



Meeting	SPA People Committee
Date	29 May 2025
Location	Video Conference
Title of Paper	Q4 2024/25 Wellbeing Report & Action Plan update
Presented By	Nicky Page, Chief Officer – Human Resources
Recommendation to Members	For Discussion
Appendix Attached	Appendix A – Health & Wellbeing Action Plan

PURPOSE

The purpose of this paper is to provide an update against the new Health & Wellbeing (HWB) plan for quarter four 2024/25.

The paper is submitted for discussion.

1. BACKGROUND

- 1.1 This paper presents a quarter four and year end overview of some of the most prominent actions within the Health and Wellbeing (HWB) action plan (Appendix A) as approved by the People Committee in November 2024.

Health and Wellbeing Programme Approach

- 1.2 The HWB action plan takes a proactive, preventative and person-centred approach towards the health and wellbeing of our workforce. The approach intends to understand and consider the needs of our people, ensuring that we don't only engage with our people in reaction to a wellbeing issue (undo), but that we make an impact in terms of prevention and mitigation of factors. Timelines have been added against each action area below indicating when key activity will be progressed.

2. HEALTH AND WELLBEING ACTION PLAN UPDATES

Health and wellbeing goal - Improve workforce mental health and reduce suicide

Workforce mental health and suicide prevention action plan (Q2 – 25/26)

- 2.1 The development of a workforce mental health and suicide prevention action plan will be a key focus in 2025/26 and will aim to connect the work in this space throughout the organisation. At present we are undertaking a mapping exercise which helps us to recognise the existing work in this space and explore how potentially this work can be aligned to greater effect. We are also working with colleagues internally to update and enhance wellbeing content that exists in current learning programmes throughout PS/SPA. This is an ongoing/long-term piece of work but will ensure a well-considered, relevant wellbeing curriculum for officers, staff and those who are line managers to support them in undertaking their roles.

Lifelines Scotland (Ongoing)

- 2.2 There are currently 106 facilitators with 100 of these fully signed off by Lifelines Scotland to deliver, the remaining 6 are in the process. The Scottish Ambulance Service (SAS) and Scottish Fire and Rescue Service (SFRS) have agreed to part fund website and facilitator assurance for financial year 2025/26 and we are in the process of

putting into place a memorandum of understanding to support facilitator delivery in 2025/26.

- 2.3 The Lifelines Scotland Facilitators programme continues to be rolled out and currently has a reach of c.3687 people (Modules 1-5 = 2350 people / Module 6-9 = 1337 people). As of November 2024, completion of the training is now recognised within our staff and officer SCOPE records.
- 2.4 Since the September 2024 probationer intake, all probationers receive the Lifelines Scotland input, to coincide with becoming operationally live. This is delivered in-house by our probationary training facilitators.

Wellbeing Champions Network (Ongoing)

- 2.5 At present we have 232 wellbeing champions within our network. Throughout the year this has decreased from approx. 248 through retirement and officer or staff relinquishing the role due to capacity. However, we are maintaining our aim of a network headcount of 1 champion for every 100 colleagues.
- 2.6 We continue to implement a structure of continuous personal development for champions with monthly themed sessions, these have included Police Care UK, See Me Campaign, PSD Investigation Feedback Guidance, Vivup – Employee Assistance Programme, LGBTI Ally, Optima Health – Occupational Health contract, Your Voice Matters, mediation, Police care UK, stress awareness and resilience and the Police Treatment Centre.
- 2.7 The champions activity tracker, which is our commitment to explore how we can provide greater feedback and evaluation on the roles of the champions throughout our organisation, continues to provide us with insight and trends emerging throughout the force. These have consistently included mental health issues, service provision and force mobilisation.
- 2.8 The tracker also allows us to track champion activity within their areas and we can see that many are failing to engage in the completion of the monthly tracker and to commit to the core elements of being a champion as outlined below i.e. there were 54 submissions in April out of 232 Wellbeing Champions at that time.
- Protected (paid) time of up to 4 hours per month for each Champion to undertake their role.

- Committing to 3 pieces of wellbeing work conducted over a 4-month period to continue in the role of a Wellbeing Champion.
- 2.9 The 12-month network review mark is approaching at which point we will return to the Finance and People Board with a full overview of the network and proposals for the future.

Police Traumatic Events Checklist (Q4 – 25/26)

- 2.10 We have held initial discussions, both internally and externally, around the implementation and development of the Police Traumatic Events Checklist (PTEC) for Police Scotland and this will be a key focus in 2025/26. PTEC can empower individuals to self-reflect on the common ground of their most vulnerable and resilient moments in a fresh and honest way. PTEC may also bring new organisational insight into the reality of trauma load and the risks to psychological resilience that come with specific roles.

Trauma Risk Management (Q2 – 25/26)

- 2.11 We will undertake an in-depth review of our support provisions in relation to trauma (including TRiM) to ensure we have appropriate and effective support mechanisms in place. This will be a focus of Q2 25/26.

Your Wellbeing Assessment (Q3 – 25/26)

- 2.12 Your Wellbeing Assessment (YWA) a confidential screening tool (an MOT, but for our mental health) has now been shared with all officers and staff across the organisation. YWA was reviewed and redesigned by Optima Health for 2025. The reminders & the redesigned questionnaires were e-mailed to all officers & staff between 6 February and 3 March 2025.
- 2.13 The objective of the assessment is to, with consent, put in place support, advice and guidance before an individual may realise that they need it. The assessment will be reviewed by a member of Optima Health's mental health team. The questions asked are to enable the mental health clinician to spot the early signs of potential difficulties before they become problems. During quarter 4 a total of 887 assessments were reviewed with the opportunity for onward routing to counselling, cognitive behavioural therapy (CBT) and eye movement desensitisation and reprocessing (EMDR) support where appropriate.

Collaborate with Health & Safety (Q2 – 25/26 and then ongoing)

- 2.14 We are currently working with health and safety to explore our organisational approach to health surveillance with a specific focus on audiometry. Health surveillance is a way to monitor employee health and detect early signs of work-related ill health. Any health surveillance programme would support our current fitness for task medicals. We will return to the Board at a future date with a proposal in this space.

Health and wellbeing goal - Set strategic direction for health and wellbeing which is equitable, evidence informed and evaluated

The National Police Wellbeing Service (Oscar Kilo) Collaboration (Q1 -25/26)

- 2.15 The National Police Wellbeing Service (Oscar Kilo) collaboration memorandum of understanding has now been approved by information assurance and information security and is now with Oscar Kilo for final review and sign off. The next step is to meet with Oscar Kilo colleagues to agree a delivery plan for the next 12 months with a particular focus on the Blue Light Wellbeing framework.

People Strategic Plans (Q1 – 25/26)

- 2.16 People strategic plans have been developed in collaboration with our People Partners. They contain specific wellbeing measures for local leaders to commit to and be held accountable for. These plans are out for consultation and it is anticipated that these will be implemented in line with the People and Development restructure.

Health and Wellbeing Governance Board (Q4 - 24/25)

- 2.17 A review of the purpose and impact of the Health and Wellbeing Governance Board has taken place. Health and wellbeing will report into the newly merged Finance and People Board with health and wellbeing now a standing item on the Boards agenda.

Health and Wellbeing Communications and Engagement (Q3 – 25/26)

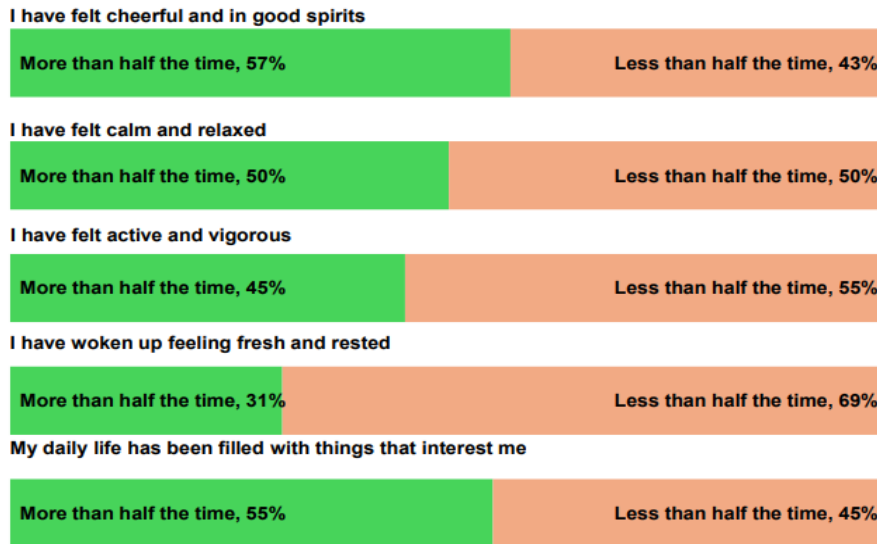
- 2.18 The team recently attended a number of events including the Scottish LGBTI Police Association AGM as well as events set up by Policing Together and Professional Standards to deliver a health and

wellbeing workshop to those in attendance. The workshop aims to develop understanding of health and wellbeing, the influences and determinants of health and wellbeing and how we can all take positive action to support not only our own health and wellbeing but that of our colleagues and teams.

- 2.19 The health and wellbeing intranet site has been reviewed and is now a reliable source of information. We have been tracking the usage of the site over the last 12 months with 102,000 hits during this time. The most popular areas of the site include Employee Assistance Programme, Occupational Health (over 10,000 each) and the wellbeing champions site (over 5,000). These insights are enabling us to continually evolve and improve the site. A new look and improved content will be launched in the coming months.

Your Voice Matters 24/25 – WHO-5 - Reporting on the World Health Organisation Wellbeing (WHO) Index (Q2 – 25/26 and ongoing)

- 2.20 Health and wellbeing contributed to the design of the survey and the WHO-5 index questions were included as investigating the wellbeing of colleagues who completed the workforce survey is crucial in planning and shaping our health and wellbeing programme to support our colleagues' needs.
- 2.21 General wellbeing was measured by how colleagues felt during the past two weeks, in line with the WHO criteria. As a guide, a score of above 52% is considered a good wellbeing score. Police Scotland's score at present is 46%, median 48%, which further highlights the importance of the health and wellbeing action plan and our commitment to deliver on each aspect.
- 2.22 When looking deeper at all respondents to the survey (n = 10,613), there were similar levels across several of the WHO-5 questions. Most notably, though, was that only a third (31%) of all respondents identified that they had woken up feeling fresh and rested more than half the time in the past two weeks. The chart below provides an overview of responses across the WHO-5 index.



2.23 We have also found that there are mixed feelings across all the wellbeing aspects assessed within the survey, with around half feeling well and positive more than half of the time. The lowest scores for this relate to having support to rest and recharge and being able to reflect on the impact of my role.

YOUR WELLBEING: INDEX SCORE		
Have access to appropriate uniform	78%	High
Have support from my supervisor/line manager	77%	High
Have the correct access to digital/tech that I need to do my job	70%	High
Feel safe and protected at work	70%	High
Get the breaks that I need	56%	Moderate
Have support in achieving a better work-life balance	52%	Moderate
Talk about how I'm feeling with a colleague	52%	Moderate
Have the support to rest and recharge from the demands of my role	48%	Low
Reflect on the impact my role could have on me	47%	Low

Health and wellbeing goal - continuous improvement of the delivery and effectiveness of wellbeing services and corporate functions

Develop Neurodiversity Offering (Q2 – 25/26)

2.24 We are currently working with our occupational health provider to review our current neurodiversity support offering to ensure that it is fit for purpose and adequate in relation to this ever-growing demand. We are actively linking in with the neurodiversity strategic oversight board on the development of this area.

2.25 The negative impact of the ongoing challenges and delays we face due to the Department of Work and Pensions, Access to Work programme is being felt across the organisation and has led us to

raise this as an organisational risk. We are progressing work to review and provide recommendations for the future of this process.

Continuous review and development of the IHR/IOD processes (Ongoing)

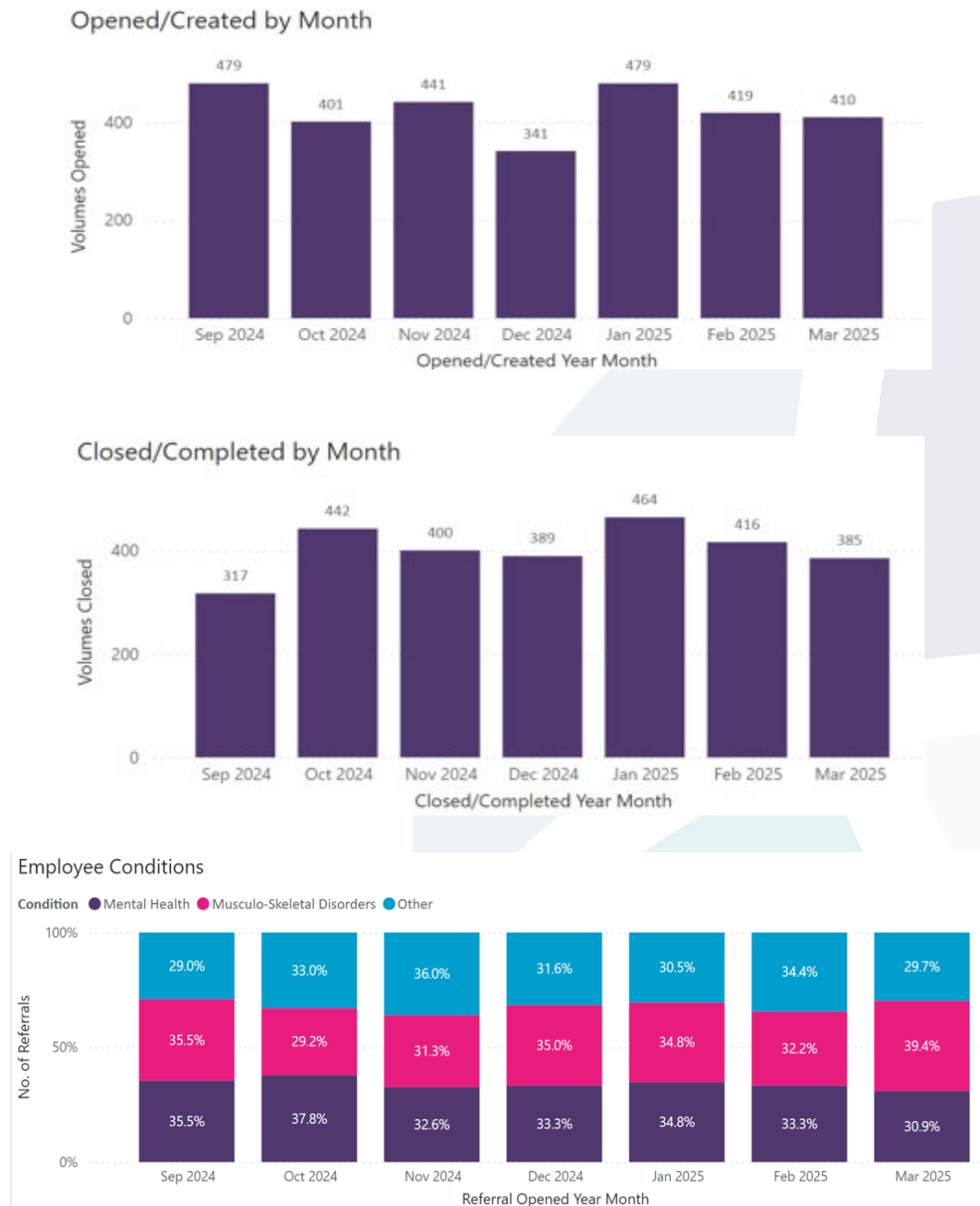
- 2.26 Further to recommendations 5.2 and 5.3 of the internal audit of ill health retirement and injury on duty carried out by BDO, members are invited to note the feedback from the survey introduced for both processes and progress against the themes identified in the audit where negative experiences had been identified.
- 2.27 The internal audit of ill health retirement and injury on duty was approved by the Audit, Risk and Assurance Committee of the Authority on 7 November 2023. The audit made recommendations related to Police Scotland requiring to improve the analysis of feedback from participants in both ill health retirement and injury on duty processes.
- 2.28 The audit also recommended that from this feedback, lessons learned activity should be undertaken to analyse and address negative feedback and issues and provide an update to the people committee.
- 2.29 During the audit, BDO obtained feedback from a small sample of officers and ex officers put forward by the Scottish Police Federation (SPF), this highlighted a number of areas of negative experience from both processes. This included lack of awareness of case progress, uncertainty about when to expect updates or who to contact for updates as well as lack of information in documentation, especially regarding rights of appeal.
- 2.30 Police Scotland and the SPA had already identified changes to approaches in relation to support and contact for participants in these processes. Changes included nominated case advisors for support through these processes, including the offer of an initial meeting to make agreements on the timing and format updates to the individual's case.
- 2.31 To assist in fulfilling both recommendations 5.2 and 5.3, a survey for participants in both processes was created in March 2024. Survey questions were focussed on enquiring about issues that had been provided to the auditors, specifically around support, progress updates and supporting documentation.

- 2.32 A total of 16 responses were received across the year which represents around 30% of the officers who have been through these processes since the survey was introduced in March 2024.
- 2.33 Members are requested to note that in response to question two – *'Were you provided with details of your nominated Advisor who was supporting your case through the process?'* 75% of respondents advised that they had.
- 2.34 Similarly for question three – *'Did you have an initial meeting or communications with the Advisor at the beginning of the process?'* 75% of respondents again advised they had. Whilst the rationale for those answering 'no' to both the name of the nominated support contact and this question is unknown Police Scotland, we will reaffirm with case advisors and case managers the need to ensure the now agreed approach is undertaken.
- 2.35 In response to question ten - *"Overall, how satisfied were you with the support you received during the process?"* Members will note 75% of participants now reporting either being very satisfied, satisfied with or not dissatisfied with the support they received though either process.
- 2.36 There are some responses indicating significant dissatisfaction with support during these processes. We will look to find out further information regarding these issues and work with stakeholders including the SPF to identify any learning or change in practice required.
- 2.37 We will also contact those who report a negative experience where their details are provided to identify any remedial steps necessary. Results will continue to be reported as required to the people committee and updates along with any changes made to Ill Health Retiral and Injury on duty processes resulting from feedback.

Occupational Health (Ongoing)

- 2.38 Since 1 April 2024 we have had 5,833 touch points with occupational health through management referrals.
- 2.39 This year has seen a significant increase in the number of recruitment medicals with 1,418 delivered by the end of quarter four due to our increase in intake numbers.
- 2.40 Physiotherapy is also on the rise with 3,988 assessments and treatments sessions delivered this year.

2.41 The new 'My OH' portal was introduced at the beginning of September 2024. The portal hosts all occupational health related activity and provides us with a new level of data and insights via Power BI. An example of referral volumes opened and closed by month and employee condition is provided below.



2.42 A breakdown of overarching occupational health delivery is also provided below.

Occupational Health Description	Year 1 TOTAL (2024- 2025)
Referrals (OHA/OHP referral and report / review of complex case / Further medical evidence required / rejected referrals)	5,833
Recruitment Medicals (pre appointment assessment / F2F OHA assessment)	1,418
Fit for Task Medicals (Firearms/Driver Medical / HGV / Airside / Diving / Offshore)	3,018
Assessment (Night worker / Hearing / Psychological Assessment)	1,450
Pensions (SMP review, IHR /IOD)	847
Immunisations (Body Fluid Exposure Management / Hep A / Hep B / Tetanus / Blood Tests)	1,231
Physiotherapy (Assessment online/onsite / Treatment)	3,988
TOTAL contacts	17,785

2.43 In relation to contract performance the areas of challenge across this year have been within the approach to recruitment medicals, delivery of occupational health reports and occupational health reporting content (modified duties and reasonable adjustments)

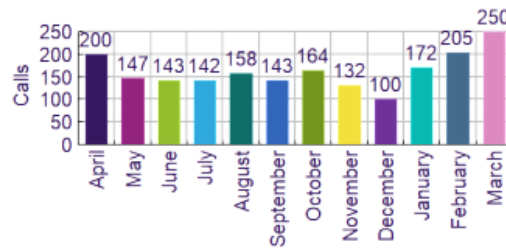
2.44 Alongside our contract management colleagues, we have been working with the provider to ensure positive action in these areas including:

- Short life working group set up with recruitment and Optima Health with a review and improvement action plan in place.
- Introduction of the 'My OH' portal, has improved timely delivery and efficiency of reporting.
- People and Development have been working with the Senior Medical Director and the Clinical Lead at Optima Health to ensure the focus of reports is based on the 'Office of Constable' and the organisational demands.

Employee Assistance Programme (ongoing)

2.45 Since 1 April 2024 we have had 1,956 officer and staff contacts with the EAP service

All Incoming Calls



2.46 The top three presenting issues are stress, anxiety and trauma / depression / low mood.

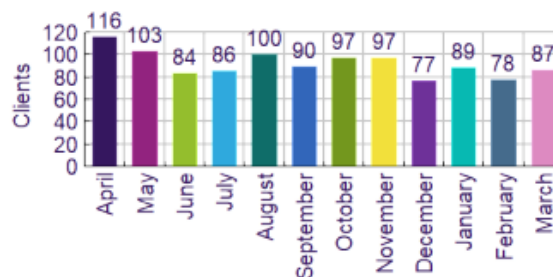
SPA / Police Scotland
Presenting Issue



2.47 1,104 staff and officers advanced to the counselling service via the 24/7 helpline. 4,283 sessions of support have been delivered which vary from in the moment support via telephone to the virtual and face to face.

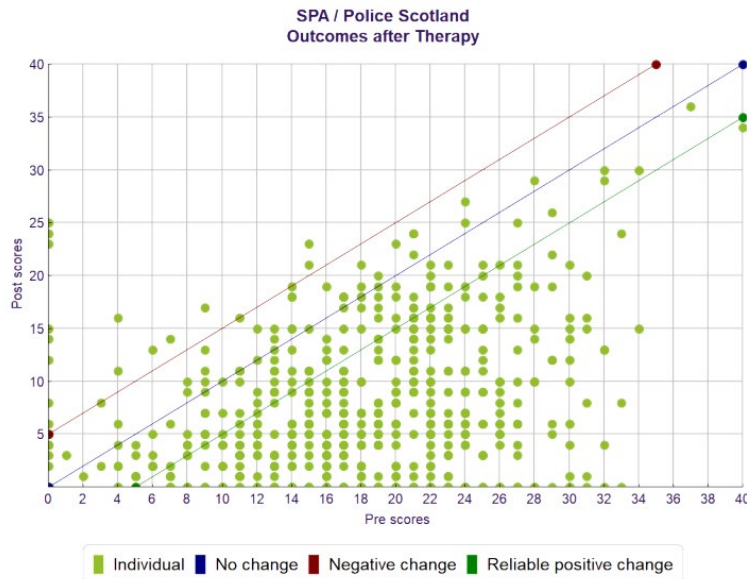
2.48 This support also includes more specialist support in the form of Pure CBT and EMDR with nearly 300 sessions delivered to officers and staff.

New Clinical Usage

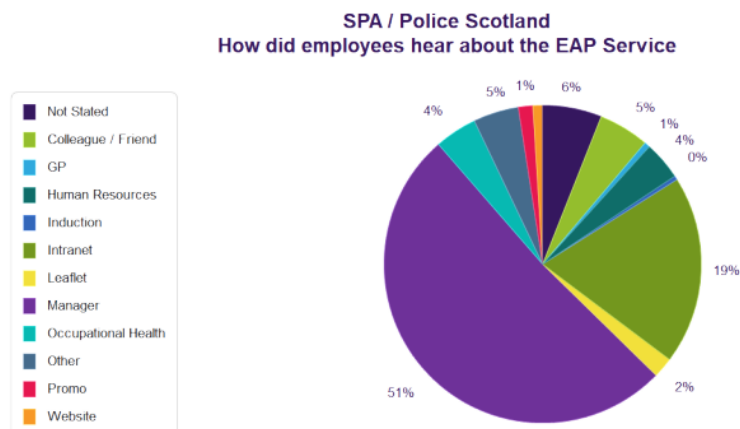


2.49 As of the end of March 2025, **86.01% of clients receiving therapy were experiencing positive outcomes after the therapy.**

Average Pre Score:	16.96
Average Post Score:	10.24
Average Change:	-6.72
Percentage of clients with improved scores:	86.01%



2.50 51% of officer and staff outlined that their line manager introduced them to the EAP.



2.51 In relation to contract performance the areas of challenge across this year have been in relation to telephone support service, the triage of calls, the provision of face-to-face counselling and the

timely response to complaints. We, alongside our contract management colleagues have been working with the provider to ensure positive action in these areas. This includes:

- The telephone and triage of calls are now all done in house and allocated staffing levels have been reviewed and increased.
- There has been a significant increase in the network of counsellors that can be utilised across to Scotland, this is now over 100. Police Scotland vetting have provided great support in the processing of applications.
- New update timelines introduced for all complaints, with individuals supported throughout the investigation until it reaches a conclusion.

Health and Wellbeing partner forum (ongoing)

- 2.52 Our partners are key in assisting us in how we support our officers and staff; not only as key allies in support of the health and wellbeing work, we do, but also in their own roles, providing support mechanisms and vital networks for our people.
- 2.53 It is essential that we have strong, positive links with these partners and maintain open communication channels to allow both sides to contribute to supporting the wellbeing of our people and to ensure joined up, collaborative relationships. It will also allow health and wellbeing to continue to improve engagement with officers and staff, as part of our action following on from the HMICS Frontline Focus - Wellbeing Report (April 2024).
- 2.54 The health and wellbeing partner forum held its first meeting in November 2024. The first meeting was a positive and productive beginning to this community, with attendees agreeing to the draft common purpose: *Working together to improve the health and wellbeing of everyone in PS and SPA*. The terms of reference (ToR) and ways of working were agreed. In January 2025, the focus was on culture, and a follow-up meeting is to be confirmed in due course.

Health and wellbeing goal - develop a workforce who prioritise wellbeing

Police Scotland learning products contain consistent wellbeing messages (ongoing)

- 2.55 Work is being undertaken to develop a common thread of health and wellbeing content in all learning content throughout the

organisation. A summary of some of the ongoing activity is provided below:

- Health and wellbeing content in probationer training and unit 5 (health and wellbeing) has been reviewed and new content planned, revised learning outcomes to be approved by SQA
- For managers, the eLearning HWB related content for the sergeant's diploma, Police Leadership Development Programme (PLDP) has been reviewed and improvements implemented.
- New HWB content for the newly promoted chief superintendent and superintendent learning programmes was piloted with c. 40 civilian investigators in early January 2025 and the first cohort of chief superintendents and superintendents in February 2025. This content is now expanded and part of the first session for each of the future cohorts of learners. Plans for Level 3 evaluation are being developed with leadership and talent colleagues.
- Senior Investigating Officers (SIO) course review is also underway.
- Staff induction HWB content has been updated.
- Health and wellbeing content in probationer training and unit five (health and wellbeing) has been reviewed and new content is now in place. Revised learning outcomes will require approval by SQA.
- For managers, the eLearning HWB related content for the Sergeant's diploma has been reviewed and requires SQA approval to make major changes.
- New HWB content earmarked for the newly promoted Chief Supt and Supt learning programme was piloted with c. 40 civilian investigators in early January 2025. Plans for evaluation are being developed with leadership and talent colleagues.

3. FINANCIAL IMPLICATIONS

- 3.1 There are financial implications associated with this paper, as more investment is needed which allows for the development of the various projects and the further integration and mainstreaming of wellbeing across the organisation in a meaningful way.

4. PERSONNEL IMPLICATIONS

- 4.1 Health and wellbeing resources and expertise will be required to achieve the plan.

5. LEGAL IMPLICATIONS

- 5.1 There are legal implications associated with this paper in that Police Scotland requires to be compliant with the Health & Safety at Work Act 1974. There is direct correlation between an individual's wellbeing and their working environment. We must do everything reasonably practical to provide a safe and healthy workplace for our people.

6. REPUTATIONAL IMPLICATIONS

- 6.1 There are reputational implications associated with this paper in that if Police Scotland/SPA do not continue to prioritise the wellbeing of our people, then staff morale and public perception may be negatively affected.

7. SOCIAL IMPLICATIONS

- 7.1 There are no social implications associated with this paper.

8. COMMUNITY IMPACT

- 8.1 There are no community impacts associated with this paper.

9. EQUALITIES IMPLICATIONS

- 9.1 We will continue to work closely with our ED&I colleagues within the department to ensure all equalities are considered throughout our work, and when required we will complete the necessary EQHRIA process.

10. ENVIRONMENT IMPLICATIONS

10.1 There are no environmental implications associated with this paper.

RECOMMENDATIONS

Members are requested to discuss the information contained within this report.

Appendix A: Health & Wellbeing Action Plan

HWB Goal	HWB Objective	Evidence / Measures	Time scales	HWB Action	HMICS Recom
<p>Improve workforce Mental Health and reduce suicide</p> <p>Impact statement: Our people are valued and we have reduced the stigma of mental ill health</p> <p>Measure: WHO 5 wellbeing score improves, Benchmarking Framework Output.</p>	Develop MH informed workforce	<p>WHO 5 wellbeing score. Workforce mental health and suicide prevention action plan production. Lifelines Scotland active facilitators and attendee numbers. Lifelines Scotland pre and post session evaluation. Annual Lifelines Scotland Level 3 evaluation. Wellbeing champs activity tracker completion and thematic analysis.</p>	Q2 - 2025	Develop and implement an overarching workforce mental health and suicide prevention action plan. The plan would drive this agenda and aim to connect work in this space throughout the organisations i.e PPCW, LTD, L&T.	HMICS 1 & 7
			On going	Develop and deliver the Lifelines Scotland Facilitators programme to expand the reach of the project, target to reach the whole workforce with crucial resilience, self-care, supporting colleagues and post trauma support training through a Police Scotland/SPA and peer support lens.	HMICS 6
			On going	Deliver an effective and evaluated HWB Champions network. Build on the existing Wellbeing Champions Network to foster a supportive, connected work environment, where 2 way communication is valued.	HMICS 2

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	Reduce the impact of exposure to trauma	Trauma tracker in place and used by Line manager. % of referrals to EAP post trauma exposure. TRiM referral volumes, active assessors and coordinators. Pre and post TRiM intervention outcomes.	Q4 - 2026	Scope out and develop a systematic approach to managing wellbeing to ensure that following injury, assault or exposure to trauma in the workplace, people are given appropriate and timely professional support. Approaches to consider include the development of trauma tracker, using PTEC ((Police Traumatic Events Checklist from PCUK), to enable line managers to monitor and take action.	HMICS 2
			Q2 - 2025 and then ongoing	Deliver effective and evaluated Trauma Risk Management service building on the existing programme.	
	Develop understanding of impact of operational pressures	WHO 5 wellbeing score. Uptake of wellbeing and resilience assessment. Outcome pre and post assessment.	Q3 - 2025	Develop innovative approach to wellbeing and resilience assessments, Approach to be informed by a full review and evaluation of the existing measures in place. Approaches to consider the National Police Wellbeing Service's (NPWS) approach of using bespoke psychological questionnaires and structured interviews for screening individuals in high-risk policing roles as a commendable practice	HMICS 2
			Q2 - 2025 and then on going	Collaborate with Health & Safety to develop understanding and utilise the data and insights and connect agendas particularly in relation to the impact on wellbeing of "undesirable circumstances". Key aspect is to develop a pathway for highlighting issues.	HMICS 2
	Reduce mental health stigma	Production of the communications strategy. Production of lived experience series.	Q3 - 2025 and then on going	Work to ensure can access the right help at the right time, through the development of a cohesive communication and engagement strategy for health and wellbeing. LINKS to F15	

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		Engagement with communications through Google analytics data.	Q3 - 2025 and then on going	Produce a series of lived experience pieces with clear sign-posting and call to action	
<p>Set strategic direction for health and wellbeing which is equitable, evidence informed and evaluated</p> <p>Impact statement : Our people receive an evidence informed, consistent service</p> <p>Measure: Benchmarking Framework Output.</p>	<p>Set strategic, evidence informed direction for WB nationally, to be delivered locally</p>	<p>WHO 5 wellbeing score. Annual benchmarking report. Production of HMICS improvement plan, HWB action plan and corporate people plans. Accountability at local commander and management level i.e. reporting on corporate people plans.</p>	Q1 - 2025 and then on going	Conduct scoping exercise and implement bench marking framework of ongoing reflection and iterative improvement via Oscar Kilo and the blue light Wellbeing framework	HMICS 1 & 2
			Q1 - 2025	Adopt and implement 'theory of change' methodology for individual streams of work with a focus on prevention which is informed by the people plan.	HMICS 1
			Q1 - 2025	Work closely with our People Partners on the development of the health and wellbeing aspect of the national corporate people plans. Providing Divisions and Departments with clarity on national health and wellbeing priorities and activities to be delivered and reported upon locally. Leaders are held to account through the governance structure in place to support the plan.	HMICS 1
			Q4 - 2025	Review health and wellbeing governance boards structures and reporting of wellbeing actions to ensure equitable programme is delivered and leaders are held to account.	HMICS 1

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	Messaging on wellbeing is consistent and clear	Production of the communications strategy. Engagement with communications through Google analytics data. Engagement of health and wellbeing network i.e. Wellbeing Champions, Lifelines Facilitators and TRiM team.	Q3 - 2025	Work to ensure people can access the right help at the right time, through the development of a cohesive communication and engagement strategy for health and wellbeing. To include the continued development of health and wellbeing intranet page, planning and delivering an annual health and wellbeing campaign calendar, promoting wellbeing through various initiatives such as Wellbeing Champions Network, roadshows, town hall events, world cafes, unconferences and other participatory methods for engagement and dialogue.	HMICS 7
			Q1 - 2025	Develop and implement a quality assurance procedure and process within HWB for all communications and messaging.	HMICS 7
			Q1 - 2025	Proactively manage organisational engagement opportunities, developing generic messaging for delivery by our advocates i.e. Wellbeing Champions, Lifelines Facilitators and TRiM team.	
			Q3 - 2025	Work with Corp Communications on monitoring the reach and impact of health and wellbeing communications	
	Evaluate initiatives to understand what works and how these are implemented equitably	WHO 5 wellbeing score is used and understood Health and wellbeing department to set organisational principles and approach for all health and wellbeing	Q2 - 2025	Use Kirkpatrick model of evaluation of learning to demonstrate effectiveness in changing behaviour across all aspects of the health and wellbeing programme.	
			Q2 - 2025	Upskill HWB team on evaluation planning and delivery	HMICS 2

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		activity i.e joined up approach.	Q2 - 2025	Develop pulse survey to check subjective wellbeing	HMICS 2 & 7
<p>Continuous improvement of the delivery and effectiveness of wellbeing services and corporate functions</p> <p>Impact statement: Our service are effective and good quality, we get the right help to the right people at the right time</p> <p>Measures: we monitor and take action on feedback from our service users</p>	Deliver efficient and effective OH service	Performance management driven by KPI's and SLA's, to include: Number of referrals. Assessment booking times. Report completion times. Case closed/completed.	Ongoing	Develop and implement the My OH portal	
			Q3 - 2025	Improve operational delivery and uptake wellbeing and resilience assessments	
			Q2 - 2025	Develop person centred, sustainable, equitable and preventative neurodiversity offering	
			Ongoing	Continuous review and development of the IHR/IOD processes to include a deep dive in conjunction with SPA.	
			Ongoing	Develop management information KPIs for performance management of OH supplier, implement feedback loop	
	Deliver efficient and effective EAP service	Performance management driven by KPI's and SLA's, to include: Number of contacts. New clinical usage. Support (and type) delivered. Outcomes after therapy.	Ongoing	Develop and implement the Employee Assistance Programme particularly the new stepped care model of support.	
			Ongoing	Define and promote line management EAP referral pathway	
			Ongoing	Develop management information KPIs for performance management of EAP supplier, implement feedback loop	
		WHO 5 wellbeing score Risk review completed,	Q2 - 2025	Conduct annual Business Continuity Plan review	

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	Operate a well governed and safe service	external partners forum formed. Wellbeing mitigation implemented to new policies and considered at board paper stage.	Ongoing	Manage, monitor and report on HWB risk with a clear/defined process for raising/reporting risks.	
			Q2 - 2025	Review wellbeing investigation / grievance process and guidance	
			Q2 - 2025	Give consideration to potential to the development of a Workforce Wellbeing Network to include the TRIM team, Wellbeing Champs, Wellbeing SPOCs, Lifelines facilitators, H&S colleagues.	HMICS 2
			Ongoing	Manage external stakeholders and partners via an external partners wellbeing group/forum inc MoUs & delivery plans.	
			Q1 - 2025	Impact on wellbeing is considered and included in board papers	HMICS 5
Develop a workforce who prioritise wellbeing Impact statement : Our people's wellbeing is protected by systems, culture	Police Scotland learning products contain consistent wellbeing messages	WHO 5 wellbeing score Development and roll out of new content. PMDP, PLDP and YLM evaluation to include wellbeing.	Q1 - 2025	Work with Leadership & Talent (L&T) and Learning, Training and Development (LTD) to ensure that Police Scotland/ SPA's approach to managerial development in health and wellbeing is both effective and tailored	HMICS 6
			Ongoing	Influence HWB content in leadership and line manager programmes to include PMDP, PLDP and YLM.	HMICS 6
			Ongoing	Influence HWB content in probationer training and build on the latest introduction of Lifelines Scotland to the training.	HMICS 6
			Ongoing	Influence HWB content in learning programmes such as tutor cops, detective training, roads policing etc	HMICS 6

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<p>and conditions which are designed to help people to thrive.</p> <p>Measure: WHO 5 scores increase</p>	<p>Collaborate across silos to improve wellbeing</p>	<p>WHO 5 wellbeing score Access to organisational (H&S, RDU, Estates) data to understand and influence 'organisational stressors'. Wellbeing mitigation implemented to new policies and considered at board paper stage.</p>	Q2 - 2025	Work with Health & Safety and Your Safety Matters colleagues to take a data led approach to wellbeing and early intervention	HMICS 2
			Ongoing	Work with RDU and Estates, identified as organisational stressors, to drive wellbeing as a priority within the strategic plans and delivery. RDU and Estates to lead on HMICS recommendations.	HMICS 3 & 4
			Q1 - 2025	Work in partnership with the Policy team to mitigate wellbeing impact, implement a wellbeing aspect to board papers	HMICS 5
			Q1 - 2025	Work with leadership and talent My Career colleagues to host and evidence wellbeing conversation. Consideration within My Career Phase 2.	HMICS 7

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