



Integration Joint Board
Clinical and Care Governance Committee

12th August 2021

This Report relates to
Item 7 on the Agenda

Staff Support and Wellbeing Update

Paper presented by Caroline Cooksey and Kay Forrest

For Discussion and Noting

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List of Background Papers:	Please add hyperlinks if available
Appendices:	Appendix 1 – Staff Support and Wellbeing programme Update Appendix 2 – Terms of Reference, Working Well Executive Group Appendix 3 – Wellbeing Presentation to NHS Scottish Workforce and Governance Group (SWAG) - July 2021

1. Introduction

- 1.1 This report provides the Clinical and Care Governance Committee with updates for information and discussion detailing local progress with the HSCP Staff Support programme which is an integral part of the HSCP Working Well programme action plan 2020 – 2022. It also provides an update on key aspects of the national Wellbeing programmes, which are being coordinated by Scottish Government.

2. Recommendations

- 2.1 **The IJB Clinical and Care Governance Committee is asked to:**
- **Review and discuss the programme update**

3. Background and Main Report

- 3.1 Attached as **Appendix 1** is an update on key staff support programmes currently being provided across the Health and Social Care Partnership. This paper is supported by **Appendix 2**, which is the Terms of Reference for the Working Well Executive Group, and **Appendix 3**, which is an update from the national wellbeing team presented at a national meeting of (NHS) SWAG (Scottish Workforce and Governance) earlier in July.
- 3.2 The committee will note that the staff support programmes as set out in appendix 1 are part of the Working Well programme, and directly support delivery of the priority areas agreed last August by the Health and Social Care Senior Management Team for the Working Well programme.
- 3.3 The committee will also note that a very significant project to support development of a robust network of mental health first aiders within the NHS, to match the network already in place within the Council, plus training for an extensive management cohort to develop their mental health awareness, was approved for funding by NHS Endowments last Autumn. A provider has now been procured to deliver the 3 year training programme, and a project manager has now been identified to run the project, with administration support. This project will launch into the service later in August / September, and will be one of the foundation projects to support capacity building at tier 1 'core' personal resilience level.
- 3.4 The majority of our focus over the past 12 months has been on staff support and mental health and wellbeing, given the challenges that all staff have faced during the Covid pandemic. There remain significant challenges across the partnership in relation to staff physical health and wellbeing, and opportunities are now arising to reinvigorate those aspects of the Working Well action plan that are focused more towards physical health.
- 3.5 The pandemic has also increased the profile and requirement for financial wellbeing support for staff and their families, and this will be a further area of focus for the Working Well programme team going forward, utilising both local support and expertise from the Councils' Financial Inclusion (FIAT) team wherever possible, and also national resources as they are developed.

3.6 The paper at appendix 1 confirms that additional national monies (£8 million) has been set aside for enhanced staff wellbeing programmes and HSCP's have the opportunity to bid for funds to support local initiatives. The Working Well programme does not have any dedicated project management / co-ordination support, beyond the co-ordination currently undertaken by the NHS Workforce Director and the Wellbeing Champions, resulting in a lack of capacity around dedicated project and programme planning, monitoring and co-ordination, evaluation and communications. So, whilst we are aware of many projects, initiatives and pilots being undertaken at local team level (and probably not aware of many others), we lack the capacity to co-ordinate, record and monitor / evaluate these initiatives consistently, which creates risk in relation to our overall governance and evidence of best value, and decision making based on evidence based practice. The Workforce Director and the NHS Wellbeing Champion have discussed options for a possible national bid to support this for the Partnership, and are in early dialogue with the national team around this.

3.7 The current very high and enduring levels of service activity across the system coupled with challenges in recruitment and in sickness and Covid related absence are having a significant effect on workload and staff resilience. The support programmes that are in place cannot resolve these underlying challenges, and so focus must continue to be placed on resolving the service pressures that all parts of the system are experiencing.

4. Conclusions

4.1 The current very high and enduring levels of service activity across the system are having a significant effect on workload and staff resilience. The support programmes that are in place cannot resolve these underlying challenges, and so focus must continue to be placed on resolving the service pressures that all parts of the system are experiencing.

4.2 The papers set out some positive progress in relation to the range of staff support and wellbeing programmes being delivered / accessible across the HSCP (NHS, Council, Third, Voluntary and independent sectors) However, there are still considerable opportunities for enhancements in our provision in a number of wellbeing parameters, and the Working Well Executive Team will seek to focus further on these over the next 12 months, subject to availability of project resources to support. Further, we recognise that there is still work to do to understand the needs for support within the wider partnership, which requires additional resource which we are now seeking for support with at a national level.

5. Resource Implications

5.1 The Staff Support / Working Well programme aims to improve staff health and wellbeing, which is to the benefit of both staff and the partnership in having a resilient workforce who are well and at work, in support of the delivery of the Partnerships strategic objectives.

5.2 No additional funding is requested from the Partnership at this time.

5.3 The NHS Wellbeing champion is currently seeking opportunities for national funding to assist with resourcing

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

6.1 The information contained in this paper supports Outcome 8 of the National Health and Wellbeing Outcomes for Health and Social Care - people who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

7. Legal and Risk Implications

7.1 No legal issues / risks identified.

8. Consultation

8.1 The contents of this paper have not been subject to specific consultation.

8.2 Members of the Working Well Executive Group are fully engaged in the work programmes detailed within this update report.

8.3 The Health and Social Care Performance and Governance group received an update on the staff support and Working Well programmes at their meeting on Thursday 22 July. The details of that update and discussion have informed the contents of this paper for Clinical and Care Governance.

8.4 The NHS Staff Governance Committee received a similar update at its meeting on 26 July. Relevant feedback from that committee has also been incorporated into this paper.

9. Equality and Human Rights Impact Assessment

9.1 An EQIA is required for the Working Well programme, and this was planned prior to the Covid pandemic and was then paused. As the wider programme is remobilised, an EQIA will be undertaken.

9.2 Local priorities for action have been selected either based on national policy and / or direction, or on local workforce data gathered and analysed pre-pandemic which informed the HSCMT decisions regarding priorities for focus and action.

10. Glossary

10.1 All acronyms must be set out in full the first time they appear in a paper with the acronym following in brackets.

EQIA	Equalities Impact Assessment
IJB	Integration Joint Board

	HSCMT	Health and Social Care Management Team
	HSCP	Health and Social Care Partnership
	HSCPG	Health and Social Care Performance and Governance
	SWAG	Scottish Workforce and Governance

Appendix 1

Staff Support and Wellbeing Programme Update

National update

Attached at Appendix 3 is a presentation recently given nationally to the NHS Scottish Workforce and Governance Committee (SWAG), which sets out the focus and progress of the national wellbeing programmes currently underway and in development for Health and Social Care Partnerships. The presentation sets out the take up rates nationally for a number of the key services available to staff, and describes the work of the Wellbeing Hub. It sets out the NES Stepped Care response model being used nationally (and which we are also using locally to shape our approach and tiers of support available to staff).

The presentation sets out plans for a national short life working group on staff recovery, highlighting the need to get the basics right; developing a climate of psychological safety through basic physical and emotional needs being met through the provision of time and space, peer support, reflection and regular supervision.

The national wellbeing team recognise the need for effective evaluation to assess and quantify the impact of the investments that have been made in staff support over the last 12 months, and they have confirmed that this will be part of their next stage of development of the national programme work.

The Scottish Government has recently announced that a further £8million is being made available nationally to support increased provision of staff support services nationally, with a particular focus on primary and community care.

HSCP activity update

The Working Well Executive group is now established and meeting monthly. The group now has senior representation from Social Work within the Council, and the group are identifying a member to represent the third and independent sectors.

The terms of reference are attached as appendix 2 for members information.

The Executive team are leading a wide range of programmes of work, targeting each of the key 'layers' of need as per the NES Stepped Care response model, from coaching for wellbeing to financial wellbeing support and Still Going – promotion of physical activity.

The NHS Board has recently appointed a new Spiritual Care Lead, Nathan Mesnikoff. Once Nathan has completed his induction and orientation, he will liaise with the Working Well Executive group and will provide leadership in relation to the possibility of reintroduction of a staff listening service, staff spiritual care and support.

The Staff Support team, led by Jim Lemon from Psychology (NHS) are now fully staffed, and are expanding their case load accordingly. The service is available to all staff teams across the H&SC partnership, and some support has been provided within primary care, however, it is recognised that further promotion is required into Care

Homes and Care at Home, to ensure that staff are aware of the support available to them, and they have the confidence to access it.

Since the start of the year over 50 teams have benefitted from contact with the service. A suit of team interventions are available, from one off interventions to PROSOCIAL interventions. Some teams have benefited from one-off interventions such as team debriefs and workshops on managing trauma, and use of psychological tools to maintain wellbeing.

Some feedback from teams that have undertaken the PROSOCIAL approach:-

- “You have given us the tools to work towards improvements within our team and allowed us the time and confidence to speak up about our thoughts and feelings. This is really powerful’
- ‘Taking the time out to look at the bigger picture and being supported to have open discussions’
- ‘Feel closer as a team and that we have common ground to work from’

The tendering process for the NHS Mental Health First Aiders and managers MH awareness training has been completed, and the contract has been awarded to the University of the West of Scotland. A working group are working with the UWS currently to design and mobilise the training programmes, for rollout / commencement in the autumn of 2021. This programme has been 15 months delayed in commencing due to the pandemic which had an adverse impact on providers coming forward to tender for the training, and also the requirement that all training had to be converted to online, rendering the existing accredited training programmes that providers were running invalid. The programme now has dedicated project management to ensure it progresses at pace, and in line with the plan set out in the NHS Endowments bid.

The Specialist Psychological 1:1 therapy service was originally set up 3 years ago as a specialist service for GPs, and is now resourced by NHS Endowments as a universal service that all staff across the partnership can access. The findings to date in relation to feedback from GP's and some other medics who have accessed the service give a useful flavour of where we are up to in relation to services targeted specifically at doctors. This feedback has shown:

- Higher than expected engagement levels, (estimated at 3% uptake by GP's in region prior to the project starting, reaching 20% of GP's in region having accessed the service within first 18 months of operation) - largely due to flexibility of service offer to fit around work commitments, which has now been enhanced by the use of digital technology to access therapy appointments, and to the attention given to appropriate confidentiality.
- Significant reduction in outcome scores for measures of distress
- high levels of reported satisfaction with the service

Some comments from doctors accessing the 1:1 therapy service were that:

- I questioned if I could stay in general practice, I am now enjoying it and looking forward to the future as a GP again.
- Time to discuss issues from long ago / childhood has changed so much for me.
- I never realised I needed time to reflect, and how beneficial that could be.
- I found it so much more helpful than I ever anticipated it could be.

- I'm much happier and contented in work and in life! • I don't think I would have recovered my mental health but for this input – thank you so much for the opportunity.
- The Therapist was very easy to talk to, everyone should have access to this.
- Having the space and time to talk about issues that have caused me stress in the past has been great.

Quantitative Data showed that 100% of responders responded that it was 'Definitely True' that they:

- Were satisfied with the quality of the service they received,
- Were happy with efforts to ensure confidentiality,
- Felt that the therapist knew how to help them,
- Felt that the therapy has met their need,
- Were satisfied with the number of sessions they received,
- Feel they can now manage more effectively,
- Felt that the time and availability of appointments suited their needs,
- Would recommend this service to others

Due to the maturity of our service here in D&G, we are now part of a 3 Board NHS Scotland development programme, aimed at developing a service model that can be rolled out to all Boards across Scotland. There is a strong focus on evaluation as part of this development and roll out programme, and the D&G team are well placed to feed in to this, as we have good historic data from our last 3 years of service provision locally.

At an operational level there is a strong focus currently on seeking to ensure that staff are getting the opportunity to take periods of annual leave over the summer, despite the challenges we are experiencing with our very high activity levels across services. Within DGRI there has been the need to remove some of the 'corridor end' rest areas for staff as services have been reopened, and there has been increased patient and public traffic around the hospital.

Staff wellbeing in care homes during COVID

Care homes have been prioritised for support where there have been significant outbreaks and resident deaths. Dr Gillian Bowie (Consultant Psychologist) from Staff Psychological Services has been offering and delivered a variety of support options to homes, these include:

- 1:1 staff support being on offer, a menu of team based options has also been offered such as bite sized sessions on self care and managing trauma. In addition, reflective debrief sessions have also been offered to help staff teams reflect on the difficulties encountered during the pandemic and help them make sense of these.
- Regular phone calls being offered to support to the managers of identified care homes at times of COVID outbreaks, and offering further support on a 1:1 basis with staff or team basis.
- Regularly attending the Care Home Tactical group to keep wellbeing on the agenda and remind managers that the Staff Psychological Service exists. Dr Bowie has also attended some locality meetings with care providers and dates in diarised for others.

- Email and posting updates to the care home managers to advise of options on offer from the service
- Increasing awareness of the service to all care staff, by regularly promoting the service through the IDEAS team facebook page (as this site now has over 1,000 followers). This has focused on providing a Wellbeing Wednesday post, sharing tips and techniques that are helpful as well as promoting contact details of local services.
- A wellbeing buddy project has been established with 3 care homes in Annan (after feedback from managers indicated that staff prefer to seek support from others in the care homes rather than an external provider). This has involved these care homes identifying wellbeing buddies in the care home, who can be approached by staff and carry out wellbeing conversations. These buddies have also attended some additional training by Dr Bowie as well as completed the TURAS psychological first aid modules and have awareness of resources on PROMIS website and what local services can offer around staff support.

As well as the support from Psychological services the care homes were initially receiving a weekly support call from Scottish Care which has now progressed to a weekly e-mail 'check-in' from the Care Home tactical Team.

Many of the care homes also have their own organisational support.

Dumfries and Galloway Council Support for Wellbeing

There are a number of avenues for staff including:

- An hour of mindfulness practice, via MS Teams, on a monthly basis for beginners as well as those with some experience. The council have recruited 100 volunteer mental health champions from all services and across all council areas. Champions are still available during the coronavirus pandemic and staff are invited to call/email any champion if they are having a wobble moment. The mental health champions are trained in Mental Health First Aid and are available to listen in confidence, provide support and to sign post to relevant services which may help.
- Employees can self refer for counselling, a talking therapy that involves a trained therapist who listens and helps employees to find ways to deal with emotional issues. Counselling can help employees cope with; a mental health condition, an upsetting physical condition or illness; a difficult life event; difficult emotions or other issues

Working Well Executive Group

Terms of Reference

1 Membership

The Working Well Executive Group will consist of:

- Caroline Cooksey (NHS Workforce Director)– Joint chair
- Louise Cumbley (Director of Psychology and NHS national Wellbeing Champion) – Joint chair
- Lillian Cringles (Head of Social Work Services and Council national Wellbeing Champion) (or nominated representative)
- Care homes / care at home sector nominated representative (TBC)
- Vicky Keir (NHS Employee Director)
- Andy Howat and / or Heather Aitchison (NHS OHS Joint service leads)
- Jim Lemon (Head of Staff Support Service)
- Natalie Morel (OD & Learning Manager, Head of Service NHS)
- Pamela Jamieson (HR Manager, Head of Service NHS)

Meetings will be chaired by mutual agreement between the Workforce Director and the Director of Psychology.

Other staff may attend meetings for particular subjects as necessary.

2 Reporting Arrangements

The Working Well Executive Group is the senior leadership and delivery group for the HSCP Working Well Steering Group, which is currently paused due to the Covid 19 Pandemic. The Executive Group reports to the Health and Social Care Performance and Governance Group operationally, and will provide regular updates to the Integration Partnership Forum as required.

The Council and NHS will establish appropriate governance arrangements in accordance with their own governance systems. Within the NHS, the committee reports to NHS Staff Governance Committee on matters relevant to NHS staff, and will provide regular updates on progress via the Area Partnership Forum.

3 Role and Function

The Executive Group shall oversee the prioritisation, implementation and monitoring of agreed work programmes which support the delivery of improvements in staff health and wellbeing for all staff across the HSCP, in line with the workplan agreed by the HSCP and which reflects the experience and needs of the workforce within the context of the 2020 Covid 19 pandemic and consequent HSCP recovery and remobilisation.

The Executive group may establish sub groups, and / or commission existing groups to undertake and deliver on key pieces of work which it identifies as necessary in order to achieve this.

Objectives

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The objective of the Executive Group is to lead the delivery of agreed programmes required to maintain and build staff health and wellbeing within the HSCP workforce in Dumfries and Galloway, (as set out in the NHS Boards tactical priority for staff health and wellbeing), and which reflects the experience, learning and emergent needs of the workforce within the context of the 2020 Covid 19 pandemic HSCP recovery and remobilisation.

5 Agendas and Papers

All members have the opportunity to submit agenda items for meetings. Agendas will be agreed in advance of the meeting and papers prepared using standard agreed formats (either Board Committee format, or SBAR). Papers will be circulated to members 5 working days in advance for each scheduled meeting.

Programme leads will provide regular written highlight reports to the group in an agreed format and frequency, to assist with programme monitoring, identification and addressing of any barriers to progress, and for monitoring and reporting purposes to Governance committees.

The minutes will be agreed with the Chair and then distributed to group members within 10 working days of the meeting .

6 Quorum

The Executive group will be quorate with 4 members present

7 Frequency of Meetings

The Group will meet monthly.

8 Support

Support will be provided from the Workforce Director's office.

9 Review

10 The Terms of Reference will be reviewed on an annual basis.

Best Value

The Executive Group is required to provide appropriate assurance with regards to the delivery of Best Value in compliance with the NHS Board's annually approved Best Value Framework.

Author	Designation	Published	Review