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NHS

University Hospitals Bristol and Weston

NHS Foundation Trust

Workplace Wellbeing Strategic Framework Biannual Report

October 2021 – March 2022

Executive Summary

Our Vision

Positive workplace wellbeing is crucial for colleagues, patients and service-users and is an integral element of the Trust People Strategy.

The provision of initiatives are guided by the Workplace Wellbeing Strategic Framework 2020-2025 which takes a holistic approach, both in terms of targeting resources and support to focus on the whole person. There is also a strong collaboration between stakeholders and service leads across the organisation to provide inclusive, professional wellbeing services.

The NHS People Plan 2021-2022 assures the work outlined within the UHBW Workplace Wellbeing Strategic Framework 2020-2025; re-affirming that the approach taken and systems in place at the Trust are in-line with best practice guidance, research and other evidence.

About this report

The purpose of the biannual wellbeing report is to ensure the Trust implements sound assurance, delivery and governance processes aligned to the 5-year strategic framework underpinned by a robust evaluation model.

Report contents

This report is separated into the following sections.

- **Executive Summary:** presents the context of this report against the Workplace Wellbeing Strategic framework at UHBW.
- **Key Successes:** the main successes of the past 6 months linked to strategic objectives of the wellbeing framework.
- **Progress update:** an update on the actions against all 9 objectives of the wellbeing framework across the past 6 months.
- **Evaluation framework & data:** overview of the evaluation framework used to provide assurance of the wellbeing offer; followed by presentation of the completed framework with data from wellbeing stakeholders.
- **Key themes & findings:** Lessons learnt and presentation of the staff survey 2021 findings.
- **Next 6 months:** provisional plans going forward, linked to the 8 revised strategic objectives.

Navigating this report

When in slide-show mode, you can use the tabs at the top of the screen (as seen below) to quickly navigate to the desired section of the report.

Workplace Wellbeing Governance Pathway

The Trust Workplace Wellbeing Steering Group is the strategic group for workplace wellbeing. It comprises Heads of Service and senior Divisional representatives from across UHBW. A Workplace Wellbeing Operational group meets on a quarterly basis to support operational development of wellbeing services and resources. It comprises Wellbeing Lead Nurse/equivalent from each Division. This group feeds into the Workplace Wellbeing Steering Group.

The People and Education Group provide the challenge and support for the wellbeing annual action plan with the People Committee being the assurance group for wellbeing and its associated strategies and work programmes.

As part of the Trust risk register, actions are in place to mitigate Risk 793: Risk that staff experience work related stress. This risk is formally updated on a quarterly basis, and verbal updates are routinely presented to the Workplace Wellbeing Steering Group.

All updates provide assurance of actions contained within the annual Workplace Wellbeing Strategic Action Plan which is designed to mitigate factors that could potentially contribute to workplace stress.

Sign-off pathway of Oct 21-March 22 biannual wellbeing report			
1	Feedback	Workplace Wellbeing Steering Group	30.3.22
2	Sign -off	People and Education Group	27.4.22
3	Assurance	People Committee	25.7.22

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THE NEXT 6 MONTHS: STRATEGIC ACTION PLAN

Key Successes from the Workplace Wellbeing Action Plan

This section sets-out key successes the Trust has achieved from October 2021 to March 2022 in accordance with the five-year Workplace Wellbeing Strategic Framework 2020-2025.

Key Successes

UHBW Strategic Objectives 2021-2022

The year 2 Workplace Wellbeing Strategic Framework - Action Plan was formed in collaboration with members of the Trust Workplace Wellbeing Steering Group.

UHBW Workplace Wellbeing Evaluation Framework

The evaluation framework has been advanced to robustly monitor the activities and outputs of core workplace wellbeing initiatives for greater understanding of their impact.

BNSSG Healthier Together Support Network

A system-wide Staff Support Network was initiated by the Integrated Care Partnership to address gaps in the wellbeing offer of health and social care providers. At UHBW, this enabled the provision of therapeutic support for colleagues seeking professional management of symptoms of trauma.

UHBW Wellbeing Advocate Network

The Trust Wellbeing Network comprises almost 400 members from multidisciplinary backgrounds across the organisation. In November we launched an advocates Teams group to create a community of wellbeing advocates. This has facilitated the sharing of wellbeing ideas and best practice. To date, we have over 90 members and have plans to further develop the network over the coming months.

Workplace Wellbeing Screening Nurse:

1:1 health checks have been offered to colleagues since October. Since they were introduced, 187 staff have had a health check. They are available at 6 different sites across the Trust and available in wards/departments upon request.

Healthy eating and weight management are the greatest motivational themes with 73% of all attendees completing a SMART goal as part of their Health Check.

Extension of the UHBW Workplace Wellbeing Offer

In response to the changing needs of colleagues resulting from pandemic and the affect this has on workplace wellbeing, a number of charity funded initiatives have launched. These include the provision of onsite health checks, smoking cessation advice and weight management.

UHBW Menopause conference:

In October 2021, UHBW hosted it's very first menopause conference which was attended by over 70 colleagues. The event was very inclusive and was attended by colleagues who were experiencing the menopause and those wishing to gain an understanding of its effects and impact on the workplace.

It has helped to 'kick-start' the conversation about menopause and has led to a review the UHBW provision and proposals for future events.

Key Successes

Wellbeing e-Learning package for managers launched

In December 2021, four bitesize e-learning sessions were launched aimed specifically for managers, to help them better support the wellbeing of their team.

1. Identifying when someone might need support
2. Having wellbeing conversations
3. Recommending appropriate support
4. Creating a health workplace
5. Menopause in the workplace

UHBW Workplace Wellbeing Steering Group - Refresh

The Workplace Wellbeing Steering Group has been refreshed, adopting a new agenda and reporting format. A newly formed Operational Wellbeing Leads sub-group was also established.

Uptake of wellbeing services/resources:

Across the past 6 months 3,342 individual staff and 69 teams have accessed resources or interventions within the wellbeing offer. This is a significant increase from the same six month period in 2020, where 2,305 staff accessed resources or interventions from the wellbeing offer.

Initiatives consist of 1:1 and team based psychological and/or physical health interventions provided by Care first Employee Assistance Programme, Avon Occupational Health Service, Psychological Health Service, Workplace Wellbeing team and the Trust Chaplaincy team.

Workplace Wellbeing Communication and Promotion

Internal and external communications channels helped to raise awareness and promote wellbeing provision available.

- Weekly Newsbeat items including within CEO message.
- Wellbeing Wednesday weekly social media posts.
- Nearly 400 Workplace Wellbeing Advocates Trust wide.
- Each Division has nominated a Wellbeing representative to lead on local wellbeing issues including regular liaison with the corporate wellbeing team.
- Wellbeing Forward Look calendar of wellbeing events
- Ongoing development of the wellbeing pages on the intranet to improve accessibility.

Winter Wellbeing Programme

The Winter Wellbeing programme was launched in November sustaining the focus on providing staff and teams with resources and opportunities to prioritise staff wellbeing and help boost morale. This included access to a variety of wellbeing activities and the distribution of gifts in kind. Since its launch in November 2021, 35,000 individuals and 750 teams have received gifts and nearly 600 colleagues have accessed yoga, massages, mindfulness and bike maintenance sessions. The winter wellbeing programme continues throughout April 2022.

Trust Strategic Action Plan 2021/22 Progress Update

The following section set out the nine strategic objectives of the Workplace Wellbeing framework, against a six monthly progress update.

A key explaining the codes for the Key Performance Indicators (KPIs) can be found on page 12.

Trust Workplace Wellbeing Strategic Objectives Action Plan 2021/22
Progress update

KPI's	No	Objective	Activity/projects	Corporate Lead + collaborators	6 month update (October 2021 to March 2022)	RAG
WSS1, WSS3, WPP2, WPP4 WSF1, WSF2 WSF10	1	Promote a culture of wellbeing; utilising the holistic Trust wellbeing offer to encourage self-care and access to timely evidence-based support.	Winter Wellbeing at UHBW programme (November to April)	Corporate Wellbeing Leads	The Winter Wellbeing programme was launched in November 2021 which has sustained the focus on providing staff and teams with resources and opportunities to take time out for their wellbeing over the winter months and included the distribution of gifts in kind. Since its launch in November 35,000 individuals and 750 teams have received gifts and nearly 600 colleagues have accessed yoga, massages, mindfulness and bike maintenance sessions. The winter wellbeing programme continues throughout March and April.	G
			Staff risk process – suicidality and self-harm	Corporate Wellbeing Leads, Psychological Health Services and Psychiatric Liaison Services	Updated version launched w/c 20.12.21.	G
			Wellbeing support for overseas nurses	Recruitment Team, Corporate Wellbeing Leads, Psychological Health Services	Task and finish group established to implement a robust support provision for overseas nurses joining the Trust. 4-6 weekly meetings scheduled to mobilise the plan for 2022/23. Practice Educational Facilitator role recruited, start date to be confirmed.	A
			Library wellbeing book initiative	Library and Knowledge Services Manager	Working with the Wellbeing Team, the library selected the most popular books on anxiety, healthy eating, menopause, and other wellbeing topics and provided pop-up libraries on level 9 and at Rafters. This is ongoing at both sites. Wellbeing have also supported the purchase of over 200 Mindfulness books to be located at staff rest areas across the trust.	G
			Menopause	Corporate Wellbeing Leads	Conference took place in October with over 70 attendees. eLearning session developed and launched in February 2022.	G
			Launch of Physio Gym for staff	Therapy Lead for the Division of Surgery	Delayed due to large scale SDEC clinic moves resulting in the gym space being temporarily used as additional clinic spaces. No definitive timeline yet for when the gym will be returned to it's normal function.	R
			Support Doctor's wellbeing	Doctor Wellbeing Lead	Provision of 1:1 and team support offer has continued: 83 support sessions delivered for junior doctors, 29 consultant support contacts,19 teams discussions. Teaching on wellbeing and stress to 7 different groups of doctors. Signposting to resources at regular medical education meetings. Bid in OPP for expanding hours of this role to meet rise in demand.	G
			Staff support offer	Psychological Health Services	Provision of 1:1 and team support offer has continued. In the past 6 months 152 1:1 sessions have been delivered and 280 staff have accessed team support. Huddle training being rolled out trust wide with good take up and evaluation. Hot debrief training being piloted.	G

R	A	G
Not Achieved	Risks Slippage	Completed

Trust Workplace Wellbeing Strategic Objectives Action Plan 2021/22
Progress update

KPI's	No	Objective	Activity/projects	Corporate Lead + collaborators	6 month update (October 2021 to March 2022)	RAG
WSS1, BSS1 BSS2, BSS3 BSS4, BPP1 BPP2, DPP9 WRES6, WSF3 WSF9	2	Foster a supportive culture where colleagues feel able to raise concerns and access support.	Embed Speak Up training and Listen Up training	Deputy FTSU Guardian	Speak Up training % compliance by Division (compliance to be updated after 1 April 2022) Figures from February 2022. | D&T	E&F	M	SS	S	TS	W	W&C
45	71	42	55	43	59	70	47	 Listen Up (compliance to be updated after 1 April 2022) Figures from December 2021 - 1.5%, or 32 out of the 2127 managers enrolled on the module	🟥
			Train staff FTSU champions to support colleagues who are raising concerns	Deputy FTSU Guardian	20 champions trained between October and March 72 out of 100 champions have undergone training to date	🟥
			Develop the Supporting Positive Behaviours toolkit	Corporate Wellbeing Leads	Work commenced on converting Manager session into eLearning to increase uptake. Work commenced on production of a support guide for witnesses of B&H.	🟥
WSS1, WSS3 WPP2, WPP4 WSF1	3	Develop an effective communication plan for sharing and promoting use of wellbeing resources and initiatives across the Trust that is embedded in to the UHBW cultural programme.	MS Teams group created for Wellbeing Advocates	Corporate Wellbeing Leads	Enables additional means of efficient communication of wellbeing resources with and between the Advocate network.	🟩
WSS1, WSS3 WPP2, WPP4 WSF6, WSF7	4	Ensure there are robust divisional plans in place to enable the effective delivery of the strategy at a local level and to ensure local solutions are embedded in response to the staff survey.	Wellbeing Operational Leads Group	Corporate Wellbeing Leads and Divisional wellbeing leads	Wellbeing Operational Leads Group (WOLG) continued to meet on a six-weekly basis to update on progress, share ideas and offer support.	🟨

R	A	G
Not Achieved	Risks Slippage	Completed

Trust Workplace Wellbeing Strategic Objectives Action Plan 2021/22
Progress update

KPI's	No	Objective	Activity/projects	Corporate Lead + collaborators	6 month update (October 2021 to March 2022)	RAG
WSS1, WSS2 WPP4, WPP5 BSS2, BPP2 DSS3, WSF8	5	Align wellbeing work with national governance and policies to ensure that all UHBW solutions are aligned to best practice.	Development of evaluation framework	Corporate Wellbeing Leads	Informed by national guidance, the evaluation framework was approved through governance structure, and incorporated into Biannual wellbeing reports.	5 (Green)
			Civility & Respect Toolkit (2021) used to inform work at UHBW to tackle bullying & harassment	Corporate Wellbeing Leads	Plan for progressing the resources at UHBW informed by a review of the Civility & Respect Toolkit. Presented to Board of Governors, MVAC and FTSU Summit.	(Amber)
WSS1, WSS2 WPP4, WPP5 BSS2, BPP2 DSS3, WSF2 WSF3, WSF5	6	Further develop the Trust training package to ensure line managers are equipped to support the wellbeing of colleagues, and this is robustly evaluated to inform future solutions	Manager eLearning programme of 4x wellbeing sessions	Corporate Wellbeing Leads	4 sessions launched in December 2021, enabling managers at any time or site to access training on i) noticing signs of distress, ii) having wellbeing conversations, iii) recommending appropriate support, iv) creating healthy workplaces.	6 (Green)
			Menopause eLearning development	Corporate Wellbeing Leads	The eLearning session was written and has been submitted to the Education Team to develop and launch by end January 2021.	(Green)
WSS1, WSS3 WPP2, WPP4 WSF6	7	Lead the BNSSG wellbeing solution ensuring the internal offer is aligned with development of the system-wide Healthier Together Support Network.	UHBW to support HTSN through promotion of all HTSN offers, which includes: • Psychological assessments and support, counselling, webinars. Training for managers and links to other external services such as relate (relationship counselling) and Nilaari (counselling for BAME) • Supporting managers to have wellbeing conversations, especially those around mental health • Helping colleagues to process stressful and/or traumatic experiences and maintain good mental health through trauma focused cognitive behavioural therapy (TFCBT) • Helping colleagues maintain healthy lifestyles	Business Manager Occupational Health And Healthier Together Support Network steering group	The Programme has been very successful in the last 6 months. - The team have increased the Psychology Assessment from a 1:2 model to 6 sessions. - A number of webinars have been delivered including vaccine hesitancy and financial wellbeing - Training has been provided to support managers in compassionate leadership - A conference was held in March to review what we have learnt so far. - We have commissioned several new initiatives including REACTIV, which is a tool which supports managers who work in stressful environments or who have experienced a traumatic event. - To support the work above we have updated the website and developed a comprehensive communication plan. UHBW promote all Healthier Together Support Network (HTSN) offers all of which can be found on the websitehttps://bnssghealthiertogether.org.uk/support-network/	(Green)

R	A	G
Not Achieved	Risks Slippage	Completed

Trust Workplace Wellbeing Strategic Objectives Action Plan 2021/22
Progress update

KPI's	No	Objective	Activity/projects	Corporate Lead + collaborators	6 month update (October 2021 to March 2022)	RAG
WSS1, WSS3 WPP2, WPP4	8	Ensure workplace support is available to maintain good musculoskeletal (MSK) health and to manage conditions in the workplace.	Health check nurse	Workplace Wellbeing Nurse	Wellbeing Screening Nurse has commenced in the role • 1:1 health checks have been running since October with 187 staff during the last 6 months. • Available at 6 different sites across the Trust and available in wards/departments upon request. • Healthy eating and weight management are the greatest motivational theme with 73% of all attendees completing a SMART goal as part of their Health Check . • Feedback requested from all colleagues who attend a health check and results within this first quarter are resoundingly positive. • Currently exploring how this service could be expanded to include a menopause clinic.	Green
			Physiotherapy Direct Service	Business Manager Occupational Health	Physio Direct, currently has a number of vacancies this is leading to longer wait times than the KPI target of 2 days. Both APOHS and NBT have failed to recruit to their vacant positions. To address this the two Trusts are combining budgets to create a full time post. It is hoped this role will add the capacity required to offer timely appointments.	Amber
			Work-station for home-working guidance	Manual Handling and Ergonomics Advisor	As part of the Winter Wellbeing programme, Manual Handling offered 1:1 guidance on work-stations for home-workers. Oct 21 – Mar 10th 22 • 3 Home workstation check ups completed as part of Winter Wellbeing Offer : very low uptake, this offer continues and would welcome promotion from WSG. • During this period 58 staff members were referred and seen for either a workstation assessment or a work assessment which could be part of a return to work process. Weston numbers are alarming for this period.	Amber

D&T	E&F	M	SS	S	TS	W	W&C
2	0	11	5	13	2	25	5

R	A	G
Not Achieved	Risks Slippage	Completed

List of Key Performance Indicators (KPIs) for Wellbeing

KPI	NHS STAFF SURVEY
WSS1	Organisation takes positive action on health and wellbeing.
WSS2	Immediate manager takes positive interest in health & wellbeing.
WSS3	Musculoskeletal (MSK) problems experienced as a result of work activities in last 12 months.
WSS4	During the last 12months felt unwell l as a result of work related stress.
WSS5	Came to work when not feeling well enough to perform duties in last 3 months.
WSS6	Self/colleagues/manager put under pressure to come to work.
	NHS PEOPLE PLAN
WPP1	Appoint a wellbeing guardian.
WPP2	Ensure that staff has safe rest spaces to manage and process the physical and psychological demands of the work.
WPP3	Ensure that all staff have access to psychological support.
WPP4	Ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day.
WPP5	Make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout
	STEVENSON & FARMER – THRIVING AT WORK REPORT
WSF1	Produce, implement and communicate a mental health at work plan.
WSF2	Develop mental health awareness amongst employees.
WSF3	Encourage open conversations about mental health and available support.
WSF4	Provide employees with good working conditions.
WSF5	Promote effective people management.
WSF6	Routinely monitor employee mental health and wellbeing.
WSF7	Demonstrate accountability.
WSF8	Increase transparency and accountability through internal and external reporting.
WSF9	Improve the disclosure process.
WSF10	Ensure provision of tailored in-house mental health support and signposting to clinical help.
	KPI's from other work streams, referenced in the 2021/22 Wellbeing Action Plan
DPP9	Prevent and tackle bullying, harassment and abuse against staff, and create a culture of civility and respect.
WRES6	BME: Percentage of staff saying they have experienced harassment, bullying or abuse from staff in the last 12 months
DSS3	Not experiences discrimination from manger/team leader or other colleagues.

UHBW Workplace Wellbeing Strategic Framework Bi-Annual Report (October 2021 to March 2022)

Evaluation Framework and Data

Each element of the workplace wellbeing offer is based on current best practice as outlined in the Trust Workplace Wellbeing Strategic Framework 2020-2025. It is compliant to national requirements including the NHS People Plan

The evaluation framework aims to provide assurance of the known effectiveness of core wellbeing initiatives that comprise the holistic Trust offer.

The wellbeing evaluation framework

There are widely acknowledged challenges when attempting to measure a relationship between the status of workplace wellbeing following engagement with a resource or intervention. The advisors above cited common challenges when planning an evaluation model, recognising the many limitations that may present. This is explored further in section 3: Consideration of organisational factors.

The three step evaluation framework adopted at UHBW is shown opposite.

Evaluation aim

The aim is to provide a robust format to monitor the activities and outputs of core workplace wellbeing initiatives resources, such as self-care guides and e-learning and interventions for greater understanding of their impact.

Evaluation methodology

For each wellbeing intervention/resource at UHBW, different elements are explored to inform a rigorous evaluation.

Results and lessons learned

The results of the evaluation serve two purposes:
- To provide assurance of the decision of provision for a resource/intervention.
- To drive improvement by identifying opportunities for change.

Methodology overview

To meet the evaluation aim: to understand the impact of the core wellbeing initiatives, the following questions inform the methodology.

1. Rationale: what is the resource/intervention intended for? How it is meant to work and lead to the anticipated changes?
2. Resource(s) required to deliver the resource or intervention.
3. Measurement of colleague awareness of it.
4. Measurement of colleague engagement with it (i.e. usage).
5. Measurement of colleague satisfaction with it (where available).
6. Barriers to implementation.
7. Enablers to implementation.
8. Known impact(s); i.e. changes directly attributable.

In relation to point 3, a workplace wellbeing survey was conducted between 2nd to 31st August 2021 to support the evaluation of the Trust offer. The level of colleague awareness of each resource/intervention contained within the offer will be obtained from these survey results.

For point 5, colleague satisfaction is primarily measured through the use of feedback forms. There is currently inconsistency in the collection of feedback (impact) data across the wellbeing offer; however, effort has been made since the introduction of the biannual wellbeing report to bring a series of standardised questions *across* the various feedback forms.

There are resources/interventions where feedback data is not currently collected.

Methodology- data captured (1 of 8)

Intervention or Resource	Rationale What is it for, how it is meant to work and what are the anticipated changes.	Resources required	Colleague awareness (data from Trust Wellbeing Survey 2021)	Colleague engagement (usage between Oct '21-Mar '22)	Colleague satisfaction	Barriers to implementation	Enablers to implementation	Impact Changes attributable to intervention
Care first	Prior to the procurement of a Trust-wide Employee Assistance Programme, there was inequity in the provision of quick-access, 24/7 evidence-based therapeutic support and lifestyle guidance for all staff at UHBW. Due to the nature of wellbeing, people may be affected at any time, day or night; coupled with many staff working variable shifts, it is important to have round-the-clock access when it may be needed. Staff can access a course of therapeutic treatment lasting up to 8 sessions to help resolve identified issues. This links to the standard: 'Ensure provision of tailored in-house mental health support' ('Thriving at Work report', Stevenson & Farmer, 2017).	£4.61 per head for annual usage	56%	137 new staff contacts and 392 sessions	Care First resumed collecting client evaluation responses in October and responses from Oct-Dec '21 indicate: **I found the service useful** 97% **The call handler was supportive** 99% **I would recommend the service** 96% *Feedback for Q4 to be provided in data report due mid April*	Awareness of the service	Comms Team and new tailored promotional resources. Wellbeing Advocates and Wellbeing Nurse roles. Updated e-learning and self-care materials.	UHBW now has 24/7 support for every member of staff. There is a reduced waiting time of 5 days for accessing counselling (a course of up to 8 sessions per presenting issue). Provision of financial wellbeing support.
Occupational Health counselling	To support the emotional wellbeing of staff and to work with them to remain in or return to the work place. This links to the standard: 'Ensure provision of tailored in-house mental health support' ('Thriving at Work report', Stevenson & Farmer, 2017).	Counsellors 60 minute appointments	70%	131 staff accessed 723 sessions	**I found the sessions useful** 97 % Strongly Agree / Agree 3% Somewhat Agree **My counselling experience was** 97 % Extremely positive / positive 3% Neutral **I would recommend the service** 100%	Resource capacity/demand The service is very well established and demand is consistently high. However, attendance figures have not been reviewed for a number of years and could identify staff groups that are not aware of the service.	Website, promotion across the Trust, Induction	Appointments offered within 20 days of referral.
PHS 1:1 Check in slots and PHS 1:1 Consultation slots for leaders	Psychological health services provide bookable and drop in 1:1 slots for staff to check-in with a clinical psychologist to explore any current difficulties they are having with their psychological wellbeing. The slots are designed to be delivered flexibly (on trust site or remotely), accessible and promote early engagement with psychological support. These slots are targeted at staff that either are not sure what support they might benefit from and want to discuss their needs or staff who do not identify as requiring counselling but would benefit from a brief intervention with a qualified professional to better understand psychological challenges they face in the workplace. Psychological Health Services provide bookable 1:1 consultations slots with leaders within the organisation to explore their own wellbeing needs and/or that of those they lead. This is designed to support staff in their role as leaders and in turn to assist leaders to support colleagues.	**Across all interventions From PHS:** 0.3 8C 0.8 8B 0.4 8A Admin – unfunded at present	36%	**159** Over 24 weeks *Until 23/03/22* **7 / week**	**I found the sessions useful** 97 % Strongly Agree / Agree 3% Somewhat Agree	Awareness of the offer. We have high uptake despite relatively low awareness. We lack administration support which puts a strain at times on efficient delivery	Support from the wellbeing team and comms team about the offer. Ability of team to respond flexibly to requests and deliver support locally as required (e.g. on the ward/unit).	*I was incredibly impressed with the timeframe in which I was offered an appointment. Being offered follow up as well was above my expectations. I think this is a really great service and I'm sure will prove useful to a lot of staff! Helped to understand the emotions I had at work and to deal with them better I don't know if I would have felt able to continue doing my job without the support offered to me If I had not accessed this--- I think I would have been off sick for longer. …without this support… I would had given my resignation*

Methodology- data captured (2 of 8)

Intervention or Resource	Rationale What is it for, how it is meant to work and what are the anticipated changes.	Resources required	Colleague awareness (data from Trust Wellbeing Survey 2021)	Colleague engagement (usage between Oct '21-Mar '22)	Colleague satisfaction	Barriers to implementation	Enablers to implementation	Impact Changes attributable to intervention
PHS Team Check in slots and debriefs	Psychological Health Services provide team check in sessions and debriefs for teams looking for a facilitated space to come together, reflect on current challenges/difficult events and think about support needs going forward.	As above	No data available	**280** Over 24 weeks **12/week**	**I found the sessions useful** 89% Strongly Agree / Agree 7% Somewhat Agree 4% Neutral	Many away days/meetings were cancelled between Oct-Jan due to operational pressures meaning many of these sessions were cancelled by services.	As above	*So important for all teams to have these sessions. It should be mandatory! Really good to have.* *Found it really helpful, affirming, challenging, relief.* *Brilliant and need this to be a regular feature of life for … doctors*
PHS Bespoke teaching	Psychological health services work with teams to provide bespoke packages of teaching based on local need. PHS are able to use their broad training to carry out a local assessment of need and identify and develop specific training packages for individual services.	As above	No data available	**214** Over 24 weeks **9/week**	**I found the sessions useful** 95% Strongly Agree / Agree 2% Somewhat Agree 3% Neutral	Many away days/meetings were cancelled between Oct-Jan due to operational pressures meaning many of these sessions were cancelled by services.	As above	*Engaging session which is very helpful for my role.* *It was enlightening to see the science/ theory behind behaviours and feelings* *It was helpful to know what we are doing currently is right and helpful, and additional tools to help us be more productive in our meetings. I would welcome having this support available long term so more teams can benefit from the training and tools available.*
PHS Schwartz Rounds	Psychological Health Services facilitate the Schwartz Rounds for the Trust. These are reflective rounds for staff to come together and share their experiences in relation to a theme. These provide an opportunity for staff to reflect on the personal impact of the work they do rather than focusing on clinical details of cases.	As above	49%	**226**	**How would you rate this round?** 97% Exceptional / Excellent 3% Good	Time for staff to get away from busy duties to attend	Excellent support from comms team and wellbeing team to promoting round. Presence of exec team in the rounds (both panellists and attendees)	*Brilliant - would love to have this as a regular (yearly?) event.* *Thank you to all the panellists for their open courageous stories showing vulnerability and the importance of being human. I felt more connected with my colleagues as a result.* *I felt really moved by the stories told by the panel. It was good to have time to reflect upon my own similar experiences and how these have influenced how I work.*

Methodology- data captured (3 of 8)

Intervention or Resource	Rationale What is it for, how it is meant to work and what are the anticipated changes.	Resources required	Colleague awareness (data from Trust Wellbeing Survey 2021)	Colleague engagement (usage between Oct '21-Mar '22)	Colleague satisfaction	Barriers to implementation	Enablers to implementation	Impact Changes attributable to intervention
Doctor Wellbeing Lead: 1:1 support	Confidential, independent support for doctors of all grades who are struggling with work related stress etc. This links to the standard: 'Ensure provision of tailored in-house mental health support' ('Thriving at Work report', Stevenson & Farmer, 2017).	Lead for Support and Wellbeing time – approx. 1 hour/session plus admin time arranging the session, writing up notes and any follow up emails	11% aware of Doctor Wellbeing Lead (service-specific data not captured)	83 support sessions for junior doctors, 29 consultant support contacts,19 teams discussions. 7 teaching sessions for doctors.	37/40 strongly agree/agree the sessions were helpful (3 neutral). 35/40 learned new strategies to help with their situation. 35/40 felt it important the sessions were with another doctor (5 neutral). 38/40 would recommend to others.	Only one person in post working 3 days a week. No cross-cover for annual or sick leave. Needs to have cover across the week to be a more robust offer.	Word of mouth, raising awareness at doctors educational meetings and divisional meetings.	Feedback includes comments about the support helping them return to work after absence, prevented them taking sick leave, gave them strategies to cope with the stress of the job, helped them voice the need for job plan changed that would allow them to continue working rather than leave etc.
Doctor Wellbeing Lead: Coaching	Up to four coaching sessions were offered to medical leads in Specialised Services, Women's and Children's and Medicine. This links to the standard: 'Ensure provision of tailored in-house mental health support' ('Thriving at Work report', Stevenson & Farmer, 2017).	Lead for Support and Wellbeing time – approx. 1 hour/session plus admin time arranging the session, writing up notes and any follow up emails	As above	18 clinical leads coached in 46 sessions.	Feedback from 11/18. 11/11 found coaching useful. 11/11 thought the Trust should continue to provide the service. Coaching helped with personal development (8/11), team dynamics (8/11), strategic thinking (3/11), managing stress of leadership (6/11). 10/11 thought it useful the coach was also a doc tor.	This offer was part of a 1 year role that has now ended. The plan is that the Director For Medical Education Team will work towards developing a coaching faculty in UHBW for consultant coaching	Above and Beyond funding allowed this to take place	Feedback comments included that coaching helped them stay in the lead role, helped them support their team for effectively, gave space to think strategically, increased effectiveness as a leader etc.
Doctor Wellbeing Lead: Wellbeing education sessions	All junior doctors have teaching programmes through PGME.	Lead for Support and Wellbeing time to prepare and deliver the sessions	As above	7 teaching sessions delivered.	Feedback from 43 doctors. 38/43 found the session helpful, 38/43 would recommend the session to others.	Time to prepare and deliver sessions with one person in post 3 days/week	PGME support with setting up teaching sessions	Feel better equipped to notice and manage stress, feel more calm and confident at work, be more self-compassionate and work on more positive thinking patterns.
Doctor Wellbeing Lead: CPD for Consultants	Programme of study days for Consultants on Coaching tools for a Compassionate culture was designed based on themes coming through from the support and coaching sessions	Lead for Support and Wellbeing time to plan, book all speakers, and deliver some of the sessions	As above	117 registered; 83 attended; 65 gave feedback.	64/65 found it helpful. 62/65 learned new strategies to help with work. 65/65 found the session high quality. 64/65 would recommend to others.	Time to prepare and deliver sessions with one person in post 3 days/week. No admin support for flyers, certificates etc. All done on consultant time	PGME supported with registering delegates	Feedback included delegates having new strategies for recognising their patterns of thinking, fostering healthy team dynamics, using their strengths in a team, having self-compassion etc.

Methodology- data captured (4 of 8)

Intervention or Resource	Rationale What is it for, how it is meant to work and what are the anticipated changes.	Resources required	Colleague awareness (data from Trust Wellbeing Survey 2021)	Colleague engagement (usage between Oct '21-Mar '22)	Colleague satisfaction	Barriers to implementation	Enablers to implementation	Impact Changes attributable to intervention
Chaplaincy – Listening, pastoral, religious and spiritual care service	To provide early intervention and support for staff through the provision of a confidential listening service, pastoral support, spiritual reflection and/or religious care as appropriate and required by the individual or group.	Chaplains Time	40%	95	Not formally measured or evaluated.	Awareness Resourcing Capacity	Visibility and presence Reputation Specialism (religious base)	Not formally measured or evaluated.
E-learning: 'Workplace Wellbeing – An introduction'	A resource was required to provide all colleagues within the Trust with education about what is available to them to support their wellbeing; and instruction on how they can access the support. This links to the standard: 'Produce, implement and communicate a mental health at work plan' ('Thriving at Work report', Stevenson & Farmer, 2017).	Resource required during design, and to maintain updates.	No data available, as the eLearning was launched after the wellbeing survey had been written and launched.	138	• 100% of staff said it improved confidence in accessing support. • 100% said it enhanced knowledge of where to access support. • All agreed that they were likely to recommend the session.	Training opportunities were reduced between Oct-Jan due to operational pressures.	• Can be accessed through work or personal computers. • Available 24/7, 365 days of the year. • Not reliant on venue, trainer, specific times.	All staff with IT use have 24/7 access to a wellbeing induction and overview of all the support at any time that best suits them. Colleague satisfaction will be measured through an optional feedback-form included.
E-learning: 'Developing Self-awareness'	A key component of psychoeducation to support personal wellbeing is the ability to reflect on oneself by being self-aware. This resource provides an opportunity for every colleague to learn what self-awareness is, the benefits for wellbeing, and how to develop it. This links to the standard: 'Develop mental health awareness among employees' ('Thriving at Work report', Stevenson & Farmer, 2017).	Resource required during design, and to maintain updates.	No data available, as the eLearning was launched after the wellbeing survey had been written and launched.	77	• 100% said it improved understanding of self-awareness. • 100% said it had given them positive ideas about how to develop self-awareness. • All agreed that they were likely to recommend the session.	Training opportunities were reduced between Oct-Jan due to operational pressures.	• Can be accessed through work or personal computers. • Available 24/7, 365 days of the year. • Not reliant on venue, trainer, specific times.	All staff with IT use have 24/7 access to education and skill development of enhancing their self-awareness; at any time that best suits them. Colleague satisfaction will be measured through an optional feedback-form included.
E-learning: 'Workplace Wellbeing – Help with Stress'	To help mitigate Datix risk 793: Risk that staff experience work related stress, this resource has been designed to provide psycho-education about stress, how it can be caused, how to identify it, and how to manage it. This links to the standard: 'Develop mental health awareness among employees' ('Thriving at Work report', Stevenson & Farmer, 2017).	Resource required during design, and to maintain updates.	No data available, as the eLearning was launched after the wellbeing survey had been written and launched.	47	Unknown. System limitation prevented feedback collection. Solution to be implemented in Q1 2022/23	Training opportunities were reduced between Oct-Jan due to operational pressures.	• Can be accessed through work or personal computers. • Available 24/7, 365 days of the year. • Not reliant on venue, trainer, specific times.	All staff with IT use have 24/7 access to receive a psycho-education session on stress and how to recognise and manage it; at any time that best suits them. Colleague satisfaction will be measured through an optional feedback-form included.
E-learning: 'Your wellbeing during COVID'	Launched in April 2020, this resource (along with accompanying self-care guide) was a rapid response to the emergence of the COVID pandemic; providing a single point for all support to be presented to staff in an engaging way. This links to the standard: 'Develop mental health awareness among employees' ('Thriving at Work report', Stevenson & Farmer, 2017).	Resource required during design, and to maintain updates.	51%	47	Unknown. System limitation prevented feedback collection. Solution to be implemented in Q1 2022/23	Training opportunities were reduced between Oct-Jan due to operational pressures.	• Can be accessed through work or personal computers. • Available 24/7, 365 days of the year. • Not reliant on venue, trainer, specific times.	A bespoke response to the initial outbreak of COVID; this has reached nearly 1,300 staff since its launch; with detail about how to prioritise their wellbeing, whilst providing updates on the National Offer of support that was launched.

Methodology- data captured (5 of 8)

Intervention or Resource	Rationale What is it for, how it is meant to work and what are the anticipated changes.	Resources required	Colleague awareness (data from Trust Wellbeing Survey 2021)	Colleague engagement (usage between Oct '21-Mar '22)	Colleague satisfaction	Barriers to implementation	Enablers to implementation	Impact Changes attributable to intervention
E-learning: 'Supporting Wellbeing in your team'	This links to the standards: 'Promote effective people management to ensure all employees have a regular conversation about their health and well-being with their line manager' and 'Develop mental health awareness among employees' ('Thriving at Work report', Stevenson & Farmer, 2017).	Resource required during design, and to maintain updates.	38%	28	Unknown. System limitation prevented feedback collection. Solution to be implemented in Q1 2022/23	Training opportunities were reduced between Oct-Jan due to operational pressures.	• Can be accessed through work or personal computers. • Available 24/7, 365 days of the year. • Not reliant on venue, trainer, specific times.	All Managers with IT use have 24/7 access to receive fundamental education in how to identify wellbeing need, and how to have effective wellbeing conversations. They can access the training at any time that suits them.
E-Learning: 'Supporting your team during COVID'	This links to the standards: 'Promote effective people management to ensure all employees have a regular conversation about their health and well-being with their line manager' and 'Develop mental health awareness among employees' ('Thriving at Work report', Stevenson & Farmer, 2017).	Resource required during design, and to maintain updates.	34%	39	Unknown. System limitation prevented feedback collection. Solution to be implemented in Q1 2022/23	Training opportunities were reduced between Oct-Jan due to operational pressures.	• Can be accessed through work or personal computers. • Available 24/7, 365 days of the year. • Not reliant on venue, trainer, specific times.	All staff with IT use have 24/7 access to receive a psycho-education session on stress and how to recognise and manage it; at any time that best suits them. Colleague satisfaction will be measured through an optional feedback-form to be added in Q3.
E-Learning: 'Identifying when support is needed'	This links to the standards: 'Promote effective people management to ensure all employees have a regular conversation about their health and well-being with their line manager' and 'Develop mental health awareness among employees' ('Thriving at Work report', Stevenson & Farmer, 2017).	Resource required during design, and to maintain updates.	No data available, as the eLearning was launched after the wellbeing survey had been written and launched.	39	Unknown. System limitation prevented feedback collection. Solution to be implemented in Q1 2022/23	Training opportunities were reduced between Oct-Jan due to operational pressures.	• Can be accessed through work or personal computers. • Available 24/7, 365 days of the year. • Not reliant on venue, trainer, specific times.	All Managers with IT use have 24/7 access to receive fundamental education in how to identify wellbeing need, and how to have effective wellbeing conversations. They can access the training at any time that suits them.
E-Learning: 'Having wellbeing conversations'	To help mitigate Datix risk 793: Risk that staff experience work related stress, this resource has been designed to provide psycho-education about stress, how it can be caused, how to identify it, and how to manage it. This links to the standard: 'Develop mental health awareness among employees' ('Thriving at Work report', Stevenson & Farmer, 2017).	Resource required during design, and to maintain updates.	No data available, as the eLearning was launched after the wellbeing survey had been written and launched.	31	Unknown. System limitation prevented feedback collection. Solution to be implemented in Q1 2022/23	Training opportunities were reduced between Oct-Jan due to operational pressures.	• Can be accessed through work or personal computers. • Available 24/7, 365 days of the year. • Not reliant on venue, trainer, specific times.	All Managers with IT use have 24/7 access to receive fundamental education in how to identify wellbeing need, and how to have effective wellbeing conversations. They can access the training at any time that suits them.
E-Learning: 'Recommending appropriate support'	Launched in April 2020, this resource (along with accompanying self-care guide) was a rapid response to the emergence of the COVID pandemic; providing a single point for all support to be presented to staff in an engaging way. This links to the standard: 'Develop mental health awareness among employees' ('Thriving at Work report', Stevenson & Farmer, 2017).	Resource required during design, and to maintain updates.	No data available, as the eLearning was launched after the wellbeing survey had been written and launched.	24	Unknown. System limitation prevented feedback collection. Solution to be implemented in Q1 2022/23	Training opportunities were reduced between Oct-Jan due to operational pressures.	• Can be accessed through work or personal computers. • Available 24/7, 365 days of the year. • Not reliant on venue, trainer, specific times.	All Managers with IT use have 24/7 access to receive fundamental education in how to identify wellbeing need, and how to have effective wellbeing conversations. They can access the training at any time that suits them.
E-Learning: 'Creating healthy workplaces,	This links to the standards: 'Promote effective people management to ensure all employees have a regular conversation about their health and well-being with their line manager' and 'Develop mental health awareness among employees' ('Thriving at Work report', Stevenson & Farmer, 2017).	Resource required during design, and to maintain updates.	No data available, as the eLearning was launched after the wellbeing survey had been written and launched.	30	Unknown. System limitation prevented feedback collection. Solution to be implemented in Q1 2022/23	Training opportunities were reduced between Oct-Jan due to operational pressures.	• Can be accessed through work or personal computers. • Available 24/7, 365 days of the year. • Not reliant on venue, trainer, specific times.	All Managers with IT use have 24/7 access to receive fundamental education in how to identify wellbeing need, and how to have effective wellbeing conversations. They can access the training at any time that suits them.

UHBW Workplace Wellbeing Strategic Framework Bi-Annual Report (October 2021 to March 2022)

Methodology- data captured (6 of 8)

Intervention or Resource	Rationale What is it for, how it is meant to work and what are the anticipated changes.	Resources required	Colleague awareness (data from Trust Wellbeing Survey 2021)	Colleague engagement (usage between Oct '21-Mar '22)	Colleague satisfaction	Barriers to implementation	Enablers to implementation	Impact Changes attributable to intervention
E-Learning: 'Menopause wellbeing'	This links to the standards: 'Promote effective people management to ensure all employees have a regular conversation about their health and well-being with their line manager' and 'Develop mental health awareness among employees' ('Thriving at Work report', Stevenson & Farmer, 2017).	Resource required during design, and to maintain updates.	No data available, as the eLearning was launched after the wellbeing survey had been written and launched.	33	Unknown. System limitation prevented feedback collection. Solution to be implemented in Q1 2022/23	Training opportunities were reduced between Oct-Jan due to operational pressures.	• Can be accessed through work or personal computers. • Available 24/7, 365 days of the year. • Not reliant on venue, trainer, specific times.	All Managers with IT use have 24/7 access to receive fundamental education in how to identify wellbeing need, and how to have effective wellbeing conversations. They can access the training at any time that suits them.
Self-care guides	These resources provide staff with normalising/de-stigmatising of their difficulties, evidence-based education, self-help techniques (based in NICE approved Cognitive Behavioural Therapy), and signposting to appropriate support. Crucially they also give visibility to the topic of wellbeing by creating a brand and promotional tool. This links to the standard: 'Develop mental health awareness among employees' ('Thriving at Work report', Stevenson & Farmer, 2017).	Resource required during design, and to maintain updates.	20-33%. Most awareness: 'Our wellbeing during Covid' (33%) Least awareness: 'Healthy eating'(20%)	Data unknown. Wellbeing Survey indicates: 2-11% of 794 staff, dependent of which guide. Most usage: 'Switching off from work' (11%) Least usage: 'Healthy eating' (2%)	Unknown. It was not felt appropriate to ask colleagues to complete a feedback form on receipt of a guide. But the wellbeing email address is supplied with invite for any unstructured feedback.	Awareness	Can be accessed through a variety of channels including straight to personal phone (via QR posters).	24/7 access to evidence-based information, techniques where appropriate, and signposting to further support. The 'hot-air balloon' brand which provided a recognisable marketing tool to help increase awareness of the wellbeing offer at UHBW.
Manual Handling Work Assessments	Focus on prevention of work-related incidents that may lead to MSK injuries and therefore long-term absences. Colleagues can self-refer or be referred by their Manager or Occupational Health Service – typically via Physio Direct. This intervention links to national guidance: • NHS Health and Wellbeing Framework: Health interventions: Musculoskeletal (MSK) health • NICE Guideline: Workplace health: management practices [NG13] • NICE Guideline: Physical activity in the workplace [PH13] • NHS Staff Survey: Musculoskeletal (MSK) problems experienced as a result of work activities in last 12 months. • NHS People Plan: Ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day.	Manual Handling Advisor time: 1 – 1.5 hours per assessment.	25.2% respondents of the 2020/21 NHS Staff Survey experienced musculoskeletal problems (MSK) as a result of work activities 31% of respondents (250 colleagues) of the UHBW Wellbeing Survey in Aug21 were aware of the Manual Handling team support services with 3% (22 respondents) haven accessed it.	Manual handling/Workstation assessments: 58 Home working check-ups: 3	Ad-hoc emails received from service users but at present no formal evaluation is undertaken. **Action:** Plan to send out evaluation form to users for this period. Solution to be implemented in Q1 2022/23	1) Increase demand on the Team to deliver extra induction training due to high staff vacancies. This provides delay in response to referrals and time available to complete assessments. 2) Increased training delivery to support the international nurses programme reduces time available for advisory service.	1) Promotion of services within Weston. 2)Virtual workstations now being offered and home risk assessment reviewed.	Concern regarding response time from 2022 when Manual Handling training frequency will increase. Practical training ratios are lower than pre-pandemic due to social distancing. Response time to react to staff referrals has increased from 1 week to 2-3 weeks.
Physio Direct Occupational Health Service	Physio Direct provides a physiotherapy consultation and advice service over the telephone with a senior chartered physiotherapist. This provision assists with Joint, muscle and spinal problems, new or existing condition including back pain or sports injuries. Colleagues can self-refer or be referred by their Manager. This intervention links to national guidance: • NHS Health and Wellbeing Framework: Health interventions: Musculoskeletal (MSK) health • NICE Guideline: Workplace health: management practices [NG13] • NICE Guideline: Physical activity in the workplace [PH13] • NHS Staff Survey: Musculoskeletal (MSK) problems experienced as a result of work activities in last 12 months. • NHS People Plan: Ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day.	Physio Direct service delivered as part of UHBW commission of Occupational Health Service. 15 minute telephone consultation offered to colleagues.	54% of respondents (427 colleagues) of the UHBW Wellbeing Survey in Aug21 were aware of the Physio Direct Service with 15% (115 respondents) having accessed it.	388 Staff accessed 362 sessions	**I found the sessions useful** 97 % Strongly Agree / Agree 3% Disagree **I would recommend this service** 97% Yes 3% No	Resource capacity/demand Unable to support promotional campaigns outside of service provision such as national Back Care week.	Stakeholder engagement via Occupational Health website, Wellbeing Advocate network, Newsbeat, intranet, social media and other communications mechanisms	In-house fast-tracked access to professional physiotherapy assessment and guidance.

Methodology- data captured (7 of 8)

Intervention or Resource	Rationale What is it for, how it is meant to work and what are the anticipated changes.	Resources required	Colleague awareness (data from Trust Wellbeing Survey 2021)	Colleague engagement (usage between Oct '21-Mar '22)	Colleague satisfaction	Barriers to implementation	Enablers to implementation	Impact Changes attributable to intervention
Wellbeing Team Annual Activity Challenge	3-week inclusive initiative encourages activity/reduced sedentary behaviour by promoting Government recommendations and signposts to free national and UHBW resources. Colleagues 'plan, do and review' daily physical activity. Submitted diaries to the Wellbeing team are entered into a prize draw. This intervention aligns to: • UHBW Workplace Wellbeing Strategic Framework • NICE guidelines QS84, PH13, NG90 and PH41. • NHS Health and Wellbeing Framework - Health interventions: Musculoskeletal (MSK) health. • NHS Staff Survey: Musculoskeletal (MSK) problems experienced as a result of work activities in last 12 months. • NHS People Plan: Ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day.	£89 Fitbit smart watch prize	25.2% respondents of the 2020/21 NHS Staff Survey experienced musculoskeletal problems (MSK) as a result of work activities. 23% of respondents (183 colleagues) of the UHBW Wellbeing Survey in Aug21 were aware of the Annual Activity Challenge with 1% (11 respondents) having participated.	Promoted Trust-wide - participation unrecorded as guidance available via intranet. 18 completed diary submissions received.	All participants reported health benefits with 'motivation' to exercise cited as the greatest impact.	None however next year's initiative will include registration in order to monitor engagement.	Stakeholder engagement via Wellbeing Advocate network, Newsbeat, intranet, social media and other communications mechanisms.	Widened awareness of Trust physical wellbeing offer.
Wellbeing Team Buzzer Challenge	The Buzzer Challenge is a practice to promote wellbeing in the workplace, including home working through regular breaks to undertake physical activity, mindfulness and/or stay hydrated. This intervention aligns to: • UHBW Workplace Wellbeing Strategic Framework • NHS Health and Wellbeing Framework - Health interventions: Musculoskeletal (MSK) health. • NHS Staff Survey: Musculoskeletal (MSK) problems experienced as a result of work activities in last 12 months. • NHS Health and Wellbeing Framework: Health interventions: Musculoskeletal (MSK) health • NICE Guideline: Workplace health: management practices [NG13] • NICE Guideline: Physical activity in the workplace [PH13] • NHS Staff Survey: Musculoskeletal (MSK) problems experienced as a result of work activities in last 12 months. • NHS People Plan: Ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day.	£5.00 per Buzzer OD Project officer time approx. 1 hour per month	27.8% respondents of the 2021 NHS Staff Survey experienced musculoskeletal problems (MSK) as a result of work activities. 42% of respondents (335 colleagues) of the UHBW Wellbeing Survey in Aug21 were aware of the Annual Activity Challenge with 10% (72 respondents) having participated.	51 teams registered	Not captured as yet	Clinical staff pressures (staff shortage, etc.) preventing participation. Initiative most suited to teams therefore less take-up of those working from home/agile.	Stakeholder engagement via Wellbeing Advocate network, Newsbeat, intranet, social media and other communications mechanisms	Widened awareness of Trust physical wellbeing offer.

Methodology- data captured (8 of 8)

Intervention or Resource	Rationale What is it for, how it is meant to work and what are the anticipated changes.	Resources required	Colleague awareness (data from Trust Wellbeing Survey 2021)	Colleague engagement (usage between Oct '21-Mar '22)	Colleague satisfaction	Barriers to implementation	Enablers to implementation	Impact Changes attributable to intervention
Running Club	Weekly non-competitive, inclusive club regardless of level of fitness or experience. Promotes physical activity and facilitates friendships. This intervention aligns to: • UHBW Workplace Wellbeing Strategic Framework • NICE guidelines PH41, PH13, QS84 and NG90. • NHS Health and Wellbeing Framework - Health interventions: Musculoskeletal (MSK) health. • NHS People Plan: Ensure that workplaces offer opportunities to be physically active.	A&B funding provided to cover licence, lead training and branded T-shirts	37% of respondents (297 colleagues) of the UHBW Wellbeing Survey in Aug21 were aware of the Running Club with 15% (2) respondents) having participated.	78 members. Attendance fluctuates, since the running club was re-established in January 2022, weekly attendance has been between 4-8 people.	Not captured	Time to participate due to shift pattern, caring responsibilities, etc. Attendance and participation fluctuates over the year.	Stakeholder engagement via Wellbeing Advocate network, Newsbeat, intranet, social media and other communications mechanisms. Linkage to Trust cycle club.	Extension to physical wellbeing and healthy lifestyle offer
Cycle Club	Monthly peer led club open to all Trust cyclists with different levels of ability and experience, from commuters to those who regularly ride 100kms+. This intervention aligns to: • UHBW Workplace Wellbeing Strategic Framework • NICE guidelines PH41, PH13, QS84 and NG90. • NHS Health and Wellbeing Framework - Health interventions: Musculoskeletal (MSK) health. • NHS People Plan: Ensure that workplaces offer opportunities to be physically active.	None – voluntary peer led group	34% of respondents (273 colleagues) of the UHBW Wellbeing Survey in Aug21 were aware of the Cycle Club Annual Activity Challenge with 1% (5) respondents) having participated.	TBC once reinstated	Not captured	UHBW does not provide loan cycles to those without one Cycle club currently on pause due to leader injury. Hoping to be reinstated April/May	Stakeholder engagement via Wellbeing Advocate network, Newsbeat, intranet, social media and other communications mechanisms. Linkage to Trust running club.	Extension to physical wellbeing and healthy lifestyle offer

UHBW Workplace Wellbeing Strategic Framework Bi-Annual Report (October 2021 to March 2022)

Consideration of organisational factors

- The aim of the evaluation framework is to provide a robust format to monitor the activities and outputs of core workplace wellbeing initiatives and resources including, self-care guides and e-learning; and interventions for greater understanding of their impact.

- The evaluation does not seek to verify a causal link between the provision of wellbeing resources and interventions, and a reduction in sickness/absence due to negative wellbeing (psychological or physical). An attempt to establish return on investment (ROI) by exploring this causal link is problematic as it requires unreliable assumptions about a direct link between receipt of an intervention and a health improvement. A person's wellbeing is heavily nuanced and is affected by multiple variables; and so, making simplistic cause and effect assertions risks being unreliable.

- In addition, data often used to make such assertions, typically sickness absence, is also open to generalised assumptions. For example, a reduction in sickness absence attributable to stress, anxiety or depression (S10) may or may not be indicative of an improvement in workplace wellbeing. Such claims to determine economic benefit in relation to costs, omit multiple variables such as the potential for increased presenteeism which could equate to more significant costs, including human and financial in the longer term.

- For this reason, the aim of the Trust evaluation framework focusses specifically on evaluation of UHBW initiatives themselves, and not on attempting to evaluate workplace wellbeing as a whole.

- The pandemic has continued to have an ongoing impact to workload, pressures and staffing levels; as well as employee lives outside of work. It is important when reviewing data in this report, to acknowledge that six months is a long period and within that time, new resources (both internally and externally delivered) have launched and have been promoted at UHBW.

- The evaluation framework itself is subject to review to ensure the methodology remains appropriate for the evolving workplace wellbeing offer.

Key themes and findings

This section contains:

1. Results and lessons learned
2. The NHS Staff Survey results 2020/2021.
3. Trends across the above data sources

Results and lessons learned

Results:

Applying the evaluation framework to core resources and interventions of the Trust wellbeing offer enables us to draw the following conclusions.

- **Rationale:** All workplace wellbeing initiatives have a clear rationale, identified aims and are reflective of best practice; and provide all colleagues with a range of holistic wellbeing support with all needs catered for within the offer.

- **Rationale:** Colleagues have equitable access to evidence-based psychological support and advisory service 24/7, 365 days a year, with a wait time of approx. 5 working days.

- **Rationale:** Colleagues have equitable access to specialist evidence-based treatment for complex issues such as Post Traumatic Stress Disorder where appropriate.

- **Awareness of resources/interventions:** There was significant variance across the resources: from 11% -70% of colleagues having an awareness (Wellbeing Survey 2021).

- **Barriers to implementation:** There are common themes in the barriers across the resources/interventions: with awareness and demand vs capacity being the two most prominent.

- **Enablers to implementation:** the main theme was around communication methods: Comm's Team, Wellbeing Advocates, Intranet, Wellbeing Nurse roles.

- **Uptake:** 3,342 individual staff and 69 teams have accessed resources or interventions within the Wellbeing offer within the past six months. This is a significant increase from the same six month period in 2021, where 2,305 staff accessed resources or interventions from the wellbeing offer.

- **Satisfaction:** Where colleague satisfaction data has been collected, the majority is positive. All feedback is used for continuous quality improvement.

- In addition to support for colleagues themselves, the offer contains guidance and support for Line Managers, to enable more localised team-based support where appropriate.

Results and lessons learned

Lessons learned

- Improved data management is required for ongoing, informal initiatives including the Buzzer Challenge.

- Continued efforts are required to ensure that wherever possible, outcomes and satisfaction data is captured to help determine perceived impact by colleagues especially within the Occupational Health Service.

- The workplace wellbeing offer is evolving to ensure a more equal spread of resources and intervention that promote psychological wellbeing, physical wellbeing and healthy lifestyles thus supporting the 'whole person' holistically.

- Whilst the array of physical activity and healthy lifestyle services and resources are varied and considered inclusive, there appears some barriers to access or participation.

- Awareness of the entire offer and individual elements contained within is positive. However, ongoing communication and engagement activity is essential to remind colleagues who may only interact with a particular intervention when needed and to new starters as part of their local orientation.

- Line managers and wellbeing advocates are key. We will conduct a full review of the wellbeing advocate role in Q1 to identify capacity and capability and implement a robust advocate network enabling effective local solutions to be embedded.

The NHS Staff Survey results (2021)

The following five questions as featured in the 2021 NHS Staff Survey are those most relevant to workplace wellbeing. Here the results are presented for the past three years, with commentary on any year-on-year change.

KPI	Staff Survey Question	2019	2020	2021	Change from 2019-2020
WSS1	Organisation takes positive action on health and wellbeing	33%	35%	59.4%	**Positive:** Increase in staff feeling the Trust takes positive action.
WSS2	Immediate manager takes positive interest in health & wellbeing	71%	70%	67.4%	**Negative:** Decrease in staff feeling their Manager takes positive interest in wellbeing.
WSS3	Musculoskeletal (MSK) problems experienced as a result of work activities in last 12 months	25%	25%	27.8%	**Negative:** Increase in staff experiencing MSK due to work related activities.
WSS4	During the last 12months felt unwell as a result of work related stress	36%	40%	45.5%	**Negative:** Increase in staff feeling work-related stress.
WSS5	Came to work when not feeling well enough to perform duties in last 3 months	52.7%	43%	51.5%	**Negative: increase** in staff presenteeism.

Themes across the data sources.

Here we bring together themes apparent from reviewing the data sources, to form the concluding observations made within this biannual report.

- Coupled with the conclusions drawn from the evaluation framework it is clear that there is a comprehensive holistic wellbeing offer in place for all colleagues at UHBW, with assurances around the purpose, and the evidence-base of these resources.

- The majority of colleagues report feeling highly satisfied with the workplace wellbeing offer in place.

- Provision is being well utilised with increasing numbers when compared to the same time-period last year. This could be attributed positively to enhanced awareness as services become increasingly embedded, or seen as a more negative indication that need has increased, which appears congruent with data from the NHS Staff Survey informing of an increase in staff experiencing stress.

- Looking at staff attitudes to Managers support of wellbeing, there is congruence across the wellbeing survey and Staff Survey results; with the majority of colleagues feeling that Managers **are** supportive of workplace wellbeing.

- Evaluation method varies across the different wellbeing initiatives being delivered by a range of service providers. Improved frequency in a standard format is desired (where possible) with outcome data being captured in a more consistent manner.
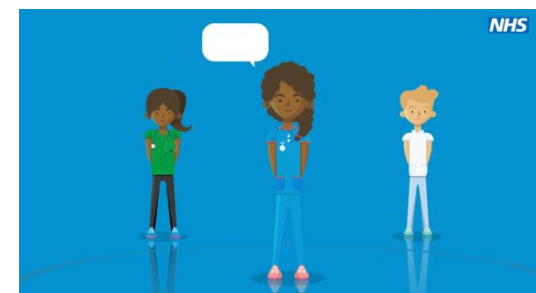
Next six months

The following pages set out the strategic workplace wellbeing action plan for the next six months

Progress and exceptions on the action plan will be monitored by the quarterly Workplace Wellbeing Steering Group with quarterly updates to the People Education Group and People Committee.

Workplace Wellbeing Strategic Objectives Action Plan 2022/23

KPI's	No	Strategy objective	Key Milestones	Corporate Lead	Collaborators	Q1 update (April to June 2022)	BRAG
WSS1, WSS3, WPP2, WPP4 WSF1, WSF2 WSF10	1	Promote a culture of wellbeing; utilising the holistic Trust wellbeing offer to encourage self-care and access to timely evidence-based support.	By the end of Q1 all key corporate stakeholders will meet to agree and mobilise the plan for wellbeing for 2022/23.	Corporate Wellbeing Leads	Corporate Wellbeing Leads/ Nurse Wellbeing Leads/Corporate leads		
			Implement the agreed plan for 2022/23 in quarter 2 with key stakeholders ensuring there is robust governance for review and evaluation on an ongoing basis to inform pro-active intervention and year end evaluation.	Corporate Wellbeing Leads	Corporate Wellbeing Leads/ Nurse Wellbeing Leads/corporate leads		
			Evaluate the wellbeing offer for 2022 by end of Q4.	Corporate Wellbeing Leads	Corporate Wellbeing Leads/ Nurse Wellbeing Leads/Corporate leads		
			In order to promote a holistic approach to wellbeing, we will conduct a full review in partnership into the nurse wellbeing lead role by the end of Q2.	Corporate Wellbeing Lead	Corporate Wellbeing Lead /HRBP's/Head of Nursing/ Nursing Wellbeing leads		
			Implement the new model for wellbeing nurses as a result of the partnership review by the end of Q3.	Corporate Wellbeing Lead	Corporate Wellbeing Lead /HRBP's/Head of Nursing/ Nursing Wellbeing leads		
WSS1, BSS1 BSS2, BSS3 BSS4, BPP1 BPP2, DPP9 WRES6, WSF3 WSF9	2	Foster a supportive culture where colleagues feel able to raise concerns and access support.	Establish a task and finish group to implement an integrated approach to tackling bullying and harassment and promoting positive working cultures. A plan in place by end of Q1.	Associate Director Organisational Development and Wellbeing	Director of People Head of HR Services FTSU Guardian Corporate Wellbeing Leads, EDI Lead and FTSU summit members		
			A quarterly update will be provided for each quarter of 2022/23.	Associate Director Organisational Development and Wellbeing and Head of Human Resources Services	Director of People Head of HR Services FTSU Guardian		

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On Plan	Not Achieved	Risks Slippage	Completed

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WSS1, WSS3 WPP2, WPP4 WSF1	3	Develop an effective communication plan for sharing and promoting use of wellbeing resources and initiatives across the Trust	Ensure the internal HR Web communication pages reflect our commitment to change and a quarterly 'spot light on' is introduced by end of Q2.	Corporate Wellbeing Leads	Corporate Wellbeing Leads		
			Celebrate the achievements within the bi-annual report and share this with all networks as well as ensuring this is available on both the intranet and Internet as of Q1.	Corporate Wellbeing Leads	Corporate Wellbeing Leads/ Divisional Wellbeing Leads/Corporate Leads		
			Develop a programme of Wellbeing events ensuring a link to our Values and behaviours and a robust communication plan which can be reported on each quarter with effect from Q1.	Corporate Wellbeing Leads	Corporate Wellbeing Leads/ Divisional Wellbeing Leads/Corporate Leads		
			Strengthen the role of the Wellbeing Steering group to facilitate divisional and corporate leads to drive their local initiatives enabling the mobilisation of the strategy objectives and reported through the bi-annual report as of Q1.	Corporate Wellbeing Leads	Corporate Wellbeing Leads/ Divisional Wellbeing Leads/Corporate Leads		
WSS1, WSS3 WPP2, WPP4 WSF6, WSF7	4	Ensure there are robust divisional plans in place to enable the effective delivery of the strategy at a local level and to ensure local solutions are embedded in response to the staff survey.	Use the staff survey findings to develop a meaningful plan to be monitored at the Wellbeing steering group on a quarterly basis as of Q3 (plan in place by end of Q2).	Divisional Wellbeing Leads	Corporate Wellbeing Leads		
			Conduct a full review of the wellbeing advocate role to identify capacity and capability and implement a robust advocate network enabling effective local solutions to be embedded by end of Q2.	Corporate Wellbeing Leads	Corporate Wellbeing Leads/ Divisional Wellbeing Leads/Wellbeing Advocates		
			Evaluate the wellbeing advocate network by end of Q4.	Corporate Wellbeing Leads	Corporate Wellbeing Leads/ Divisional Wellbeing Leads/Wellbeing Advocates		

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WSS1, WSS2 WPP4, WPP5 BSS2, BPP2 DSS3, WSF8	5	Align wellbeing work with national governance and policies to ensure that all UHBW solutions are aligned to best practice.	The Trust to actively play a leading role in contributing and learning from Wellbeing strategies, activities and policies in partnership locally, regionally and nationally for the benefit of our staff and patients update each quarter	Corporate Wellbeing Leads	Corporate Wellbeing Leads/ Divisional Wellbeing Leads		
			Lead the BNSSG wellbeing solution ensuring the internal offer is aligned with development of the system-wide Healthier Together Support Network (HTSN).	Business Manager Occupational Health	Corporate Wellbeing Leads/ Divisional Wellbeing Leads/Healthier together network		
			Conduct a benchmarking exercise with AUKUH and other partners to share learning and develop existing milestones by end of Q2	Corporate Wellbeing Leads	Corporate Wellbeing Leads/ Divisional Wellbeing Leads		
			Work with the ICB to develop the Health and Wellbeing offer to ensure all employees are supported in the workplace. To be completed by July 2022.	Business Manager Occupational Health	Corporate Wellbeing Leads/ Divisional Wellbeing Leads/Healthier together network		
			Continue to promote the HTSN programme to employees across the System and to feedback quarterly into the wellbeing steering group meeting.	Business Manager Occupational Health	Corporate Wellbeing Leads/ Divisional Wellbeing Leads/Healthier together network		
			Work across the system to finely tune the psychological offer ensuring a smooth pathway to appropriate services.	Business Manager Occupational Health	Corporate Wellbeing Leads/ Divisional Wellbeing Leads/Healthier together network		

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WSS1, WSS2 WPP4, WPP5 BSS2, BPP2 DSS3, WSF2 WSF3, WSF5	6	Further develop the Trust training package to ensure line managers are equipped to support the wellbeing of colleagues, and this is robustly evaluated to inform future solutions	Develop e-Learning resource to support line managers to support the wellbeing agenda by Q2.	Education digital lead	Head of Education Corporate Wellbeing Lead		
			Facilitate a portfolio of resources accessible via the Trust learning management system for line managers. Initial provision of resource to be developed by Q2.	Corporate education lead	Head of Education		
			Integrate wellbeing into a revised Trust leadership and management, and coaching training model by Q2.	Leadership & management team	Head of Education		
			Establish an Education working group by the end of Q1.	Associate Director of Education			
			Vision for leader and manager training to be presented by Associate Director of Education to SLT and People Committee in March. Q1/2.	Associate Director of Education	Senior Leadership Team and People Committee		

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WSS1, WSS2 WPP4, WPP5 BSS2, BPP2 DSS3, WSF2 WSF3, WSF5	7	Ensure workplace support is available to maintain good musculoskeletal (MSK) health and to manage conditions in the workplace.	Establish a working group to conduct quarterly reviews on current Trust sickness absence data for S11 and S12 to identify "hot spot" areas consisting of MSK OH staff member, Divisional HR reps and Trust MH Lead.	Manual Handling and Ergonomics Advisor and Business Manager Occupational Health	Corporate Wellbeing Leads/ Divisional Wellbeing Leads		
			Ensure a clear / visible referral process for managers and staff who suffer with an MSK; this is in relation to MH team and OH relationship being stronger and no overlap in staff referrals by Q2.	Manual Handling and Ergonomics Advisor and Business Manager Occupational Health	Corporate Wellbeing Leads/ Divisional Wellbeing Leads		
			Promote and support physical activity events which are run Nationwide, for example Back Care week, using Manual Handling Link Practitioners and Wellbeing Champions by the end of Q2.	Manual Handling and Ergonomics Advisor	Corporate Wellbeing Leads/ Divisional Wellbeing Leads		
			Create an evaluation process to evaluate support offered to staff, who is accessing which service from which department by Q2.	Manual Handling and Ergonomics Advisor	Corporate Wellbeing Leads/ Divisional Wellbeing Leads		
			Support staff working from home by promotion of the DSE virtual home workstation check-ups by the end of Q1.	Manual Handling and Ergonomics Advisor	Corporate Wellbeing Leads		
WSS1, WSS3 WPP2, WSF4	8	Support the development of a capital proposal utilising the restoration allocation for a wellbeing hub and staff rest areas to ensure staff are supported in their working environments.	A Project Team has been introduced and includes membership from the corporate team to define a programme of new Wellbeing schemes to be funded through the Strategic Capital allocation. Monthly reports to the Trust Services Project Board will be used to update the Wellbeing steering group on a quarterly basis.	Director of Estates and Facilities	Associate Director Organisational Development and Wellbeing		

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