

Agenda Item 2.1

Meeting	SPA People Committee				
Date	28 August 2025				
Location	Webex				
Title of Paper	Bi-Annual Joint Health & Wellbeing				
	& Health & Safety Thematic Report				
Presented By	Dawn Maclean - H&S Manager				
	Damian Shannon - H&W Manager				
Recommendation to Members	For Discussion				
Appendix Attached	Appendix A - Health, Safety and				
	Wellbeing report				
	Appendix B - Health and Wellbeing				
	Action Plan				

PURPOSE

The purpose of this paper is to

- Demonstrate the criticality of health, safety and wellbeing to the delivery of Strategic Outcomes
- Outline progress made in relation to relevant strategic commitments
- Assess the impact in improving performance, mitigating strategic risks and delivering recommendations from audits/inspections

OFFICIAL

1. BACKGROUND

1.1 As part of a transition to a fully refreshed approach to People Committee reporting, this report sets out a proposed reporting approach focusing on alignment to strategic themes, mitigation of strategic risks, delivery of recommendations from audits/inspections and the overall impact of activity.

2. FURTHER DETAIL IN RELATION TO THE REPORT

2.1 The Health, Safety and Wellbeing report, attached at Appendix A, details matters such as strategic commitment, strategic delivery, risk/accident/incident/near miss, audit recommendations and impact.

The report also provides updates on current and emerging health, safety and wellbeing issues and updates regarding the development of policy and practice.

Appendix B provides an overview of the current status of the overall health and wellbeing action plan.

2.2 Members are invited to discuss this report.

3. FINANCIAL IMPLICATIONS

3.1 While there are no financial implication arising directly from this report, there are financial implications from on-going health and safety related estates works including fire safety actions. A significant number of actions have been identified through various audits. Similarly for wellbeing more investment may be required to allow 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 There may be issues in relation to Human Resources such as the link between RIDDORs and the number of lost working days. Having a robust Health and Safety Management System in place with appropriate resources can help the organisation in terms of challenges around physical resources and cost savings. Also, health and wellbeing resources and expertise will be required to achieve the plan, this is considered within the HR restructure.

5. LEGAL IMPLICATIONS

5.1 There are legal implications associated with this paper. Police Scotland requires to be compliant with the Health & Safety at Work etc. Act 1974 and various others. 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 relation to failures to comply with legislative requirements, health and safety guidance and established safe systems of work. Similarly, 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 current implications for environmental impact

RECOMMENDATIONS

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



Health, Safety & Wellbeing

Managers' Report

Strategic Commitments



1a. H&S Strategic Commitment

People Strategy Outcome	3-year business plan – year two milestones	Key deliverable for Health & Safety Team
	4.07 Commence and embed new learning and development approaches, while continuing to maximise opportunities to reshape	Review and update all generic risk assessments (GRA); creation of new GRAs; monitor progression of CoA 24/25; identify those who require training and deliver accordingly; communicate changes effectively through committees and intranet
	1	Development of H&S SOP to augment the policy statement
		Continue to identify training needs and development for all; exploration of H&S for Senior Leadership training in line with ISO 45001
PS1.3		Continue to enhance designs of reports to support engagement with officers and staff
	corporate and back-office support to reduce reliance on manual processes and deliver innovation and automation.	Explore ways of utilising the current technologies available through PS whilst identifying, where possible, the use of external packages designed for health and safety compliance such as Safety Culture
		Drive Accident, Incident and Near Miss reporting through various engagement opportunities and with new form format; utilisation of identified new enhanced systems to improve data capture as described above

Strategic Delivery

Please see Appendix B for key activity updates against the outlined work/action plans for the period.

1b. H&W Strategic Commitment

One of the Chief Constable's priorities in the 2030 Vision Business Plan is a Thriving Workforce and the wellbeing of officers and staff. This is reinforced with two of the three elements of the People Strategy (PS), outcome 1:

'We prioritise wellbeing and keep our people safe, protected and well-equipped' with supporting commitments:

- 1.1- We have a co-ordinated approach to health, safety and wellbeing which meets the full needs of our people; and
- 1.3 Our people have the uniform, equipment and skills they need to keep themselves and the communities they serve safe.

Our priorities are delivered though our 3-year business plan, and this year's priority deliverables for wellbeing are:

People Strategy Outcome	3-year business plan – year two milestone	Key deliverables for the Wellbeing Team		
	assessment on our wellbeing support	Report on delivery of the recommendations from the 2024 HMICS Frontline Focus inspection.		
PS1.1		Conduct a scoping exercise and implement a bench marking framework of ongoing reflection and iterative improvement via Osc Kilo and the Blue Light Wellbeing Framework.		
		Utilise World Health Organisation (WHO-5) wellbeing score index within Your Voice Matters to check subjective wellbeing of the workforce.		
		Deliver year two activity from the health & wellbeing action plan		

H&W Strategic Risk



2. Strategic People Risks

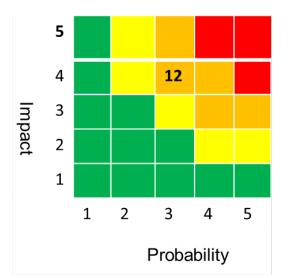
RISK O1C0001 DESCRIPTION Risk Title: Officer/Staff Wellbeing Cause: Officer/Staff Wellbeing If the organisation does not have clear and understood health and wellbeing policy and practices driven by a deeper understanding of internal and external determinants of officer/staff health and wellbeing, supported by an appropriate action plan and framework, there is a risk that the health and wellbeing of our people will be negatively impacted, resulting in potential for short, medium and long-term concerns for

SCORING			ď
	Impact	Likelihood	Score
Untreated	4	4	16
Current	3	4	12

officers/staff.

APPETITE		
	Lower	Upper
Appetite	1	6
Tolerance	8	10
⊘ Ris	sk is currently above Ap	petite

Actions		
Recommendation	Assignee	Variable Target
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, e.g. Policing Together, LTD, L&T.	Damian Shannon	31 Mar 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.	Damian Shannon	31 Mar 2026
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.	Damian Shannon	31 Mar 2026
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.	Damian Shannon	31 Mar 2026
Conduct scoping exercise and implement benchmarking framework of ongoing reflection and iterative improvement via	Damian Shannon	31 Mar 2026



Oscar Kilo and the Blue Light Wellbeing framework.

Audit recommendations

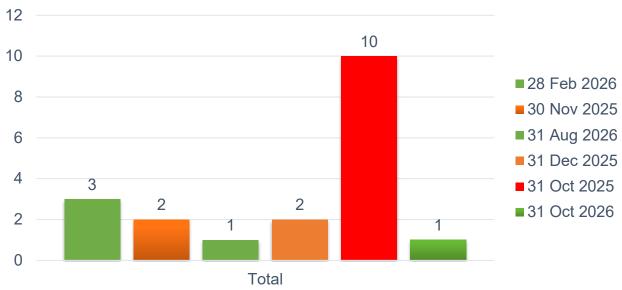


3a. BDO - H&S Internal Audits

Dangerous Goods

Findings and recommendations were received on 8th May 2025. An action plan has been developed, based on the 19 recommendations. This will form the foundation for the work required of the newly formed Dangerous Goods Working Group. The first meeting is scheduled for 5th Aug 2025. 4Action will be updated post meeting to reflect progress with allocated actions and timescales.





Health and Safety Management System

The final report is due for return on Friday 1st Aug 2025. It will be provided to Audit & Risk Board and then onto ARAC. The overall draft response was **Limited**, and it is expected that this will remain the status. 4 of the draft 26 recommendations have not been accepted by the Health and Safety Manager due to restrictions on being able to satisfy the expectation. The other 21 for H&S (1 was directly for SPA) have been accepted a plan will be put in place to achieve those recommendation in a timely manner.

3b. HMICS Wellbeing on the Frontline

HMICS Recommendation	Owner	Status	Update
Recommendation 1 - Police Scotland should develop a wellbeing plan that has appropriate governance, structure and activity, reflecting the People Strategy, and delivered equitably across the organisation	Health and wellbeing		Closure confirmed by HMICS
Recommendation 2 - Police Scotland should implement effective actions to understand and address organisational stressors, including those caused by perceived unfairness in application of process/ procedures.	Health and wellbeing		Closure confirmed by HMICS
Recommendation 3 - Police Scotland should demonstrate flexibility in the deployment of resources across the entire organisation to reduce the impact of low resourcing levels on the wellbeing of frontline officers and staff.	RDU		On track for delivery by 30/4/2026.
Recommendation 4 - Police Scotland should ensure that its Estates Strategy promotes parity and ensures an appropriate standard of facilities are provided across its estate.	Estates		On track for delivery by 27/02/2026
Recommendation 5 - Police Scotland should conduct wellbeing impact assessments when developing new and existing strategies, policies and procedures.	Health and wellbeing		 Target dates currently under review to align with restructure. Understand good practice in this area, exploring how policies are impact assessed for wellbeing in other forces and organisations - Dec 24. Present recommendations to relevant boards for consideration and potential action – Dec 24. Implementation of a supported approach – Apr 25.
Recommendation 6 - Police Scotland should ensure that wellbeing training is provided to all line managers to ensure a supportive, proactive and preventative approach. Existing training should be reviewed and amended to reflect the new People Strategy.	Health and wellbeing		 Target dates currently under review to align with restructure. Leadership programmes such as PLDP and PMDP reviewed and updated – Jan 25. Leadership programmes such as PLDP and PMDP evaluated for effectiveness at behaviour change level – Mar 25.
Recommendation 7 - Police Scotland should promote a culture and embed a process of carrying out and evidencing frequent conversations with line managers, which includes a discussion on wellbeing.	Health and wellbeing		 Target dates currently under review to align with restructure. The wellbeing conversation is a central feature of My Career, with a mechanism to measure that the conversation has taken place – Jan 25 My Career moodle learning to feature HWB messaging – Jan 25

Certificate of Assurance



4. H&S Certificate of Assurance

2025-2026 – Leadership

The audit theme for the 2025/26 Certificate of Assurance process is Health and Safety Leadership. Those with divisional/ departmental health and safety leadership responsibilities will be asked to submit responses and provide supporting evidence on questions relating to their understanding of their health and safety responsibilities, stakeholder engagement, compliance management and continuous improvement.

The division/department has a four-week period to submit audit responses and supporting evidence, which are then analysed and scored to highlight the divisional risk exposure level (Limited, Moderate or High). The audit findings are discussed in detail during the feedback stage after which actions or recommendations will be uploaded to 4Action to monitor the completion of any remedial activity that is required.

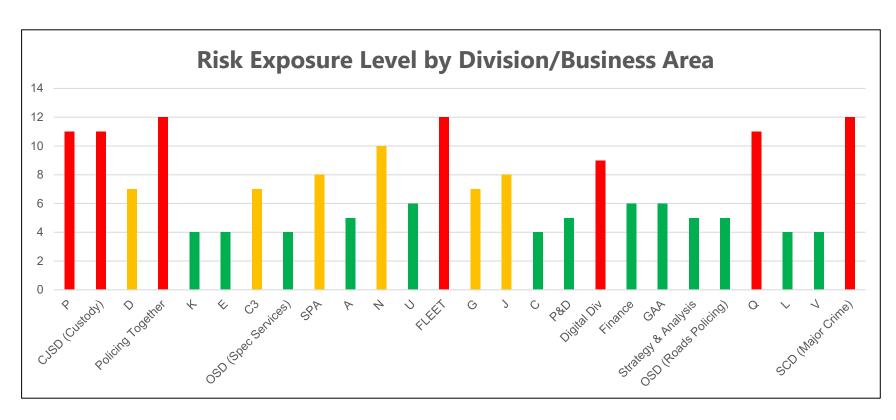
Divisional/departmental audits have been scheduled throughout 2025/26. 4 responses have been received with some positive signs of good leadership, with some minor recommendations made. There are another 12 out for response.

The H&S Advisors will be on hand to support divisions/business areas through the process and can also provide information on when the process is scheduled to start in your area.

4a. Certificate of Assurance - Statistics

2024-2025 – Risk Assessment and Implementation of Controls

Work continues to progress with Divisions and Support Areas to progress their actions from the previous iteration of the Certificate of Assurance which focussed on risk assessment.



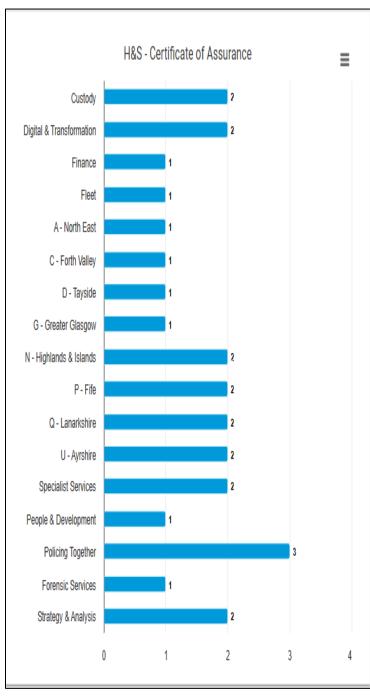
Risk Exposure Level

- High 7
- Moderate 6
- Limited 13

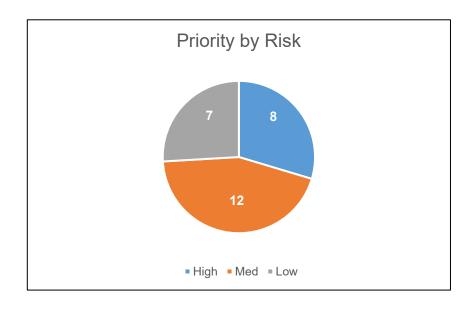
Scoring: Limited risk column = 1 point. Moderate risk column = 2 points. High risk column = 3 points

Total Scores	Description
4-6	Limited risk exposure – Controls adequate, effective, and working effectively but could be strengthened to prevent risks being created.
	Use ideas or working practices as best practice
7-9	Moderate Risk exposure - Evidence that controls are inadequate or ineffective and may increase risk if process improvements not made. Recommendations required
10-12	High Risk Exposure - Concerns regarding the absence or failure of controls which may require SMT attention due to the
	fundamental risk to organisation.
	Recommendations and support required

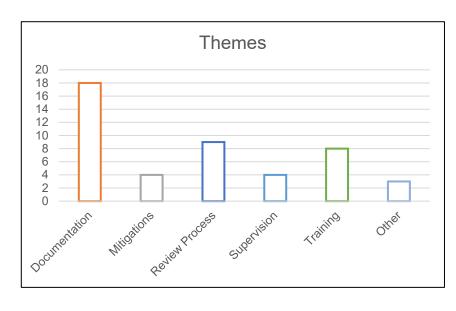
4b. Certificate of Assurance 2024/25 - Statistics



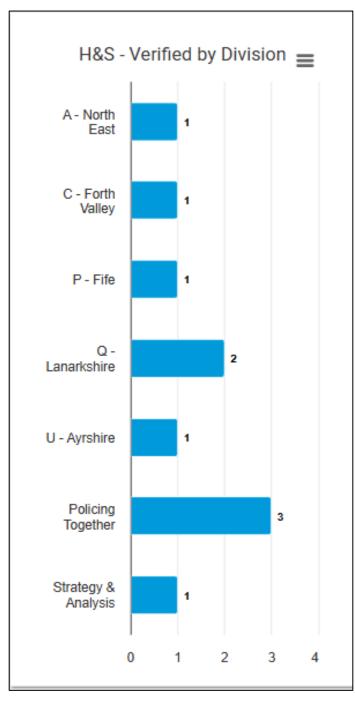
No. of recommendations - 27



Recommendations by risk level



Recommendations by theme

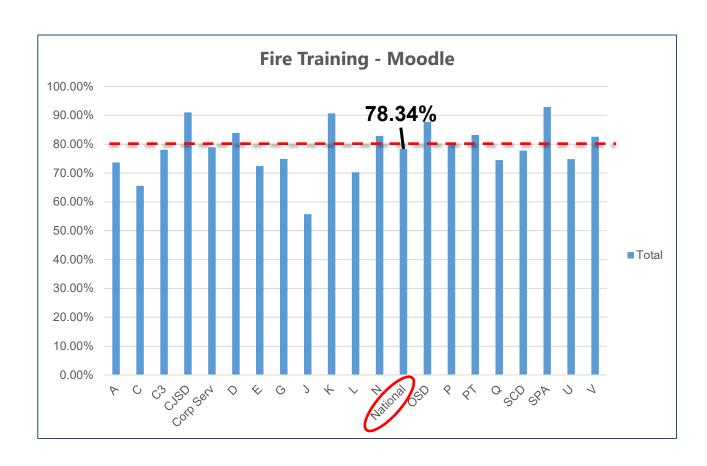


No. closed - 10

Training



5. Fire Training

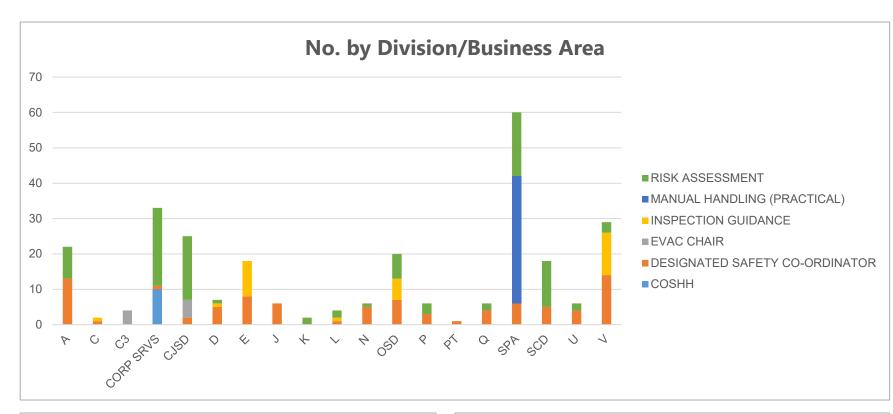


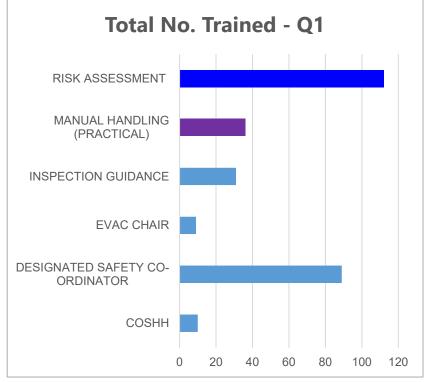
There is still underperforming in the e-learning Fire course.

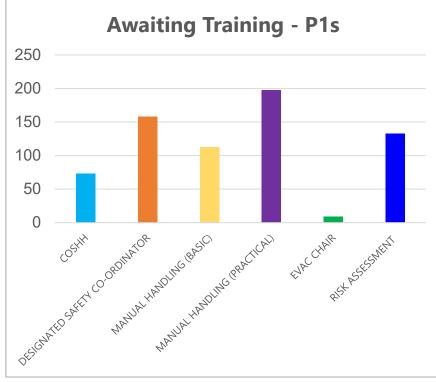
It is imperative that everyone keeps this training up to date given that everyone has a responsibility to evacuate a building on hearing the fire alarm and it is the responsibility of Police Scotland to ensure that everyone has the knowledge to do so safely.

The tolerance level is **80%** and nationally we are below that level. Certain areas of the organisation are significantly below tolerance and should therefore remind those under their responsibility that this is a legislative mandatory course

5a. Other Training







There has been a significant drive from the H&S Advisors in bringing the P1 figures to as low as practicable.

There is also a marked improvement on the figures from the same period last year, where there were a total of 1023 P1s waiting for training. The total to date is now 205.

More significantly, the number of officers/staff trained has increased by **93% since Q1 2024/25**. This figure excludes online fire training.

Accident/Incident/ Near Miss



Health & Safety Dashboard

Report monitoring – Q1 2025-2026

Statutory enforcement

H&S enforcement notices



Notification of contravention



Fire safety enforcement notices



No reportable incidents



Total Reports
2337
24/25 - 2257

Total RIDDOR
47
24/25 - 56

Breakdown of figures – assault figures

Total ASSAULT

1632

24/25 - 1454

Total RIDDOR

7

24/25 - 6

Total INJURY

381

24/25 - 366

Breakdown of figures – exc assault figures

Total ACCIDENT

536

24/25 - 596

Total RIDDOR

37

24/25 - 50

Total NEAR MISS

169

24/25 - 205

6. Incident Report Monitoring

RIDDOR - Assaults

The number of RIDDORs and the overall reporting rate has remained static (*slide 21*)

Reporting figures

During Arrest/Custody has saw a **50%** increase in RIDDOR reports on the same time last year. (*slide 24*)

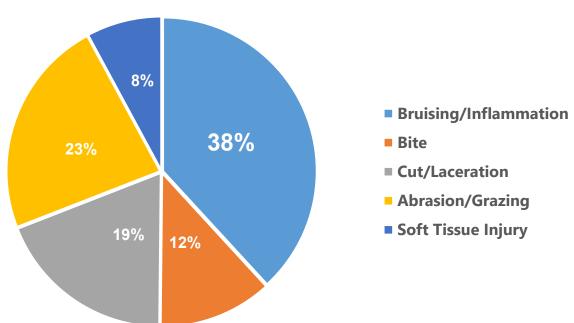
Near Miss reporting

Near miss reports are still on a downward trajectory which is disappointing given the memo reminder published in June 2025 (*slide 23*)

6a. Report Monitoring: Assault Reporting Q1

Data & trend analysis – 2025/26 report





Management response

The number of reports in comparison to Q1 2024/25 has risen, however the number of RIDDOR reports is relatively static. There is an increase of 12% in reporting and a 4% increase on injury rate.

Total INCIDENTS

1632
2025/26

1431 - Q1 24/25

Total RIDDOR

7

2024/25

6 - Q1 24/25

A Total of

381

resulted in injury

366 - Q1 24/25

6b. Report Monitoring: Assault Reporting Q1

2025/26 REPORTING RATE	2024/25 REPORTING RATE	% POINT CHANGE
93.0%	59.4%	33.5
90.2%	101.2%	-11.0
84.6%	79.4%	5.1
83.7%	78.6%	5.0
81.2%	86.9%	-5.7
81.0%	90.5%	-9.6
79.5%	96.8%	-17.3
76.7%	76.3%	0.4
73.9%	96.6%	-22.7
72.5%	45.7%	26.9
71.2%	75.0%	-3.8
58.0%	77.4%	-19.4
46.4%	58.4%	-12.0
78.7%	77.1%	1.6
	93.0% 90.2% 84.6% 83.7% 81.2% 81.0% 79.5% 76.7% 73.9% 72.5% 71.2% 58.0% 46.4%	REPORTING RATE REPORTING RATE 93.0% 59.4% 90.2% 101.2% 84.6% 79.4% 83.7% 78.6% 81.2% 86.9% 81.0% 90.5% 79.5% 96.8% 76.7% 76.3% 73.9% 96.6% 72.5% 45.7% 71.2% 75.0% 58.0% 77.4% 46.4% 58.4%

G Division	Total Reports	No of Repeat Reporters
2025/26 Q1	471	84
2024/25 Q4	352	40
2024/25 Q1	371	43

Table 2: Comparison since G Div pilot launch

Table 1: Reporting rate against Crime Reports

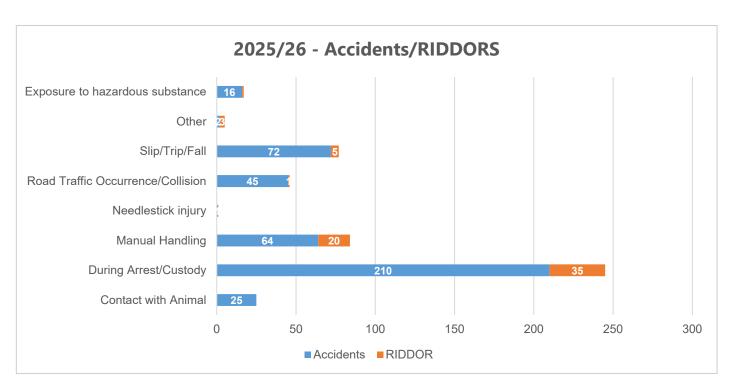
Management response

The data shows that reporting has seen a **very** slight increase overall.

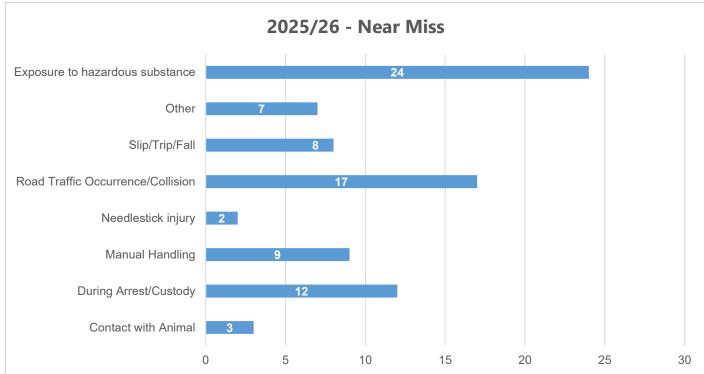
There has been a significant increase in the number of reports in G Division (33%) and, whilst it is challenging to quantify for certain, this was the area in which the H&S team were piloting the sending of an email to every reporter acknowledging their submission and providing information to encourage future reporting. The Advisor for G Div (Alice Murdoch) has also carried out other significant work to support officers and staff to improve overall reporting rates.

Other areas have seen a disappointing reduction in the number of crime assaults being reported to the H&S team. We know that **2008 Unifi** reports were made, with only **1632** made through **SCoPE**. We are mindful that a major barrier to improved reporting is having two separate recording systems as opposed to officers and staff not willing to report.

6c. Report Monitoring: Accident Reporting



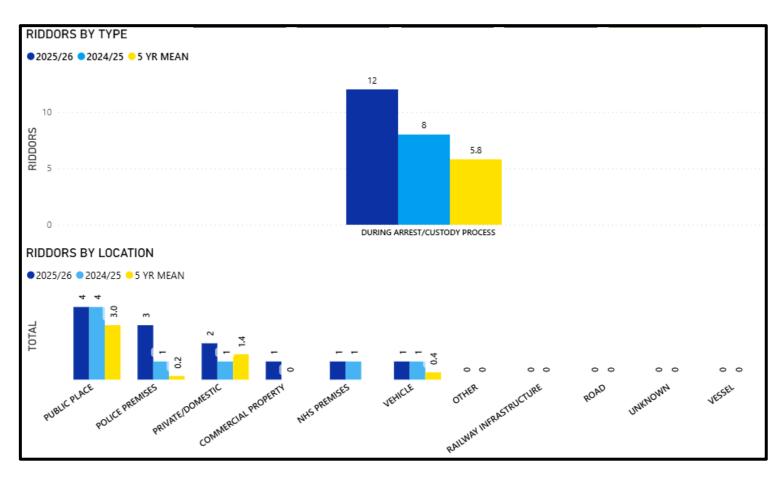
Thanks to our colleagues in SCoPE development, we have now managed to reduce the number within the 'Other' category. This now gives us much clearer statistics on the outcomes of accidents and incidents



Our Near Miss data is still very poorly represented, with only **7%** of overall reports being provided

6d. Report Monitoring: During Arrest/Custody

Data & trend analysis - 2025/26 report



During Arrest/Custody has saw a **50%** increase in RIDDOR reports on the same time last year. This accounts for a quarter of the overall number of RIDDOR reports in Q1

The data is showing that the majority are for over 7 days absence due to soft tissue damage or sprains/strains owing to struggles when detaining accused

Total ACCIDENT
210
219 - 2024/25

Total NEAR MISS
62
43 - 2024/25

Total RIDDOR

12
8 - 2024/25

H&W Activity





7a. Occupational Health

- Occupational Health referral volumes consistently remain at >400 per month, with a total of 1302 referrals made during this quarter (1052 Officers / 250 Staff).
- The My OH portal is assisting line managers in the making and monitoring of referrals which enables them support their people appropriately.
- Most referrals are within the 41-50 age range and male (56.7%).



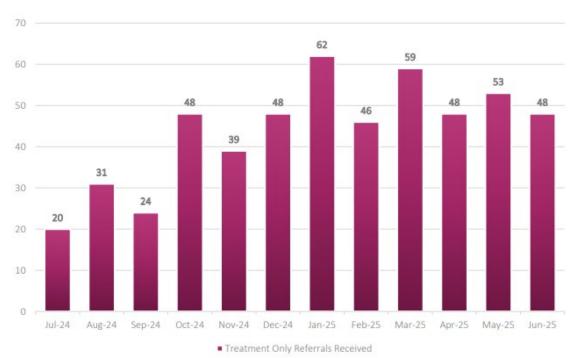
7b. Occupational Health

- 'Average time to refer' is focus of some analysis at present to ensure officers/staff receive the right support and guidance at the right time.
- We are keen to reduce the time to referral to aid early identification and intervention, with proactive detection of issues, prevention of escalation to long term sickness and improve chances of rehabilitation and return to work if applicable.

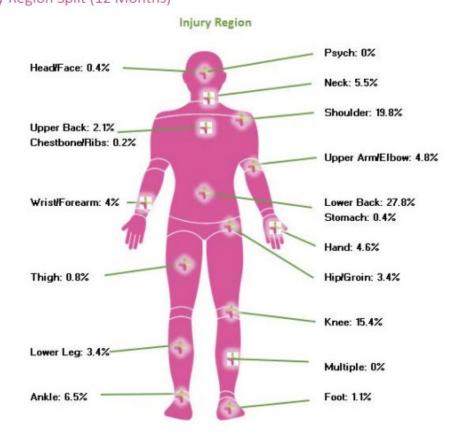


8a. Physiotherapy

Referrals Received by IPRS Health



Injury Region Split (12 Months)



- Due to the ongoing prominence of Musculo skeletal disorders we have been taking a deeper dive into our physiotherapy provision with a review of the qualifying criteria to be supported by the clinical team at Optima Health.
- This aligns with our desire to early identify and provide intervention, in a bid to prevent escalation to long term sickness and improve chances of rehabilitation and return to work if applicable.

Average Number of Treatment Sessions

Below we can see the average number of treatment sessions per referral, split by case closure date over the past 12 months. Cases included here have been discharged.

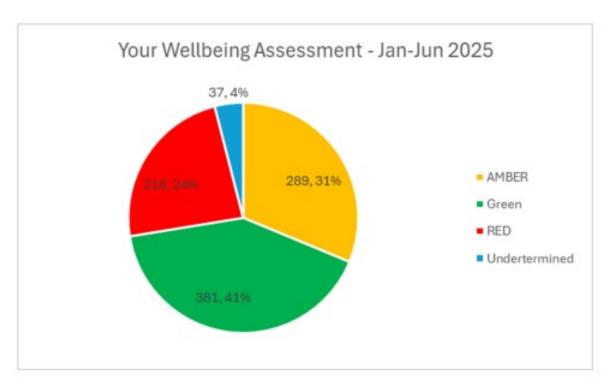
	Q3 2024		Q4 2024			Q1 2025			Q2 2025			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Average Number of Treatments	3.7	3.4	3.2	3.3	3.6	3.7	3.8	3.5	4.3	3.6	3.9	3.4
Average Number of Treatments		3.5			3.5			3.9			3.6	

Discharge Analysis

Time In Treatment (Days on Scheme)

	Q3 2024			Q4 2024			Q1 2025			Q2 2025		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Average												
Days on	46.6	55.0	48.8	53.3	51.1	45.8	51.3	48.4	47.1	46.4	45.0	52.3
Scheme												

9a. Your Wellbeing Assessment – Mental Health MOT



Amber - Onward Referral

Trauma Focused CBT 1

No Further Actions

Failed to Contact 8

EMDR 3

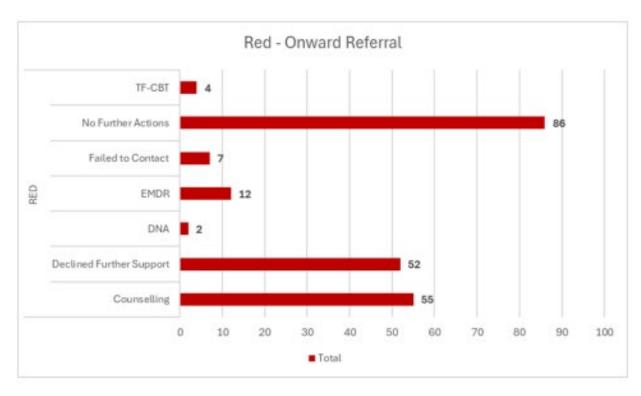
DNA 4

Declined Further Support

Counselling 31

0 20 40 60 80 100 120 140 160

- Your Wellbeing Assessment (YWA) is a confidential screening tool (an MOT, but for our mental health). 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 is reviewed by a member of Optima Health's mental health team.
- 925 officers and staff have completed the Your Wellbeing Assessment during the period of Jan-Jun 2025.
- With 23% and 31% identified within the red and amber categories respectively and a proactive approach has been made.
- A summary of the outcome of these approaches is provided below.



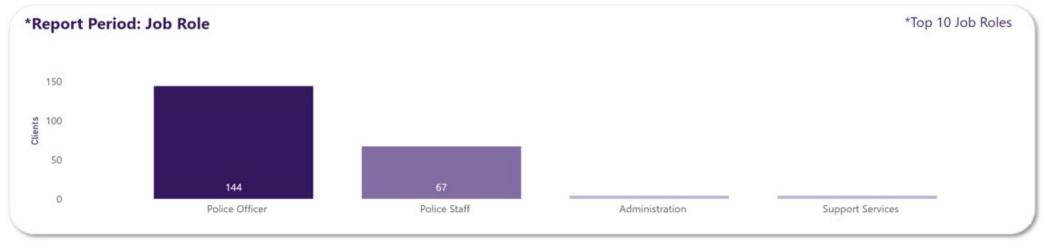
10a. Employee Assistance Programme

- We are keen that officers and staff can receive the right support at the right time and are aware of and proactively engage with the
 avenues of support, with EAP being one of the main pathways.
- There have been 345 contacts with EAP during this period, with 238 new officers and staff progressing through the pathway.

Clinical Usage: New Clients Accessing 24/7 Helpline

Every new caller to our 24/7 EAP helpline receives a clinically led telephone triage. This includes an initial risk assessment and access to in-the-moment emotional support when needed. Where appropriate, individuals are booked in for a full clinical assessment with a qualified counsellor, covering their presenting concerns and any risks. If a client presents with elevated risk, we respond promptly with tailored care planning and case management, ensuring safety and continuity of support.





10b. Employee Assistance Programme

- We have enhanced the support offering for officers and staff with EMDR and CBT available to those if deemed clinically appropriate.
- 1859 clinical sessions have been delivered during this period with a summary provided below.
- May and June 2025 have seen some of the highest delivery to date with this provider.

Clinical Usage: Clinical Sessions

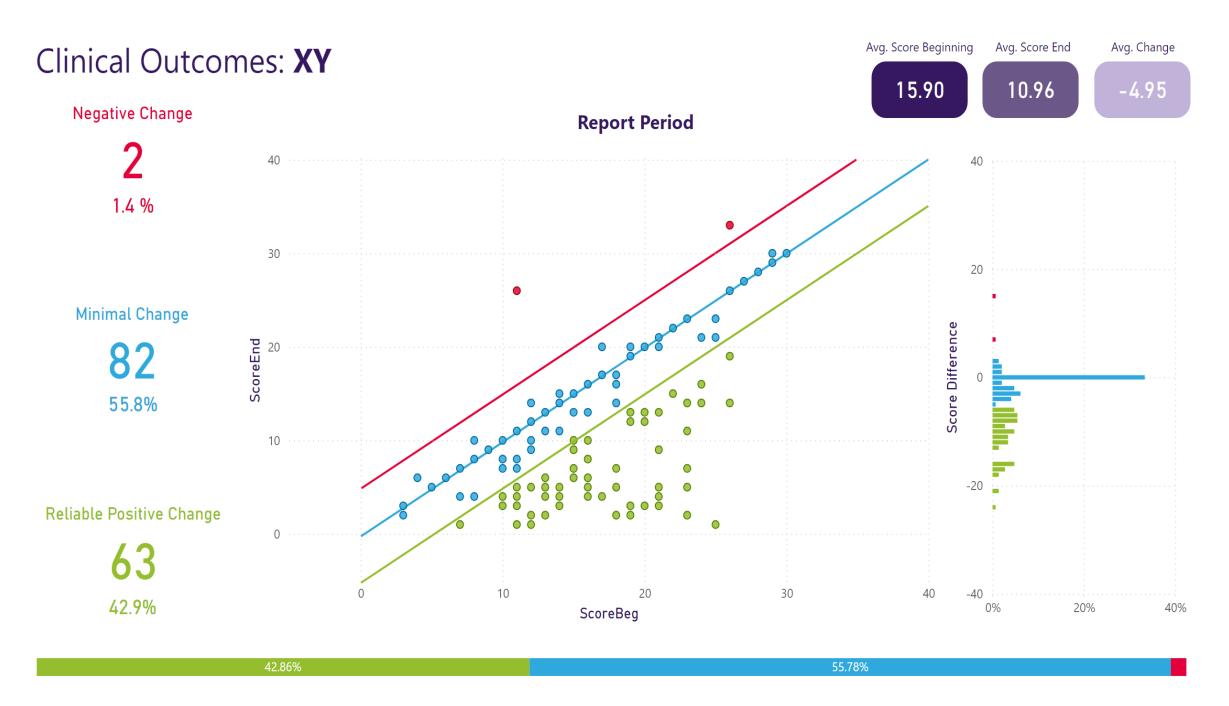
Our service delivers structured therapeutic support tailored to each individual's needs. This report section details the number of clinical sessions conducted during the reporting period, including both attended and non-attended appointments. It provides insight into therapy engagement and utilisation across your organisation.



Month Year	Did Not Attend	EMDR	Face to Face Counselling	In The Moment Support	Pure CBT	Rearranged Appointment	Telephone Assessment	Telephone Counselling (30 min)	Telephone Counselling (50 min)	Virtual Counselling
Jan-25	20	18	90	22	12	25	82	1	244	69
Feb-25	10	16	57	29	9	13	74	2	187	65
Mar-25	24	23	98	40	10	20	83	3	221	72
Apr-25	24	21	110	25	10	11	65	1	225	80
May-25	13	29	97	29	9	28	75	2	237	107
Jun-25	34	26	56	26	14	32	80	2	274	117

10c. Employee Assistance Programme

• Below provides an overview of 'outcome after therapy' for this period. This allows us to monitor the effectiveness of the therapies being provided and ensure there is continuous improvement of the service.



Appendix B Health and Wellbeing Action Plan Update





HWB Goal	HWB Objective	Time scales	RAG Status	HWB Action	HMICS Linked Rec.	Update
Improve workforce Mental Health and reduce suicide Impact statement: Our people are valued and we have reduced the stigma of mental ill health Measure: WHO 5	Reduce the impact of exposure to trauma	Q2 - 2025 for action plan and then ongoing.		Develop and implement an overarching workforce mental health and suicide prevention action plan.	HMICS 1 & 7	Link to People Board actions around trauma, wellbeing and TRiM, focus to include wider organisation and sector approaches i.e. Intensive Trauma Treatment Pathway, TIPT (Trauma Informed Preventative Techniques), CARES (Communication, Awareness, Rapport, Effect Change, Support) and work around Trauma Informed Practice.
		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.		On going c. 3750 reach and 106 facilitators. 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. 8 facilitated sessions scheduled for the upcoming weeks.
		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	Review at 9 months shows limited engagement demonstrated and further work required to ascertain impact. Further review and outcomes to be presented. The 12-month network review mark is approaching at which point we will complete a full overview of the network and proposals for the future.
		Q4 - 2026 for tracker then on going		Scope out and develop a systematic approach to managing wellbeing to ensure that following injury, assault or exposure to trauma in the workplace, consider the development of trauma tracker, using PTEC (Police Traumatic Events Checklist from PCUK)	HMICS 2	Incorporating in the wider mental health and trauma pathway action with funding proposal under development.
vellbeing score mproves,		Q2 - 2025 and then ongoing		Deliver effective and evaluated Trauma Risk Management service building on the existing programme.		CI now in place as part of ALP to undertake review.
Framework Output.	Develop understanding of impact of	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.	HMICS 2	Your Wellbeing Assessment update provided, new approaches under consideration.
	operational pressures	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".	HMICS 2	Health surveillance focus with health and safety at present, restructure and additional resource will support the further developments in this space.
	Reduce mental health stigma	Q3 - 2025 and then on going		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.		Continuous improvement of intranet pages, wider comms plan to align with transition from P&D to HR.
			Q3 - 2025 and then on going		Produce a series of lived experience pieces with clear sign- posting and call to action	

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Prevent	
Ways of working	

HWB Goal	HWB Objective	Time scales	RAG Status	HWB Action	HMICS Linked Rec.	Update
	Set strategic, evidence informed direction for WB nationally, to be delivered locally	Q3 - 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	OK relationship MoU in development, currently at legal having cleared info assurance and ISO
		Q1 - 2025 and then on going		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	Theory of change complete. Action plan developed as a result of ToC methodology
Set strategic direction for health and		Q2 - 2025 and then on going		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.		People Plans developed by People Partners with HWB consultation. Plans currently with Div Supts for consultation. Implementation likely Q2 25
wellbeing which is equitable, evidence informed and		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	Health and wellbeing now a standing item on the Finance and People Board
	Evaluate initiatives to understand what works and how these are implemented equitably	Q3 - 2025 and then on going		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. L	HMICS 7	Intranet pages overhaul completed, wider comms plan to align with transition from P&D to HR.
evidence informed, consistent service		Q4 - 2025		Develop and implement a quality assurance procedure and process within HWB for all communications and messaging.	HMICS 7	no progress
Measure: Benchmarking		Q3 - 2025		Proactively manage organisational engagement opportunities, developing generic messaging for delivery by our advocates i.e. Wellbeing Champions, Lifelines Facilitators and TRIM team.		Prototype slide deck developed and delivered to International Academy guests, SPF, LGBT, PPCW 2nd line managers CPD.
Framework Output.		Q4 - 2025 and then on going		Work with Corp Communications on monitoring the reach and impact of health and wellbeing communications		no progress
		Q2 - 2025 and then on going		Use Kirkpatrick model of evaluation of learning to demonstrate effectiveness in changing behaviour across all aspects of the health and wellbeing programme.		on going use of model, there is a team and organisational need (beyond our influence) for understanding and consistency in application. Plan to do L3 evaluation with civilian investigators following pilot of generic HWB session
		Q2 - 2025 and then on going		Upskill HWB team on evaluation planning and delivery	HMICS 2	To align with restructure, beginning Sept 2025
		Q2 - 2025 and then on going		Develop pulse survey to check subjective wellbeing	HMICS 2&7	WHO 5 index included in 2024 YVM survey

HWB Goal	HWB Objective	Time scales	RAG Status	HWB Action	HMICS Linked Rec.	Update
	Deliver efficient and effective OH service	Ongoing		Develop and implement the My OH portal		Launch complete Sep 24, on going development for medicals and my wellbeing check
		Q3 - 2025		Improve operational delivery and uptake wellbeing and resilience assessments		see above (I22)
		Q2 - 2025		Develop person centred, sustainable, equitable and preventative neurodiversity offering		scoping of new approach has begun, next phase will be costing, consultation and feasibility
		Ongoing		Continuous review and development of the IHR/IOD processes to include a deep dive in conjunction with SPA.		HR colleagues working closely with SPA on outcomes of the deep dive.
Continuous		Ongoing		Develop management information KPIs for performance management of OH supplier, implement feedback loop		Feedback loop developed and soft launched for EAP and OH. Anticipated launch to coincide with modified duties work.
improvement of the delivery and effectiveness of wellbeing services and	Deliver efficient and effective EAP service	Ongoing		Develop and implement the Employee Assistance Programme particularly the new stepped care model of support.		Good levels of uptake generating c. 150 calls/mth with c. 90 entering clinical therapy and c. 35 receiving in the moment support each month
corporate functions Impact statement: Our		Ongoing		Define and promote line management EAP referral pathway		LM online referral form completed and implemented, work ongoing to dev process to accept LM referral phone calls
service are effective and good quality, we get the right help to the right people at the right		Ongoing		Develop management information KPIs for performance management of EAP supplier, implement feedback loop		Feedback loop developed and soft launched for EAP and OH. SLA breaches being explored with procurement leads
time	Operate a well governed and safe	Q4-2025		Conduct annual Business Continuity Plan review		Review taking place of HR approach to BCP moving forward.
Measures: we monitor and take action on		Ongoing		Manage, monitor and report on HWB risk with a clear/defined process for raising/reporting risks.		risk review due to take place 11/12/24
feedback from our service users		Q4-2025		Review wellbeing investigation / grievance process and guidance	HMICS 2	HWB Sergeant to link in with relevant teams.
		Q4-2025		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.		Background work on WB champs impact needed first
		Ongoing		Manage external stakeholders and partners via an external partners wellbeing group/forum inc MoUs & delivery plans.		Partner forum has now met twice, this will be progressed by HR Manager once appointed
		Q1 - 2025 and then on going		Impact on wellbeing is considered and included in board papers	HMICS 5	Check with HMICS re convo with CC

HWB Goal	HWB Objective	Time scales	RAG Status	HWB Action	HMICS Linked Rec.	Update
	Police Scotland learning products contain consistent wellbeing messages	Q1 - 2025 and then on going		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	Working with L&T team to develop WB content for newly promoted Supt and Chief Supt. Suicide Hydra suit in development for Chief Supt. Piloted WB session with c. 40 civilian investigator and considering how the newly promoted learning programme and detective training can utilise. Working with Probationer training to develop the content
		Ongoing		Influence HWB content in leadership and line manager programmes to include PMDP, PLDP and YLM.	HMICS 6	Link to current modified duties work
Develop a workforce who prioritise wellbeing Impact statement: Our people's wellbeing is protected by		Ongoing		Influence HWB content in probationer training and build on the latest introduction of Lifelines Scotland to the training.	HMICS 6	Lifelines inc in Mod 2 of Prob Training and being recorded on Scope. Working with probationer training to review unit 5 to incorporate improved HWB messaging. New slide deck in use for Your wellbeing matters signposting
systems, culture and conditions which are designed to help		Ongoing		Influence HWB content in learning programmes such as tutor cops, detective training, roads policing etc etc	HMICS 6	SIO course review underway, see I36 re civilian investigator training
14/110 5	Collaborate across silos to improve wellbeing	Q2 - 2025 and then on going		Work with Health & Safety and Your Safety Matters colleagues to take a data led approach to wellbeing and early intervention	HMICS 2	on going collaboration, as above for dev of trauma tracker and health surveillance
scores increase		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	RDU and estates owners of recommendations
		Q1 - 2025 and then on going		Work in partnership with the Policy team to mitigate wellbeing impact, implement a wellbeing aspect to board papers	HMICS 5	HWB policy review to commence Sept 25.
		Q1 - 2025 and then on going		Work with leadership and talent My Career colleagues to host and evidence wellbeing conversation. Consideration within My Career Phase 2.	HMICS 7	L&T reviewing overall approach to my career