BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Oxford Academic Health Science Network

Evaluation of BOB ICS Enhanced Occupational Heath and Wellbeing Project

Phase 1 report (mapping)

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1: Introduction

Oxford Academic Health Science Network [AHSN] was asked by Buckinghamshire, Oxfordshire and Berkshire West [BOB] Integrated Care System [ICS] to evaluate their Enhanced Occupational Health and Wellbeing [EOH&W] project. The project includes the following organisations:[1]

- South Central Ambulance NHS Trust
- Berkshire Healthcare NHS Trust
- Oxford Health NHS Trust
- Royal Berkshire Hospital NHS Trust
- Buckinghamshire Hospitals NHS Trust
- Oxford University Hospitals NHS Trust

Some of these organisations relate to more than one ICS. The range of staff working across these organisations is shown in appendix A.

The agreed aim of the evaluation is:

- To evaluate how the Enhanced Occupational Health and Wellbeing Service [EOH&W] across BOB ICS delivers against its stated aims.

The initial aims stated in the Project Initiation Document were:

- Adopting a focus on prevention
- More compassionate managers and leaders
- An effective network of healthy workplace champions
- Quality assessed and clearly indexed informative materials and self-help apps
- Specialist evidence-based provision
- Co-ordinated support and care for staff
- Monitoring and follow up to support maintenance of good health
- Evaluation to look at outcomes and staff experience
- Occupational health providers to be SEQOSH accredited or aiming to meet these standards.

Given the speed of development of the project, the evaluation approach is iterative to allow the system to respond to findings as they are reported.

The evaluation objectives are:

- To describe existing occupational health and wellbeing services
- To understand excellence within current services and share good practice
- To codesign with staff, indicators of impact and effectiveness for occupational health and wellbeing services
- To understand NHS staff experiences of and preferences for occupational health and wellbeing services
- To establish, or adjust services in response to the above and determine their effectiveness
- To determine the accessibility of services for different staff groups: professional, marginalised or those with protected characteristics.

[1] To note all organisations are in a state of rapid change responding to the pandemic and NHS England's changing landscape. The data in this report is taken from interviews and current health and wellbeing framework and is therefore only valid at the date of writing (April 2021)

This Phase 1 report covers the first two objectives: understanding current OH&W services across BOB ICS and identifying good practice.

2: Background

In September 2020, NHS England released a statement of intention to create a "wellness culture" that empowers NHS staff to maintain and improve their psychological and physical health and wellbeing[2]. Integrated care systems were asked to develop and pilot systemwide enhanced occupational health and wellbeing offers which could be adopted and spread across England. These enhanced systems were to address two of the commitments in the NHS People Plan[3]: supporting people through sickness and providing psychological support and treatment. The EOH&W pilots are intended to test a more comprehensive wellness offer to staff. Separately, Mental Health Resilience Hubs are being developed to address the need for psychological support and treatment.

The request from NHSE/I for proposals was within an extremely tight timeframe; guidance was provided on 25th September 2020 with proposals submitted by 9th October 2020.

Within BOB, once funding was awarded, a gap analysis was undertaken using the NHS Health and Wellbeing (HWB) Framework[4]- Figure 1. This Framework sets out evidence-based enablers that contribute toward creating a wellness culture and the types of interventions needed to maintain staff wellbeing.

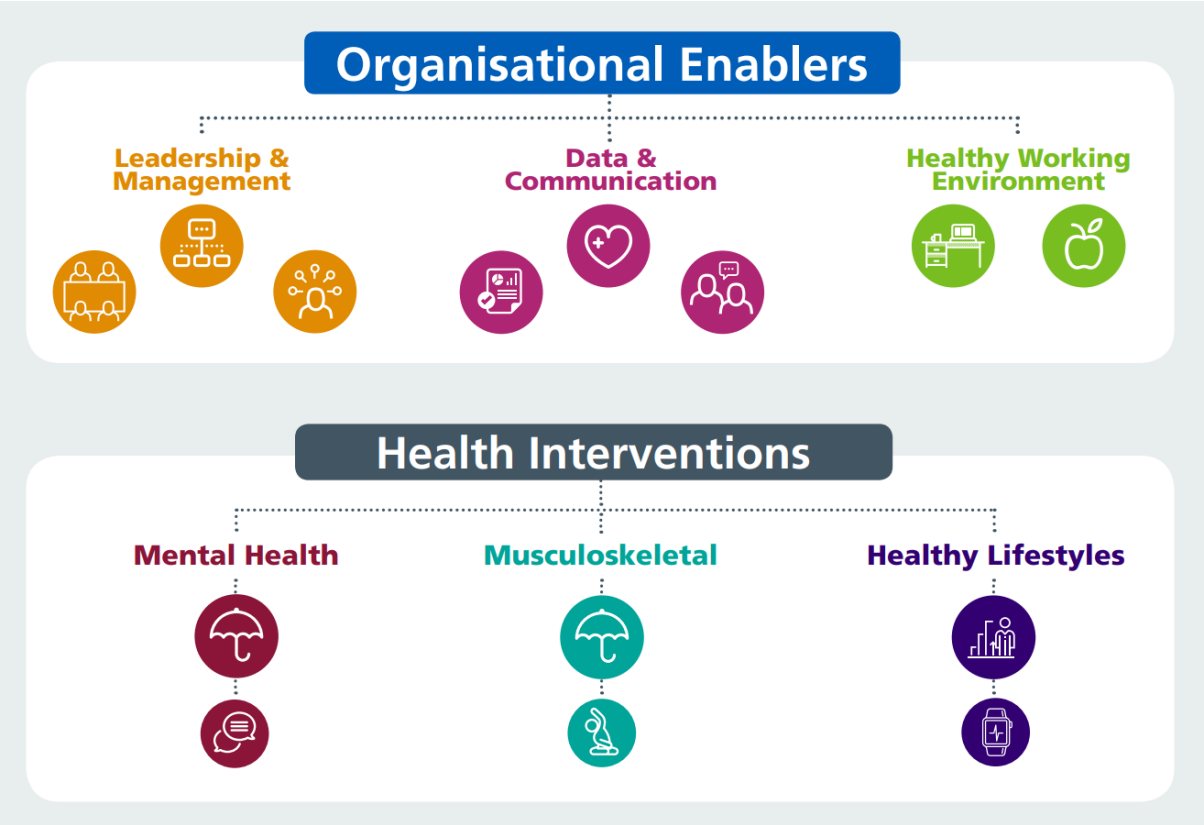


Figure 1: NHS Health and Wellbeing Framework

[2] Brief – Enhanced system health and wellbeing offer: call for pilot systems, John Drew, 25th September 2020
[3] https://www.england.nhs.uk/ournhspeople
[4] https://www.nhsemployers.org/retention-and-staff-experience/health-and-wellbeing/developing-your-health-and-wellbeing-strategy/health-and-wellbeing-framework

The Framework has an associated diagnostic tool that organisations can use to score their organisational enablers and health interventions. The scores for each section can be combined to provide a diagnostic dashboard with red-amber-green rating.

Based on the gap analysis a decision was taken to recruit a Band 8 project lead in each of the six trusts and a programme manager. Alongside these appointments, roll-out of TRiM [Trauma Risk Management], Restorative Just Culture and Mental Health First Aid is happening across BOB and forms part of the EOH&W offer.

3: Methodology

The evaluation uses a mixed methods approach, supported by data sharing agreements between the AHSN and each individual organisation in BOB. When referred to in this report, each organisation has been allocated a number to preserve anonymity and allow for later re-identification if required. The number appears in square brackets e.g. [1].

Describing Existing OH&W Services

Review of on-line content and documents, alongside interviews were used to start to describe the breadth of current OH&W services.

Semi-structured interviews

We planned to interview the following staff in each of the six trusts:

- a senior member of the OH&W team
- the Director of Human Resources [HRD]
- staff involved in delivering OH&W initiatives.

Interviews were conducted virtually with verbal consent and written recording of the discussion. Interviews were conducted between January and March 2021. Out of the six organisations, five senior members of OH&W teams were interviewed. The sixth organisation answered specific questions via email discussion. Four of the six HRDs and four of the five additional staff members invited, participated.

Review of NHS HWB Framework diagnostic tool

We reviewed each organisation's HWB Framework diagnostic tool responses.

Review of Trusts' OH&W webpages

The availability, presentation, and utility of information about HWB offers for each organisation's public-facing web pages was assessed. All organisation's internet pages were accessed.

Identifying best practice

Occupational health and wellbeing offer across the AHSN Network

All fifteen AHSNs across the AHSN Network were approached to find out what innovation or improvement work was being carried out in staff health and wellbeing.

Literature review

A literature review is being completed, the findings of which will be fed into Phase 2 of the evaluation.

4: Findings

General findings are reported first, followed by sections corresponding to the HWB Framework diagnostic tool headings - Figure 1.

Quotes from interviewees are in italics and "pause for thought" boxes presented as ideas for consideration as part of the ongoing development of the EOH&W project (also in appendix B).

General findings

There is a wide range of H&W services provided by trusts across BOB (see appendix C). Making comparisons between organisations and services is complex given differences in the way that services are provided, described and monitored. These differences are important in terms thinking about the next stages of the overall project and are explored in more detail below. Findings are based on who responded and will inevitably be partial in places.

How services are described

What one H&W team call health checks, another may call health surveillance. These services, although sounding similar, perform different functions. Under a single provision heading, what is actually provided can be very different. For example, all trusts have an Employee Assistance Programme [EAP]. However, what is actually provided by EAPs differs, as does who is eligible to receive services e.g., employees only, or all family over 16 within the employee's household.

Pause for Thought

Work to develop a common way to describe OH&W services would be beneficial

How services are provided

H&W services are provided both internally within individual trusts and externally sourced. However, which services are internally or externally provided varies between organisations, with the exception of EAPs that are all externally sourced. Even within a service type this can vary as parts of a service maybe split between internal and external provision e.g. triage provided internally and the actual intervention e.g. physiotherapy provided externally.

Interviewees often stated that efficiency and cost savings were the reason for external provision. However, some felt that having external service providers weakened the ability of trusts to understand what was happening within services. Others commented that external provision was important for confidentiality, preventing 'leaky teams' and inappropriate sharing of personal information.

How staff know about services

"We are not getting it to the people on the ground. Focus groups completed about what staff felt through COVID-19 were really heart breaking. Staff reported that we were 'the first person who has asked us how we were and 'we were scared to speak up', they had been seeking covert support. Half the staff didn't know where the information was. Managers are doing what they are told. Fundamental problems with culture, a culture of accepting poor behaviours is the norm".

Wellbeing Lead

The ease of finding out information about what organisations offer from their websites [not on their intranet sites] is very variable. In some cases, this was particularly challenging. Some trusts put all the information on their public facing pages [2, 3]. For other trusts no information could be found by searching their websites or Google. One trust [6] uses an external provider for nearly all their OH&W services, this organisation has a well laid out webpage.

The sort of things that were available on some webpages included:

- Services provided by the OH&W team
- Opening times
- Contact details
- Links to other content
- Link to access services

All those interviewed commented on the overwhelming number of resources available. The provision of additional services in response to the COVID-19 pandemic has increased this.

Pause for Thought

Ensure online access for all staff to all occupational health and wellbeing services

Information should be available on multiple platforms, not just on the trust's intranet pages

Before content is put onto a new online platform, work to rationalise the offers available and what would be beneficial

Monitoring and Data Collection

There is no national or locally agreed core data set collected for OH&W services. Broadly, two types of data are collected by trusts:

- Data for board reporting: frequency varies from monthly to biannually with data types varying from key performance indicators to more bespoke reporting - Table 1
- OH&W service data for monitoring and evaluation – Table 2

Data type
Sickness absence
Long term/short term sickness split
% of sickness absence due to stress
% of sickness absence due to MSK
Mandatory and statutory training
Appraisal completion
Number of staff on leadership programme with BAME and gender split
Job plans completed
Employee turnover
Employee stability: some excluded groups e.g., zero hours, training grade medics
Vacancies
Staff costs as % of total costs
Agency as of % staff costs
% temporary staffing filled by NHS professionals
Occupational health referrals
% of staff recommending as place to work [friends & family test]
% of staff recommending as place to care for friends and family [friends & family test]

Table 1: OH&WB Data Reported to Boards

OH&W service monitoring and evaluation is hampered by a lack of data. Interviewees commented on the difficulty in understanding if OH&W services are making a difference. As commented above, worries about confidentiality has an impact on collecting identifiable data. The amount of information that external providers give back to organisations is very varied, some is very limited.

Data type	Data Source
Annual review of physio pathway and impact on MSK absence	Physiotherapy team
Impact/outcomes and uptake across staff groups	Workforce analyst
Employee Assistance Programme: • % usage of all staff • breakdown of call type • changes in outcomes [GAD-7 and PHQ-9] following intervention • number of staff out of work following intervention • online portal access • type of support given • benchmarking [against national dataset] • demographics	EAP provider
Type of mental health service Number of sessions accessed Immediate feedback from participants	Internal mental health nurse
Anonymised aggregated data on health status of colleagues to identify priority areas	Health checks biometrics tool - ward level
Reason for accessing OH appointments	
OH referrals by department	
Number of phone calls to OH	
Referring manager feedback: how they found the referral system	Survey monkey [external provider]
Individual feedback: how they found the referral and treatment	Survey monkey [external provider]

Table 2: Types of HWB Service Data Collected

Pause for Thought

Ensure contracts with external providers include adequate data collection to assess service effectiveness

Establish a minimum OH&W dataset for BOB ICS, collected by all trusts, in the same way, to support assessment of impact and support benchmarking

Service access

"People who need it most can't get it – it [H&W services] is not getting to frontline staff or backroom staff who don't have access to IT. There are many in estates with no information"

Wellbeing Lead

Currently, there is no national or local data set that gives a comprehensive picture of which staff access what services. However, there was consensus across interviewees that staff from marginalised groups may be less likely to access OH&W services. Disabled staff and staff from minority ethnic or LBTQ+ groups were specifically identified. In addition, staff in housekeeping, catering and portering departments were also highlighted. These services are more likely to be outsourced. This may limit access to OH&W services through lack of eligibility and/or lack of access to trust intranet and therefore information about services.

Locally, organisations have started to have discussion with these groups, and others, who may be marginalised. Methods include using specific staff networks, champions and listening events.

The following were identified as some of the reasons that groups may not access OH&W offers:

- language barriers
- lack of awareness of offers
- messaging missing what is important for specific groups or individuals
- time – lack of childcare may prevent accessing services outside of working hours
- lack of access to IT.

Pause for Thought

Further explore equity of access across organisations, to understand who is, and who is not accessing services
Explore what services would be beneficial for those groups who are not accessing services

Staff engagement

A common theme from all the interviews is the challenge of finding out what staff think and feel. The challenges with data outlined in the previous section, compound this as it is hard to target engagement with little knowledge about who accesses services.

Table 3 describes various engagement approaches being used by trusts. Despite the variety of routes described, most people interviewed described the challenge of using the information collected and linking it to assessing the effectiveness of OH&W interventions.

Engagement methods
Listening events and focus groups
Feedback and engagement groups
Wellbeing conversations
H&WB newsletter with feedback function
Network of wellbeing champions
Staff networks

Table 3: Engagement Methods

Pause for Thought

Review which engagement methods are working effectively and take the opportunity within the new web platform to gather feedback

Mental Health Service Provision

"We have focused on after incident support for many years, e.g., incident command would run bronze and silver officers trained to do that. 1-1 welfare check to see if they require TRiM. Officers are specifically sent to manage the scene, they will liaise with police and fire, look after staff welfare and then would run a debrief from site. They will do a 1-1 welfare check to see if any staff require TRiM. This check is done immediately after a scene is closed".

Wellbeing Lead

A wide range of services are provided, with no one model predominating, although all trusts have an EAP. Mental health provision is undergoing change owing to national initiatives such increasing Improving Access to Psychological Therapies [IAPT] services and the developing Mental Health Resilience Hubs that will offer clinical assessment and referral. Both these initiatives will be provided independently of the organisation. The types of services provided are shown in Table 4.

Service
IAPT
Internal psychological medicine team supports staff psychological wellbeing
External counselling services
RUOK campaign, designed to raise awareness of the importance of mental health in the workplace with post-incident staff support
Schwartz Rounds
Post Incident Psychological Support [PIPS]
After event reflection
Decompression sessions
Trauma Risk Management [TRiM]
Mental Health Triage
Employee Assistance Programmes
Mental Health First Aid

Table 4: Mental Health Services

Pause for Thought

There are several ways to support potential stressful situations. This maybe an area where organisations can share experiences as part of the TRiM roll-out

Musculoskeletal Service Provision

Physiotherapy services are available to across all six trusts. In four [1, 2, 3, 4] this is provided internally and in two [5, 6] by an external provider. Self-referral is available in half the services [1, 2, 3] and one provides out-of-hours support [4]. The types of services provided are shown in Table 5.

Service
Manual handling training
Proactive targeted training to departments with high MSK absence
Risk reduction training
Risk assessments
Fitness classes
Lifting assessment prior to return-to-work post injury
MSK helpline

Table 5: MSK services

Pause for Thought

Would it be beneficial for staff in all organisations to be able to self-refer? Evaluate if this is a preferred route

Healthy Lifestyles Initiatives

The wellbeing offer across BOB is substantial. All interviewed commented on sheer number of initiatives. Of all the areas of service provision, healthy lifestyle is the one with the greatest number of new initiatives. Interviewees also commented on the number of sites and environments, [including vehicles for the Ambulance Trust] from which staff work. Ensuring that all offers were equally available across sites is challenging. Providing healthy, fresh food particularly out-of-hours and across disparate sites, was highlighted as a specific problem.

To support development of a wellness culture, the NHS People Plan states that "from September 2020, every member of the NHS should have a health and wellbeing conversation and develop a personalised plan". Four of the six trusts reported fully implementing this so far [1, 2, 3, 4]. One trust [3] has built an evaluation system into their wellbeing conversations. The individual conducting the conversation can include a free text summary of the conversation. These are anonymised and will be analysed by staff group and trust areas.

The types of wellbeing services provided are shown in Table 6.

Service
Financial support
Assistance for daily activities
Wellness service: guidance on smoking cessation, healthy eating etc.
Wellbeing and lifestyle lead
Wellbeing and listening line
Support hubs
Wellness, resilience coaching, traditional coaching
Supervision, reflective spaces, calm zones
Virtual cafes for informal chat
Discounts at local fitness facilities
Exercise classes run by qualified staff members
Cycle to work schemes: cycle parking, showers, repair shops etc.

Table 6: Wellbeing Services

Pause for Thought

Alongside the rollout of wellbeing conversations, build an evaluation framework in the same format across BOB, building on the experience of the trust that is doing this

Leadership & Management

"We have 2 aims. Firstly, to look at organisational H&W support for all staff or at-risk staff. Our 2nd aim is culture shift. How do we help managers to manage health wellbeing and staff engagement?"

BOB HRD

The NHSE proposal suggests a refocusing from the historic imbalance, where emphasis is to 'support staff who are unwell', stating "we believe that there is an opportunity to address these challenges through enhancing and better integrating the OH&W offer to staff at a system-wide level and rooting these services in a wellness culture". [2] The perception in BOB is that health and wellbeing has been raised as a priority within organisations.

Some interviewees commented that COVID-19 has increased focus on OH&W, whilst others reflected on the pressure it has added.

"COVID-19 has helped. We have always had a focus on H&W being a mental health and community Trust. Focus on physical health may not have been so clearly defined. COVID-19 has kick started H&W conversations and assessments with line managers".

BOB HRD

Approaches to management and leadership for OH&W are listed in table 7.

Strategies
Training for managers: support staff; increase mental health awareness; understand stress and building resilience
All managers have a H&WB related objective in their appraisal
Manager competencies include health and wellbeing
Compassionate leadership programme
Board HWB leads in place
Non-executive directors nominated as wellbeing guardian
Staff side union representatives involved in strategies
Support strategies: leadership circles for peer support; on call coaching
Take your break initiative

Table 7: Leadership and Management of OH&WB

Use of the HWB Framework

Organisations use the HWB Framework differently. As the tool is self-reported, approaches to completion are highly subjective, with individual organisations approaching the same question in different ways. Some add a lot of detail to score their provision, others do not include additional information. Some comment that they want to keep their scores "realistic", to provide them with "somewhere to go". Others suggest that they want to reflect optimism in their service provision. Responses can therefore provide some insight, but caution must be used in drawing any conclusions based on scorecard differences between organisations. It is not possible to use the tool for benchmarking. However, it is possible to see where the BOB ICS sees itself – tables 8 and 9. Data an

communications overall has the greatest disparity of all of the areas in the diagnostic tool, followed by MSK and Healthy Lifestyles [targeted support].

BOB ICS performing best [highest scores across all organisations]	BOB ICS performing less well [lowest scores across all organisations]
Leadership & Management – board leadership	Healthy Lifestyles: targeted support for lifestyle management
Mental Health: promotion & self-management	Data & communications: all categories - decision making, health needs, engaging with staff
Healthy Lifestyles: promotion & self-management	

Table 8: HWB Framework: Best and Worst Scoring Areas

Categories with the BIGGEST disparity	Categories with the LEAST disparity
Data & communications – health needs	Healthy lifestyles: targeted support for lifestyle management
Data & communications – decision making	
MSK – promotion & self-management	

Table 9: HWB Framework: Biggest and Least Disparities

Identification of best practice

The AHSN Network added a workforce theme relatively recently with a focus on pathway redesign and innovation, including digital and technology. All 15 AHSN workforce leads were approached to map what innovations were currently being reviewed in the H&W arena.

One innovation came out of this scoping from West Midlands AHSN who are piloting the digital innovation KAIDO App. This is a holistic behaviour change programme through a combination of fun and engaging challenges. This is a team-based intervention to "gamify" lifestyle activities which works well in smaller teams, helping people to improve lifestyle choices. An effectiveness review of users has reported that 85% noted an improvement in their health. A more rigorous evaluation in now under way to note the benefits in blended and remote working teams.

5: Discussion and next steps

"What we need to be doing is finding coordinated, strategic, orchestrated ways of connecting the provision with the people who need it"

Wellbeing Lead

It is clear that there is a wealth of resources and commitment to improving the health and wellbeing of staff across BOB. However, the complexity of service provision and very significant data challenges make understanding what works well currently very difficult.

Review of the HWB Framework suggests that system leaders' views are that the ICS is performing best in board leadership for OH&W, mental health support and the self-promotion of healthy lifestyles. Conversely, it is performing less well in targeted healthy lifestyle interventions and on data and communications.

Key themes that arose from interviews relate to the overload of resources and equity of provision. These are similar themes to those found in a recent national review of national wellbeing initiatives across three AHSN regions [NHSE, October 2020]. Simplifying the messaging, and actual offers available, maybe beneficial. Similarly, ensuring equity of provision is essential, no matter how a member of staff is employed (NHS or external contractor), and no matter what their background. Equity may also be an issue as funding for the EOH&W project has been allocated based on the number staff included. The staff 'counted' are those employed by the six trusts within the BOB ICS. However, more than 50% of the staff providing care across BOB are not covered by this headcount (appendix A).

The aspiration to level-up across BOB can only be realised if there is better description of existing services, better understanding of what is being used and by whom, and better ongoing data collection to judge effectiveness. Moving forward it is suggested that:

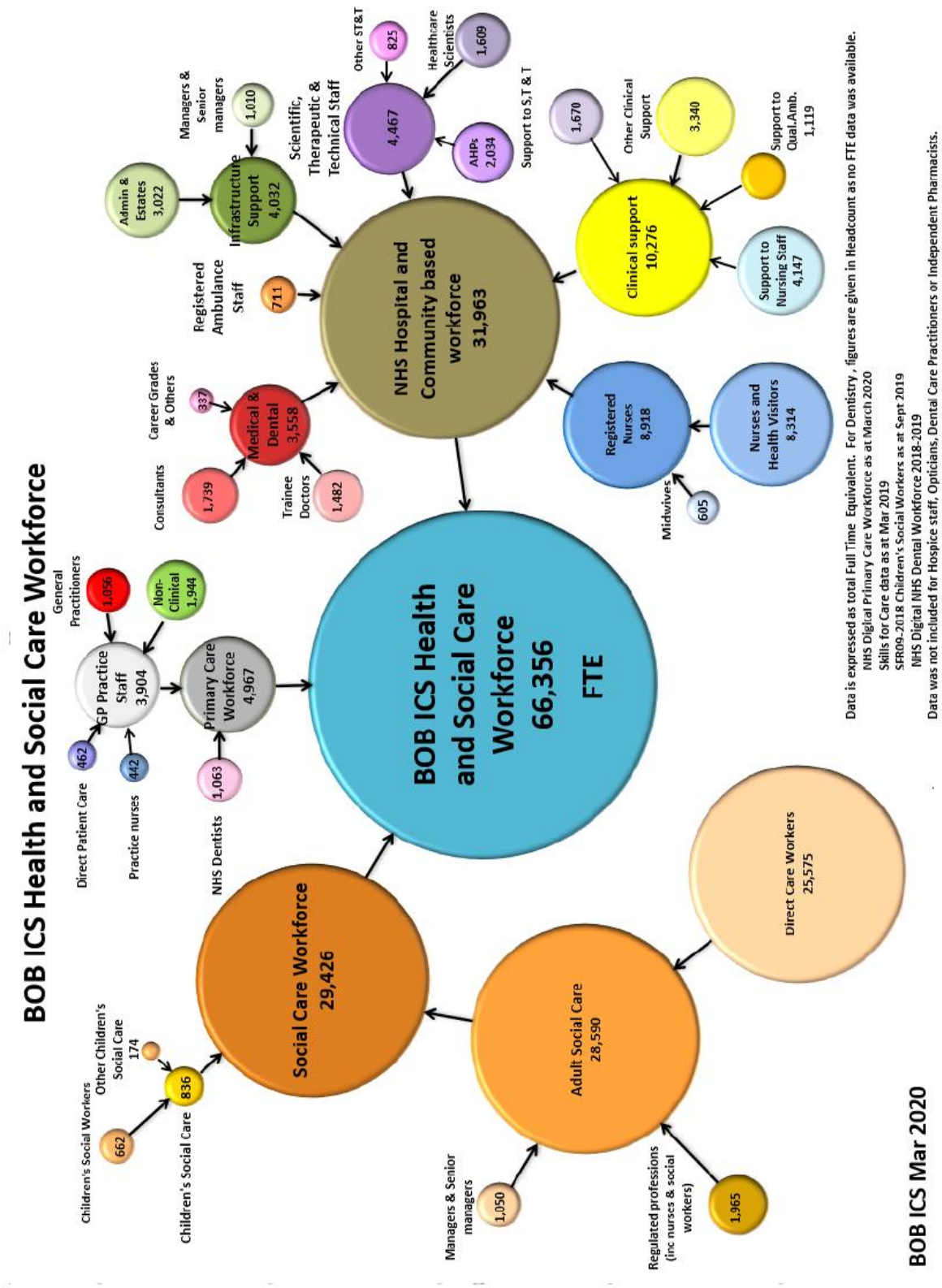
- the pilot builds on the suggested areas for development under the 'pause for thought' ideas, working with the newly appointed EOH&W project leads and focusing on developing a framework for describing and monitoring services
- the evaluation remains iterative and moves on to address objectives 3 and 4: codesigning with staff, indicators of impact and effectiveness and understanding NHS staff experiences of, and preferences for, occupational health and wellbeing services with a focus on seldom heard groups or marginalised groups.

6: Acknowledgements

The timeframe put on the delivery of this project has made it extremely challenging for all of those involved to achieve what is required. It must be noted the energy and enthusiasm that the project team are working with, at a time of peak workload because of the pressures the pandemic has placed on them and their teams.

Thank you to everyone who contributed through interviews and sharing of information.

Appendix A – BOB ICS health and social care workforce



Appendix B – Pause for thought: potential areas for development

Service description

- Work to develop a common way to describe HWB services would be beneficial

Online access

- Ensure online access for all staff to all occupational health and wellbeing services
- Information should be available on multiple platforms and not just on the Trust's intranet pages

Overwhelm of resources

- Before content is put onto a new online platform, work to rationalise the offers available would be beneficial

Data collection and monitoring

- Ensure contracts with external providers include adequate data collection to assess service effectiveness
  Establish a minimum OH&W dataset for BOB ICS, collected by all trusts, in the same way, to support assessment of impact and support benchmarking

Equity of access

- Further explore equity of access across organisations, to understand who is, and who is not, accessing services
- Explore what services would be beneficial for those groups who are not accessing services.

Staff engagement

- Review which engagement methods are working effectively and take the opportunity within the new web platform to gather feedback

Mental Health

- There are several ways to support potential stressful situations. This maybe an area where organisations can share experiences as part of TRiM

MSK

- Would it be beneficial for staff in all organisations to be able to self-refer? Examine if this is a preferred route

Healthy Lifestyles

- Alongside the rollout of wellbeing conversations, build an evaluation framework in the same format across BOB, building on the experience of the trust that is doing this

Appendix C - Service provision by trust

[NB. *this list was gathered during interviews and review of the frameworks – it is not an exhaustive list]*

Service	Trust					
	1	**2**	**3**	**4**	**5**	**6**
Health checks for new employees	20 mins any time	Y	Y		Team Prevent, only pre employment screening	
Physio triage	Y	Y	Internal, full time access Mon-Fri, self-referral		External – team prevent	External
Back care and manual handling	Manual handling advisory service	Y			Internal ergonomics Service and Team Prevent fast track physio	
Physiotherapists providing intervention	Y included in wellbeing team + able to refer on	Y - internal provided, self-referral via form on intranet			Team Prevent, fast track physio (MSK service)	Y
MSK line for triage and support					Provided by team prevent	
In house MSK risk assessments	Y	Y			Y – Team Prevent	
Fitness classes					Y	Y
Referrals to counselling services	Y	Y			Provided by CIC and through internal wellbeing line	
Mental health Triage	Team incl. 2 counsellors, 2 mental health professionals [currently 1 vacancy] and mindfulness lead	Y - internal provided, self-referral via form on intranet			Internal staff support hub	Y
Psychological medicine centre		Acute support when needed				Y
PIPS post incident psychological support	Yes, via Team AER [After event reflection] run by clinical psych teams			Y	Yes via our support hub	
Priority IAPS	Referrals from MH team			Y	Y [signposted through	

					wellbeing & listening line]	
Mental Health first aid	Yes –REACT being rolled out to all managers as part of mandatory manager training				Yes we have our internal mental health first aid trainers.	
Night workers health assessment	All workers have OH health assessment when they start a role	Y			Team Prevent	
Health Surveillance		Y				Y
Counsellors	3 counsellors in team, active on wellbeing 1-1s				CiC	
Additional private health care		Y via salary sacrifice [Health cash plan]				
Advice on sickness absence	First care	First care		First care		Y
Assessment/support following needlestick injury and blood borne viruses	Y	Y			Team Prevent	
Immunisations	Y	Y				
Here for Health offering smoking cessation and other lifestyle advice		Y				
EAP	Vivup	Care First	Health assured	Health assured	CIC	Livewell
Wellbeing conversations	Y	support for teams through wellbeing leads	Wellbeing conversations with managers		Wellbeing conversations as part of annual risk assessments	
Psychotherapy [Doctors only]	Y	Oxford deanery through Oxford health				

Wellness and resilience coaching	Y – USBR training for individuals and teams	Y				
Safeguarding	Freedom to speak up plus safeguarding team	Designated officers		Freedom to speak guardian	Safeguarding Team and Freedom to speak guardian.	
Schwartz rounds	Y		Y	Y		
TRiM	Y		Y		We have something similar, Post incident support service, however we will be moving to TRiM	Y
Wellbeing and lifestyle lead	Y				Y	
Neyber financial support	Y via EAP and many financial support webinars etc		Y			
Rest & Renewal days				Y		
Supervision & reflective spaces	Y calm zones			Y	Supervision	
Physical presence on site	Y	Y				
Wellbeing and listening line	Wellbeing hub manned M-F 8-4. Signposted to Viv-up, A&E/GP out of hours				Y	
support hubs for staff	Team circles, time out for teams Variety of staff networks				Team based facilitated discussion for a group who have a shared experience	
Compassionate leadership programme	Y via inhouse Peak manager training and more recently via RJC	Y			Yes, part of induction and in-house leadership course	Y
Coaching	6 free sessions				Yes – in house	

Team after even reflection	Y				SPACE groups PPH	
HERO packs to help build emotional resilience	Y					
Virtual cafes	Y					
Assistance for daily activities	BHT assist [swanlive]					
Understanding stress, building resilience masterclass for managers	90 mins training				Stress management courses	
Mental health awareness for managers	3 hrs training					
Leadership circles	45 min facilitated peer support					
On call coaching	9-5 weekdays					
Emotional intelligence for managers	45min webinars				Yes – part of the EDI training	
Staff networks	Y	Y	Y	Y	Y – BAME, LGBTQ and Purple (Disability)	