**Wellbeing Action Plan**

Staf members name:

Department:

Line manager:

Your health and mental wellbeing is important, the enclosed wellbeing wheel is intended to help you think about your wellbeing and outline the support available from the Trust. Please complete your Wellbeing Wheel and action plan below with your line manager.

|  |  |  |
| --- | --- | --- |
| **Wellbeing Wheel area of focus** | **Action you will take** | **By when** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Attendance Management Stage:**  **Informal Counselling**  **Initial Review meeting**  **Second Review Meeting** |  |
| **Date of completion** |  |
| **Occupational Health referral completed (Y/N)** |  |
| **Staff member’s signature** |  |

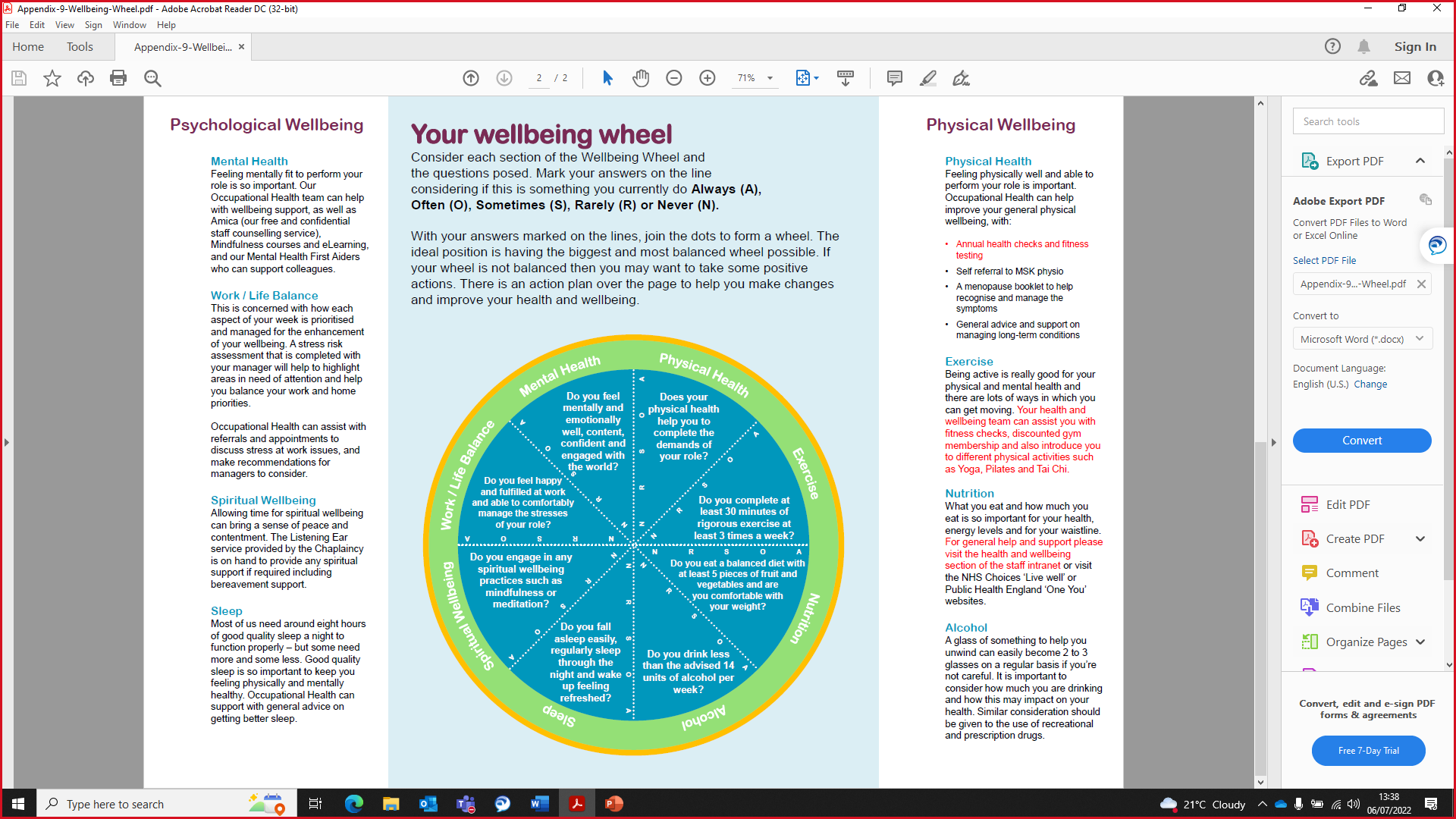




**Your Wellbeing Wheel**

Consider each section of the wellbeing meeting and the questions posed. Mark your answers on the line considering if this is something you current do **Always (A), Often (O), Sometimes (S), Rarely (R) or Never (N).**

With your answers marked on the lines, join the dots to form a wheel. The ideal position is having the biggest and most balanced wheel. There is an action plan to complete to help make changes and improve your health and wellbeing.



**Physical**

**Physical Health**

Regular health checks

MSK Occupational Health physiotherapy

Menopause workshop

**Exercise**

Lunchtime walks

Discounted gym membership

Fitness checks

**Nutrition**

No food after 8pm

Avoid high fats/sugar food

Drink 6-8 glasses of water daily

**Alcohol**

Low alcoholic drinks

Support @ Horizon

**Psychological**

**Mental Health** Occupational Health counselling

EAP

Mindfulness courses

Wellness directory

**Work/Life Balance**

HSE stress at work risk assessment

Application for Flexible Working

**Spiritual Wellbeing**

Occupational Health hypnotherapy

Meditation

Yoga

**Sleep**

Reading a book/listening to calm music

Avoid caffeine in the afternoon