HercuWise

WHITE PAPER

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Bridging the Gap: How Prevention-Focused Workplace Health Strategies Can Support UK National Health Priorities

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Executive Summary

£141bn	£51bn	£4.70 ROI
Estimated cost of employee sickness per year *(RSPH & ONS, 2026)*	Annual cost of poor mental health to UK employers *(Deloitte, 2024)*	Average return on every £1 invested in workplace health *(Deloitte, 2024)*

Improving population health and boosting productivity are among the UK government's most urgent and interconnected priorities. With the NHS under increasing strain from an ageing workforce, rising mental health challenges, and growing rates of chronic disease, prevention has become central to national health policy. The workplace represents one of the most important, yet underutilised, settings for early intervention, health promotion, and long-term disease prevention.

Evidence shows that effective workplace health initiatives can reduce sickness absence, improve employee engagement, support retention, and enhance productivity. Yet despite these recognised benefits, and employers' legal duty to safeguard employee health and wellbeing, provision across the UK remains inconsistent. Too often, workplace wellbeing is addressed through short-term, reactive, or fragmented initiatives that fail to create sustainable organisational change or reach all workers equitably.

This gap is particularly evident among small and medium-sized enterprises (SMEs), which account for 99% of UK businesses but often lack the resources, infrastructure, Occupational Health or Human Resource capacity to implement structured workplace health strategies. Research indicates that SMEs face significant barriers to accessing occupational health and wellbeing support, leaving millions of employees underserved and limiting opportunities for prevention and early support.

To explore these challenges and opportunities, this white paper draws on wider research and two applied studies: 1) market research involving 60 participants across diverse sectors, and 2) a pilot with SMEs exploring the implementation of workplace wellbeing digital learning. Together, these findings highlight strong demand for accessible, evidence-based workplace health support and reinforce the importance of scalable preventive approaches within real-world organisational settings.

Current workplace wellbeing provision often remains narrowly focused on mental health in isolation, overlooking the broader determinants of workforce wellbeing including physical health, sleep, social connection, lifestyle behaviours, and organisational culture. However, evidence consistently demonstrates that outcomes are strongest when organisations adopt a whole-system, prevention-focused approach addressing multiple dimensions of health simultaneously. Despite growing awareness and employer investment, relatively few organisations have fully embedded preventive workplace health into wider organisational strategy, with smaller employers remaining least equipped to deliver comprehensive support.

A prevention-first, multi-dimensional approach is essential to move beyond reactive models of care and create healthier, more resilient, and more productive workforces. Accessible workplace health interventions can support early intervention, strengthen employee self-management, and reduce long-term pressures on employers, healthcare systems, and the wider economy. This white paper outlines the case for evidence-based preventive workplace health strategies and demonstrates how scalable approaches can support both organisational performance and the UK's wider health and productivity ambitions.

About HercuWise Ltd

HercuWise Ltd is a prevention-focused workplace health consultancy, helping organisations build healthier, more sustainable and productive workplaces through evidence-based advisory, audit, research services and digital learning. Led by a team with backgrounds in clinical practice, research and higher education, HercuWise combines clinical expertise and practical workplace insight to deliver accessible, flexible and scalable wellbeing support for organisations of all sizes. Their prevention-focused approach addresses physical, mental and social health in the workplace, aiming to reduce sickness absence, support employee wellbeing and drive long-term organisational performance.

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Foreword

Nick Pahl

Nick is CEO of the Society of Occupational Medicine (SOM), the largest and oldest nationally recognised professional organisation for occupational health. SOM advances knowledge through its Journal of Occupational Medicine. It advocates to policy makers of the value of occupational health via its Patrons: Lord Blunkett, Dame Carol Black, Lord Popat and Sir Norman Lamb. Nick has held senior posts in the NHS, Hospice UK and MSI. He has completed a Windsor Leadership Trust and ACEVO next generation CEO training, a diploma in management, a degree in Economics and an MSc in Public Health from the London School of Hygiene and Tropical Medicine. He is an honorary adviser for Global Health Partners and was Trustee of the Chartered Institute of Environmental Health. He is currently Trustee of the British Geriatric Society and Chair of ROSPA's National Occupational Health and Safety Committee. Nick received honorary membership of the Faculty of Public Health (FPH) and the FPH President's Medal in 2025. He currently judges for CIPD and MemCom workplace health awards. He also acts as Honorary Secretary of the International Occupational Medicine Society Collaborative.

"The health of a nation and its workforce are inseparable. Good work improves our health.
But the UK faces rising healthcare demands, a reduced number of healthy years lived, and challenges in maintaining economic productivity. Within this context, it has never been more important to shift from treating ill health to preventing it.

This white paper makes a timely and compelling case for prevention. It highlights the relationship between workplace health and wider health priorities. It demonstrates the important role employers can play in improving wider population health. It challenges us to think differently about the workplace, not simply a setting where health issues emerge, but as a platform for prevention, education, and positive behaviour change.

Workplace health often centres on managing sickness absence, supporting return to work, and responding to health challenges after they arise. Whilst important, this is only part of the solution. To truly create healthier workforces, organisations must embrace a proactive approach that promotes wellbeing, reduces preventable ill health, and creates environments in which people can thrive throughout their working lives.

While poor health can be a significant barrier to participation in work, when employers invest in preventative strategies, benefits extend beyond individuals. Organisations experience improved engagement, reduced absence, enhanced productivity, and retention. Society benefits through reduced pressure on public services and increased economic participation. Most importantly, individuals benefit through better physical, mental, and social wellbeing.

The paper also emphases accessibility and inclusion. As patterns of work continue to evolve, innovative and digitally enabled approaches to prevention are increasingly important.
The Society of Occupational Medicine has long championed the value of prevention and the contribution that work can make to improve health outcomes. Occupational health should be an integral component of prevention strategies.

I would like to congratulate Dr Suzanne Barr and colleagues for bringing together the evidence that underpins this publication. I hope this paper stimulates discussion, collaboration, and inspires action by policymakers, employers, and health professionals to strengthen prevention within workplace health strategies, as by placing prevention at the heart of workplace health, we can create healthier employees, stronger organisations, and a more productive and prosperous society."

Nick Pahl

Chief Executive
Society of Occupational Medicine

1 Introduction: The Strategic Importance of Workplace Health

1.1 Current Challenges and Gaps

The UK Government's Fit for the Future: 10-Year Health Plan for England (1) underlines that improving population health is essential not only for a sustainable NHS but also for boosting national productivity. Central to the plan is prevention, as well as reducing health inequalities. These objectives closely link to workforce resilience and long-term economic growth. Over 32 million adults are in the UK labour market, many spending nearly a third of their waking hours at work (2). This makes the workplace a critical setting for preventive health, including shaping health behaviours and addressing inequalities.

The costs of inaction are significant and rising. The Royal Society of Public Health & Office for National Statistics estimated in 2026 that the cost of employee sickness reached £141 billion in 2025, with a separate analysis from Institute for Public Policy Research putting the figure at £103bn in 2023. Productivity losses from presenteeism (employees working while unwell) represent a major component of these figures (3). Poor mental health alone costs UK employers around £51 billion annually, according to Deloitte (4). Importantly, Deloitte also found that every £1 invested in workplace mental health generates on average £4.70 in return through higher productivity, reduced absence, stronger retention, and other measurable benefits (4).

1.2 The Scale of the Challenge

These figures highlight both the scale of the challenge and the scale of the opportunity. Organisations that embed wellbeing strategically have demonstrated wide-ranging gains, including:

- Higher employee engagement and retention
- Improved productivity and innovation
- Reduced levels of sickness absence
- Enhanced employer brand and talent attraction

UK employers also have a duty of care to safeguard health, safety, and wellbeing in the workplace, which includes assessing risks to both physical and mental health and ensuring environments free from discrimination. Employees also share responsibility for managing their health, but this is only effective within supportive employers and workplace environments (5).

"Around 186 million working days were lost to sickness absence in 2022 - the highest on record."

Case Study 1: HercuWise Market Research

HercuWise Ltd is a prevention-focused workplace health consultancy offering strategic advisory and audit, research, and expert-led digital learning and training. Developed with clinicians, researchers and higher education specialists, their programmes translate evidence into practical, measurable impact for workplaces.

Insights from HercuWise Workplace Wellbeing Market Research

A market research survey conducted of 60 employees across multiple industries was conducted by HercuWise during winter 2024-2025. Respondents primarily worked in education and the public sector (45%) and healthcare (18%), with most employed in large organisations and holding mid- to senior-level roles. The survey highlighted current gaps and opportunities in workplace wellbeing support.

Current Provision

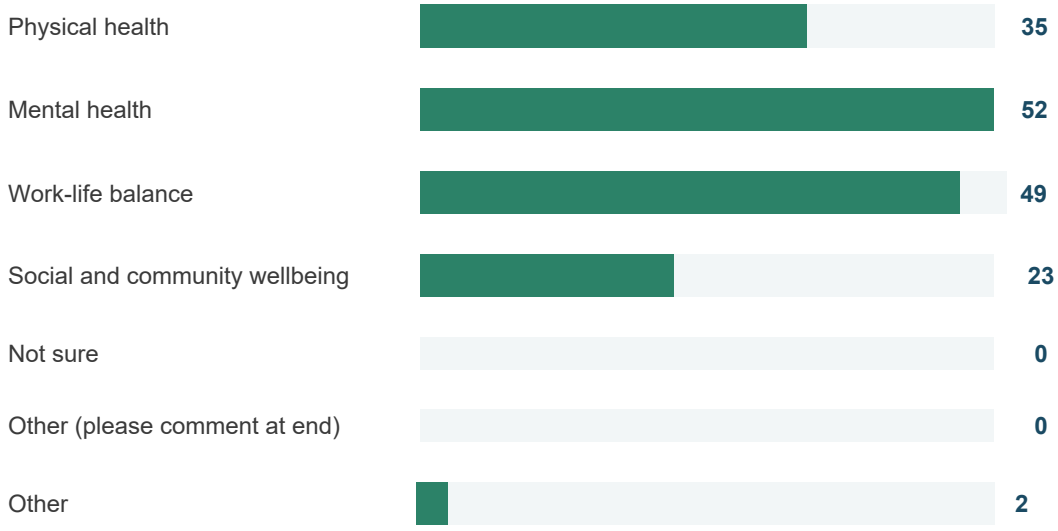
Findings showed that most participants had access to wellbeing programmes focused on work–life balance and mental health. Support for physical wellbeing (e.g. eating well or fitness initiatives) was less common. Common concerns included accessibility issues to traditional wellbeing resources. Around 40% of employees found existing resources only partly effective and only a few rated current resources as highly effective, which closely aligned with wider findings from CIPD.

> ***"Two in five employees rate current workplace wellbeing initiatives as only 'partly effective'."***

Employee Priorities

Nearly all respondents rated workplace wellbeing as essential for job satisfaction, aligning with wider research in the UK. Mental health and work–life balance solutions were the top priorities, followed by physical health (Figure 1).

Figure 1. Aspects of wellbeing most important to participants



Appetite for Digital Learning

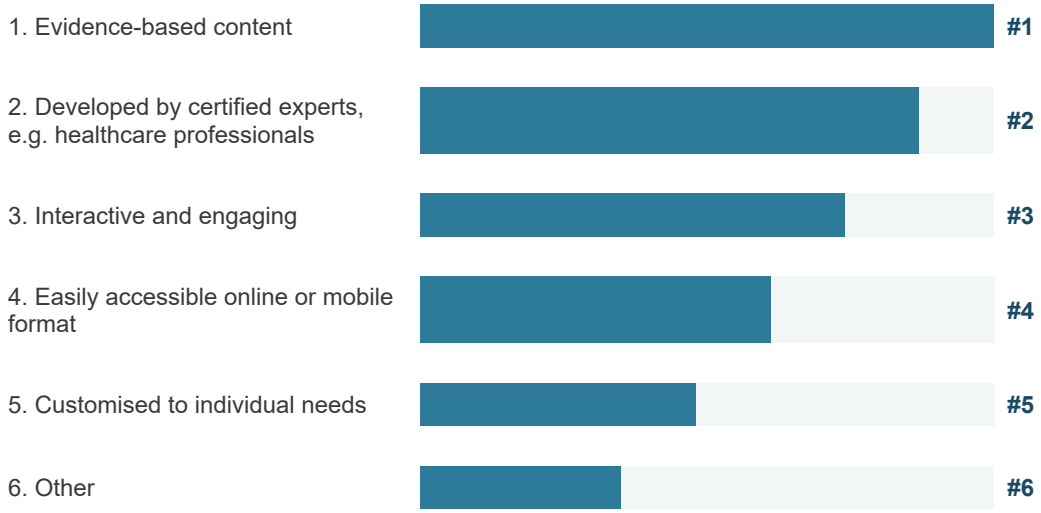
There was strong demand for digital learning solutions, with the majority of respondents (83%) interested in and open to digital solutions. The most requested topics were mental health, stress

management, workplace environment, and behaviour change.

Content

Survey respondents stated they valued expert-led, trustworthy, evidence-based content with clear, actionable steps (Figure 2). The preferred format was short, 'bite-size', flexible modules.

Figure 2. Qualities ranked most important for workplace wellbeing digital learning resources



Overall Participant Reflections

Wellbeing was seen as central to workplace morale, retention, and quality of life. Some respondents were concerned about 'tokenistic' initiatives that may add to workload pressures rather than provide genuine support, highlighting the need for effective wellbeing solutions with clear ROI.

Key Takeaways

- Wellbeing strongly influences job satisfaction and retention.
- Mental health and work–life balance are top employee priorities.
- Existing resources are common but often lack impact or evidence of effectiveness.
- Employees want concise, expert-led digital learning.
- There is an appetite for flexible, accessible digital learning solutions.
- Employers need clearer evidence of ROI to commit to investment.

"Investing in holistic employee health could unlock up to $11.7 trillion in global economic value. With more than half the workforce reporting suboptimal health, employers who prioritise wellbeing can simultaneously improve productivity, reduce costs, and build resilient, engaged teams prepared for the future of work."

2 Insights & Proposed Solution

2.1 Digital Learning in the Workplace

Over the past two decades, digital learning (often interchangeable with 'e-learning') has become a mainstream tool for education and workforce development, with adoption accelerating sharply during and after the COVID-19 pandemic. According to CIPD, larger employers in particular have led the way with digital learning in the workplace (6).

Digital learning provides structured, interactive content accessible on demand across multiple devices. Research consistently shows that digital learning is at least as effective, and often superior, to face-to-face teaching for acquiring and retaining knowledge. Industry reviews report that e-learning retention rates can range between 25–60%, compared to approximately 8–10% for traditional classroom instruction, with Sitzmann (7) also finding that online learners demonstrated higher knowledge and self-efficacy relative to classroom learners. Wider data supports interactive digital learning elements in relation to boosting engagement and knowledge retention.

"Learners engaging in interactive digital learning demonstrate higher knowledge retention rates compared with traditional face-to-face teaching."

IBM research similarly reported that employees could learn up to five times more material through e-learning formats than conventional training, due to flexible pacing and interactivity (8). A further research review in 2018 of workplace interventions highlighted that digital programmes can positively impact wellbeing outcomes such as stress reduction and job satisfaction (9).

2.2 Digital Learning for Workplace Health

Digital learning is particularly well-suited to workplace wellbeing initiatives, enabling organisations to integrate many facets of health and wellbeing education while simultaneously addressing budget, accessibility and location constraints. Compared with in-person workshops, which are often costly, time-limited, and geographically constrained, digital formats offer several advantages (Table 1).

Table 1. Advantages of Digital Learning for Workplace Wellbeing

Advantage	Impact
Accessibility & Inclusivity	Digital platforms reach hybrid, shift-based, and geographically dispersed workers. They also align with accessibility standards, supporting screen readers, closed captions, and self-paced structures. For SMEs, digital delivery reduces barriers linked to training provision.
Consistency	Quality-assured, standardised learning ensures equitable delivery across sites, job roles, and departments.
Flexibility	Short, modular content accessible via mobile or desktop supports 'just-in-time' learning without disrupting productivity.
Data & Insight	Digital platforms track engagement and learning outcomes, providing organisations with measurable evidence of impact and areas for improvement.
Scalability & Affordability	Once developed, programmes can be deployed across thousands of employees at marginal additional cost.

Digital learning enables employees to access evidence-based tools and strategies anytime, anywhere. These solutions can also easily deliver a range of actionable interventions in areas consistently prioritised by employees, including stress management, resilience, sleep, and nutrition (10). Importantly, digital solutions can also embed behaviour-change techniques, foster interaction, and generate real-time insight for HR and wellbeing teams. For SMEs, digital delivery reduces resource burdens while ensuring equitable access to high-quality, expert-led wellbeing content comparable to that of larger organisations.

"Digital learning solutions can integrate seamlessly with existing occupational health pathways."

2.3 The Importance of Comprehensive Workplace Health Solutions

Workplace wellbeing is multi-dimensional and cannot be fully addressed by focusing on a single issue such as mental health. While mental health support remains critical, evidence shows that the most effective workplace strategies integrate physical, social, and psychological wellbeing within a prevention-first framework. Comprehensive solutions also target the underlying causes of mental ill-health, whether social or physical in cause.

The World Health Organization (10) highlights that mental health at work is strongly influenced by physical and social factors, including workload, organisational culture, and lifestyle behaviours. Similarly, the Marmot Review '10 Years On' (11) emphasises the role of good work, social connection, and healthy environments in reducing health inequalities. Interventions that neglect these wider determinants risk being fragmented or 'tokenistic', limiting their long-term impact.

Wider employer surveys echo this need for a comprehensive and integrated model. The CIPD Health and Wellbeing at Work Report (12) finds that organisations with comprehensive, integrated wellbeing programmes, covering physical activity, nutrition, sleep, mental health, and social connection, are more likely to report improvements in employee morale, retention, and productivity compared to those with isolated initiatives. Evidence from large research reviews also shows that combined approaches lead to stronger and more sustained outcomes than single-focus programmes (9, 13).

By embedding prevention across multiple dimensions of wellbeing, employers can move beyond reactive measures to build truly resilient, healthy, and productive workplaces.

> ***"Wellbeing strategies that go beyond isolated or one-off initiatives are shown to be more effective in improving employee wellbeing."***

2.4 From Strategy to Scale

Investment in workplace wellbeing is increasingly recognised as a legal obligation and a strategic driver of productivity and growth. As evidence indicates, digital learning represents not only a cost-efficient but also a future-proof solution to scaling workplace health interventions. By bridging the gap, digital learning offers a practical and effective route to embedding wellbeing across organisations of all sizes and industries.

3 Embedding Workplace Wellbeing in National Policy

3.1 Current National Policy

The UK Government's 'Fit for the Future' 10-Year Health Plan for England and the more recent 'Keep Britain Working' report (1) shifts the focus from treating sickness to preventing it. The 'Fit for the Future' plan specifically commits to leveraging new technologies and digital tools to deliver equitable, high-quality care across England (1). Priorities include preventing avoidable illness, tackling mental ill-health and chronic conditions early, and embedding support that is digital, flexible, and accessible.

For employers, embedding digital learning for workplace wellbeing directly aligns with this national strategic priority. By equipping employees with practical tools for managing stress, building resilience, and maintaining health, organisations contribute to the broader preventive health agenda while also protecting their own productivity.

3.2 Health Equity

The 'Fit for the Future' plan explicitly recognises persistent inequalities in access to health and wellbeing resources, shaped by job role, employer size, geography, and income.

One of the stated ambitions of the plan is to *"make the healthy choice the easy choice"* by ensuring that support is available fairly, regardless of background or circumstance (1).

Digital learning can help close these gaps by extending support to shift, hybrid, and remote employees, including those in SMEs. The Marmot Review: Health Equity in England (11) highlights the need for systemic interventions reaching disadvantaged groups. Scalable, mobile-friendly wellbeing programmes are a practical way to advance this agenda.

3.3 Economic Growth and Productivity

Poor health has a significant economic impact. In 2022, the UK sickness absence rate rose to 2.6%, its highest since 2004, and remained at 2% in 2025, driven by long-term conditions and mental health issues (2). The Fit for the Future plan highlights that good work is central not only to economic security but also to personal wellbeing and social connection. However, poor health continues to hold back labour market participation and productivity. The Government's strategy, therefore, calls for earlier diagnosis, better prevention, and innovative digital models to embed health into everyday life (1).

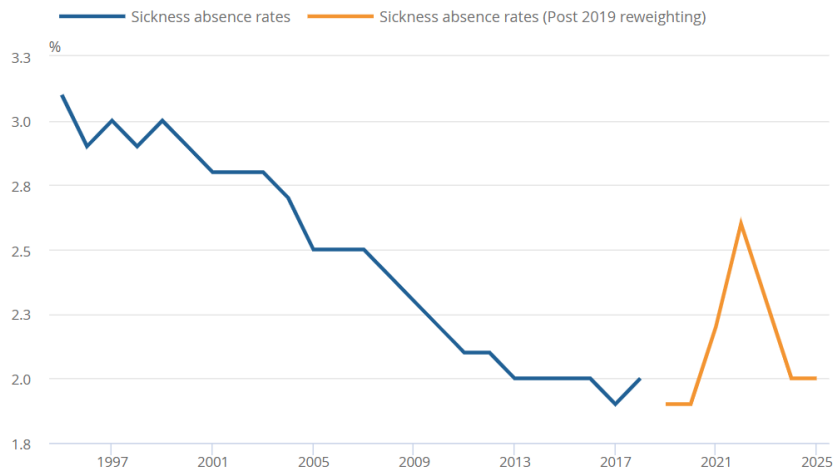


Figure 3. Sickness absence rate, all people in employment aged 16+ years, UK, 1995 to 2025. Source: ONS (2)

Digital wellbeing and learning programmes align with this vision. They enable employers to:

- Intervene early to reduce presenteeism and long-term absence
- Enhance resilience and engagement, keeping people healthy and productive
- Lower healthcare costs while improving staff retention
- Sustain economic growth by maintaining a healthier, more resilient workforce

Through these outcomes, HercuWise's digital learning solutions not only strengthen the wellbeing of UK employees but also help deliver on the Government's wider goals of prevention, equity, and productivity. For employers, this alignment creates a clear opportunity: investing in wellbeing is not only good for people, it is a strategic imperative for sustaining competitive advantage

3.4 Future Workforces and Organisational Resilience

The evolving workplace is shaped by rapid advances in technology and growing uncertainty. Priorities for the future include redesigning job roles, embedding wellbeing into organisational culture, and supporting responsible adoption of AI and digital tools.

Digital workplace wellbeing programmes support national workforce resilience by:

- Enabling inclusive, on-demand access to health resources regardless of role or location.
- Strengthening adaptation, stress management, and collective trust during transition or disruption.
- Aligning with whole-organisation systems approaches, creating agile and resilient teams equipped for the future of work.

In this context, digital workplace wellbeing learning is a strategic preventive health measure and a critical enabler of sustainable organisational success and responsible digital transformation.

Case Study 2: HercuWise Pilot Findings

HercuWise Ltd developed a comprehensive package of expert-led digital learning courses addressing physical, mental and social health. To evaluate their impact, three of their courses (stress management, nutrition, and physical health) were piloted with 21 individuals working in SMEs or small teams.

Pre-Launch Insights

Most participants came from micro and small businesses with limited workplace wellbeing provision, and nearly one in three reported no structured support. Confidence varied across wellbeing areas: participants felt relatively comfortable recognising stress (7.8/10) but less confident managing it (7.2/10). Nutrition and physical activity knowledge averaged 7.5 and 7.3 respectively, though some participants reported lower confidence, showing a wide range of baseline understanding.

Healthcare professionals and official organisations, such as the NHS, WHO, and charities, were the most trusted sources of wellbeing information, while social media was least reliable. Investment expectations were modest, typically £5–£15 per employee per year, with affordability, flexibility, and professional credibility as key adoption factors. Participants were particularly interested in practical guidance on recognising and managing stress, nutrition, and maintaining work-life balance.

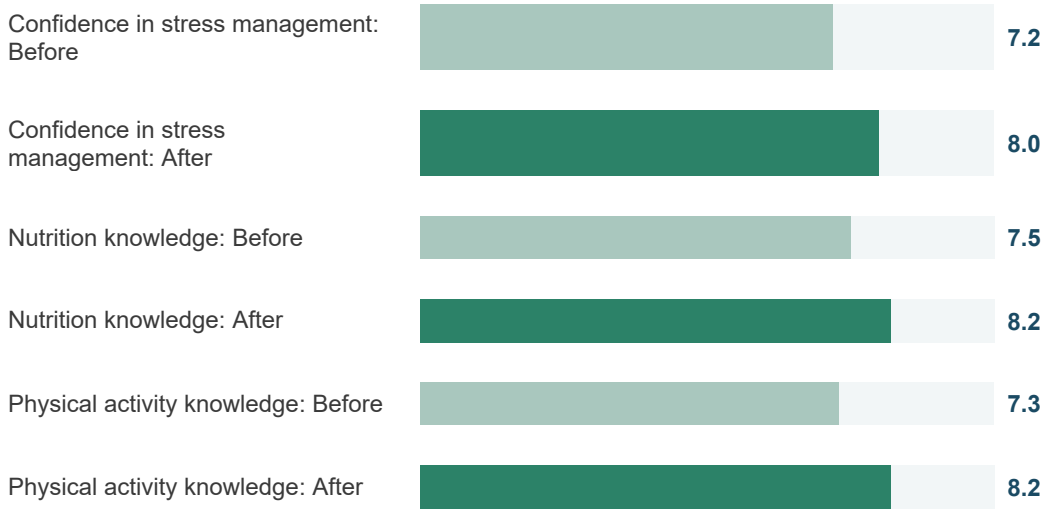
> ***"Well designed, engaging courses. Full of important workplace information and useful tips everyone should know."***

Post-Course Evaluation

The follow-up survey, completed by 13 participants showed clear knowledge and confidence gains. Confidence in managing stress rose to 8.0/10, and nutrition and physical activity both increased to 8.2/10 (Figure 4). The courses were rated highly useful overall (8.7/10), with stress and nutrition modules highlighted as most valuable. Engagement with the content was strong; eight out of ten participants found the courses engaging, with three rating them as very engaging, six as quite engaging, and one neutral.

Figure 4. Participant knowledge & confidence gains following completion of HercuWise courses

Self-rated scores, out of 10



Interactive elements, including quizzes, reflection prompts, and videos, were most appreciated, while longer text sections and some nutrition modules were less accessible. Minor usability issues were

noted, particularly with multi-tab boxes and smartphone display. Suggestions included more audio options, stronger visual branding, and increased interactivity. Trust in the content was high.

> ***"This kind of training helps normalise conversations about wellbeing at work."***

Application in the Workplace

Participants indicated a strong likelihood of applying the strategies learned, with five rating themselves as very likely and five as somewhat likely (Figure 5). Managers reported practical benefits, noting the training helped them recognise early warning signs of stress.

Figure 5. *How likely are you to continue using some of the workplace health strategies learned?*

Beyond individual knowledge gains and implementation of behaviour change strategies, the courses also encouraged open conversations about mental health, promoted proactive wellbeing approaches, and offered practical strategies for employees. Participants rated the courses 8.9–9.0/10 for supporting a positive workplace wellbeing culture and applicability, and courses were also rated highly for content interest and engagement (Figure 6).

Figure 6. *How engaging and interesting did you find the content of the courses?*

Post-Course Data Insights

The HercuWise pilot demonstrates that digital learning can bridge the gap between awareness and action in workplace wellbeing. Participants rated the courses as useful, engaging, and trustworthy, with

measurable improvements in confidence across stress management, nutrition, and physical activity. For smaller businesses, HercuWise provides an accessible, evidence-based solution that empowers individuals and fosters healthier, more resilient workplace cultures.

8.7/10 rated overall usefulness	**80%** of participants found the courses engaging
90% would recommend the courses to a colleague or friend	**Highly credible** more reliable than other health information sources

Interview Feedback

Participants from the pilot were invited to take part in a semi-structured 1:1 interview and selected participants from varying sectors took part. Interviews took place during September 2025 with an average duration of ~45 minutes per interview. Qualitative insights from the interviews are highlighted below.

Expectations & Comparability

Participants were asked whether they had expectations or pre-conceived ideas before using the digital workplace wellbeing courses. Initial responses agreed there were no expectations or pre-conceived ideas. However, further into the interview process, one participant was able to draw on experience with mandatory training which they drew comparisons to:

> ***"I did some mandatory training stuff like moving and handling and, you know, like desk ergonomics type stuff. It was mostly how to sit at your desk rather than the importance of moving around, so it [the HercuWise courses] was definitely like a big leap forward from that sort of thing."***

Usability & Format

Responses relating to the overall user experience of the HercuWise courses highlighted that the packages were easy to navigate, the lessons were easy to follow and worked well on any devices:

> ***"Really good & intuitive & straightforward / worked well."***
>
> ***"I was using it on mobile, so everything was fine. Everything was responsive, videos played and stopped as they should have. And all the interactions that you had were all working fine on my device."***

Relevance & Engagement

Questions related to how relevant the material was to the participants, including engagement and gauging whether the level of scientific information was right:

> ***"So the physical health one, like, yeah, so I found I was spending a bit more time looking at the exercises and especially the recommendations."***
>
> ***"The workplace stress one was interesting; there was information I found quite helpful when you see yourself in your workplace through a lot of that literature."***

Participants agreed that the courses were relevant, especially for office-based and remote workers:

> ***"The learning was actually quite good because it gave you the external links to different resources, so if you felt like you wanted to delve a little bit deeper, then you know that the access was there."***

Participants also reported enjoying the easy-to-follow format and practical elements, such as quizzes:

> ***"I enjoyed the magaziney style, but it had that expert opinion, so I thought it was good."***

The evidence-based content was also appreciated, and participants noted this was delivered in an easy-to-follow format:

> ***"It was nice to know you had the expert who'd written the content, but you weren't, like, bombarded with loads of science about it. You just knew: OK, this is where that's come from."***

Application & Implementation

Responses relating to implementation, or barriers to change, highlighted that users were inspired by the courses to start planning change, or to take small actions. Barriers to change included self-motivation, but one participant acknowledged there were tools within the packages to support changes:

> ***"I think it's just that motivation to actually do it once you're at work and you're feeling really tired and you've got stuff to do."***

Another participant recognised their own job role as a barrier to change, as having deadlines created a culture at work whereby people would be at their desks and not speaking to colleagues:

> ***"So speaking to everybody, you know, making that conscious effort of getting up, getting a coffee, would you like a coffee? You know, getting up, talking, and walking meetings, discussing projects walking around our office."***

Barriers also included the work environment itself, with one participant noting there was no scope to introduce the material to their workplace currently and they would be using it for individual benefit. However, they noted that speaking to others in the team and sharing with others at home spreads the message:

> ***"It feels like we should be promoting this, because you spend so long there, all day, and eat a meal there and move around there, so if businesses had this in place it would show, like, quite a lot, that they care. They want to invest in your health, and I think that would make you want to stay there for longer."***

Other participants identified behaviours such as excessive screen time, and not leaving their desks for a break, as potentially impacting staff in their workplace. As a result of the courses, they have already implemented small changes such as micro-breaks and walking meetings:

> ***"It would be useful for more people to make it a priority in their lives."***

In relation to some of the strategies suggested, one participant felt they were manageable to implement. In another work environment, a participant with a managerial role reported plans to implement strategies to improve their team's wellbeing at work:

> ***"Yes, they're all doable, we will develop something, I think, from what I have learned from this, for sure, going forward."***

Feedback & Recommendations

The participants interviewed said they would recommend the courses to others:

> ***"Personally, in our workplace I found it really, really good, so I would recommend it."***

Pilot Summary

Participants found the platform intuitive and fully responsive across devices and engaged most strongly with the physical health and workplace stress modules. Several had already made small behavioural changes (micro-breaks, walking meetings, more informal colleague contact), and one manager reported concrete plans to build team-level wellbeing strategies directly from the material.

This small pilot supports HercuWise's core value proposition: that the content is perceived as more substantive and engaging than typical mandatory compliance training, with early indications of individual behaviour change. The main barrier appeared to be translating personal motivation into organisational-level adoption, particularly where workplace culture (deadline pressure, desk-bound norms) limited scope to act. Behaviour change can therefore be highlighted as an emerging proof point, alongside the need to help employers create the organisational conditions that enable uptake.

The authors acknowledge the small sample size and exploratory nature of this pilot and the findings should not be interpreted as evidence of effectiveness at population level. Replication with a larger, more diverse sample, ideally using more extensive pre- and post-intervention measures and longer-term follow-up, would be needed to assess whether reported changes are sustained and to establish the impact of digital learning courses on individual behaviour and organisational practice.

4 Key Recommendations

Coordinated action across government, industry, and workplace health providers is essential to accelerate adoption of evidence-based workplace health solutions. The recommendations below outline how to embed wellbeing in national priorities, expand access (especially for SMEs), and strengthen evidence, accountability, and quality. Recommendations are grouped into three themes and tagged by lead actor and indicative timeframe.

Foundation: policy and data

Ref	Recommendation	Key actions	Lead actor(s)	Timeframe
4.1	Embed workplace wellbeing in national policy	Link wellbeing to NHS prevention pathways. Align with national productivity targets. Incentivise accredited employer programmes. Build on the 10-Year Health Plan's early intervention commitments.	Government, Industry, OH professionals	Near term
4.2	Strengthen data partnerships	Create secure, anonymised data-sharing frameworks between employers, digital providers, and public health agencies. Track sickness absence, retention, and ROI.	Government, Industry, OH professionals	Medium term

Quality and capability

Ref	Recommendation	Key actions	Lead actor(s)	Timeframe
4.3	Set quality and accreditation standards	Establish national level quality standards and build upon work by the Society of Occupational Medicine and Royal College of Psychiatry, WISE-QM (16). Recognise evidence-based programmes and improve procurement confidence.	Government, Providers, OH professionals	Medium term
4.4	Build capacity for early intervention	Fund training and develop digital referral pathways and outcome evaluation tools. Prioritise support for prevention and SMEs, both currently lacking adequate provision.	Government, employers, OH professionals	Medium term

Measurement and scale

Ref	Recommendation	Key actions	Lead actor(s)	Timeframe
4.5	Standardise ROI and impact metrics	Establish a national wellbeing metrics framework. Include behaviour change, sickness absence, presenteeism, and cost offsets. Enable cross-sector comparison.	Government, Industry, OH professionals	Near term
4.6	Pilot, evaluate & scale	Fund pilots in healthcare, education, and SMEs testing accredited digital learning programmes. Commission independent evaluation. Feed findings directly into national policy to guide large-scale adoption.	Government, Providers, OH professionals	Longer term

5 Conclusion

Pilot data highlighted in this white paper indicates digital workplace wellbeing solutions are an accessible, strategic tool to strengthen organisational performance and employee health, and are suitable for all sizes of businesses. By investing in scalable, integrated, evidence-based solutions, policymakers and employers can bridge the gap between prevention policy and real-world implementation, delivering long-term benefits for employees, businesses and society.

HercuWise Ltd is a prevention focused workplace health consultancy, offering strategic advisory, research, workshops, and digital training, delivered by a consortium of clinicians, researchers and academic specialists.

Our advisory and audit services help organisations assess where they currently stand on workplace health and identify practical, data driven, evidence-based next steps. For teams wanting a more direct, in-person input, we also offer live workshops and masterclasses.

Accessible digital learning, embedded with practical strategies, remains a core part of what we do, with nine prevention-focused courses covering physical, mental, social and population health. For organisations facing a specific workplace health challenge, our advisory, audit and research services offer a more tailored route to change.

If this white paper has raised questions about where your organisation currently stands, or what a preventive workplace health strategy could look like in practice, find out more at www.hercuwise.com, or get in touch at info@hercuwise.com.

6 References

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