

## **STAFF SUPPORT AND WELLBEING ACROSS HEALTH & SOCIAL CARE**

### **SITUATION**

WHO announced the Covid-19 outbreak as a pandemic on 11 March 2020. In light of the experiences of Healthcare Workers reported in China and Italy, a team consisting of colleagues from Psychological Services, Occupational Health and Spiritual Care and Wellbeing, collaborated to devise a tiered Staff Support model (Appendix 1) which attempted to anticipate the complex spectrum of staff needs that would arise in Lanarkshire.

The model aimed at enabling access to a wide variety of appropriate support for staff, from practical to psycho-social, from physical recovery to spiritual care, and from nutritional sustenance to information services. Initially the scope was NHSL staff, but as the crisis developed it became obvious that support was needed for all staff across Health and Social Care, and significant developments were made to address these needs.

This report aims to answer the questions raised at the August NHSL Board meeting by:

- providing an overview of what was delivered during the 'crisis' period,
- outlining services that will continue through the next period,
- and highlighting some areas for further resource/development/executive support to ensure
  - a) increased readiness for the winter and potential future spikes in the virus prevalence, and
  - b) a consistent and co-ordinated approach to staff care and wellbeing for the future.

(More detailed reports are available, if required, from each of the services involved.)

### **BACKGROUND**

It is well-recognised that where there continues to be increasing pressure and demands on staff delivering health and social care there is a significant risk that this stress has a negative impact on staff, resulting in reduced resilience, compassion fatigue, presenteeism, burnout and subsequent increased sickness absence.

Before the Covid-19 pandemic there were clear offerings of good, evidence-based support in place to attend to these risks of staff wellbeing. These included: the healthy working lives initiatives; mindfulness sessions; occupational health services, including individual case management support; psychological debriefs offered to teams following critical events; Schwartz rounds; the staff choir; time for talking confidential counselling; values-based reflective practice sessions; and the recently introduced peer support network.

#### **What was put in place during Covid-19 crisis? (Feb – July 2020)**

The anticipated demands that the pandemic would put on the health and social care workforce needed a better co-ordinated model of staff support, one that would provide the appropriate support at the right time for colleagues with clear routes of communication and escalation to access specialist interventions when required.

The tiered staff support model enabled a new collaboration across the three services and ensured a variety of mechanisms to seek support via email, phone, social media and face to face. The support could also be adapted to provide for individuals, groups, teams, departments and, following significant events, could be offered to whole sites.

Among the initiatives that were introduced during this time period:

- The Salus Covid-19 Helpline and the Salus Stressline.
- Staff Care and Rest Centres in each acute site and within the two assessment centre sites. These centres were staffed by 71 colleagues who had been redeployed to the Spiritual Care and Wellbeing department and were then trained in peer support.
- Psychological Services Helplines; Tier 2 for one off Psychological First Aid support, and Tier 3 for more extensive Psychological support of up to six telephone sessions.
- Rest rooms / Wobble rooms / Take 5 rooms were established and supported by psychological first aiders (clinicians and peer supporters) in community and mental health in-patient settings, health centres and community hubs.
- The establishment of a Bronze Command Staff Wellbeing Group (which also acted as a conduit for access to endowments funds for staff wellbeing initiatives)
- The setup of Staff Health and Wellbeing Groups in North & South HSCPs
- Access to helplines for staff from Care Homes
- Access to Staff Care 24/7 Helpline for staff in The State Hospital
- Creation of an online eLearning package by NLC colleagues to support the use of the Staff Wellbeing Collaboration Operational Guide.
- Additional bereavement care training resources addressing the impact when a colleague dies were developed and adopted by NES
- A number of staff side reps attended the peer support training and are now part of the network
- Our Staff Choir were a UK wide hit with their online version of 'Lean on Me'.
- Cycling Scotland funded 5 folding bicycles to support staff cycling to work during the pandemic. 48 bicycles were loaned to NHSL staff to assist active travel to work, and 137 staff joined Cycle to Work scheme to procure their own bikes, between February and July.
- Setup of a National Wellbeing Champion Network which contributed to the launch of the National Wellbeing Hub (promis.scot) and the setup of a National Wellbeing Helpline.
- Medical Education have appointed 3 Wellbeing Leads to focus on provision of staff support to FY1/FY2 and Specialist Trainees.
- The NHSL tiered staff support model was adopted by at least three other health boards, including NHS Louisa Jordan.

### **Staff Support Statistics**

Note: As the number of contacts in providing staff support often involved different services, we have kept the number of contacts for each service but have de-duplicated them in the Overall Totals.

**Salus Covid-19 Helpline – Numbers of calls/contacts (TOTAL = 15,340)**

Salus Helpline	OH Helpline Referrals	Salus Stressline	EASY MH Calls	Time for Talking
12,385	2,110	62	635	148

**Staff Care and Wellbeing – Number of contacts (TOTAL= 20,303)**

Visits to Rest Centres	Tier 1 Interactions	Tier 2 Interventions	Staff Care 24/7 Helpline	Required Tier 3 Support	Group Support Sessions
17,430	7,209*	205**	112***	18****	204*****

\*Almost 85% of Tier 1 Interactions occurred at Rest Centres

\*\*97 Interventions outwith Helpline & Rest Centre pathways

\*\*\*46 fielded by Psychological First Aiders

\*\*\*\*9 referred to Psychological Services for Tier 3 Support

\*\*\*\*\*Total of 1,602 attendees - Mindfulness (612 attendees) Others (990 attendees)

**Psychological Services – Number of contacts (TOTAL = 552)**

Staff Care 24/7 Helpline Calls	Acute Hospitals	Community Hospitals	Community Hubs	MH Services	Tier 3 Sessions
46	45*	280*	44*	87*	50**

\*Includes staff receiving support in group sessions

\*\*22 staff were referred for Tier 3 interventions involving between 2-6 sessions

**What training has been delivered re peer support?**

Two strands of peer support training have been implemented during this period.

Staff Care and Wellbeing had trained 93 peer supporters (mostly in Acute settings) in Nov/Dec 2019 to help the sites during last winter. Since February 2020 a further 85 peer supporters from across the NHSL workforce have been trained. We have scheduled another 30 training places, bringing the peer support network over 200 by end of the year, with a ratio of 70:30 Acute:Partnership.

Ongoing support, coaching, supervision and skills development sessions have been delivered for the peer supporters face to face and online. Guidance for managers on the role and purpose of Peer Supporters was developed.

In the HSCPs there has been development of the existing Major Incident Support Team (MIST) made up of colleagues trained in Psychological First Aid. The NHSL tiered model has been adopted as the basis for the approach taken in North & South HSCPs. An online course has been developed and shared by NLC covering the basics of Psychological First Aid, the tiered support model, values and boundaries, and adult and child protection reminders. Psychological Services will aim to offer equitable support and supervision across the community based health and social care workforce.

## ASSESSMENT

### What support is continuing?

Alongside the well-established support services, the following initiatives will continue to focus on provision of staff support during winter and beyond:

- The Salus Covid-19 Helpline
- The Staff Care and Rest Centres will be re-established
- Support for the tiered model with ongoing access to tier 2 & 3 support when required. This includes referral pathways into NHSL services from the national helpline hosted in NHS24

### What specific supports are being put in place for Winter 2020/2021?

- Expansion and promotion of the Peer Support Network across NHSL
- Expansion and promotion of the MIST/All of Us programme in the HSCPs
- Mindfulness Training Courses
- Online Team Time sessions (Schwartz Rounds for Teams) – We have trained 12 new facilitators for these sessions
- Additional access to counselling support in acute settings (Partnership with Veterans and placements to University Counselling students)

### Challenges / Implications for the service?

**Accommodation:** The experience of the past 6 months has helped build new and creative partnerships with a focus on staff wellbeing, however as the remobilisation phase has progressed and the pressure on accommodation/space has increased, a number of areas which were set aside and had become established and recognised as staff support zones have been 'decommissioned'. This was for various reasons eg they were taking up 'retail' space or had been using clinical or meeting spaces. This is not an issue in the HSCPs where operational managers have ensured that staff rest areas are maintained as a key part of their ongoing provision of staff care.

Efforts are being made to ensure space is provided. Our current message to staff is that they are being re-configured. It is recommended that a coordinated effort is focused upon establishing longer term Staff Care and Rest Areas.

**Funding and Resources:** Many of the endowment requests have been for access to basic demonstrations of care of staff eg water, drinks, fruit and snacks. Yet again a co-ordinated approach is required to ensure a fair distribution of resources/funds.

Salus, Psychological Services and Staff Care and Wellbeing all have a need to review how pre-covid services can be continued alongside a significant increase in demand to provide appropriate staff support services across health and social care and, in some cases, meet considerable waiting lists. There is a need, therefore, to address how we build capacity to respond to staff members who require tier 2 & 3 support for more complex presentations in the next 18 months

It is anticipated that there will be a marked increase in the numbers of people living with anxiety, depression and grief. Our workforce will not be immune to this, and as the large number of redeployed staff have returned to their substantive posts, there is a need for investment to resource a co-ordinated and collaborative approach to designing sustainable solutions that both balance the

demands of patient care and support the building of a supportive and psychologically safe culture across NHSL and the Partnerships.

Whilst it is expected that most staff will cope and recover naturally from the stresses of Covid-19 without developing mental health/psychological difficulties, and without requiring any formal psychological intervention, there is evidence that a significant number may develop longer term mental health difficulties which will require evidence-based, multiple session, intense or specialist treatments/interventions. The Scottish Government's *Wellbeing Champions Network* has highlighted that both frontline and "back office" staff are likely to experience burnout, trauma and bereavement, which will negatively impact their wellbeing, and increase the necessity of additional mental health assessment and treatment for staff.

Emerging evidence from other countries indicates that there may be a wide range of presenting mental health difficulties including but not exhaustive: depression, anxiety disorders, traumatic grief, moral injury, adjustment disorder, alcohol and substance misuse difficulties and /or marital/familial breakdown difficulties. Post-traumatic stress disorder is expected to be one possible presentation but not nearly the most common.

75% of calls to the Covid-19 Helpline (Feb-July) expressed anxiety relating to Covid-19 or workplace safety. It is estimated that around 0.5% could develop more deep seated mental health issues and require access to a range of support inputs.

Whilst some presenting difficulties can be supported by existing Occupational Health staff including marital/familial breakdown / low level alcohol /substance misuse difficulties, there are more complex presentations of trauma, mood disorder, grief, etc that will require evidence-based interventions delivered by practitioners with relevant expertise in debriefs/counselling/trauma/mental health service provision.

In order to meet these additional needs, it is proposed to fund a Clinical Psychologist post, additional Salus helpline resource, and Staff Wellbeing Practitioners for 18 months. The post holders will provide access to targeted training provision and the full range of support, assessment and treatment for health and social care staff. This will also provide support and supervisory structures to the new North and South HSCP Staff Wellbeing Collaboratives within each locality. This will ensure the wider workforce receive support when required, will aid in promoting wellbeing and resilience and reducing burn out, sickness absence, and the requirement for crisis intervention.

The short term funding duration of 18 months will ensure resources to provide support over the next two winter periods, for the ongoing Covid-19 crisis, and also allow for specialist resource to contribute to the Staff Health and Wellbeing Strategy for all staff in Health and Social Care. It is expected that the strategy will be accompanied by an action plan and a resource model to deliver ongoing staff care services.

Resource Requirements (Nov 2020 – April 2022):

Service	Resource	2020-21 (6 months)	2021-22*	Total
Psychological Services	1 WTE Psychologist (Band 8a)	34,452	70,972	<b>105,424</b>
Salus	1 WTE Helpline (Band 4)	15,285	31,487	<b>46,772</b>
Spiritual Care & Wellbeing	3 WTE Staff Wellbeing Practitioners (Band 6)	68,120	140,325	<b>208,445</b>
		8,744	18,013	<b>26,757</b>

	0.6 WTE Admin (Band 3)			
	<b>TOTALS</b>	<b>126,601</b>	<b>260,797</b>	<b>387,398</b>

\*Please note figures include all on costs and an estimated 3% annual inflationary increase in 2021-22.

The Psychology resource (£105k) will be covered by the Scottish Government allocation and the remainder (£283k) will come from our local mobilisation plan.

**Governance:** The need for a strategic approach to Staff Wellbeing is hopefully now apparent. A good indicator of this was the growing need during the period of Command and Control to setup a Bronze Command Group with a remit for Staff Wellbeing. There has been no clear successor to this group and that is prompting individual services to work on their own to address resourcing and strategic intent. A new governance group, linked to the Staff Governance Committee, will provide the opportunity to develop a 'joined up' holistic and overarching Health and Wellbeing strategy and a clear action plan to co-ordinate resources and communicate the message that staff truly are a priority.

**Evidence:** Feedback from colleagues will help identify hotspots and inform our strategy. The employee wellbeing survey carried out in Dec 2019, ongoing national wellbeing data captured from engagement with various wellbeing initiatives, 'Working from Home' surveys carried out recently and the current Everyone Matters Pulse survey will all contribute to identifying current hotspots and establishing a baseline for measuring impact.

It is also significant to note that the WHO Patient Safety Day (17<sup>th</sup> Sept 2020) had the theme "Safe Staff, Safe Patients", recognising the priority of staff wellbeing as a precursor, and possibly a predictor, of safe patient care.

**Risks:** As outlined in the Funding and Resource section above, a lack of investment/resource will lead to the following significant risks:

- an increase in staff sickness absence through burn out, anxiety, depression and more complex mental health needs,
- reduced early intervention leading to more complex presentations
- increased staff grievances,
- reduced staff flexibility and engagement, and
- the associated increased demands on primary care and mental health services.
- This in turn will lead to greater costs for service provision via bank/agency/locum services, and
- will ultimately put patient care at risk.

It is well evidenced that for each £1 invested in Staff Health and Wellbeing, organisations benefit between 5-10 times that amount. (*Thriving at Work*, Stevenson & Farmer Independent Review 2017)

## RECOMMENDATIONS

NHSL Board note this report and continue to support staff wellbeing initiatives.

NHSL Board recognise and support solutions to the accommodation challenge in the reconfiguration of the Staff Care and Rest Centres (Wellbeing Hubs) within the acute sites as a priority.

NHSL Board approve the resource funding for the next 18 months to cover two winter periods, the ongoing Covid-19 crisis and the development of the longer term strategy.

NHSL Board support the establishment of a Staff Health and Wellbeing Group co-chaired by Exec Director of NMAHP, Employee Director and the Director of Public Health reporting to the Staff Governance Committee of the Board. The remit of the group would include the development of a Staff

Health and Wellbeing Strategy and accompanying action plan incorporating clear goals and outcome measures which will be reported to the Staff Governance Committee on a regular basis. It would also provide governance oversight for its sustainable resourcing, funding and delivery. This strategy will encompass all Health and Social Care staff in Lanarkshire.

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