key responses are summarised below:

Recruitment and retention: recruitment and retention was cited as an opportunity to leverage in terms of how health and wellness initiatives can assist with recruitment and retention for employers. Employers can also be made aware of the significant benefits that have been cited in terms of increased productivity and morale within workplaces which incorporate health and wellness in their culture.

Sign posting established initiatives: stakeholders highlighted the importance of "not reinventing the wheel" through the implementation of the HWF.

Implementation should include signposting to already established initiatives such as the 'Bike to Work' scheme and tax reliefs for companies to install showers, bikes and other exercise equipment in the workplace. Furthermore, there should be no duplication of effort, this would include collaborating with organisations such as the Construction Worker's Health Trust to assist them where needed as opposed to duplicating any existing service.

Remote working and focus on work life balance: as organisations reflect after the past two years of Covid-19, there may be an opportunity to build on an increased focus on work life balance and mental health.

Furthermore, remote working hubs provide an opportunity for implementation of the HWF to a diverse group of workers in one location e.g. Ludgate Hub, West Cork, with rollot access to a number of SMEs which are located in one building.

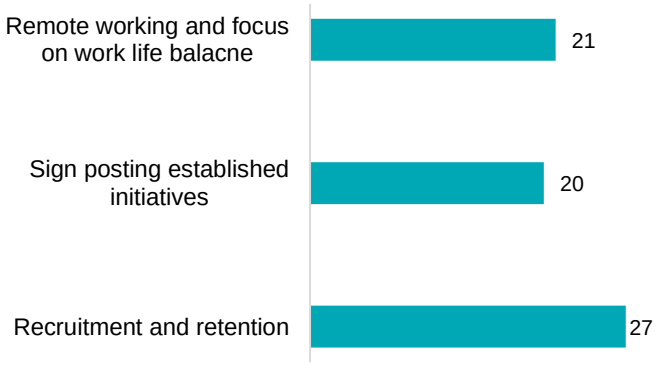


Figure 5: Opportunities to Leverage for Implementation (n=68)

Stakeholder Consultation Findings

Measures of Success

At a national level, it was suggested that Key Performance Indicators (KPIs) will need to be collated and grouped to determine how many workplaces adopted the HWF and how successfully they implemented initiatives.

The most common suggestions to measure success are listed below:

- Number of companies signed up to the framework;
- Case studies (could also be used as promotional tool);
- Number of workplace policies developed;
- Number of key stakeholders participating;
- Qualitative data (interviews, feedback, testimonials);
- KPIs (absenteeism, retention, recruitment);
- Auditing of workplaces where the framework has been implemented;
- Number of accredited workplaces (if applicable);
- Impact on national statistics;
- PR/positive media coverage;
- Formal acknowledgement (awards etc.);
- Website metrics; and
- Health checks (before and after framework implementation).

SME Engagement

During our consultation process, stakeholders were asked to provide suggestions and feedback on how they would drive and encourage SME participation as part of the HWF. It was suggested that a distinct piece of work first needs to be completed in order to understand the needs of SMEs and their employees such as a survey or general communication with representative bodies regarding concerns and opportunities.

Stakeholder feedback conveyed that although challenging to reach in some cases, SMEs have the potential to be change makers and innovators in their respective sectors. Solutions suggested in this regard have included ensuring that the roll out includes a 'menu of options' to ensure that the needs of SMEs are met.

Leveraging organisations such as LEOs, Chambers of Commerce and others as conduits to get SMEs involved was also suggested during the consultation process.

Key suggestions provided by stakeholders in relation to SME participation are summarised in the following points:

User friendly engagement: the importance of highlighting the benefits of staff retention and productivity to SMEs in the context of engaging with the HWF. Participants expressed that there has to be a 'push' and 'pull' piece to the HWF and that when dealing with SMEs, implementation needs to be straight forward and easy to engage with. This could be through establishing simple tools and guidance for small teams to achieve change collaboratively, with a focus on common issues such as stress management, nutrition, substance use and mental health. It was noted that consideration is needed in order to assess how best to package the HWF in a way that is tailored to how SMEs operate on a day-to-day basis.

Rewards system and incentives: the introduction of an awards system for the individual employee in addition to their organisation was also suggested, this award would have to be of benefit to employees directly for example it needs to have a 'win' of some description. This may be through multiple levels of incentives specifically targeted at SMEs such as resources or financial supports.

Accessibility: multiple stakeholders conveyed the importance of promoting the accessibility of the framework in how it is presented, articulated and communicated. As resourcing is often an issue for SMEs it is crucial to establish that there are easily accessible points of contact to support implementation in their business and that everyone can lead the initiative not just high level management.

International Stakeholders

A total of 3 international stakeholders were consulted as part of the options appraisal. They provided a valuable international perspective from national Healthy Workplace initiatives implemented in:

- Italy;
- Wales; and
- the Netherlands.

Model for implementation

In relation to implementation, international stakeholders echoed the same sentiment as Irish stakeholders in that the optimal model to implement the HWF is a phased approach.

An incremental phased approach was cited as being most beneficial and efficient to gain trust and buy-in.

However, in advance of implementation a critical success cited by one international stakeholder was to gain buy-in

Stakeholder Consultation Findings

International Stakeholders (cont'd)

before the rollout from 'Programme Gatekeepers' such as trade unions, third level institutes, employers groups and other relevant stakeholders.

Resourcing

International stakeholders stated that it is essential that resources are allocated to the programme so that a number of individuals have core responsibilities to co-ordinate the programme nationally and engage with enterprises locally. This approach to resourcing would support an effective launch and rollout so that organisations can engage quickly with the HWF.

Rollout

In terms of rollout, it was recommended to start with medium-large enterprises of at least 20-25 companies over a lead in time of one year, then collate results and add other companies at the end of the first year depending on resources and buy-in.

It was also suggested that a national conference at the end of the first year showing results and key successes involving the companies in question, would be a useful tool in building public recognition and awareness.

In Italy 'Healthy Workplace Educators' rolled out the programme to SMEs through meeting with individual SME owners and reviewing employee health and wellness feedback. Subsequent to this, each employee would have had a meeting with the 'Healthy Workplace Educator' to gain an understanding of the programme and discuss any issues they wish to address, each employee would then set 1 to 2 objectives a year e.g. stop smoking. After one year the assigned 'Healthy Workplace Educator' would return to the workplace and report on progress, challenges and targets. Although time consuming from a report writing perspective, this approach proved to be effective in sustaining SME participation.

Awareness

Similar to feedback received from stakeholders based in Ireland, the significance of creating and continuously developing awareness in relation to the HWF and how it can add value to the health and wellness of employees in an organisation is crucial for successful implementation. International stakeholders emphasised the need to bring awareness of the positive results of integrating healthy workplace policies into the governance and day to day culture of an organisation.

Toolkits

The impact of toolkits and tailored supports to an organisation was also presented as a factor that contributed greatly to the success of programmes implemented in the past. Stakeholders stressed the usefulness of training and online resources such as toolkits in maintaining engagement.

International Benchmarking

International Benchmarking

Executive Summary

The following research was conducted to inform the options appraisal for the implementation of the HWF.

The section will provide an overview of healthy workplace initiatives in place in the following countries:

- Wales;
- Northern Ireland;
- Scotland;
- New Zealand;
- Canada;
- Australia; and
- USA.

Findings from this analysis demonstrate that the aforementioned countries have developed a number of strong programmes which are appropriately resourced and which have been designed and are being delivered in order to promote healthy working policies across workplaces in their respective jurisdictions.

The **Governance and Stakeholders** of the programmes are by and large delivered by Public Health organisations or with strong linkages with the groups working in Public Health, Health and Safety, and in Occupational Health. A key finding from the benchmarking is the broad stakeholder bases, working not only with trade unions, representative groups, higher education institutions and public sector organisations, but also working with international partners such as the World Health Organisation (WHO) and the International Labour Organisation (ILO).

Under the **Subscription / Uptake** of the programmes, quantifiable data is difficult to gather as many of the toolkits and resources which each programme offers are made freely available on websites, thus reducing the ability to track the uptake or subscriptions. However, for the programmes that have uptake data available, the reach of the programmes have been impressive, with one jurisdiction (Wales) seeing 1,200 employers representing 700,000 employees engaging with the Healthy Working Wales programme. For a country like Ireland, which shares demographic similarities with Wales and engages in very similar economic activities, this is a good gauge for the potential uptake of a similar framework in Ireland.

The **Delivery Team** of the programmes viewed demonstrate a strong commitment from their respective governments, with the majority of programmes having a minimum of 10 members as part of their delivery teams.

In terms of the **Total Spend** of the initiatives, the majority of countries have shown strong commitment to funding Healthy Workplace initiatives. For example, Scotland's spend amounts to £4 million, of which £2.5 million is for delivery agents and £1 million is for the central coordination and development of the programme, while Healthy Working Wales has an annual allocation of £831,000. With health and wellness becoming increasingly important in the context of a pandemic and post-pandemic environment, the lack of commitment in terms of funding for a similar healthy workplaces initiative ultimately will prevent the programme from delivering the potential benefits to the Irish population and the many different workplaces they work in.

International Benchmarking

Country	**Wales**[8]
Description	The Healthy Working Wales (HWW) programme offers a range of supports to employers including health advice, training events and workshops. HWW offers three core programme components, Workplace Services which is tailored to the needs of a workplace, including access to information and self-help, advice and signposting. Consultancy support is also available to help employers and their staff to identify any relevant health issues. The Learning and Development Programme provides access to free or discounted training packages, this is delivered through its centre or in partnership with NHS Boards and other training providers. Lastly, HWW operates a free award scheme for employers - The Healthy Working Lives Award Programme[9] • the Corporate Health Standard (CHS) is available to organisations with more than 50 employees • the Small Workplace Health Award (SWHA) is available to organisations with less than 50 employees[10] It was noted that awards are subject to a 'Status Check' process with employers requiring revalidation as a way of extending their award for a 12 month period.
Stakeholders / Governance	HWW is delivered by Public Health Wales on behalf of the Welsh Government. Stakeholders include: Department of Business, Trade Unions, Employers Representative Groups, Civic Society / NGO , Third Level Universities, and the NHS
Subscription / Uptake	1,200 employers representing almost 700,000 employees are actively participating. As at March 2017, there were an estimated 365,600 private sector enterprises operating in Wales. Almost all of these enterprises (98.3%) were small (0–49 employees); 3,855 (1.1%) were medium-sized (50–249 employees); and 2,365 (0.6%) were large (250 or more employees). As at March 2017, there were 363,235 small and medium-sized enterprises (SMEs) operating in Wales, providing an estimated 1.2 million jobs. SMEs accounted for 99.4% of all private sector enterprises, accounting for 55.0% of private sector employment and 40.1% of private sector turnover
Delivery Team / Delivery Mechanism	The delivery team consists of 13 team members. New HWW Delivery Model 2022: In light of the COVID-19 pandemic and the rapid shift to virtual working/modes of delivery, HWW have developed a new model of delivery to meet the demands/needs of employers in the changing work of work. The new delivery model launching in 2022 will include a virtual offer that will aid reach to more businesses and online needs assessment tools. HWW send out a monthly E-bulletin for subscribers providing workplace health and wellbeing news, links to upcoming campaigns and events plus updates on future plans for the programme
Total Spend	£831,000 allocation to Healthy Working Wales. Other allocations for PHW and partners unclear
Population Size Relative to Ireland	0.65

International Benchmarking

Country	**Northern Ireland**[11]
Description	**1) Health@Work NI - a social enterprise and the longest established workplace health service in Northern Ireland.** The service offers a one stop shop for employers, with products and services which include: • 1 to 1 health clinics (blood pressure, life advice etc.) • Workplace Health Champions Training. • Managing Mental Health in the Workplace (for managers). • Healthy Lifestyle Information Sessions.[12] **2) Workplace Health Leadership Group Northern Ireland (WHLGIN)** The WHLGIN was formed in 2016 to ensure that effective occupational health management is given the priority in Northern Ireland workplaces. The group runs a number of initiatives and campaigns including: • Let's Talk Health (a joint BuildHealth and IOSH initiative) [13] • Occupational Health Risk Navigator (a mapping tool to aid understanding of health risks within the workplace) • Psychological First Aid Training (eLearning Programme) • Breathe Freely in Manufacturing (controlling exposures to prevent occupational lung disease in manufacturing) • Mates in Mind campaign (initiative promoting mental well-being in the UK construction industry)
Stakeholders / Governance	Governing groups include: Public Health Agency, Western Health and Social Care Trust, Health and Safety Executive foe Northern Ireland, NI Safety Group The lead partners on the steering committee are: • British Occupational Hygiene Society (BOHS), • BuildHealth • Health and safety Executive for Northern Ireland (HSENI), • Local Councils, • Institution of Occupational Safety and Health NI Branch (IOSH), • Northern Ireland Safety Group (NISG), • Public Health Agency
Subscription / Uptake	Data Unavailable
Delivery Team / Delivery Mechanism	The delivery team consists of a core team of 10 members who work across various service and projects This group will play a pivotal role in implementing, coordinating and supporting initiatives to meet the objectives set out within its 5 Year Strategic Plan for August 2017 - August 2022 as well as act as a catalyst for new initiatives. Core aim: *"to ensure that Workplace Health receives the same recognition in the working environment as Occupational Safety"*
Total Spend	£175,000 allocation to local delivery agents Also 3 x part-time regional roles health improvement staff – budget unknown
Population Size Relative to Ireland	0.39

International Benchmarking

Country	**Canada**
Description	**Healthy Minds @Work** Microsite (established 2015)[14] is a Government supported national resource for the advancement of workplace health and safety. The site fulfills Canada's mandate to promote workplace health and safety, and encourage a culture that leads to improved worker physical and mental health. Its core mode of delivery is through a wide range of products and services offered in both English and French. They are designed in cooperation with national and international occupational health and safety organizations with a focus on preventing illnesses, injuries and fatalities. The initiative provides a range of free projects and resources such as a person-to-person Inquiry Service, newsletters, and podcasts. Services for specialty resources such as data and training are also accessible on a cost recovery basis.
Stakeholders / Governance	Supported by the Government of Canada. International Partners: the WHO and International Labour Organisation (ILO) The Canadian Centre for Occupational Health and Safety (CCOHS) is governed by a tripartite council representing governments (federal, provincial and territorial), employers, and labour, which assists in delivering a trustworthy and complete occupational health and safety service, and ensures that the information CCOHS disseminates is unbiased. • Air Canada, Canadian Pacific (CP) Railway, Public Service Alliance of Canada (PSAC), WorkSafeNB, Saskatchewan Workers' Compensation Board, WorkSafeBC, Workers Compensation Board of Prince Edward Island, Yukon Workers' Compensation Health and Safety Board, Workplace Safety and Insurance Board (WSIB)
Subscription / Uptake	Data unavailable
Delivery Team / Delivery Mechanism	The following 9 programmes are available with the aim to develop and sustain healthy working environments in addition to conducting investigations to stay compliant and safe. • Accident Investigation • Emergency Response • Ergonomics • Hazard ID, Risk Assessment • Health and Safety Committees • Lockout/Tag Out • Violence Prevention • Workplace inspections • Health and Wellness The site also specifically addresses the high level of injuries and illnesses incurred by new and young Canadian workers through its *'Young Workers Zone'* on their website.
Total Spend	Data unavailable
Population Size Relative to Ireland	7.6

International Benchmarking

Country	**Scotland**
Description	The Healthy Working Lives scheme began in 2008 as part of Public Health Scotland.[15] The scheme offers a range of supports, resources and specialist advice on workplace health, safety and well-being. *Due to the public health response needed for the pandemic, a number of services provided are currently paused and will be reviewed at the end of March 2022.
Stakeholders / Governance	NHS/ Public Health Scotland
Subscription / Uptake	Data Unavailable
Delivery Team / Delivery Mechanism	Across 14 regional health boards • Award programme [16] • Workplace guidance (health and safety, risks, absence etc.) • Resources [29] such as self assessments, survey tools and • Training (currently paused)
Total Spend	£4million of which 2.5million = delivery agents £1 million = central co-ordination and development
Population Size Relative to Ireland	0.82

Country	**New Zealand**
Description	Toi Te Ora Public Health Service-WorkWell programme (established 2010) [17] The initiative offers support and mentoring from an assigned WorkWell advisor, easy to use resources, workshops, networking opportunities and recognition through accreditation.
Stakeholders / Governance	Health Promotion Agency, Auckland Regional Public Health Service
Subscription / Uptake	32 members listed across a variety of sectors
Delivery Team / Delivery Mechanism	20 trained advisors across 8 health board regions. (These advisors have other roles outside workplace wellbeing also) [18] **Three levels of WorkWell Accreditation** Establishing a sustainable and effective workplace wellbeing programme takes time. For this reason, WorkWell accreditation has been broken up into manageable steps. • Bronze – Build the foundation • Silver – Maintain and strengthen • Gold - Embed and sustain
Total Spend	Data unavailable
Population Size Relative to Ireland	Equal

International Benchmarking

Country	**Australia**
Description	1) Healthy Workers initiative - (established in 2008, ended in 2015)[19] 2) Healthy Workplaces (established 2020) - Collaborative Partnership for Workplace Health and Wellbeing in South Australia
Stakeholders / Governance	University of Sydney, Australian National Preventive Health Agency Business SA, Chambers of Commerce and Industry South Australia, Department of Innovation and Skills, Office of the Commissioner for Public Sector Employment, ReturntoWorkSA, SA Unions, Safework SA, SISA, University of South Australia, Well-being SA.
Subscription / Uptake	Data unavailable
Delivery Team / Delivery Mechanism	The South Australian Workplace Health and Wellbeing Charter has been co-designed by representatives from government and non-government organisations with expertise in health promotion, work health and safety, workers compensation, research and the needs of business and industry both large and small. [36]
Total Spend	AU$222 million over the course of 7 years (219 regional delivery and 5 central)
Population Size Relative to Ireland	5

Country	**USA**
Description	Workplace Health Promotion site – Centers for Disease Control and Prevention (CDC) [20] The CDC Workplace Health Resource Center (WHRC) promotes workplace health promotion that gives employers resources to create a healthy work environment. It has tools and step-by-step resources employers can use to tailor a health promotion program to the needs of their workplace.
Stakeholders / Governance	Centre of Disease Control and Prevention (CDC)
Subscription / Uptake	Data unavailable
Delivery Team / Delivery Mechanism	The site promotes a number of resources including strategy guidance for the implementation of wellbeing initiatives, case studies, best practices and employee engagement tactics.
Total Spend	Annual budget of about US$1.1 billion dedicated to preventing chronic diseases and promoting Health. Between 2011 and 2015, the CDC was given US$30 million for workplace wellness, which comprised US$10 million in 2011, 2014 and 2015
Population Size Relative to Ireland	66

Option Costing

Option Costing

Introduction*

The following section will provide an overview of costings for the implementation for of each of the three options to implement the HWF.

Each option has been costed across the following core areas:

Operations

Operational costing relates to the national implementation and coordination of the HWF. Costs relevant to this strand primarily relate to the project management of the annual implementation of the HWF. This includes the development of a detailed action plan, adherence and reporting on an annual implementation plan. This will also include liaising with businesses to promote the HWF and ensuring that all other strands listed below are operating effectively.

The costs related to Healthy Workplace Educators refer to individuals who would be employed to rollout the programme on a local level. This would include engaging with business teams for rollout and providing subject matter expertise.

The data analyst role relates to the capture and reporting of data relevant to the implementation of the HWF. This includes impact levels at a business level and national level impact.

Communications and evaluation

Communication and awareness costings relate to the promotional aspect of implementing HWF.

This is an important strand of implementation and includes full time communication resources and the deployment and the maintenance of a website as a central information hub. Developing promotional materials, communications and toolkits will also be an essential area of work for this strand.

In terms of expenditure on programme evaluation, this would involve contracting an external provider to conduct a thorough review of implementation to ensure that objectives are being met and that value for money is being provided for public expenditure.

Business reach

This is an estimation of businesses that would be supported to participate in the HWF under each option, in line with allocated resources.

* It should be noted that this is an estimated high level costing exercise and does not constitute a comprehensive analysis of resourcing needs.

Option Costing

Option 1– Pilot

Total annual	FTEs	Total
Total annual	***4***	***€309,859***

Operations

Role	Full Time Equivalents (FTEs)	Allocation	
Project co-ordinator	1	-	
Project support	1	-	
Healthy workplace educators	2	-	
Sub total annual	*4*	-	*€254,859*

Communications and evaluation

Role / Description	FTE	Allocation	
Portal maintenance (annual)	-	€10,000	
Promotional material toolkits	-	€20,000	
Programme evaluation		€25,000	
Sub total annual	-	*€55,000*	*€55,000*

Business reach

		Year 1
Business members	(large companies, over 200 employees)	30

Option Costing

Option 2 – Phased

Total annual	FTEs	Total
Total annual	***7***	***€513,650***

Operations

Role	FTEs	Allocation	
Project co-ordinator	1	-	
Project support	1	-	
Healthy workplace educators	4	-	
Sub total annual	*6*		*€374,794*

Communications and evaluation

Role / Description	FTEs	Allocation	
Communications	1	-	
Portal maintenance (annual)	-	€10,000	
Annual events / best practice awards	-	€25,000	
Promotional material toolkits	-	€20,000	
Programme evaluation		€25,000	
Sub total annual	*1*		*€138,856*

Business reach

	Year 1	Year 2
Business members (initially beginning with large companies, over 200 employees and then broadening reach to SMEs in ensuing years)	60	130

Option Costing

Option 3 – Full implementation

Total annual	FTEs	Total
Total annual	***17***	***€1,102,770***

Operations

Role	FTEs	Allocation	
Project co-ordinator	1	-	
Project support	2	-	
Healthy workplace educators	12	-	
Data analyst	1	-	
Sub total annual	*16*		*€963,914*

Communications and evaluation

Role / Description	FTEs	Allocation	
Communications	1	-	
Portal maintenance (annual)	-	€10,000	
Annual events / best practice awards	-	€25,000	
Promotional material toolkits	-	€20,000	
Evaluation	-	€25,000	
Sub total annual	*1*		*€138,856*

Business reach

	Year 1	Year 2	Year 3
Business members (reaching MNC and SME)	200	500	1,500

Model for implementation

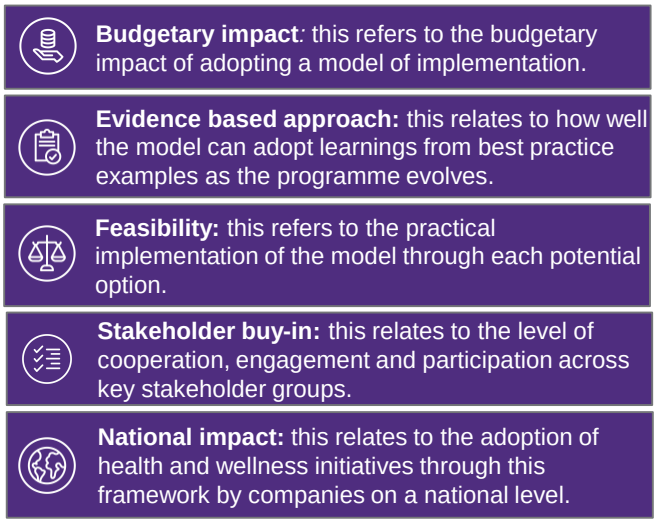
Model for implementation

Introduction

This chapter will also make a recommendation for the optimal model of implementation to be adopted for the HWF The three potential options for appraisal are as follows:

- Pilot;
- Phased; and
- Full Implementation.

There evaluation criteria by which to assess the appropriateness of each model is outlined below:



There is justification for the adoption of each model, which we will outline. However, we also make a recommendation for the optimal model to be adopted.

Pilot

A pilot approach is implemented and refined in a small group of organisations until the programme reaches a high maturity level. This would involve a small-scale, short-term, experimental roll out for a set time period.

Justification

This approach would provide a proof of concept for the implementation of the programme and assist with learnings as to how full scale national implementation would work in practice.

Discussion

An overview of the impact associated with a pilot model can be seen below:

Criteria	Impact
Budgetary impact	High
Evidence based approach	High
Feasibility	High
Stakeholder buy-in	Low
National impact	Low

Budgetary impact

In terms of budget, the impact of a pilot approach is high as it is cost effective to implement due to low resourcing requirements (see page 31).

Evidence based approach

A strong advantage of this approach is that a pilot can be used as a case study to gather key learnings and attract organisations with a proof of concept.

Feasibility

As a pilot approach is implemented on a smaller scale, the feasibility is high as it is easier to manage, assign resources and train staff who could ultimately become trainers for implementing the HWF.

Stakeholder buy-in

The impact of stakeholder buy-in is considered low, concerns were highlighted that a pilot approach may pose a challenge in terms of buy-in as pilot programmes are often perceived to lack credibility.

National impact

The national impact of a pilot approach is also considered to be low as there are risks of a loss of momentum. A pilot may also be seen as the ultimate goal and may not progress past that phase.

Model for implementation

Phased

This approach sees the framework implemented in a set number of organisations for an agreed period of time. Once the phase elapses, the next phase begins in larger sized groups taking learnings from the previous phase to improve the maturity level of the programme.

Justification

A phased approach would allow for learning from any failures in a controlled environment while also allowing the programme to generate successes. The most common feedback received from stakeholders to justify the adoption of this approach was that a phased programme could be used as a promotional tool to grow the programme over time.

Discussion

An overview of the impact associated with a phased model can be seen below:

Criteria	Impact
Budgetary impact	Medium to High
Evidence based approach	High
Feasibility	High
Stakeholder buy-in	High
National impact	Medium to High

Budgetary impact

In terms of budget the impact of a phased approach is medium to high, it is cost effective to implement as costs can be spread out and are easier to forecast with each phase (see page 32).

Evidence based approach

The impact of a phased approach in this context is high, this approach allows for the rollout to be evidence-based with key learnings gathered at each phase. Learnings from each phase can be utilised in each consecutive phase and it is easier to identify errors or barriers to successful implementation.

Feasibility

The feasibility of a phased approach is high. A phased model has a relatively short rollout timeline, staff can be trained gradually and there is a greater level of control with set deadlines at each phase.

Stakeholder buy-in

The impact of stakeholder buy-in is considered high for a phased approach as it allows for planning to target companies that will engage with the programme. A phased approach supports engagement and communications to send the message that this is a long term framework.

National impact

The national impact of a pilot approach is considered to be medium to high due to being able to plan, gradually increasing the number of companies involved, where they are located and what issues they would be focusing on in their workplace.

Full Implementation

Example of model

This approach refers to a full implementation programme that is open to all organisations from the outset.

Justification

In practice, a full implementation programme is the most time efficient option and would be open to all organisations. The progression of the maturity of the programme would be reviewed en-masse to all bought-in organisations when improvements can be identified and implemented. It may have a more significant impact in terms of implementation but the likelihood of failure is much greater.

Discussion

An overview of the impact associated with a phased model can be seen below:

Criteria	Impact
Budgetary impact	Low
Evidence based approach	Low
Feasibility	Low
Stakeholder buy-in	High
National impact	High

Model for implementation

Budgetary impact

In terms of budget, the impact of a full implementation is low. Upfront costs are high in this context (see page 33).

Evidence based approach

The impact of a full implementation approach in this context is also low, this approach does not support evidence based improvement as the lessons learned would be little and they would not be easily recorded in terms of identifying errors or barriers.

Feasibility

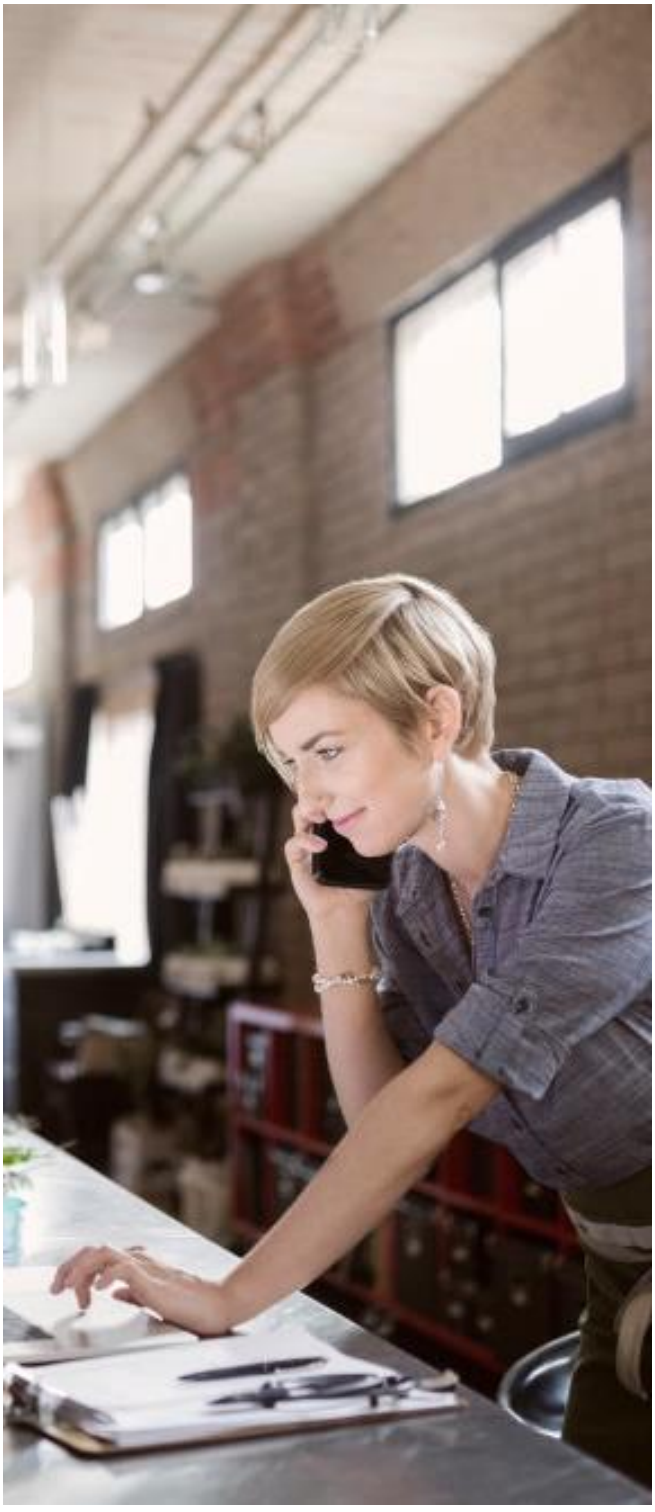
The feasibility of a full implementation is low. This approach requires full team resourcing and it presents the challenge of building and sustaining a team with the adequate skills and toolkits who can go out and immediately implement the programme on a national level.

Stakeholder buy-in

The impact of stakeholder buy-in is considered high for a full implementation as it presents the HWF as a long term initiative. Thus, groups of key stakeholders are more likely to engage with the programme with the view to gaining future benefits.

National impact

The national impact of this approach is considered to be high and it is likely quicker to achieve critical mass than the other options presented. By implementing this approach, a higher number of companies would be involved in addressing health and wellness issues in the workplace.



Recommendation

Recommendation

The optimal model recommended for the implementation of the HWF is a **phased approach**.

As can clearly be seen below, the positive criteria associated with the phased model outweigh the positive criteria of the other potential models for implementation:

	IMPACT		
Criteria	Pilot	Phased	Full Implementation
Budgetary impact	High	Medium to High	Low
Evidence based approach	High	High	Low
Feasibility	High	High	Low
Stakeholder buy-in	Low	High	High
National impact	Low	Medium to High	High

A phased approach would cover all of the criteria listed and would enable an appropriate approach to implementation that would provide the best chances of success. A phased approach would allow continuous education in relation to the framework and provide learnings from any failures in a controlled environment. Simultaneously, this approach would also allow the programme to generate successes that could then be used as a promotional tool to grow the programme over time. A phased approach in this context would act as a proof of concept and support an evidence based approach that was suggested by a number of stakeholders as a critical way to gain traction and trust.

This approach provides the highest level of control compared to the alternative options and it is easier to identify errors or barriers in the implementation process. Staff can be trained gradually ensuring that appropriate resourcing and training is allocated to coordinate implementation and successfully engage with companies. In addition, costs and benefits of the programme are easier to forecast by implementing this approach. Overall it is recommended that a phased approach is the most appropriate option to support the critical success factors needed to implement the HWF.

Appendices

Appendix 1

References	
1	gov.ie - Healthy Workplace Framework (www.gov.ie)
2	Health Promotion (Workplace Wellness)—PgCert - NUI Galway
3	gov.ie - Healthy Ireland (www.gov.ie)
4	https://apps.who.int/iris/rest/bitstreams/517787/retrieve
5	https://disruption.global.ntt/ntt-health-and-wellbeing-initiative/
6	What Covid-19 Has Done to Our Well-Being, in 12 Charts (hbr.org)
7	https://hbr.org/2019/12/burnout-is-about-your-workplace-not-your-people
8	Healthy Working Wales - Public Health Wales (nhs.wales)
9	Award - Healthy Working Lives
10	Corporate Health Standard Criteria Pack - English Language.pdf (wales.nhs.uk)
11	Health@Work NI | Developing Healthy Communities NI (dhcni.com)
12	Staff | Developing Healthy Communities NI (dhcni.com)
13	Workplace Health Leadership Group NI (whlgni.org.uk)
14	CCOHS: Healthy Minds @Work-
15	Home - Healthy Working Lives
16	Award - Healthy Working Lives
17	Home | WorkWell
18	The Team | WorkWell
19	Collaborative Partnership for Workplace Health and Wellbeing in South Australia | Healthy Workplaces
20	home | Workplace Health Promotion | CDC

Appendix 2

Stakeholders Consulted

Stakeholder Cohort	Organisaton
Industry	Chambers Ireland
Industry	Irish Business and Employers Confederation (IBEC)
Industry	SFA (Small Firms Association, IBEC)
Industry	Irish Small and Medium Enterprises Association (ISME)
Industry	Cognate Health
Industry	Chartered Institute of Personnel Development (CIPD)
Industry	Irish Congress of Trade Unions
Government/ Public	Institute of Public Health in Ireland
Government / Public	Health and Safety Authority (HAS)
Government / Public	National Irish Safety Organisation
Government / Public	Irish Heart Foundation
Government / Public	Department of Enterprise, Trade and Employment
Government / Public	Department of Health
Government / Public	Health Service Executive
Government / Public	GAA Health Clubs
Academic	NUI Galway
International comparator	The Workplace Health Promotion (WHP) programme, Italy
International comparator	Subject Matter Expert, The Netherlands.
International comparator	The Healthy Working Wales (HWW) Programme, Wales

Appendix 3

Acronyms	
HWF	Healthy Workplace Framework
DoH	Department of Health
DETE	Department of Enterprise, Trade and Employment
WHO	World Health Organisation
ILO	International Labour Organisation
CSFs	Critical Success Factors
FTEs	Full Time Equivalents
KPIs	Key Performance Indicators
HCP	Healthy Club Project
SWHA	Small Workplace Health Award
WHLGNI	Workplace Health Leadership Group Northern Ireland
BOHS	British Occupational Hygiene Society
HSENI	Health and safety Executive for Northern Ireland
IOSH	Institution of Occupational Safety and Health
NISG	Northern Ireland Safety Group
CP	Canada Pacific
PSAC	Public Service Alliance of Canada
WSIB	Workplace Safety and Insurance Board
WHRC	Workplace Health Resource Center