

Table 1. Intervention description for COVID-19 supported wellbeing centres

TIDieR checklist item	Study detail
<p>BRIEF NAME: Provide the name or a phrase that describes the intervention.</p>	<p>COVID-Well: Supported Wellbeing Centres</p>
<p>WHY: Describe any rationale, theory, or goal of the elements essential to the intervention.</p>	<p>Provision of high-quality rest spaces for HCWs will improve wellbeing through providing work breaks, rest, respite, and opportunity for social contact. Providing access to psychological first aid within the centres will improve wellbeing and reduce presenteeism through providing point-of-care support and signposting for the prevention or management of psychological crises in HCWs during the pandemic.</p>
<p>WHAT: <i>Materials:</i> Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g., online appendix, URL).</p> <p><i>Procedures:</i> Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.</p>	<p>Centres were designed to be relaxing spaces, with refreshments, comfortable seating, relaxing music, low-level lighting, plants, and an aromatherapy pod. Charitable donations for employees (i.e., personal care packages, wash bags, toiletries, snacks, and washable uniform bags) were available for a limited time only. PFA (active listening, social support, signposting) was provided by trained wellbeing support workers called ‘wellbeing buddies’. There were two buddies per site during opening hours. Dedicated partitioned areas within the centres provided privacy and space for buddies to deliver emotional support and signposting (e.g., to GPs, counselling and other services, telephone crisis hotlines, COVID-19 testing, self-care resources). Buddies were responsible for ensuring adherence to health and safety regulations within the facilities, including social distancing guidelines.</p>
<p>WHO PROVIDED: For each category of intervention provider (e.g., psychologist, nursing assistant), describe their expertise, background and any specific training given.</p>	<p>One hundred and thirty-four wellbeing buddies opted into the role and were trained in PFA by NHS clinical psychologists, who also provided the buddies with regular supervision and drop-in sessions to address their queries, provide mentoring and psychological support. Some, but not all, of the buddies had prior experience in counselling or patient-facing roles that involved ‘active listening’, although there were no pre-requisites for this role as all volunteers received training and support.</p> <p>Buddies were NHS employees who had reduced workload in their main roles during</p>

	<p>the pandemic due to temporary closures of clinics or services. The minimum time commitment for any buddy was a single 4-h shift and the level of time commitment varied with some buddies completing 1–2 shifts in total, and others completing several shifts per week. However, all buddies continued to be employed in their main job while taking time out of this role to volunteer as a wellbeing buddy in the centres. Towards the end of the study period, buddies who had worked any shifts in the wellbeing centres during the pandemic were required to return fully to their usual roles.</p>
<p>HOW: Describe the modes of delivery (e.g., face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.</p>	<p>The centres were accessed in person, PFA was provided face-to-face. Mode of delivery of the contact between wellbeing buddies and HCWs was at HCWs preference (i.e., contact could be individual, or small group). Signposting included remote support (i.e., web-based materials, digital apps, telephone support (employee assistance programme)).</p>
<p>WHERE: Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.</p>	<p>Two wellbeing centres, located at different hospital sites of the same NHS trust. Both centres had comparable facilities, although one (A) was a purpose-built wellbeing room, and the other (B) was a converted hospital ward that had previously been used for training.</p>
<p>WHEN and HOW MUCH: Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.</p>	<p>The centres were opened on 06 April 2020 and could be accessed by employees between 08:00 and 20:00 on seven days of the week. The dose and frequency of intervention was determined by HCWs' personal preference and/or break schedule.</p>
<p>TAILORING: If the intervention was planned to be personalised, titrated, or adapted, then describe what, why, when, and how.</p>	<p>Centre visitors could utilise the facilities according to their personal preference. This could be quiet time-out and personal space (e.g., for rest, reflection, to read, to rehydrate), social contact (e.g., with colleagues/peers, or wellbeing buddies) or emotional support (e.g., PFA).</p>
<p>MODIFICATIONS: If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).</p>	<p>Transition of buddies to prior job roles, coupled with analysis of usage data, informed a decision to change the centre opening hours to Monday–Friday 10:00–16:00 from week 9. Minor modification to planned centre facilities - charitable donations for employees (e.g., personal care packages, wash bags, toiletries, snacks, and washable uniform bags) were only</p>

	available in the first few weeks, then moved to another location to manage volume and flow of visitors to centres and retain the primary purpose of the centres as a rest area. Both minor adjustments were made during intervention delivery period but prior to survey data collection.
<p>HOW WELL: <i>Planned:</i> If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.</p> <p><i>Actual:</i> If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.</p>	17-week service monitoring was undertaken. 14,934 facility visits were recorded across two sites (peak attendance in single week n = 2605). Facilities were highly valued, but the service model was resource intensive with 134 wellbeing buddies supporting the centres in pairs. Further detail on uptake, costs, delivery, and nature of wellbeing support provided is available in Blake and colleagues [1, 29].

PFA: Psychological first aid; NHS: National Health Service; Social distancing: at the time of the study the government recommendation was to maintain a 2-metre distance between people, where possible.

Note: This table is adapted from text reported in previous publications [1,29].