**Outstanding Care,
Compassionate People,
Healthier Communities**

**NHS
Sherwood Forest Hospitals**
NHS Foundation Trust

TMT - Cover Sheet

Subject:	Realignment of the SFH Occupational Health and Wellbeing Service Priorities back to Core Business	Date:	25 June 2025
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Purpose			
To present a proposed realignment of priorities in the Occupational Health and Wellbeing Service. Specifically, to move towards core business and consider reducing the provision of Clinical Psychology and Health and Wellbeing.	**Approval**		X
	Assurance		
	Update		
	Consider		

Strategic Objectives

Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
				X	

Principal Risk

PR1	Significant deterioration in standards of safety and care	X
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	X
PR4	Insufficient financial resources available to support the delivery of services	X
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

People Directorate SLT
Corporate Services – Efficiency Programme

Acronyms

SFH – Sherwood Forest Hospitals NHS Foundation Trust
TRiM – Trauma Risk Management Framework
OHWB – Occupational Health and Wellbeing
OH – Occupational Health

Executive Summary

Background

This paper outlines a series of strategic options to end an existing clinical psychology contract and reduce the size of the health and wellbeing team by 50%.

The aim of these measures is to achieve cost-savings while maintaining essential services and mitigating potential impacts on patient care and staff wellbeing. It includes an assessment of risks, benefits, and potential implications of these decisions, as well as recommendations for implementation.

Recommendation

TMT are asked to consider the content of the paper and support the decommissioning of the clinical psychology service and the reduction of the wellbeing team by 50%.

Realignment of the SFH Occupational Health and Wellbeing Service Priorities back to Core Business

Context and Background

The Trust faces significant pressures related to achieving financial balance and living within its means. As a result the Trust must identify areas where cost reductions can be achieved.

In addition to this, a letter issues by NHS England have requested that corporate functions reduce the growth it has seen between 2018 and 2025 by 50%.

In 2025/2026 the FIP for the People Directorate is £850,700. The People Directorate are therefore developing schemes to deliver the efficiency saving required and assessing the functions core services.

Core Occupational Health and Wellbeing Business

Core Occupational Health and Wellbeing work traditionally involves providing services that are fundamental to maintaining staff health and wellbeing.

Specific roles and functions include:

- **Health Assessments**: Conducting pre-employment heath screening, ongoing health surveillance where colleagues are exposed to hazards in the workplace, and fitness-for-work assessments to ensure that staff members are physically and mentally capable of performing their duties.

- **Workplace Safety Evaluations**: Working closely with Health and Safety colleagues in identifying and mitigating health risks within the workplace, such as ergonomic assessments, hazard control, and compliance with safety regulations.

- **Illness and Injury Management**: Providing support for employees recovering from work-related injuries or illnesses, including rehabilitation programs, such as through Physiotherapy support, and return-to-work planning often through Manager Referrals.

- **Mental Health Support**: Offering counselling services, stress management initiatives, and resilience-building workshops to promote psychological wellbeing. Support in this area is often through an Employee Assistance Program such as VIVUP but can also be given through Manager Referrals.

- **Strategic work**: Developing and implementing policies related to occupational health standards and ensuring adherence to local health and safety legislation.

- **Vaccination and Preventive Care**: Administering vaccines and providing preventive measures to reduce the risk of diseases in the workplace, often through pre-employment immunity screening.

These roles and activities focus on essential functions that contribute to the overall health, safety, and productivity of the workforce while supporting organisational resilience. The core Occupational Health functions also support the organisation's ability to comply with statutory and legislative directives. All the above points are part of the core business for the SFH Occupational Health and Wellbeing Service.

Expanded SFH Occupational Health and Wellbeing Offer

In addition to the core business listed above, over the last five years, and often in response to the COVID-19 pandemic, the service has expanded the Occupational Health and Wellbeing offer to include the following which are either in addition to the above or enhance the support available for those areas but whose direct contribution to the core work is limited:

- **Clinical Psychology Service** – in January 2021 during the COVID-19 pandemic a decision was made to introduce a Clinical Psychology resource. Initially introduced as a COVID-19 response measure providing critical incident support to hotspot areas. In addition, resource was made available to respond to non-COVID related support in relation to traumatic incidents and to help shape business as usual offers. Initially intending to be a short-term solution, funding was agreed to make the role permanent at SFH.

  Following the easing of the COVID-19 Pandemic the service changed to offer support to a wider section of the SFH workforce rather than only those areas most affected by COVID-19. This has resulted in most of the service time being used for 1-1 assessment and treatment. The strategic input to the organisation has been limited due to the focus on assessment and treatment.

  In 2024, 96 colleagues were referred into the service, down from 148 in 2023. Of the 96 referred in 2024, 69 were assessed by the Clinical Psychologist and 27 offered treatment through the service. The 69 referrals not offered treatment through the service were either not considered suitable and sign posted to another service such as VIVUP or failed to engage. This represents around 1.6% of the SFH workforce being referred to the service and around 0.5% being suitable for the service.

  Alongside the 1-1 assessments and treatment the Clinical Psychology service has offered reflective spaces and group sessions to several teams over recent years. The service has also contributed to the development of guidance resources to support colleagues such as those related to coronial processes or how menopause affects mental health.

  There are also several requests for support, specifically group reflective spaces, that the service has had to decline due to the limited capacity within the service.

- **Health and Wellbeing Team** - Prior to the COVID-19 pandemic staff health & wellbeing actions and initiatives were predominantly planned, implemented and delivered by Occupational Health with support from Human Resources.

  The temporary resource put in place as part of the COVID response enabled the Trust to provide a much-enhanced offer to staff which was able to respond to the additional needs generated by the pandemic.

  Following the COVID-19 pandemic the Health and Wellbeing team now consists if 1WTE Band 7 Wellbeing Lead and 0.8WTE Band 6 Deputy Wellbeing Lead. The work undertaken by the deputy role more closely aligns to the core business of the Occupational Health and Wellbeing Service, with a greater emphasis on the band 6 role facilitating training interventions to support colleague mental health and co-ordinating the Trust Wellbeing Champions which are essential for disseminating information to team.

  The Wellbeing Lead role primarily now focuses on strategic development of Health and Wellbeing initiatives. Alongside this the role also supports teams directly through listening events.

Proposed steps to support responsible management of financial resources

The below sets out two proposed areas for consideration which would contribute to the programme of cost reduction across the People Directorate whilst maintaining the core Occupational Health and Wellbeing Service business:

- ***Ending of the Clinical Psychology Contract***
  The current clinical psychology contract provides psychological assessments and intervention for staff at SFH following referral. The service also helps to support the psychological response after a traumatic incident. While beneficial, the contract represents a considerable financial commitment.

  The annual cost to the organisation to continue with this contract is **£126,978.77**.

Health and Wellbeing Team

Although the health and wellbeing team plays an important role in supporting staff wellbeing at the Trust, primarily through sign posting and delivery of training, a reduction in this team's size is proposed due to financial constraints. This approach necessitates careful planning to ensure continuity of key functions.

To maintain the key elements of the Health and Wellbeing offer such as co-ordination of Wellbeing Champions and delivery of training it is proposed that the available reduced level of **funding for the team is allocated to a Band 6 position** with the leadership support being provided from within the Occupational Health Team. This would mean the disestablishment of the current Band 7 Health and Wellbeing Lead role.

Initiatives likely to be lost and potential mitigations

Although the Clinical Psychology Service and Health and Wellbeing Team's contribution to core Occupational Health and Wellbeing Service business is limited, reduction or removal of those services may have an impact on staff wellbeing.

There is also likely to be a need to absorb some of the roles and initiatives undertaken by those teams into the remaining Occupational Health and Wellbeing Service which may have an impact on service delivery.

Initiatives that would likely be removed and mitigation:

Initiative removed	Impact on staff wellbeing	Mitigation
Clinical Psychology		
Clinical Psychology involvement in information resource development	Minimal. Guidance documents will remain however these may become outdated with time.	Register of guidance documents containing mental health related advice to be kept within the OHWB service and updated as required by the OH team.
Reflective peer support spaces	Staff engaged in reflective peer support forums will no longer be able to access this support through clinical psychology. This may lead to distress within the group if they are unable to talk openly about their	To explore where Professional Nurse/Midwifery Advocates could be utilised to undertake similar support groups however there would be limited options to supervise these groups or support.

	experiences. Potentially leading to dissatisfaction with the organisation, low morale, retention issues or sickness	
Access to 1-1 assessment and treatment onsite	In 2024 27 staff were inducted into the service for 1-1 support. Potential that a similar number are unable to access the appropriate support in coming years and may accrue periods of sickness absence if unsupported.	Better signposting to VIVUP EAP and Primary Care services, signposting to Access to Work for Mental Health Support where VIVUP not suitable. Prioritising collaborative work across the Trust to prevent staff harm to limit those needing referral.
Support for TRiM	Currently the clinical psychology service supports the TRiM process particularly when staff have red flags for PTSD and need referring on. The service is also in the process of exploring how to revalidate TRiM practitioners and be more active participants in the process.	Work will be undertaken to review the TRiM process, in the absence of the clinical psychology service TRiM will be the only option for post trauma support. Due to minimal ability to support TRiM from within the trained group consideration will need to be given to potentially training more practitioners as well as revalidating existing willing volunteers which will come at a small cost. Alternatively, the organisation can consider whether to outsource this support and narrow the criteria for use.
Health and Wellbeing		
Strategic development of Health and Wellbeing initiatives	Our current Health and Wellbeing Lead primarily focuses on development of health and wellbeing initiatives and consultation with stakeholders.	Development of health and wellbeing strategy would be absorbed into the wider OHWB service with leadership support from the OH leadership team however this may result in OH service delivery issues or delays in HWB related work.
Reduction in Health and Wellbeing attendance at events	Likely to see a reduction in the amount of resource available for HWB to attend events to signpost support or to run and co-ordinate HWB initiatives.	Collaboration with Local Partners – Work more closely with local health and care partners to deliver shared health and wellbeing initiatives

Risks

- **Staff Morale**: Potential negative impact on staff wellbeing due to reduced team support.
- **Reputation**: Perception of diminished service quality could affect colleague confidence in the Trust.
- **Financial Savings**: Risk of underestimating any costs related to potential increase of sickness absence where colleagues are unable to access the correct support or where

colleagues experience delays accessing Primary Care support where appointments fall during work time and are not supported to attend.
- **Colleague Health**: Potential harm to colleagues where they are harmed through work but unable to access the appropriate level of care.

Financial Impact of Proposed Changes

The People Directorate have worked with the finance department to calculate the cost savings.

Ending the Clinical Psychology Service contract will bring a part year saving in 2025 – 2026 dependent on the point the contract terminates. A full year saving of **£126, 978** will be seen from 2026 – 2027. If supported by TMT notice will be serviced in July 2025.

Reducing the Health and Wellbeing team as described above would provide a part year saving in 2025 – 2026 dependent on when the change can be transacted and any associated redundancy costs. A full year saving of **£62,000** will be seen from 2026 – 2027. If supported by TMT formal consultation will commence in July 2025.

In total these two proposed schemes, if adopted, will see a full year saving of **£188,978** from 2026 – 2027 and a significant total part year saving in 2025 – 2026.

Conclusion

Ending the clinical psychology contract and reducing the health and wellbeing team by 50% are challenging but necessary measures to address the Trust's financial constraints.

A strategic and collaborative approach will help mitigate risks and aim to ensure colleagues can access a similar level of information and support around their psychological health at work, albeit from different resources to the current system. It will also be imperative that any communications around this change are managed sensitively to minimise the perception from colleagues that the service quality is diminished or that the organisation ranks staff health as a lower priority.

TMT are asked to consider the content of the paper and support the decommissioning of the clinical psychology service and the reduction of the wellbeing team by 50%.