

[10 March 2025] Agenda Pack / People and Culture Committee

MEETING
10 March 2025 10:30 GMT

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Agenda

Location
Hybrid / Teams & Benjamin Room, British Transport Police,
Baskerville House, Broad Street, Birmingham, B1 2ND

Date
10 Mar 2025

Time
10:30 GMT

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Wellbeing, Health and Safety Annual Report

2024-2025

WEBSITE

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Foreword

Deputy Director (P&C) Wellbeing Health and Safety

In 2024, we launched our new Wellbeing, Health and Safety (WHS) Strategy 2024-27 aimed at building on our work to 'Fixing the Fundamentals' in laying the foundations upon to continue to build on our vision to have proactive, adaptable and collaborative Wellbeing, Health and Safety services.

The strategy sets out our aim to provide holistic wellbeing support to our people, ensure that our standard practices and environments are safe and offer services that are dynamic and responsive to the needs of our people. In doing so, this strategy supports our force objective of building a modern and inclusive force where our people are well cared for, well equipped, well trained and well led.

Health and Safety Management System (HSMS)

The Health and Safety at Work Etc. Act 1974 places a general duty of care on employers to provide a safe place of work, so far as is reasonably practicable and further goes on to mandate that for organisations with more than 5 employees the policy for this is recorded.

BTP's safety management system is aligned to the HSE industry best practice, which recommends the following components which has been endorsed by the Chief Constable and the Chair of BTPA.

1. Statement of intent
2. Organisation
3. Arrangements

The safety management system was reviewed in 2024, this has been signed by both the Chief Constable and Chief Executive of BTPA and will be due for periodic review again in February 2028.

The Statement of Intent

The statement of intent lays out the Chief Constables and the Chair of BTPA vision for the management of health and safety within BTP.

Organisation

The organisation is divided into two separate sections, the H&S Organisation Chart and the Roles and Responsibilities Arrangement.

Arrangements

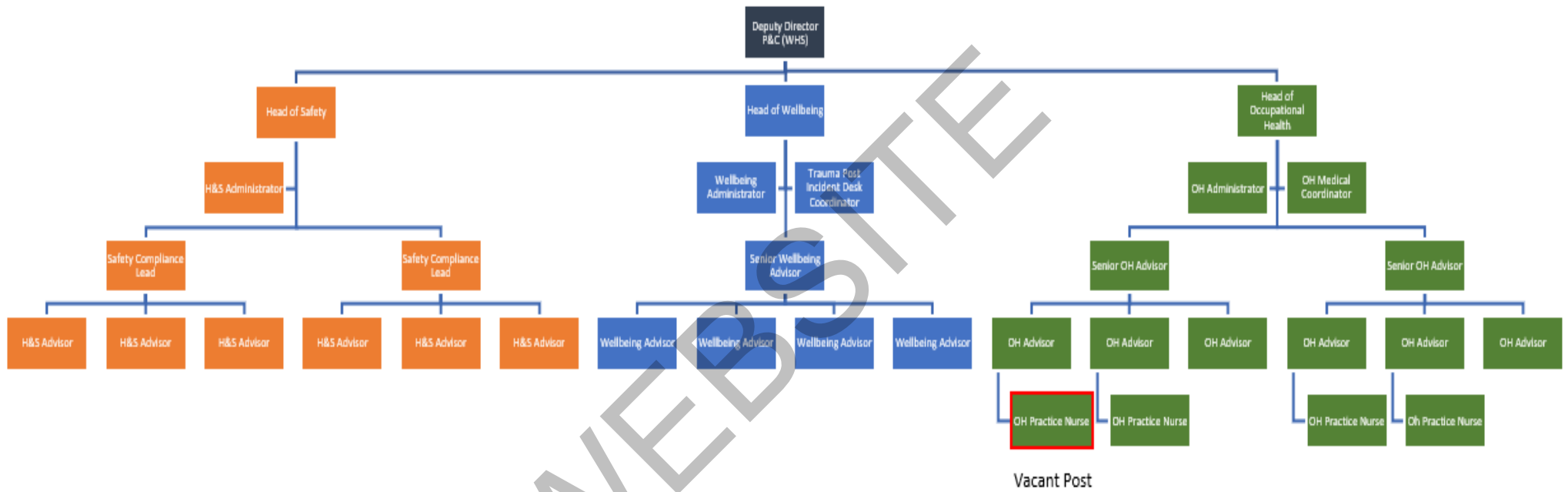
Arrangements can be described as the technical/guidance documents that describe how BTP will manage individual risk and activities practically, such as Fire, Risk Assessment etc.

British Transport Police H&S Strategic Risk Statement

The H&S risk statement agreed with BTPA is:

"Due to a lack of understanding of Health, Safety & Wellbeing responsibilities and inadequate H&S resourcing, BTP/A may fail to embed a culture where the wellbeing, health and safety of staff is engrained in everything we do. This could lead to harm to our people and the public, legislative non-compliance and enforcement action".

Wellbeing, Health & Safety Team Structure



Executive Summary – Health and Safety

Safety Culture

Health and Safety Policy

During the year BTP has reviewed and amended the health and safety policy, this has seen some changes in the health and safety policy statement and the roles and responsibilities. It is a robust policy that sets the framework for health and safety culture within the force. The policy has gone through full consultation and will be communicated fully to the force via internal communications in due course.

Data

There has been work carried out on H&S data throughout 2024 to ensure the information we provide to leaders and governance functions is continually improving. This has seen the development of a H&S Dashboard within the DataHub workspace, driven by PowerBI. There has been a wholesale improvement of granularity of data available, which is demonstrated in the incident data section of this report.

Training

The Safety Team carried out analysis of training available to officers and embarked on an ambitious programme of tailoring all BTP H&S to our needs. This has seen the development of various courses in collaboration with BTP's content creators. Two courses have been completed and launched, Lithium Battery Awareness and Fire Safety Awareness. The latter has gained 4.5 stars in feedback, the highest of any e-learning so far within the MyLearn System.

The H&S Responsible Person e-learning course, which will replace the H&S For Managers course, will be completed shortly, with other courses scheduled for development throughout 2025-26.

Risk Assessment

Following recent consolidation and ratification of the risk assessments held on the Safety Management System (SMS) currently BTP have around 120 live risk assessments. 73 of those are fully consulted and approved; 42 are in progress; and 5 have been submitted for approval to the risk owner.

The Risk Assessment Register recognises the following categories:

- Force Level Risk Assessment – 74
- Site Specific – 26
- Events – 10
- Equipment - 10

A further 129 risk assessments have been archived within the SMS.

A H&S Advisor has been assigned as a SPOC for managing the Force Risk Assessment Register and any internal H&S processes related to allocating reviews, creating and archiving expired assessments.

GIAA Audit

In 2024 BTP H&S was audited by GIAA, which paid close attention to risk assessment, and the audit score was returned as 'Moderate', with five low to moderate actions. The narrative executive

summary was very complementary on the management of H&S within BTP. All actions from this survey were completed within relevant deadlines and completion reported to GIAA.

Safety Management Software (SMS)

Following the implementation of the SMS within BTP in April 2022, we have seen this product develop and drive H&S culture, in particular:

- **Accident Management:** Increase in accident reporting, particularly in close-calls, from 478 in 2022 to 971 in 2024, a percentage increase of over 103%.
- The compendium of BTP's risk assessment for force level, event and individual risk assessments in one easily accessible portal
- **Improved Compliance:** Enhanced ability to meet regulatory requirements and avoid fines or penalties through systematic inspection and risk assessments.
- **Increased Productivity:** Fewer accidents and incidents lead to less downtime and higher employee productivity.
- **Enhanced Safety Culture:** Promotes a proactive safety culture by involving employees in safety processes and increasing awareness.
- **Data-Driven Decisions:** Access to comprehensive data and analytics helps in making informed decisions to improve safety measures.
- **Streamlined Processes:** Automation of safety processes reduces administrative burden and improves efficiency. Development of the system to include the Duty of Care Risk Assessment (DOCRA) and Individual Stress Risk Assessment.
- **Efficient Risk Management:** Identifying and mitigating risks more effectively to prevent incidents before they occur. A compendium of BTP's risk assessment for force level, event and individual risk assessments in one easily accessible portal
- **Incident Tracking and Analysis:** Detailed tracking and analysis of incidents help identify patterns and root causes, enabling proactive measures to prevent future occurrences and maintain compliance.
- **Document Control:** Centralised document management ensures that all safety policies, procedures, and records are up-to-date and easily accessible for compliance checks.
- **Enhanced Accountability:** Assigning responsibilities and tracking actions within the system increases accountability among employees and management, ensuring compliance tasks are completed. Increase of action closure rates across all H&S modules from 40% to consistently over 90%

H&S Deep-Dive

We have carried out a deep dive into H&S with the Force Risk Manager, this has seen the recommendation of a new strategic risk statement that is currently in consultation with the BTPA health and safety lead. The strategic target score has also been reviewed in line with the current legislation and the HSE guidance for health and safety in emergency services, 'Striking the Balance'.

Training

2023 has seen an upturn in injuries sustained during personal safety training, following the move to scenario-based training, which has seen a 192% increase (38 to 111) and an increase in lost time. The Safety Team have been working closely with L&D to review and amend the risk assessment, as well as having regular meetings to go through PST incidents to identify causal factors and recommend mitigation.

Engagement

The Safety Team have held workshops with the DVI team and EPSOU to build closer working relationships to ensure events and operations go through a full H&S risk assessment process. We have also engaged with the Estates Team to create a formal process of ensuring H&S input at the design phase of construction design projects.

Risk Management Maturity Model (RM³) Audit

The RM³ audit, developed by the Office of Rail and Road (ORR) in collaboration with the rail industry, allows organisations to self-assess its safety policies, procedures, and activities regarding how risks are managed against what is considered essential within Safety Management Systems.

The scope in year 1 was limited to safety functions and processes closely aligned to safety. For the coming year, the scope of areas included in RM3 is expanding further to assess a wider range.

In addition, the primary objective of the audit to be undertaken during 2025 is to benchmark BTP's risk management maturity against the results from 2022, allowing us to evaluate our organisation's progress and review how it aligns with our safety management capability.

H&S Governance

BTP has a fully embedded H&S governance structure, which see's each Sub-Division reporting to a Divisional H&S Committee, which in turn reports to the Central H&S Committee, which is chaired by the Director of People and Culture. This allows any issues that require a divisional or force level review or decision to be escalated. Each H&S governance committee sits on a quarterly basis.

The Level 3 Incident Review Board is chaired at ACC level and includes representation from all divisions and the Lessons Exploitation Centre (LXC). Force level actions are created, and opportunities are included in LXC communications as an important function to identify safety issues to provide pragmatic, force-led improvements to prevent recurrence. In turn, this allows mitigation and evidences our commitment to learning lessons and keeping it's people safe, so far as is reasonably practicable.

Incident Reports

The number of incidents reported has continued to rise, with 134 more in 2024 than the previous year. The data represented in the tables below is derived solely from the Safety Management Software reports. The data shown is per full calendar year.

Table 1 – Total of all reports from 2022-2024

Incident Type	2022	2023	2024	2025	Total
Assault	1104	1418	1462	103	4087
Close Call	105	99	87	16	307
Non-Assault Injury	653	621	723	51	2048
Total	1862	2138	2272	170	6442

Table 2 – Incident Outcomes (All Incidents) 2022 -2024

Incident Outcome (groups)	2022	2023	2024	2025	Total
Minor Injury	822	1112	1175	68	3177
No Injury	478	893	951	100	2422
Compliant RIDDOR Reportable Incident (Injury preventing the injured person from working for more than 7 days) & ...	42	75	70		187
Compliant RIDDOR Reportable Incident (Specified Injury) & ...	10	23	54	2	89
Other	2	37	27		66
Total	1354	2140	2277	170	5941

Table 3 – Incidents by Description 2022 - 2024

What Best Describes This Incident (groups)	2022	2023	2024	2025	Total
Arresting and/or Detaining a Person & ...	1641	1868	1969	146	5624
Driving Incident - Non-Response & ...	22	47	32	2	103
Non-Employee: Contractors Working On Site & ...	12	8	5		25
Off Duty		9	39		48
Other	31	47	15	2	95
Police Staff - Non-Routine Activity & ...	109	93	73	12	287
Training - JRFT & Training - Other & Training - PST & ...	47	68	144	8	267
...					
Total	1862	2140	2277	170	6449

Table 4 – Lost Time by Incident Description 2022 - 2024

Year	2023	2024		
Lost Time (Incident Description)	Number of Incident s	Lost Time (Days)	Number of Incidents	Lost Time (Days)
Arresting and/or Detaining a Person & ...	1868	3210	1969	1966
Driving Incident - Non-Response & ...	47	46	32	213
Non-Employee: Contractors Working On Site & ...	8	0	5	0
Off Duty	9	14	39	264
Other	47	256	15	28
Police Staff - Non-Routine Activity & ...	93	506	73	49
Training - JRFT & Training - Other & Training - PST & ...	68	269	144	1176
Total	2140	4301	2277	3696

Table 5 & 6 – Assault v Non-Assault Incidents & Lost Time

Assault v Non-Assault Total	2022	2023	2024	2025	Total
Non-Assault Injury	653	621	723	51	2048
Assault	1104	1418	1462	103	4087
Total	1757	2039	2185	154	6135

Assault-Non Assault Lost Time	2022	2023	2024	2025	Total
Assault	422	1041	1151	3	2617
Non-Assault Injury	2554	3260	2545	9	8368
Total	2976	4301	3696	12	10985

Statutory Compliance

Fire Risk Assessment (FRA)

Each location within BTP's premises, whether leased directly to the force, or whether as tenants has an FRA carried out biennially, all BTP H&S Advisors who carry out FRAs have a level 3 formal fire risk assessment qualification.

All fire risk assessments carried out undergo peer review prior to publication.

FRAs are held to the industry standard Publicly Available Specification 79:2020 (PAS 79) standard.

All FRAs are in date. All locations have been categorised as trivial to moderate risk except York and Blundell Street, which was returned as substantial at the time of assessment. Working groups are arranged where a Substantial or Intolerable risk is identified. Working groups aim to ensure all actions are addressed in line with the level of risk.

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Executive Summary – Occupational Health

Service Delivery

Occupational Health (OH) service delivery is now embedded as a primarily internal function following the implementation of the OH Futures project at the end of 2023. Employing clinicians and administrators who have knowledge and understanding of BTP operations, roles and people has enhanced the user experience of OH and increased the value and quality of OH advice, opinion and recommendations.

Service delivery is a combined format of face to face and remote delivery, where is it clinically appropriate and effective to do so. Face to face activity is undertaken at Clinics, across 6 BTP locations: BPR Force Headquarters, London Blundell Street, Cardiff, Leeds Westgate, Glasgow Cowcaddens and temporarily at Liverpool (pending identification of a suitable Manchester premises). Clinical activities are supported by two OH administrators based across the two London clinic locations.

All OH clinicians are qualified nurses and are registered with the Nursing and Midwifery Council. OH Practice Nurses deliver the face to face clinics, undertaking new recruit medicals and other periodic medical assessments such as Firearms and chemical, biological, radiological, and nuclear (CRBN) medicals. They undertake Police Staff recruitment assessments and other activities when not delivering clinics and are supported with more complex cases by the OH Advisors. Many Occupational Health departments use Nursing Technicians to deliver some of these activities, but BTP made the decision to employ nurses due the complexity of Occupational Health in the policing arena and we believe this improves the quality and efficiency of the service. It is also an opportunity to develop OH Advisors for the future, thereby building team resilience and addressing the OH recruitment and retention difficulties that have been a challenge to BTP historically.

The OH Advisors, in addition to being Registered Nurses, have trained as specialist community public health nurses in Occupational Health and have extensive knowledge and experience in the field of Occupational Health in a variety of industries and are able to apply this to meet the needs of the policing environment within BTP. Some OH Advisors came to BTP with experience of working in other police forces, but all the team have been given the opportunity to learn about the activities and specific needs of BTP, visiting locations and teams where appropriate, using this knowledge when undertaking assessments and providing advice that adds value to BTP and its employees.

Since the commencement of the internal service, OH Physician (OHP) services have been delivered via an agency with a recognition of the need for a more sustainable arrangement in the long term. It was recognised that this was a complex post to recruit into and did not sit within BTP's employment and pay structures easily. However, plans to collaborate with another non-home office force to share OHP services have not progressed at a suitable pace for BTP and a decision was made to progress to employ our own OHP. Approvals for this were gained in January 2025 and the post is to shortly be advertised with a view to having the successful candidate in post by the end of May 2025; allowing for recruitment and vetting activities.

External services provision

Occupational Health services

In planning for the internalisation of services it was recognised that there were a small number of activities where there would not be internal capability or specialist knowledge to deliver. These are

now delivered via a small external contract. This delivery was considered the most cost-effective way to deliver the services which consist of Physiotherapy, Immunisations particularly Hepatitis B, management of body fluid exposures and Drug and Alcohol services.

The contract was awarded to PAM Group in December 2023 for a 2 year period with an option to extend for a further year. There were some early service delivery issues requiring robust discussions with the provider with an effective resolution being achieved.

Both the physiotherapy and immunisation services are well utilised. The immunisation programme is voluntary, with vaccinations offered to those within a role where risk assessment has indicated there is a risk of exposure to infectious diseases. Access is self-referral via an electronic form and directly managed by the service provider. Each employee requires multiple appointments to complete the course and checks to ensure that immunisation has been effective. We saw high referral numbers in May to October 2024, but these now appear to be stabilising. Employees whose role meets the criteria can access immunisation at any time. For new recruits, immunisation clinics are delivered at Spring House whilst they are in training.

Physiotherapy referral is via OH referral and assessment. This ensures that appropriate assessment is undertaken to identify the suitable treatment pathway and any workplace health and safety risk due the reported symptoms are also managed in a timely manner. This is important as 90% of those referred remain at work at the time of referral. There are early indications that access to physiotherapy is reducing sickness absence days lost related to musculoskeletal symptoms and improving return to full duty from temporary duty restriction (TDR) timeframes.

Numbers of those accessing body fluid exposure support remains low (around 3% of provider utilisation) and in keeping with the incident occurrences. Nevertheless, this is an important service that ensures employees exposed to the body fluid of others during their duties have access to specialist assessment and advice 24/7 that provides reassurance and minimises the risk of transmission of infection diseases.

The Drug and Alcohol service is around 5% of the provider utilisation. This service provides both laboratory testing of samples where needed for OH recruitment cases and PSD led random and 'for cause' testing if needed. There have been only 3 positive drug samples reported since this contract commenced. all originating from the 'for cause' testing group where testing is arranged due to specific substance misuse concerns related to an individual employee.

Psychological support services

In 2024 a competitive tender process was undertaken to identify a supplier of psychological services to BTP, as the previous contract was due to end on 30th November 2025. The contract was awarded to One Bright Ltd who were the incumbent supplier and who BTP have been working with for over 5 years. The contract now in place is for 3 years with the option to extend for a further 2 years.

The external psychological services contract provides assessment and treatment to BTP employees who are experiencing mental health symptoms caused or related to work. The aim of the services provided is to support and treat employees returning them to work and/or returning the capability to fulfil the requirements of their role fully. The contract also includes proactive and reactive specialist support and education that is stood up when the need arises to support teams and the organisation.

Since the commencement of services with One Bright over 5 years ago, we have seen significant increase in those accessing the service. There was a significant increase when the supported

referrals were introduced in 2022 allowing line managers, Peer Supporters and People Advisors to make referrals for those experiencing mild -moderate work related or working impacting mental health symptoms. Alongside Wellbeing activities and initiatives encouraging employees to access services when they are experiencing symptoms, we have seen the continued rise in service demand with a 15% increase in referrals between April and December 2024 compared to the same period in 2023. We believe this is because mental health is becoming less of a perceived stigma at work as our focus on wellbeing becomes embedded as a norm within the workplace.

One Bright have delivered a service that often exceeds SLA timescales. Screening data collected during treatment on recovery progress evidences good outcomes to treatment for BTP employees, often better than the level determined by the NHS as recovered. Feedback from service users has been consistently high throughout the contract.

In 2025 One Bright will support BTP in implementing the psychological screening programme. The programme aims to proactively identify those employees in roles with a high risk of psychological harm who may be vulnerable to poor mental ill health. Once identified, individuals can be offered appropriate support and treatment to minimise their risk of harm. The BTP programme has been advised in consultation with One Bright Chief Clinical Officer and is in line with the COP screening programme guidance.

Service Delivery Numbers

Management referral volumes have been steady for several years but have increased in 2024. From April – February to date there has been a 16% increase in referrals compared to April – March 2023/24. The main referral reason is consistently due to capability or health concern affecting performance with musculoskeletal and mental health conditions being the main conditions triggering a referral.

Medicals are broadly split into new recruit medicals and periodic medicals required to ensure Officers remain fit for tasks with their role. Recruit medicals have fallen due to the BTP recruit restrictions. Nevertheless, the demand for recruit medical appointments has always been significantly high within London. OH work closely with recruitment to ensure that any fluctuations to the requirement for new recruit medicals can be met to support BTP workforce plans.

Periodic Medicals including AFO/CBRN, Taser and Response Drivers are a critical function and given priority to ensure availability of operational resources. Volumes fluctuate throughout the year as frequencies are mainly led by the expiry of medical fitness in place and those due to attend response driver courses. Apart from response driver medicals, other medical volumes are stable and predictable based on employee numbers in this area.

2025 Delivery

Resources: The successful recruitment of experienced clinicians and provision of suitable BTP induction and training have resulted in improved retention of OH clinicians not previously achieved by BTP. This has allowed for clinicians with improved knowledge of the needs of BTP and its employees to provide quality advice to line managers and employees. OH Advisors have been aligned with each Division allowing a more collaborative approach responding to divisional needs.

There are currently two vacancies within the team. The recruitment of the OHP has been described above. Recruitment to the remaining vacancy for an OH Practice Nurse has been undertaken and a conditional offer is in place pending completion of recruitment checks.

OH Software system: Implementation of a new OH system was completed in October 2024. The system improves the management and security of sensitive employee information as well as improving service efficiency. Phase One implemented the system to the OH team. The second phase roll out is expected to be completed by the end of March 2025 and be implementation of line management referrals directly into the portal, further improving data security and improving case visibility for line managers and People teams.

Further functionality will be evaluated and implemented as identified as needed and adding value to the OH service delivery.

OH Team Development / Apprenticeships: Access to OH apprenticeships have been challenging and impacted by a review and amendment of professional competency requirements by the Nursing and Midwifery Council (NMC) in 2022/23. There has been limited development of university courses and apprenticeships fulfilling the requirements of the NMC with only two identified OH courses to date. This is a challenge that is known to the NPWS with work being undertaken to identify further learning and development opportunities.

It may therefore be necessary to explore further opportunities to develop the team outside of the apprenticeship scheme and particularly the OH Practice Nurses into specialist OH Advisors.

Benchmarking: Work has commenced to benchmark BTP OH services against the Foundation Occupational Health Standards for Police Forces, to ensure quality and robust delivery of Occupational Health services to BTP and its employees. Once benchmarking is completed and gap analysis undertaken a plan will be developed to ensure BTP is able to meet the standards and move to the advance standards benchmarking at the appropriate time.

Medical Standards Review: the publication of the updated College of Policing medicals standards has been expected for a number of years. February 2025 has finally seen the confirmation of the publication of the standards and sessions are planned by NPWS to support the implementation of the updated standards to forces. A review of current standards and gap analysis against the amended standards is planned and will be reported in the next few months.

Executive Summary – Wellbeing

In 2024 BTP made significant improvements in enhancing employee wellbeing through investment and recruitment of additional resources to the Wellbeing Team. Following financial approval, we successfully recruited three Wellbeing Advisers, a permanent Post Incident Coordinator, and a Wellbeing Administrator, with all positions filled by August 2024. The onboarding process for new team members was developed and structured to ensure they received the necessary tools, resources, and information required for their roles. This approach not only facilitated a smooth transition enabling the new team members to deliver several initiatives and interventions and provide support during significant Operations such as Op Navette within their first six months. It significantly increased employee engagement and satisfaction, making the new team members feel welcomed and valued. In this first year of developing the team and delivering our strategy, our primary focus has been on embedding the service within BTP and building the skills and knowledge of the team. This foundational year was crucial for establishing a robust framework to support the mental health and wellbeing of our employees

The Wellbeing Advisers are aligned to specific divisions to enhance engagement and awareness of service provision. This alignment allows for customised support tailored to the unique needs and challenges of each division and department, leading to more effective interventions. By identifying and addressing issues early, the Wellbeing Team can better allocate resources, ensuring that wellbeing efforts are strategically targeted and impactful.

The 2024 All People Survey results reflect the positive impact of investment in the Wellbeing Team. The "Well Cared For" metric saw a notable 7% increase, rising from 43% in 2022 to 55% in 2024. Additionally, the perception of wellbeing as a priority within the organisation increased from 36% in 2022 to 44% in 2024. Furthermore, 72% of employees who completed the survey reported knowing where to access mental wellbeing support, underscoring the effectiveness of the Wellbeing Team's engagement and communication strategies. Overall, the recruitment and establishment of the Wellbeing Team has laid a strong foundation for ongoing improvements in employee wellbeing, positioning BTP as a supportive and proactive employer committed to the health and wellbeing of its workforce.

To further strengthen our commitment to employee wellbeing by driving our strategic agenda at the highest level within the organisation, we introduced the Wellbeing Guardian role at the Chief Officer Group (COG) level. The Wellbeing Guardian is tasked with driving the wellbeing agenda at a senior level, ensuring that BTP's activities and performance are routinely challenged to foster a compassionate environment, and is pivotal in promoting a culture of wellbeing. By embedding this role within COG, we aim to ensure that wellbeing remains a core priority, influencing decision-making processes and strategic initiatives across BTP. The role has also been proposed on a rotational basis, so all COG members have a chance to take on the role and be involved with the Wellbeing agenda to drive improvements in culture.

Service Delivery

Wellbeing Hub, Events and Webinars

The Wellbeing Hub has received over 150K site visits since its launch in 2021, but most of these are from desktops/laptops. Anecdotal evidence suggests it is still underutilised by operational employees. This is significant because it means we are not reaching a large portion of the workforce,

who often report feeling unsupported and are potentially at higher risk in their roles. Our engagement efforts are focused on improving this.

In Q3 we introduced an engagement dashboard to enable us to record activity and attendance for wellbeing events and sessions. This enables data-driven decision-making by providing insights into employee participation and engagement across divisions. It allows the Wellbeing Team to identify the most engaged locations, sessions, and topics, and allocate resources accordingly. This data helps enhance the effectiveness of wellbeing initiatives by identifying trends and patterns, additionally the dashboard optimises our resource allocation by directing investment towards high-impact activities, improving overall efficiency. It also fosters accountability and transparency by providing clear metrics on the take up and success of wellbeing initiatives.

Wellbeing interventions delivered or currently in progress in 2024/25:

- BTP Virtual Couch to 5K
- BTP Weight Management Programme
- Step Challenges
- Biostrap wearable technology and online sleep programme
- Power of Storytelling Mental Health event
- Suicide Prevention workshop and Postvention toolkit
- Wellbeing Calendar – events and awareness days in collaboration with I&D

Post Incident Trauma Support

In Q3 we launched a TRiM Case Management System, which enables tracking and monitoring of TRiM referrals, this ensures that no cases are overlooked and that all employees receive the necessary and timely support within our trauma management guidance. With a clear overview of all cases, this enables TRiM Managers to allocate resources more effectively, ensuring that support is directed where it is most needed and optimises the use of available resources. This is a valuable tool for managing potentially traumatic incidents within BTP, ensuring that our people receive support, when they need it, and maintain their mental health and wellbeing.

- TRiM referrals increased by 13.5% year-to-date compared to 2023/24.
- TRiM referrals to OH increased by 166% year-to-date.
- Introduction of a Trauma (TR) closure qualifier in Control Works to enable incidents to be flagged as potentially traumatic.
- TRiM emails are now personalised, addressed to individuals by name, and consider repeat exposure.
- The Trauma Post Incident Desk Coordinator has attended multiple sites, providing face to face post incident support alongside TRiM practitioners following traumatic incidents.
- We have developed a Proactive Monitoring system and Heatmap that collates data relating to potentially traumatic incidents from 2016 onwards at an individual and location level. This data highlight's locations and individuals, tracking and alerting repeat trauma exposure to enable us to target proactive support. We are also working with Analysis and Insight to present location and employee data to line managers in the Datahub, to enable proactive management and support at a local level.

Wellbeing Peer Support Programme

Wellbeing Peer Supporters continue to provide support and signposting to our people, and we have continued to invest in CPD and training for specialist topics such as cancer support. In 2024, we introduced a Peer Support Power App designed to enhance the accessibility and effectiveness of peer support within BTP. This innovative app allows employees to easily search for and contact peer supporters, fostering a supportive and connected work environment. The Peer Support Power App provides a user-friendly platform where employees can find peer supporters based on various criteria, such as department and specialist expertise. This ensures that people can quickly connect with someone who understands their specific challenges and can offer relevant support.

Key features of the app include:

- **Search Functionality:** Employees can search for peer supporters using filters to find the most suitable match for their needs.
- **Direct Contact:** The app enables direct communication, allowing employees to reach out to peer supporters easily and confidentially.
- **Resource Library:** The app includes access to a library of resources and information on various topics related to mental health and wellbeing, providing additional support and guidance.

The introduction of the Peer Support Power App has significantly enhanced our peer support network, making it more accessible and effective. By leveraging technology, we have created a platform that empowers employees to seek and provide support, contributing to a healthier and more resilient workforce.

Internal Safeguarding Process and Policy

In collaboration with colleagues from Public Protection and Vulnerability, Occupational Health and other teams across the Force we launched a new process to enable employees to report a concern for a colleague in need of safeguarding, for example relating to concerns about suicidal ideation or self-harm, or those that are (or have been) subject to domestic abuse, harmful practices, stalking or harassment, to ensure our colleagues are fully supported and protected from harm. The process involves completing a form, which can be found on the Wellbeing Hub, with details about the reason for concern and the person(s) involved. The circumstances are then reviewed by a Vulnerability Unit Manager, and appropriate next steps decided to support the person affected, at which point their line manager is consulted and a case conference convened to ensure all necessary safeguarding actions are taken. The conference panel is chaired by a senior officer from the Vulnerability Unit and attended by Wellbeing, OH, People Business Partner, Vulnerability Manager, the Line Manager and if appropriate PSD. Since the launch of this process in May 2024 fifty-one cases have been submitted to the internal safeguarding panel.

Welfare Officers

Those involved in professional standard investigations and grievance processes, whether as the individual under investigation, the victim, or witnesses, face heightened psychological risks due to stress and prolonged processes, such as IOPC investigations.

In 2024, a review within BTP revealed welfare officers lacked training, standard role briefs, guidance, escalation procedures, and out-of-hours support, with disparities in support for officers and staff.

This posed a risk, prompting the formation of a task and finish group to develop new processes, training, and guidance.

Key Improvements

- Recruitment of dedicated volunteers, both police officers and staff, to undertake the role of Welfare Officers.
- Welfare Officers are undergoing training in Oscar Kilo Peer Support, PSD procedures, wellbeing services/signposting, completion of DoCRA's and Safety Management System (SMS).
- A new Guidance document and process has been developed; this includes:
 - Roles and Responsibilities
 - Process Guidance
 - Risk Management
 - Welfare Officer Training and Support
 - Signposting and Support Services
- The Safety Management System will be utilised to securely store and record DOCRA records. This will ensure a central location which abides by information management/data protection requirements.
- Dedicated Wellbeing Hub page to provide information and guidance on new process.
- Ongoing support and CPD provided by the wellbeing team to all welfare officers. They will also have access to be referred to psychological support themselves, with the Welfare Officer role profile assessed as part of the psychological Framework.

Wellbeing Health Kiosks

Health Kiosks were rolled out during March – July 24. Across 9 sites 802 users registered and 1.15K tests were taken. The kiosks looks at metrics including Body Mass Index, Blood Pressure, Body Fat Content, Heart rate, QRisk3 Heart Age score and Cardiovascular Risk. Individuals receive a personal report and BTP, as the employer, receive anonymised data that provides an insight into the health and wellbeing of our people. Data analysis identified a weight-related health risk, leading to the design of a weight management programme. This programme is currently being delivered at Baskerville House, with wider rollout planned based on its success.

2025 Delivery

Bluelight Framework

We have established an internal working group, underpinned by a governance framework, with membership from key cross-departmental stakeholders, who are all engaged in providing the required evidence for the framework for their respective areas. Development of an agreed action plan that covers each area of the Blue Light Framework: Leadership; Absence Management; Mental Health; Creating the Environment; Protecting the Workforce; Personal Resilience and OH standards will continue throughout 2025.

Training and Development

In 2024, we developed and delivered a series of wellbeing sessions focused on stress awareness, stress management for line managers, resilience, and wellbeing support services. These sessions offer numerous benefits for BTP by equipping employees with the knowledge and tools to recognise and manage stress effectively. Providing guidance and training to line managers on stress management enhances their ability to support their teams, fostering a more supportive and

responsive work environment. This is critical as stress and mental health are leading causes of sickness absence within BTP. We have a legal duty to assess the level of risk from hazards in the workplace and to take all reasonably practicable measures to prevent or sufficiently reduce that risk, this includes the risk to employees from work-related stress.

Resilience training helps employees build the mental and emotional strength to navigate challenges and setbacks, contributing to overall job satisfaction and performance. Additionally, providing comprehensive information on available wellbeing support and services ensures that our people are aware of all support services and resources available to them and encourages proactive engagement with these services.

We will continue to promote and deliver these sessions throughout 2025 and monitor stress absence rates to measure the effectiveness and success of these programs.

Fatigue and Wearable Technology

A National Police Wellbeing Survey intervention designed to tackle the reported high levels of poor sleep, increased fatigue, and problems with recovery across policing through the SFR (Sleep, Fatigue, Recovery) Pilot. Through this, policing volunteers agree to wear the Biostrap for 120 days to gain data on their sleep, fatigue and recovery and have access to an online programme and platform which provides resources to improve lifestyle. BTP partnered with NPWS and invested in Biostraps to address a potential fatigue risk highlighted in Fatigue surveys conducted in 2022/23. The pilot saw 67 volunteers receive a Biostrap and access to the online platform. Volunteers cover departments identified as being at risk including Response, CID, Disruption, SOCO, Dog Handlers, Firearms and OSU. Initial findings after two months indicate 100% increase in those happy with their current sleep pattern (from 15% to 30% of total users), those not going to bed feeling stressed has increased from 23-37% of users, and the percentage who strongly agree with the statement 'I generally eat a healthy and balanced diet' has increased from 8-20% of users indicating that they may have made lifestyle changes to improve their sleep.

Virtual Reality (VR) Headsets

The demanding environment of a police control room can significantly impact employee wellbeing, with high stress levels, long hours, and the need for constant vigilance leading to burnout and decreased job satisfaction. To address these challenges, we are developing an intervention and study involving VR headsets in BTP force control rooms. By utilising innovative VR technology, we hope to provide immersive and effective mental health support, stress reduction, and resilience-building interventions. This initiative is currently in development and is scheduled for delivery in Q1 2025/26.

EAP Procurement

Our current contract ends in September 2025. The new procurement strategy was approved in February 2025, and the tender process began the same month, with a completion date set for April 2025. This timeline allows for a sufficient mobilisation period to ensure a seamless transition to a new provider.

Wellbeing, Health & Safety: 2024/25 Investment, ROI and VOI

2024/25 Investment

- Pay: £2,116,461.55
- Non-pay (centralised included): £1,964,129.63
- Total: £4,080,591.18

2024/25 ROI (Return on Investment)

- Reduction in MSK sickness absence (lost duty days): £265,188
- Reduction in incident related sickness absence (lost duty days): £235,812
- Investment of private medical funds of £9,800 yielded a total saving of £166,820.50 due to preventing 619 lost duty days.
- Reduction in legal claims costs by £128,000.
- Total: £795,820.50

2024/25 VOI (Value on Investment)

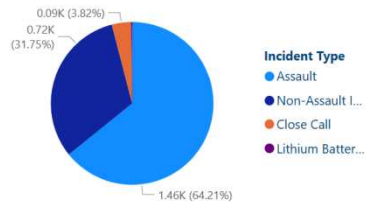
- Compliance with legal and legislative requirements to prevent fines due to breaches. As of October 2023, fines due to H&S breaches have become unlimited and would be proportional to the level of breach.
- Safety Management System (SMS): efficient risk management, proactive safety culture, data driven, improved compliance and accountability and increased productivity.
- Improved Health & Safety Culture: resulted in improved rating with external GIAA audit.
- Year on year increase in APS Wellbeing results demonstrating we uphold our value of #WeCare.
- Improved Mental Health and Wellbeing Culture and reduced stigma: increase in reported mental health instances, TRiM referrals and referrals to OH/Psychological support provider.
- Reduction in MSK related sickness absence and TDRs resulting in more officers available to meet operational demand. Despite continued increase in MSK reported instances, we are providing interventions a lot quicker to aid return to work sooner and prevent such instances resulting in sickness absence and have seen a 40% increase in Physiotherapy referrals.

Detailed Report - Health and Safety

Incidents: Highlights

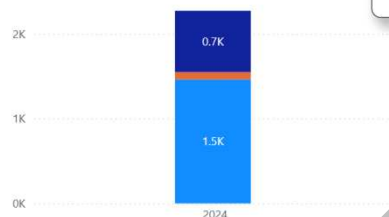


(A) Count of Incident Type



(B) Total Reports per Year

Incident Type ● Assault ● Close Call ● Non-Assault Injury



Incidents: Assaults

Assaults

Incident Outcome ● Compliant RIDDOR ... ● Compliant RIDDOR ... ● Minor Injury ● No Injury ● Non-Compliant ... ● Non-Compliant ... ● NOT REPORTED ... ● NOT REPORTED ...



Lost Days Through Assault

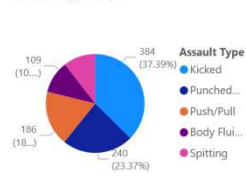
1151

Lost Time (Days) (Actual)

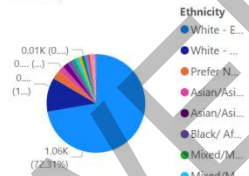
Total Assaults

1462

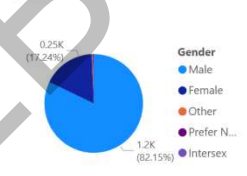
Assault Type Top 5



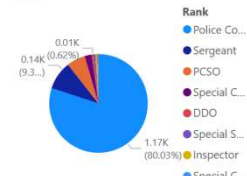
Ethnicity



Gender



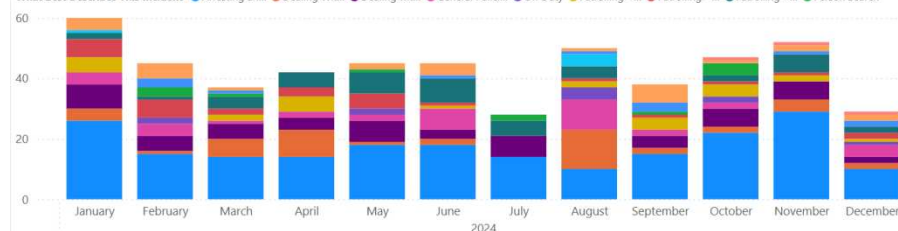
Rank



Incidents: Non-Assault

Policing Incidents - Non-Assault

What Best Describes This Incident ● Arresting an... ● Dealing Wit... ● Dealing wit... ● General Polici... ● Off Duty ● Patrolling - ... ● Patrolling - ... ● Patrolling - ... ● Person Search

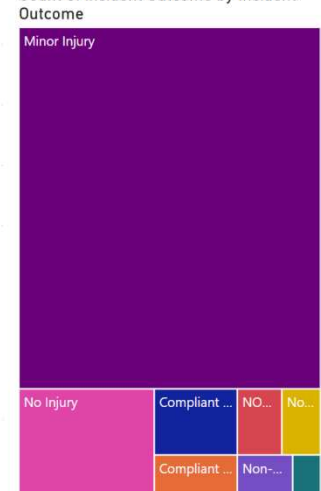


Non-Policing Incidents

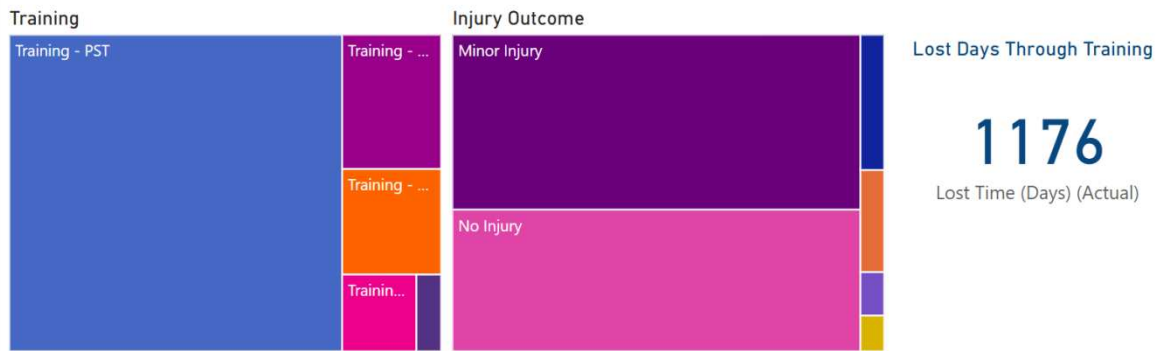
What Best Describes This Incident ● Non-Employee: Contractors Work... ● Non-Employee: Member Of ... ● Police Staff - Non-Routine ... ● Police Staff - Routine ... ● Working In An Office ...



Count of Incident Outcome by Incident Outcome

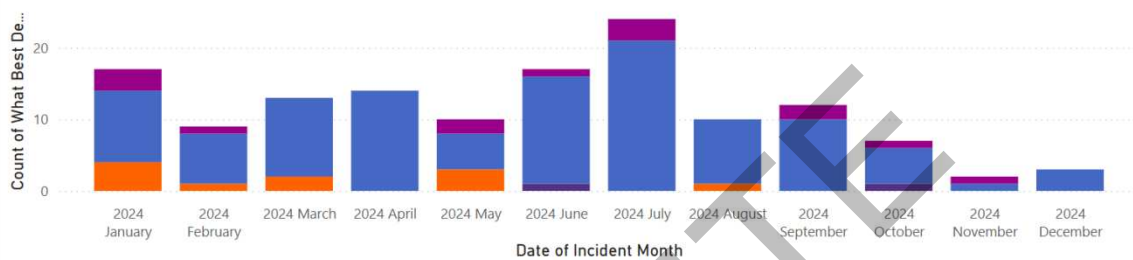


Incidents: Training



Training Incidents by Month

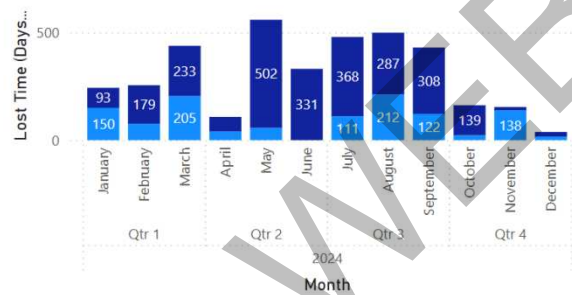
What Best Describes This Incident ● Training - JRFT ● Training - Other ● Training - PST ● Training - Public Order



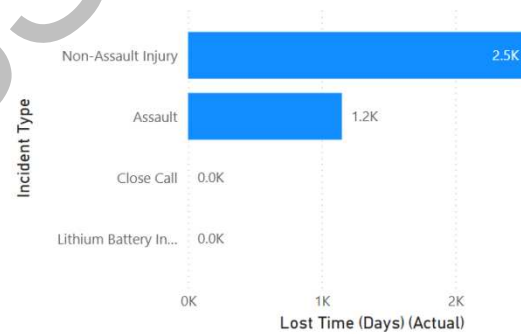
Incidents: Lost Time

Lost Time (Days) (Actual) by Year, Quarter, Month and Incident Type

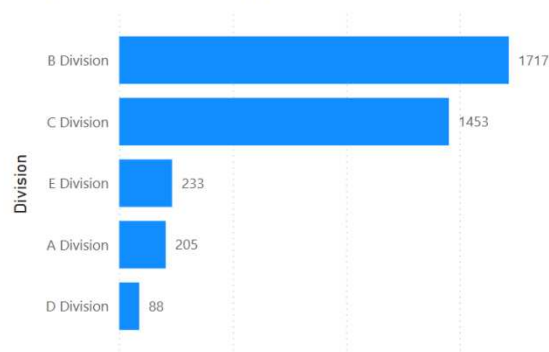
Incident Type ● Assault ● Close Call ● Lithium Battery Incid... ● Non-Assault In...



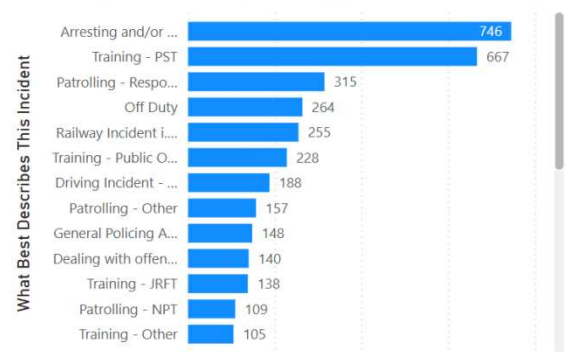
Lost Time (Days) (Actual) by Incident Type



Lost Time (Days) (Actual) by Division

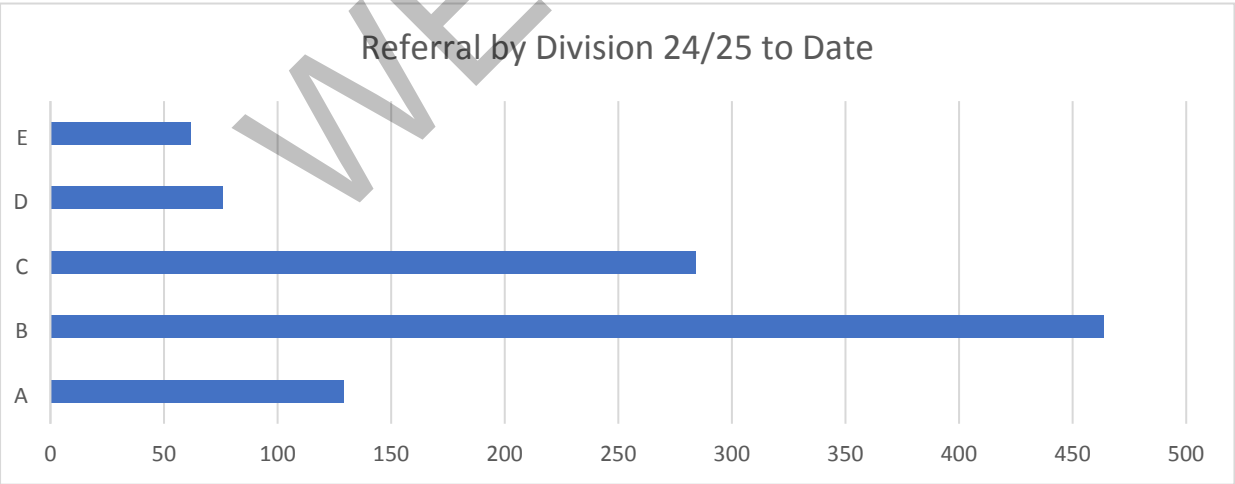
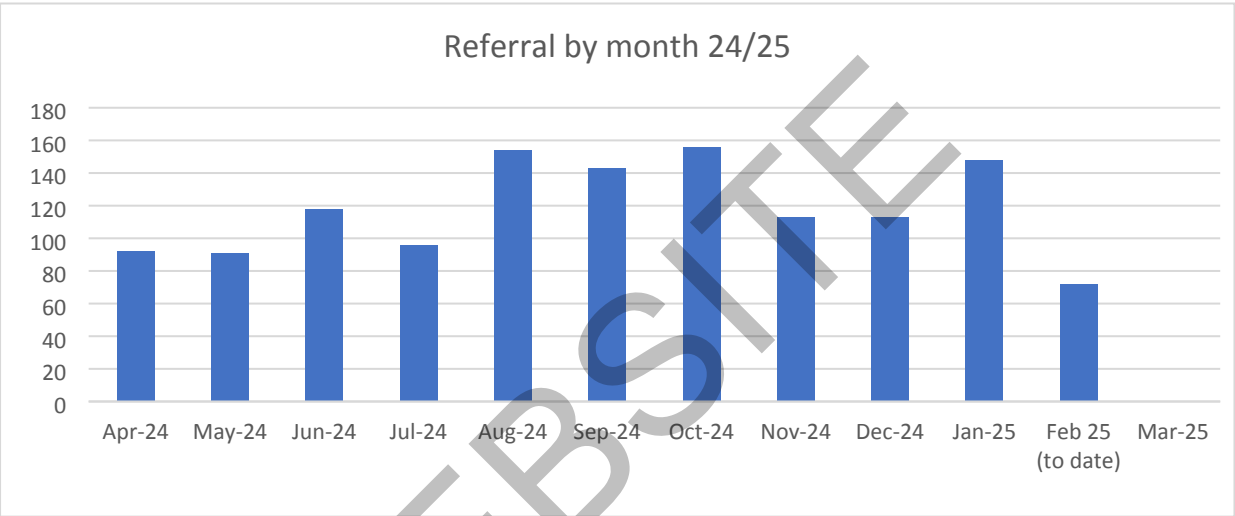
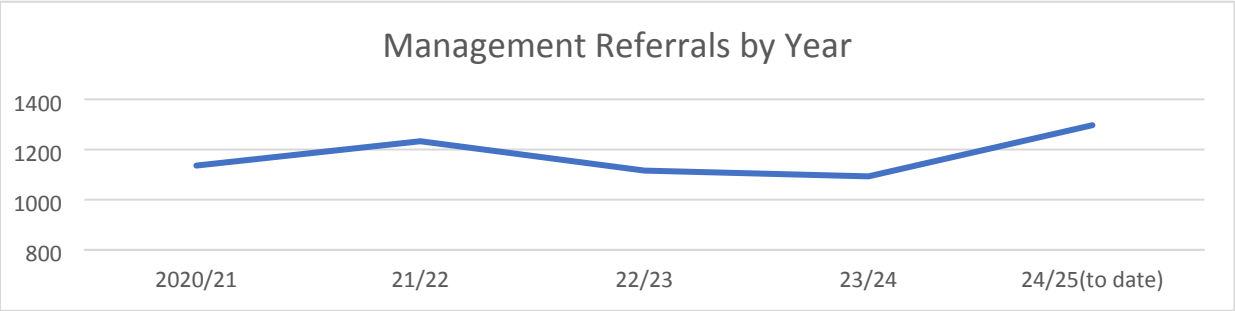


Lost Time (Days) (Actual) by What Best Describes This Incident

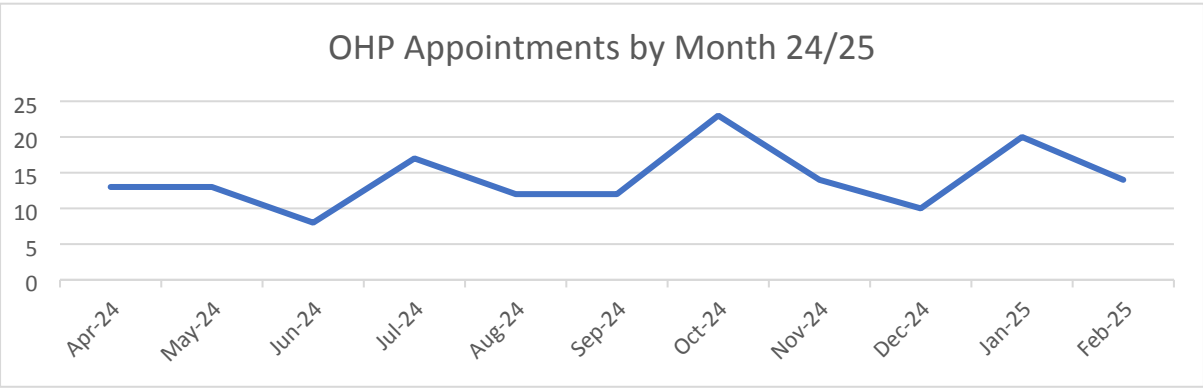


Detailed Report – Occupational Health

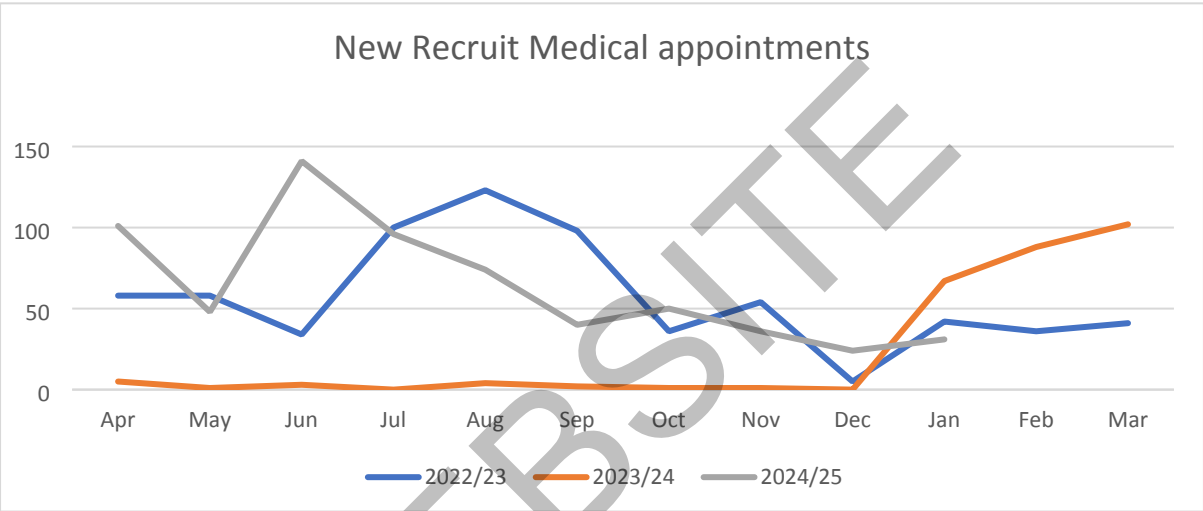
Management Referrals



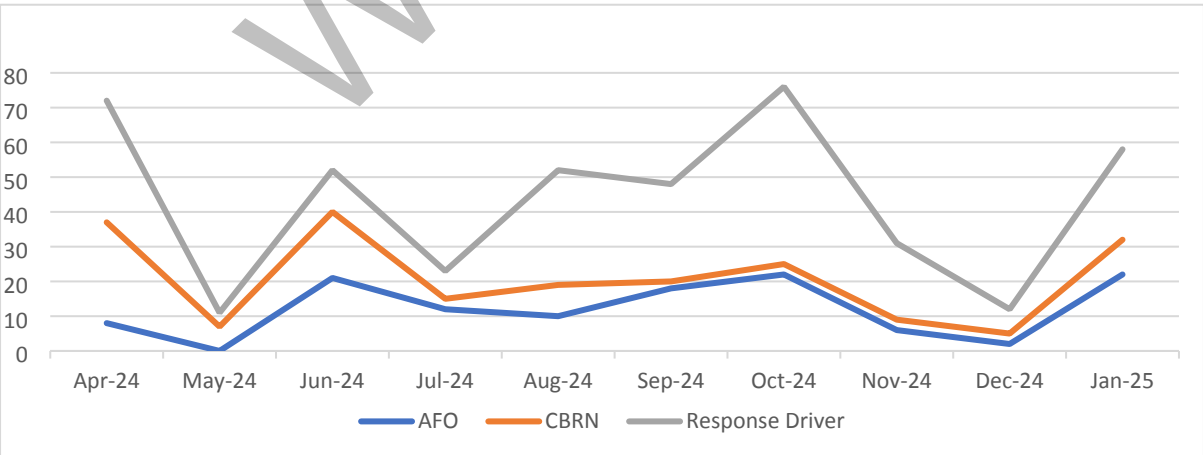
Occupational Health Physician (OHP) referrals
Referral to OHPs include complex cases, where specific medical advice is required, Pension cases

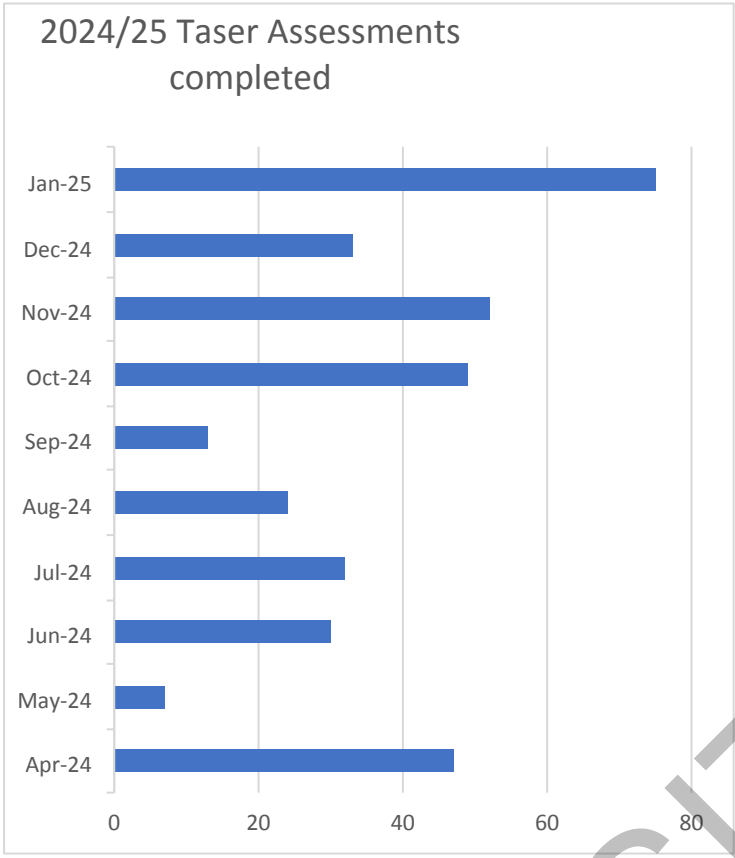


Medicals 2024/25



Other Medicals completed exc. Taser

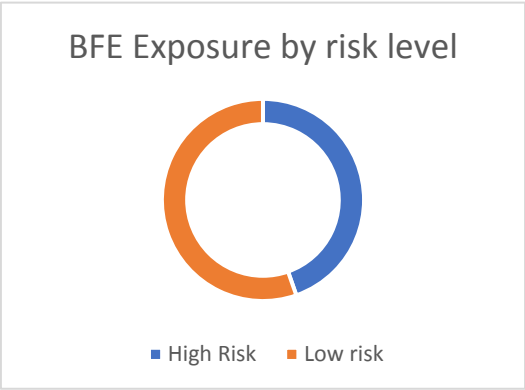
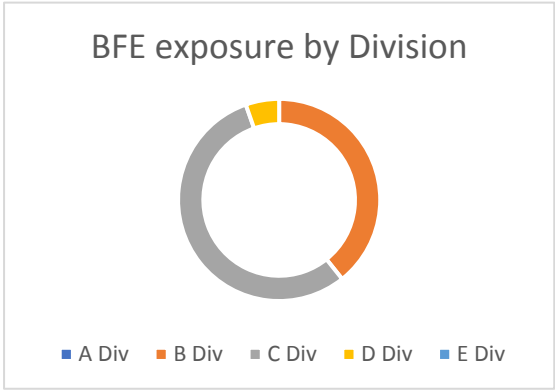


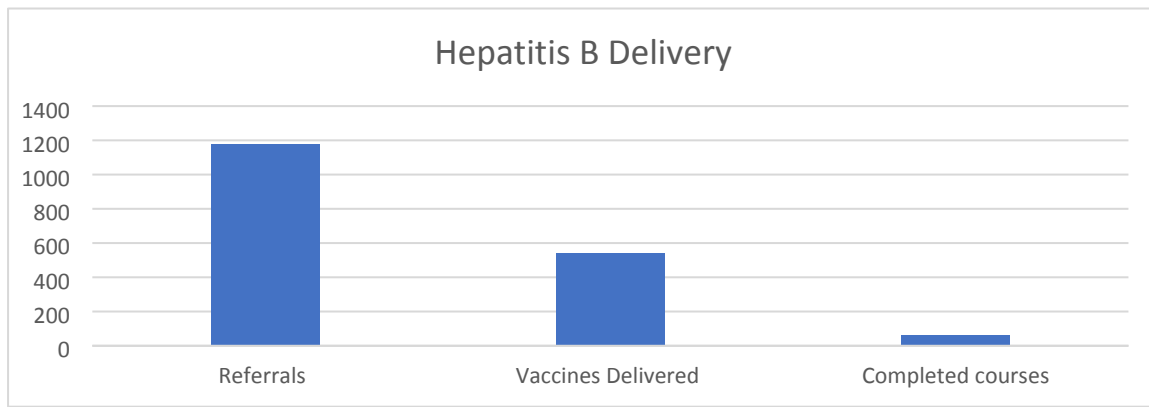


Body Fluid exposure (BFE) management

Body Fluid Exposures Dec 23 – Dec 24

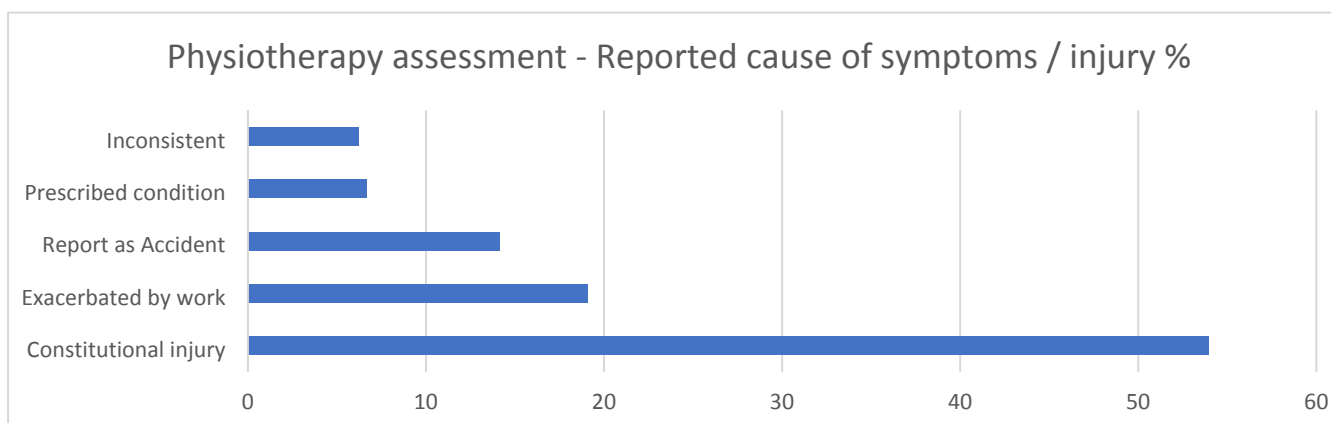
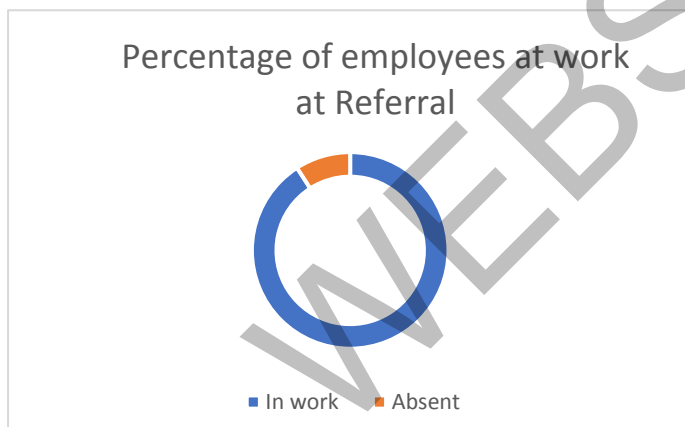
BFE	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
No of Calls	6	3	4	2	7	8	4	3	2	3	3	8	3	56
Blood Exposure	4	0	1	1	1		0	1	0	1	0	2	0	11
Spit Exposure	1	2	3	0	4	5	4	1	2	2	3	4	3	34
Bite	1	0	0	1	1	1	0	1	0	0	0	1	0	6
Scratch	0	1	0	0	1	1	0	0	0	0	0	1	0	3
Other	0	0	0	0	0	2	0	0	0	0	0	0	0	2
High Risk	6	2	1	1	3	3	1	0	0	1	2	4	1	25
Low Risk	0	1	3	1	4	5	3	3	2	2	1	4	2	31





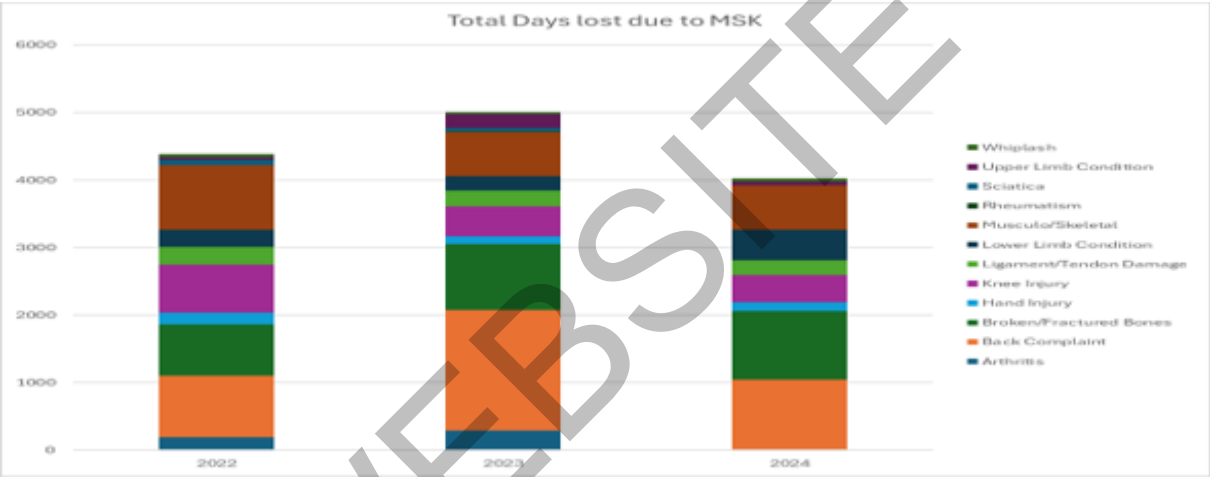
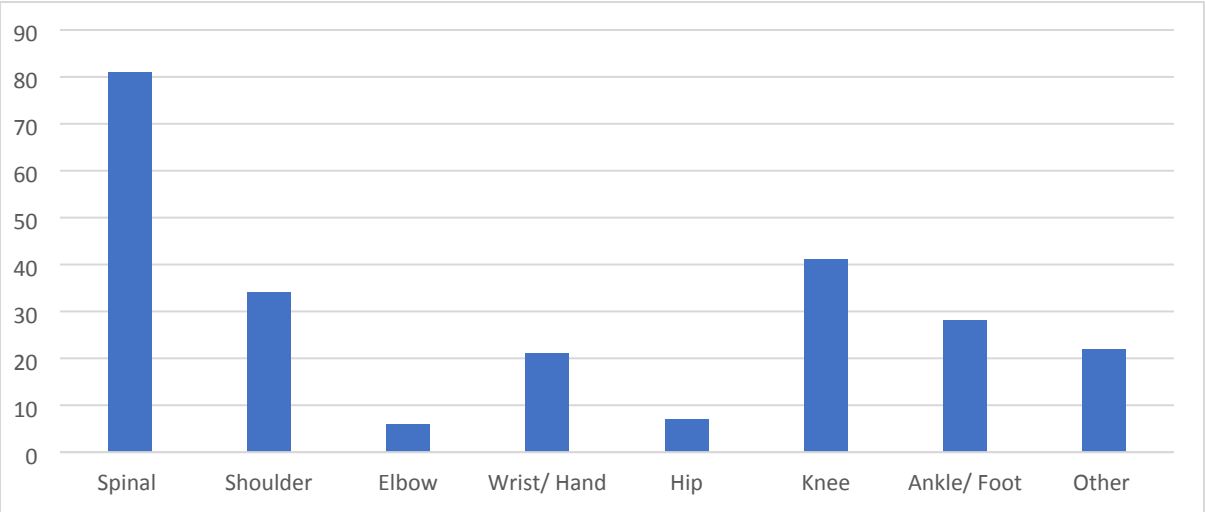
Physiotherapy Service – External supplier

Referral by month since Contract commencement



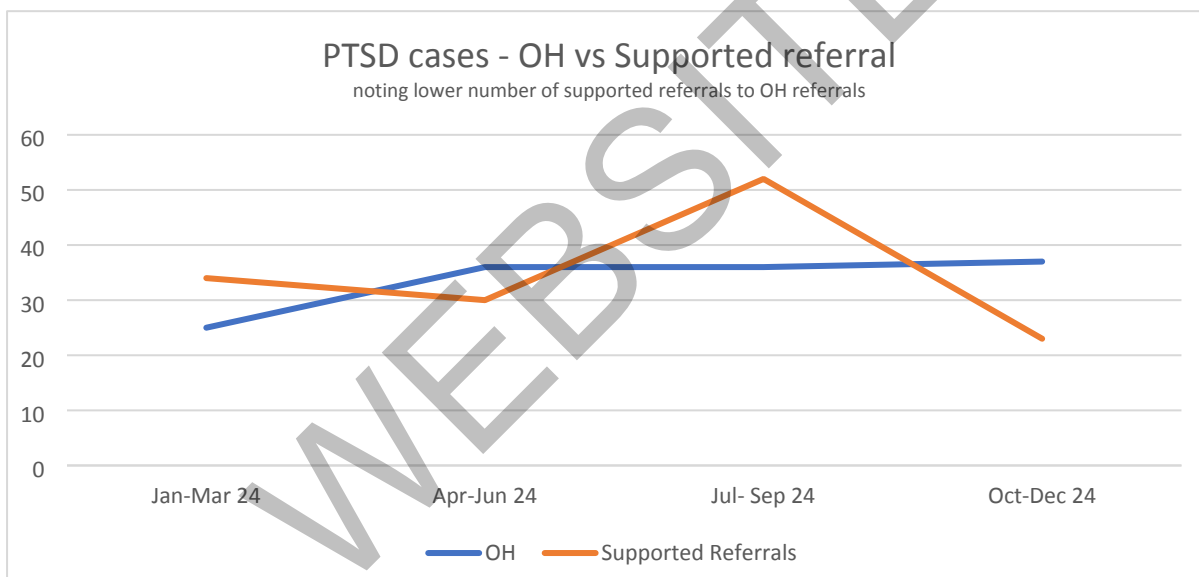
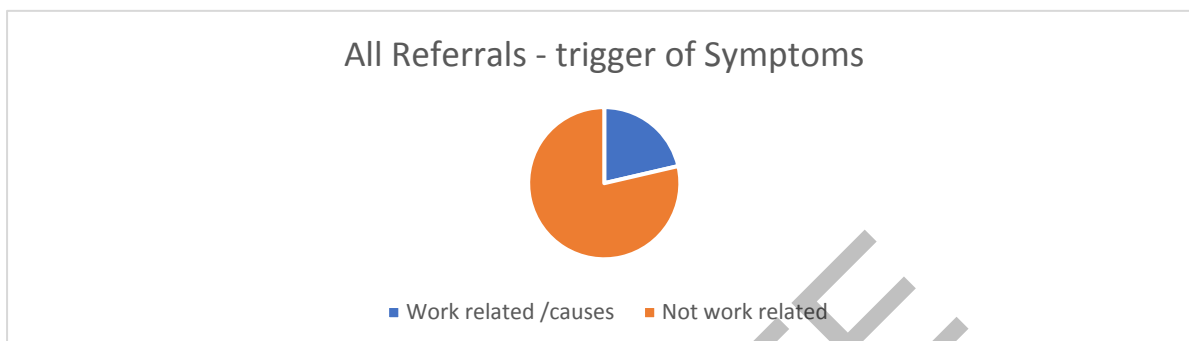
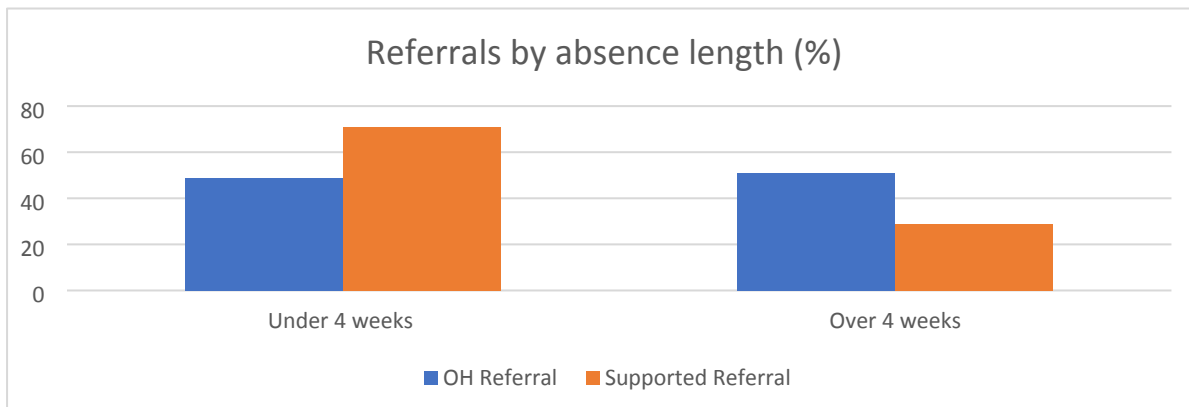
Constitutional Injury - A symptom or manifestation indicating a systemic or general effect of a disease and that may affect the general well-being or status of an individual.

Physiotherapy treatment by body part affected

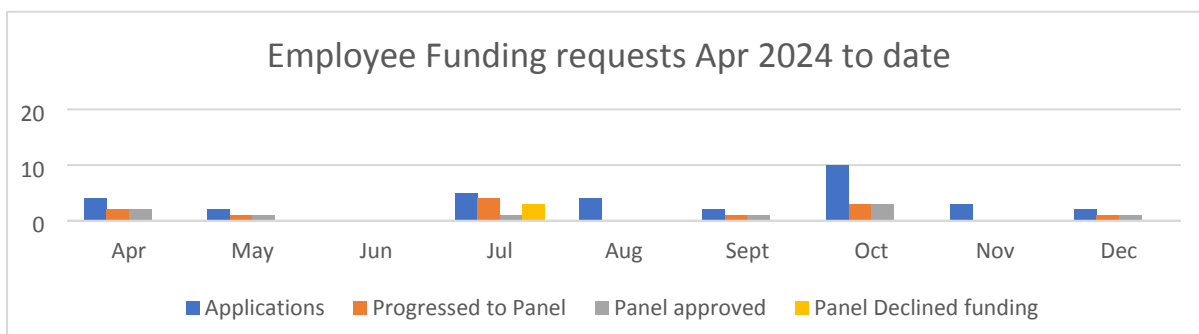


Referrals to Psychological Support (One Bright)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
24/25	36	30	35	35	38	30	34	34	32				Total to date: 304
23/24	26	38	28	31	21	23	30	32	29	36	39	35	368
22/23	32	30	24	7	19	24	20	35	12	22	32	27	284
21/22	17	10	15	13	10	10	10	12	12	14	13	29	165
20/21	6	5	11	6	15	10	14	13	11	11	5	9	116



Employee Healthcare Funding





WEBSITE

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Detailed Report – Wellbeing

Sickness Absence Data – Mental Health and Stress

	Work Related and Personal Stress	Personal Stress	Stress	Work Related Stress	Anxiety	Depression	Depression/Anxiety	Post-Traumatic Stress Disorder (PTSD)	Psychological Disorder	Total Days	Total Cost
2022	137	147	5059	362			3085	1163	256	10209	£2,751,326
2023	417	598	5386	1978	44	70	1910	802	166	11371	£3,064,485
2024	452	474	5669	1309	805	714	1163	1695	10	12291	£3,312,425
Total Days	1006	1219	16114	3649	849	784	6158	3660	432	33871	£9,128,235
Total Cost	£271,117	£328,521	£4,342,723	£983,406	£228,806	£211,288	£1,659,581	£986,370	£116,424		

Here are the key points from the analysis:

- **Increase in lost duty days and sickness absences** due to mental health and stress from 2022 to 2024.
- **Improved workplace culture and reduced stigma** around mental health attributed to investments in wellbeing initiatives in 2022- 24.
- **Efforts to educate, raise awareness, and encourage** individuals to declare and seek help for mental health issues.
- **Stress is the top cause of mental health-related sickness absence**, both in frequency and total days lost. This will be a key area of focus for Wellbeing in 2025.
- **Stress data captured under four categories**, with most cases recorded simply as 'Stress,' making it difficult to accurately assess work-related stress and potentially preventable absences.
- **Need for better categorisation** of sickness absences.

The current data will serve as a benchmark to demonstrate the ROI of the 2024-2027 Wellbeing Strategy.

Wellbeing Support Services

Post Incident Coordinator Site Visit following the introduction of the location heatmap

Month	Sites	Staff
Q2	Heatmap Development	
Q3	7	48
Q4	2	23

TRiM Referrals and OH TRiM Referrals

Activity	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Potentially Traumatic Incident	41	60	45	54	53	59	30	51	42	52	0	0	487
Personalised TRiM Emails	588	686	535	599	739	799	435	649	638	620	0	0	6288
TRiM Referrals	0	12	6	8	13	16	16	11	7	11	0	0	100
OH TRiM Referrals	0	2	0	1	5	2	2	0	2	4	0	0	18

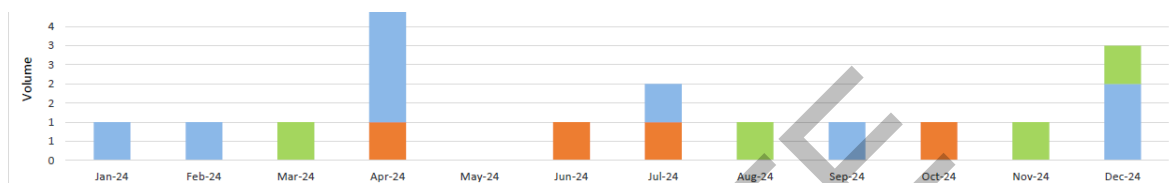
- TRiM referrals to OH have risen, there has been a 60% increase YTD compared to previous years
- TRiM referrals are still higher than last year with an increase of 5.9%. This is a smaller increase than was observed following the introduction of the Post Incident Desk, however we are more proactive with debriefing following the introduction of the Post Incident Heatmap. This would reduce the need for a full assessment and referral.
- Clinical outcomes following counselling are excellent, this could be promoted as positive story to encourage people to ask for help and support.

EAP Utilisation

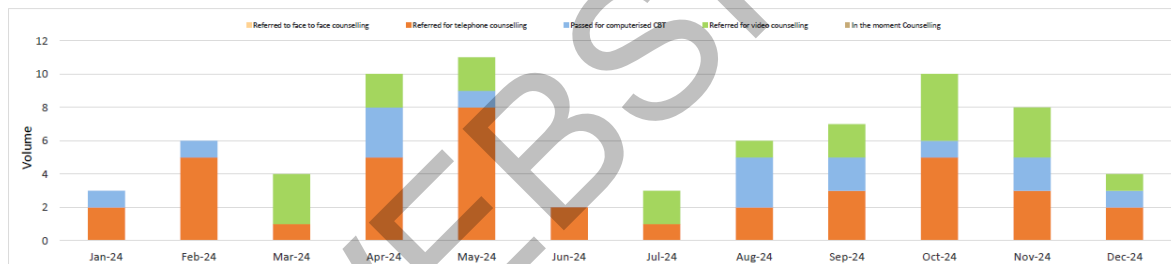
Calls	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Total
Volume of calls into 24/7 helpline	21	19	28	60	18	16	25	31	27	16	18	25	304

Counselling referrals	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Total
Referred to face to face counselling	0	0	0	0	0	0	0	0	0	0	0	0	0
Referred for telephone counselling	5	1	5	8	2	1	2	3	5	3	2	5	42
Passed for computerised CBT	1	0	3	1	0	0	3	2	1	2	1	0	14
Referred for video counselling	0	3	2	2	0	2	1	2	4	3	1	7	27
In the moment Counselling	0	0	0	0	0	0	0	0	0	0	0	0	0

Work related issues this month	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Total
Working Pattern/Shift Patterns	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident at work	0	0	0	0	0	0	1	0	0	1	0	0	2
Bullying Harassment	0	0	2	2	1	0	2	0	1	0	0	1	9
Change management - identifying blocks at interview	0	0	0	0	0	0	0	0	0	0	0	0	0
Change management - identifying core transferrable skills	0	0	0	0	0	0	0	0	0	0	0	0	0
Discrimination	0	0	0	0	0	0	0	0	0	0	0	0	0
Generic HR type query	0	0	0	0	0	0	0	0	0	0	0	0	0
Manager coaching re holding difficult conversations	0	0	0	0	0	0	0	0	0	0	0	0	0
Manager emotional support for difficult cases (e.g. dismissal)	0	0	0	0	0	0	0	0	0	0	0	0	0
Traumatic incident at Work	1	1	3	1	2	1	0	2	2	1	0	2	16
Work related stress	0	0	0	0	0	0	0	0	0	0	0	0	0
Work - Demand	3	5	7	1	1	1	2	0	3	4	1	4	31
Work - Relationship	2	3	5	2	1	2	1	1	3	1	2	1	24
Work - Nightshift	0	0	0	0	0	0	0	0	0	0	0	1	1



Counselling referrals	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Total
Referred to face to face counselling	0	0	0	0	0	0	0	0	0	0	0	0	0
Referred for telephone counselling	2	5	1	5	8	2	1	2	3	5	3	2	39
Passed for computerised CBT	1	1	0	3	1	0	0	3	2	1	2	1	15
Referred for video counselling	0	0	3	2	2	0	2	1	2	4	3	1	20
In the moment Counselling	0	0	0	0	0	0	0	0	0	0	0	0	0



Not all callers will report Work/Home-related issues, whilst others will report multiple such issues; the sum of issues reported will generally differ from the number of callers.

Work related issues this month	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Total
Working Pattern/Shift Patterns	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident at work	0	0	0	0	0	0	0	1	0	0	1	0	2
Bullying Harassment	0	0	0	2	2	1	0	2	0	1	0	0	8
Change management - identifying blocks at interview	0	0	0	0	0	0	0	0	0	0	0	0	0
Change management - identifying core transferrable skills	0	0	0	0	0	0	0	0	0	0	0	0	0
Discrimination	0	0	0	0	0	0	0	0	0	0	0	0	0
Generic HR type query	0	0	0	0	0	0	0	0	0	0	0	0	0
Manager coaching re holding difficult conversations	0	0	0	0	0	0	0	0	0	0	0	0	0
Manager emotional support for difficult cases (e.g. dismissal)	0	0	0	0	0	0	0	0	0	0	0	0	0
Traumatic incident at Work	1	1	1	3	1	2	1	0	2	2	1	0	15
Work related stress	0	0	0	0	0	0	0	0	0	0	0	0	0
Work - Demand	2	3	5	7	1	1	0	2	0	3	4	1	29
Work - Relationship	1	2	3	5	2	1	2	1	1	3	1	2	24
Work - Nightshift	0	0	0	0	0	0	0	0	0	0	0	0	0

- 304 calls across 12-month period
- 5.05% utilisation across BTP, this is a small reduction on 5.4% utilisation in 2023
- 116/269 (43%) calls did not result in a mental health assessment, these call are predominantly for:
 - HR queries
 - Payroll queries
 - Sick absence reporting

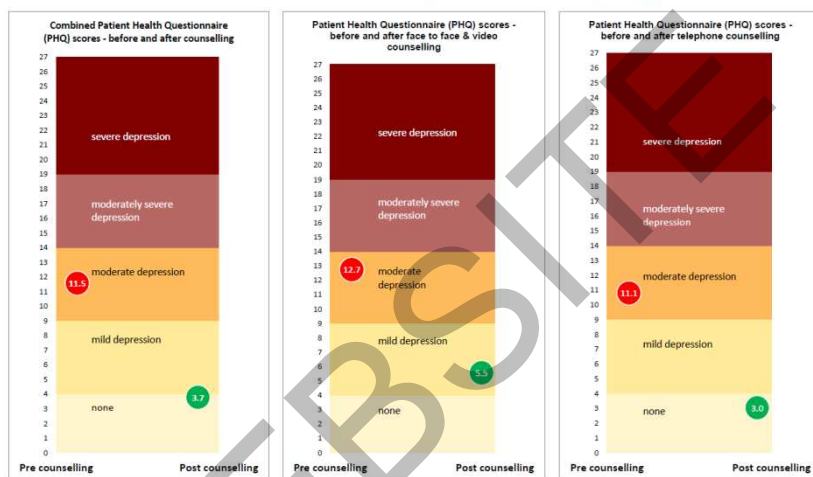
- General service queries e.g. what do we deliver & can my family use the service
- 3% of cases routed to legal helpline
- 6% of cases signposted to GP
- 3% of cases recommended voluntary/private services
- 25.5% of cases referred for telephone counselling
- 10% of cases referred for CBT
- 13% of cases referred for video counselling

Work Related Issues:

- Work–Demand –37%
- Work Relationship–31%
- Traumatic Incident at work –19%
- Bullying & harassment –10%

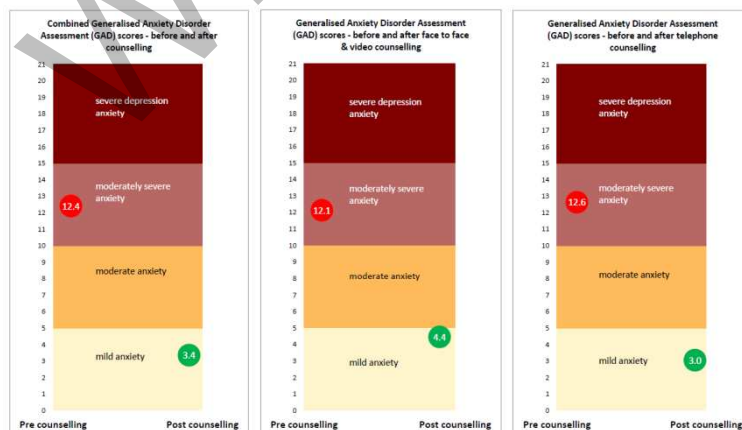
EAP Clinical Outcomes

Clinical Outcomes - Patient Health Questionnaire (PHQ)



The analysis above is based on the average number of people who took the PHQ evaluation before and after counselling. The figure in red indicates the pre-counselling figure and the figure in green the post counselling figure.

Clinical Outcomes - Generalised Anxiety Disorder (GAD)



The analysis above is based on the average number of people who took the GAD evaluation before and after counselling. The figure in red indicates the pre-counselling figure and the figure in green the post counselling figure.

Wellbeing Hub and Events

Total Wellbeing Hub Service Usage

The Wellbeing Hub has now surpassed 150K site visits since it was launched in 2021.

Date	Unique Vistors	Number of Visits
Dec	5824	144981
Feb	5929	156076
Increase	105	11095

Events/Webinars/Briefings

Session Title/Topic	Q3 Attendance	Q4 Attendance	Total
Andys Man Club	15		15
Andy's Man Club - Awareness Session	8		8
Benefits of Yoga	28		28
Let's Talk About Cancer		29	29
Men and Menopause	14		14
Menopause in Policing - Lived experience	20		20
Mens Health Forum	8		8
Men's Health Forum	7		7
Mental Health in Policing - Retired Supt Ian Thomson	15		15
Nutrition and Menopause	14		14
PCSO 73 - Wellbeing Input	15		15
Prostate Cancer Awareness Session	26		26
Recruit Input	19		19
Recruit Training	19		19
Recruit Training Input	26		26
Resilience Workshop	22		22
Self care week mindfulness	21		21
Self care week quiz	14		14
Self care week yoga	14		14
Stop Smoking session	1		1
Support For Stress Session	111		111
Superwellness: Creating an Effective Work-Life Balance	39		39
Superwellness: Healthy Eating on a Budget	17		17
Superwellness: How to Develop Healthy Habits		23	23
Superwellness: Managing Uncertainty		25	25
Superwellness: Musculoskeletal Detective	10		10
Superwellness: Preventing Fatigue and Burnout	26		26
Superwellness: Thriving in a Hybrid World	42		42
Superwellness: Understanding and Embracing the Menopause	26		26
Testicular Cancer Awareness Session	26		26
Welfare Officer Training		33	33
Wellbeing Calendar WMHD Power of Storytelling	50		50
Wellbeing Dog visits	12	41	53
Wellbeing Presentation	207	74	281
Grand Total	872	225	1097

- In Q3 and Q4 we delivered 34 Wellbeing sessions/Events compared with over 1000 attendees.
- In response to requests from the Senior Leadership Teams in D and C Division, we delivered Wellbeing Presentations across all sites and departments in D Division and provided targeted stress management sessions in C Division. These initiatives resulted in high levels of attendance, demonstrating the critical role of senior leadership engagement and buy-in.
- ACC Charlie Doyle launched our World Mental Health Day event, "The Power of Storytelling," where 11 colleagues shared their stories, attracting 80 participants—the highest attendance for a single wellbeing event to date. This highlights the role's significance as well as the impact of Divisional Wellbeing Advisers.
- Championed by Superintendent Andy Morgan we launched a Men's Health Forum in 2024.
- 3 Step Challenges were held in 2024 which resulted in increased registrations on the Wellbeing Optimise app, increased engagement and increases in average step count per participant. Participating in step challenges and increasing daily step counts can significantly

improve physical health, boost mental wellbeing, and foster a sense of community and motivation among participants.

All People Survey Data Comparison 2022- 2024

DATA ANALYSIS – WHAT ARE OUR STAFF TELLING US - Data Comparison (2022, 2023 and 2024)

Well cared for (SUPPORT)	2022	2023	2024	Difference between 2022 and 2023	Difference between 2023 and 2024
Overall BTP	43%	50%	55%	7% ↑	5% ↑
A Force Headquarters	45%	57%	61%	12% ↑	4% ↑
B Division	41%	44%	47%	3% ↑	3% ↑
C Division	46%	49%	52%	3% ↑	3% ↑
D Division	38%	41%	42%	3% ↑	1% ↑
E Division	42%	47%	55%	5% ↑	8% ↑
I feel that employee wellbeing is a priority at BTP (SUPPORT)	2022	2023	2024	Difference between 2022 and 2023	Difference between 2023 and 2024
Overall BTP	36%	43%	44%	7% ↑	1% ↑
A Force Headquarters	43%	52%	54%	9% ↑	2% ↑
B Division	28%	34%	34%	6% ↑	0% =
C Division	35%	39%	39%	4% ↑	0% =
D Division	28%	27%	26%	1% ↓	1% ↓
E Division	33%	34%	40%	1% ↑	6% ↑

I know where to get support if my mental wellbeing is impacted (SUPPORT, CHANGE)	2022	2023	2024	Difference between 2022 and 2023	Difference between 2023 and 2024
Overall BTP		69%	72%		3% ↑
A Force Headquarters		73%	76%		3% ↑
B Division		62%	66%		4% ↑
C Division		68%	72%		4% ↑
D Division		64%	60%		4% ↓
E Division		67%	75%		8% ↑
BTP supports employees who experience mental health problems, which might include stress, anxiety and depression (SUPPORT)	2022	2023	2024	Difference between 2022 and 2023	Difference between 2023 and 2024
Overall BTP		48%	52%		4% ↑
A Force Headquarters		53%	57%		4% ↑
B Division		41%	47%		6% ↑
C Division		48%	49%		1% ↑
D Division		34%	38%		4% ↑
E Division		44%	51%		7% ↑

The support I received was timely – SUPPORT	2022	2023	2024	Difference between 2022 and 2023	Difference between 2023 and 2024
Overall BTP	38%	37%	43%	1% ↓	6% ↑
A Force Headquarters	30%	32%	38%	2% ↑	6% ↑
B Division	40%	38%	43%	2% ↓	5% ↑
C Division	44%	40%	44%	4% ↓	4% ↑
D Division	32%	44%	43%	12% ↑	1% ↓
E Division	38%	23%	33%	15% ↓	10% ↑

- Analysis of the All-People Survey data shows a positive trend in areas relating to wellbeing year on year with a significant improvement in timeliness of support

Report to: People and Culture Committee

Date: 10 March 2025

Subject: Complaint Reviews Annual Summary

Author(s): Governance Manager / Head of
Legitimacy and Performance

For: Information

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1. Purpose of the Paper

- 1.1 This paper provides Members of the Committee with a briefing on the complaint reviews received in 2024 and reports on the findings, themes and wider organisational learning emerging from the BTPA Complaints Review Panel.

2. Background

- 2.1 The BTPA Complaints Review Panel discharges the Authority's responsibilities under the 2020 British Transport Police Regulations to act as the 'local policing body' equivalent as the review body for complaints against BTP. This was previously the responsibility of the Chief Constable, typically delegated to Professional Standards Departments (PSD).
- 2.2 The primary purpose is to determine whether BTP have understood and fully addressed the complaint, making reasonable and proportionate enquiries and reaching a logical outcome.
- 2.3 During the review process, the Panel considers any themes, trends and/or wider organisational learning emerging from the cases under review. Written feedback is shared directly with PSD's Complaints Resolution Team (CRT) soon after each Panel meeting, and the Executive team meets quarterly in person with the supervisors to highlight good practice and identify areas for improvement. Occasionally and by exception, some cases are raised at a more senior level.
- 2.4 There remains a strong focus on professionalism within policing. This Panel provides an opportunity for Members to get closer to policing on the frontline and understand some of the issues and concerns raised by members of the public.

3. Findings

- 3.1 The table below shows the number of complaints recorded by PSD; the number of review requests received by BTPA, and the outcome of those cases as determined by the Panel, alongside previous years' figures for comparison. In

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2024, the Review Panel met 12 times and reviewed 43 cases with 38 reviews not upheld, 2 upheld, 2 considered out of time and 1 withdrawn.

- 3.2 The number of recorded complaints has increased between 2023 and 2024 with the number of reviews also increasing but remaining proportionate. Of the 866 complaints recorded in 2024, 5% of complainants exercised their right to request a review of their complaint outcome. The proportion upheld has reduced to 4.7% this year.

Year	Recorded complaints	Reviews	Upheld	Not upheld
2021	877	15 (1.7%)	3 (20%)	12 (80%)
2022	822	29 (3.5%)	6 (21%)	23 (79%)
2023	763	41 (5.4%)	3(7%)	36 (87%) +2 rejected OOT
2024	866	43 (5%)	2 (4.7%)	38 plus 2 rejected OOT and 1 withdrawn (88%)

4. Themes, trends, and learning

- 4.1 Of the two reviews that were upheld, one was on the basis that the complaint handler had not fully addressed the complaint, nor provided a cogent explanation as to why certain questions were unanswered. Acknowledging that some complaints contain unwieldy lists of grievances and to respond on every point of detail would not be proportionate, the Panel recommended in this case that BTP provide answers to the questions asked or explain why no answer could be provided.
- 4.2 In the second the Panel was dissatisfied with the complaint outcome because the case highlighted seemingly systemic glitches with automated correspondence reportedly not being received by victims of crime, as well as unclear explanations of crime screening policy. The Panel recommended BTP review the automated response system, resulting in a process change within the First Contact Centre and consider how to improve explanations of crime screening to the public.
- 4.3 In the last year the Panel has seen a significant increase in the number of complainants who continue to correspond with the Executive after receiving their outcome letter. The Panel's determination is final, save for an option to consider Judicial Review. There have been three attempted Judicial Reviews (letters before claims) all of which have been, or are being, defended. There has been one allegation of misconduct in public office against the Executive (no case to answer) and one case of abusive correspondence by a member of public to BTP and BTPA, resulting in the pursuit of charges for malicious communication.

4.4 The Panel have observed a marked increase in complainants raising neurodiversity as a material factor in their complaint. Complaint handlers have demonstrated awareness of the need to accommodate differing needs in the style and structure of their communications.

5. **Recommendation**

5.1 That Members note the contents of the report with a view to it being shared with the Full Authority Membership for information.

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People and Culture Committee Workplan 2024/25

[March 2025]

June 2025	
Standing / Administrative Items	Topical Items
<ol style="list-style-type: none"> 1. Apologies 2. Declarations 3. Minutes 4. Actions 5. Strategic Risk 6. People Performance Scorecard 7. 'Issue of the Day' 8. Frontline / External Input¹ 9. Workplan 10. Any Other Business 	<ol style="list-style-type: none"> 11. People Strategy Development² 12. Annual Review of Terms of Reference

September 2025	
Standing / Administrative Items	Suggested Items
<ol style="list-style-type: none"> 1. Apologies 2. Declarations 3. Minutes 4. Actions 5. Strategic Risk 6. People Performance Scorecard 7. 'Issue of the Day' 8. Frontline / External Input 9. Workplan 10. Any Other Business 	<ol style="list-style-type: none"> 11. PDR Outcomes 2024/25 12. All People Survey & Action Plan 2025/26

¹ As noted at January 2025 Planning Meeting, this item should be refreshed to ensure it is seen as more about empowerment for Force colleagues to attend and feed into the work of the Committee, rather than a formal standalone item.

² To follow on from initial People Strategy Development item taken at March 2025 meeting.

Items for consideration on future iterations of the Workplan

1. Reporting on Force response to cultural and conduct reform (Casey, Angiolini) including independent assurance (as per ARAC Action 10/2022)
2. Recruitment and Retention Strategic Risk Deep Dive
3. Deep dive on Force Training Offer³
4. Whether workplan is satisfying Committee's terms of reference / oversight map
5. NB current People Strategy expires end 2025
6. BTPA Grievance Policy

WEBSITE

³ Suggested when discussing People Strategy Thematic *Well Trained* at March 2024 meeting

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