COVID 19 Acute Staff Mental Health Support Strategy

Objective:	Develop a plan to support staff in the three Acute sites; Wishaw, Monklands and Hairmyres Hospitals and off-site community wards
Goals:	Develop a strategy specific to a staff support team
Services involved:	Representatives from Psychological Services (Leigh Whitnall, Elaine Carr, Caroline Sneddon, Rachel Wright); Staff Care and Wellbeing Service (Paul Graham and Tosh Lynch); and Angela Lewis (Personnel Support Aviation).

Executive Summary of Interventions that will be available to frontline staff

What

Tier 1

On site

- Basic needs
- Normalisation and information giving
- Identification of vulnerable staff/ more intensive support needed

Tier 2

- Staff Care Helpline
- Ensure psychological wellbeing and management of acute emotional responses and distress
- Identification of more intensive support needed

Tier 3

- Responding to high intensity need
- Support for staff presenting with higher risk symtoms / or dysfunction
- Ensure safety of staff who are overwhelmed and distressed
- Provision of supervision and mentoring for team delivering Tier 1 & 2

	Tier 1	Tier 2	Tier 3
Who	Peer Support Workers with Chaplains & Psychology staff presence/ support	Chaplains & Psychology staff with some additional AHP staff	Chaplains, Psychology staff & SALUS 'Time for Talking' Counselling service
Where	Staff Care & Rest Centre, Wards & Depts	Staff Care & Rest Centre, Phone & Attend Anywhere	Phone & Attend Anywhere, Staff Care & Rest Centre, Wards & Depts (if required for first contact)
Crisis Tools	SAFER-R (Stabilisation, Acknowledgement, Facilitation of understanding, Encourage effective coping, Recovery or Referral) Model	RITS (Rest, Info, Transition & Support); Defusing	Critical Response Plan (Critical Incident Stress Debriefing **not** being **used**)
PsySvs Tools	Supervision & Mentoring	Psychological Services	

1. Background and context

The staff support strategy was developed in cognisance of the increasing numbers of patients with Coronavirus-19 (COVID-19) being treated in NHS Lanarkshire Acute and Critical Care services, and the demands placed on staff within these settings and other wards. It is our aim to support staff in these unprecedented times; to both provide some anticipatory care to staff likely to be affected, and also provide resources to help manage the stressors they may encounter. This strategy has been developed with representatives from Psychological Services, Staff Care and Wellbeing Service and Angela Lewis.

Psychological Services in Lanarkshire has around 166 WTE clinicians working across a range of specialities, who are highly trained to deal with people with a range of psychological difficulties, including trauma, anxiety and loss. The greatest number of staff work in the locality Psychological Therapies Teams.

Staff Care and Wellbeing has 11 chaplains who are based in the three Acute sites, as well as a peer support network consisting of 100 workers from a range of professions all of whom are trained in the SAFER model, and provide a 'listening ear' service to staff. The Staff Care and Wellbeing Service provides 24 hour support to staff, patients and families. Their priorities in the coming weeks or months will be being present to families and carers during strain, loss and bereavement, and to be a physical presence for staff in acute settings working with patients with COVID-19. A number of the Chaplains have also received training in crisis intervention.

The expertise which exists within Psychological Services and the Staff Care and Well Being Service together can provide key support to our colleagues in Acute and Critical Care services, and community settings, during the COVID 19 pandemic. This support will mainly be focused on a model of Psychological First Aid, and meeting the needs of those requiring more informed psychological care using a tiered approach. The NES Psychological First Aid TURAS Learn e-module may also be useful for frontline staff who would like further information on dealing with patient and family distress, although it is recognised that many will be highly skilled and experienced in dealing with patient and family distress. This resource can be accessed via TURAS Learn/CoVID-19/Psychosocial. The 7 components of Psychological First Aid are outlined in Figure 1.

Figure 1.

2. Operational Workforce Management

Clare Connor, Psychological Services Business Manager, will oversee Psychological Services staffing across all tiers of service provision, to ensure shifts are covered by staff following self-isolation requirements. Shifts for Psychological Services staff will be 7am-2pm; 1-8pm in Tier 1 and 2 to ensure cross over/support between clinicians. Tosh Lynch, Senior Healthcare Chaplain, will coordinate Staff Care & Wellbeing staff coverage across all tiers of service provision.

3. Overview of Resources Required

1. Hospitality to ensure food and water is available for all acute staff.
2. Accommodation/rest areas for staff to go for rest/sleep/relax in each acute site.
3. One appropriately sized room per site to provide space for a drop in clinic for staff.
4. Staff Care Helpline to be configured for increased demand.
5. Comms and IT support for Information hosted on Firstport Staff Care & Wellbeing Page.
6. Medical Illustration for materials (posters, info sheets) to advertise/ promote the service.

Work is ongoing to organise these resources. Workforce requirements are detailed in Section 6.

4. Workforce Training Requirements

All staff involved in delivering support at each tier must complete the TURAS 'Psychological First Aid' module. It is a 60 minute computer based learning package. All staff in acute care could also benefit from completing this module. This can be recommended through line management/ communications with staff about support services. All AHP staff taking on the Peer Support Worker role must have the Peer Support Worker training.

5. Tiered approach to frontline staff support – All NHS Lanarkshire Staff & Areas

In order to provide the right level of support, at the right time, a tiered approach will be in place to ensure the correct intensity of support can be accessed by all staff, regardless of profession, or area of work. Support will be accessible in both acute and community settings.

Tier 1: Information giving, normalising, basic needs being met (water, food, rest areas), identification of vulnerable staff/ more intensive support needed. (delivered by Peer Support Workers, Chaplains and Psychology staff)		
Aims	**Goal**	**Requirement**
Basic needs	• Ensure basic needs of frontline staff being met e.g. water, rest, food.	• Adequate rest areas identified in 3 hospital sites. • Water and food provided for frontline staff • Quiet/Wobble room for community ward sites
Normalisation and Information giving	• Provide Managers with information detailing self-care. e.g. posters, information leaflets, signposting to online resources. • Provide front-line staff with appropriate on-site support as needed.	• Dissemination of information on support structures in place and how to access these. Will be available on Firstport Staff Care & Wellbeing page. • Posters and leaflets to be disseminated to hospitals. • Working group to develop and/or approve what information is circulated. • SAFER-R- trained Peer support staff offering on-site support to staff. • Additional AHP staff to supplement Staff Care & Wellbeing Support Workers. • All front line staff directed to Learn Pro 'Psychological First aid' module. • 'Talking Walls' to be implemented in each site.
Identification of vulnerable staff/	• Ensure vulnerable staff know how to engage with	• Dissemination of information on support structures in place and how to access these.

more intensive support needed	Tier 2 or 3 of this plan via pathway. • Ensure staff needing more intensive support can receive it.	• Standard, accessible guide to be developed of "dos and don'ts"/ "signs and symptoms"/ questions for Tier 1 to allow escalation to Tiers 2 or 3. • Peer support staff to direct to on-site Chaplain/ Psychology staff for face-to-face to offer more intensive, one-off support (Tier 2). • One appropriately sized room per site to provide space for staff drop in clinic in acute and community settings.
Tier 2: Ensure management of distress, provision of staff care helpline, identification of more intensive support required for staff (delivered by Chaplain, AHP and Psychology staff)		
Aims	**Goal**	**Requirement**
Ensure psychological wellbeing and management of acute emotional responses and distress on site	• Identify, manage and quickly respond to the acute emotional responses of frontline staff on a daily basis in line with CISM protocols	• On-site Chaplain and Psychology staff available for face-to-face, Tier 2, one-off support in acute; and psychology for community and psychiatric wards. • Chaplains maintain a presence at daily huddles in acute sites.
Ensure psychological wellbeing and management of acute emotional responses and distress off site via Staff Care Helpline	• For immediate response, active listening and triage of colleagues with a view to stabilising, signposting or escalating	• Chaplains and Psychology staff with some additional AHP staff working shifts to provide phone support. • Increased capacity of existing helpline by routing calls to Psychology and AHP staff (8am – 8pm).
Identification of more intensive support needed	• Appropriate and timely identification of need to escalate to Tier 3	• Standard, accessible guide to be developed of "dos and don'ts"/ "signs and symptoms"/ questions for Tier 2 to allow escalation to Tier 3. • On-site and Helpline staff to determine if referral to Tier 3 required. • Chaplain/ Psychology/ Staff Care Helpline staff would make this referral using a standard referral form for psychology; and SALUS referral procedure to be followed.
Tier 3: Interventions in response to higher risk and intensity of psychological difficulties for staff, Supervision of teams (delivered by Crisis intervention trained Chaplains, Psychology staff and SALUS Counselling Service)		
Aims	**Goal**	**Requirement**
Responding to high intensity need	• To respond appropriately to the high intensity needs of staff when required	• Provision of Psychology staff and Trained Chaplains to respond to referrals • Make managers and staff aware of SALUS 'Time for Talking' Counselling service provision and how to access this service. • Tier 3 referrals can be directed to 3 separate services (Staff Care & Wellbeing Service, Psychological Services and SALUS Counselling Service).
Ensure safety of staff who are overwhelmed and distressed	• To facilitate a safe space for staff to discuss emotional impact, stabilise and prepare	• As above
Support for staff presenting with high	• To mitigate immediate risk, ensure safety and agree a plan for wellbeing	• As above

risk symptoms or dysfunction		
Provision of supervision and mentoring for team	• To ensure teams providing staff support are themselves supported	• Psychological Services to assist in provision of supervision and mentoring for team members directly involved in staff support.

6. Workforce Requirements to meet Strategic Goals

Tier 1:

- The Peer Support Network (and additional redeployed AHP staff to be trained in peer support) will provide a physical presence to staff in the Staff Care and Rest Centres and also on the wards and depts. This will be coordinated by Staff Care and Wellbeing.
- There will also be a Chaplain and Psychology staff member present at each acute hospital site (the former co-ordinated by Staff Care and Wellbeing, the latter by Clare Connor).
- There will be a psychological first aider at each of the community ward sites Sun-Sat, initially for one session but will be flexible based on demand communicated via the wards to the Community Staff Support Manager who will be the link person for these areas.

Tier 2:

- Chaplains will liaise with site huddles to pass information as required.
- Chaplain and Psychology staff member available if there is a need for 1:1 Tier 2 staff support.
- Staff Care & Wellbeing Helpline will be managed by Chaplains and will be given increased capacity from colleagues in Psychological Services and AHPs.
- Psychological Services staff will provide 'One and Done' telephone sessions as directed via the helpline. Backfill for the Staff Care & Wellbeing Helpline out with administration hours will be provided if required and will respond with increased workforce as required when Chaplains are providing support to patients and families.

Tier 3:

- Chaplains trained and experienced in crisis intervention will be available to receive appropriate referrals for support.
- Existing self-referral or SALUS referral to 'Time for Talking' therapeutic service external to the organisation is already in existence.
- Priority referrals can be made to Psychological Services for time-limited psychological support at an intensity higher than Tier 2 (more structured psychological care and support beyond a one-off contact). This would be provided by phone or video contact. This will not be a specific trauma intervention but active monitoring.
- More formal psychological intervention will likely be required for some staff after the acute phase of the pandemic. Referrals for this would follow the usual procedure to psychological services.

7. Accessing Support

Managers can utilise the 'Guidance for Managers' flowchart to assist them making decisions regarding how to access support for staff, or direct staff to the supports available during this time (Appendix 1).

Staff will be able to access all support on the Staff & Wellbeing page on Firstport. We would encourage all managers to be aware of the information contained there and support staff in accessing support that is being provided if required.

8. Information for Staff

NES have published helpful information for staff on TURAS such as Psychological First Aid and Psychological Responses to COVID. Links to these are available on Firstport. Additional information is also hosted on FirstPort within the Staff Care and Wellbeing Pages and includes:

- Standard Staff care leaflets: Early Support for You and Going home checklist.
- Information sheets regarding normal experiences for staff caring for patients with coronavirus (attached on next page);
- Information for staff in ICU settings;
- Normal feelings experienced after critical incidents.

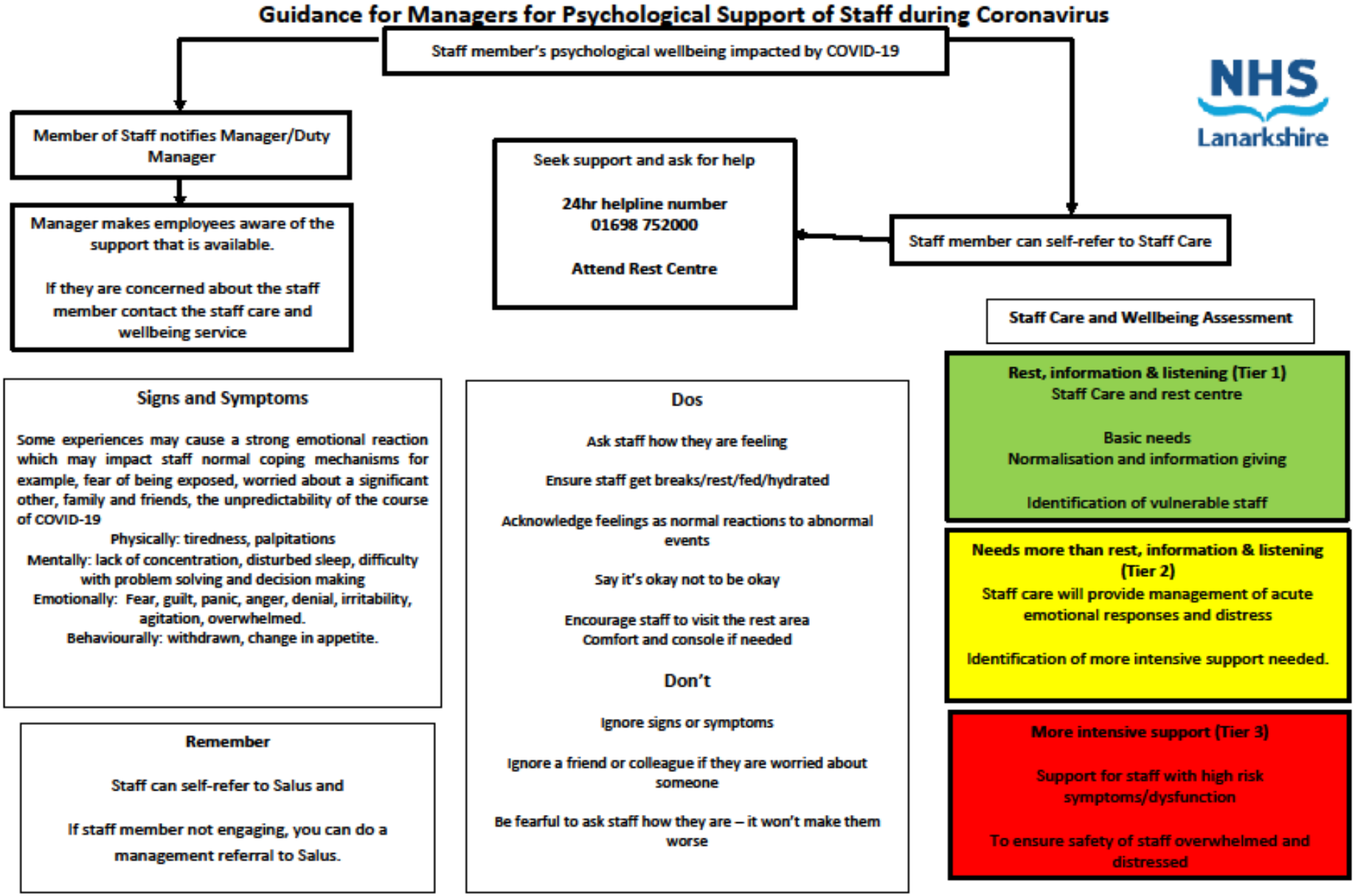
There is a huge range of information that staff can access online, however consistent and approved information will be accessible in rest centres, and given directly by Peer Supporters, Psychological First Aiders, Chaplains and Psychology staff from an accessible shared point as required specific to each staff member.

9. Review of Strategy and Staff Support Provision

The current strategy has been developed in response to anticipated need for staff based on evidence from China, and other Pandemic or Major Incidents. If the strategy in its current form does not meet all of our staff needs, it will be responsive to staff support needs, and will be reviewed regularly by the development team with direction and feedback from strategic leads across sites and tiers. Within the three acute sites the staff and wellbeing service should be contacted in the first instance or the psychological services link. Psychological services have a link person per area/site to contact should there be issues with the strategy at any time in a specific area (Appendix 2).

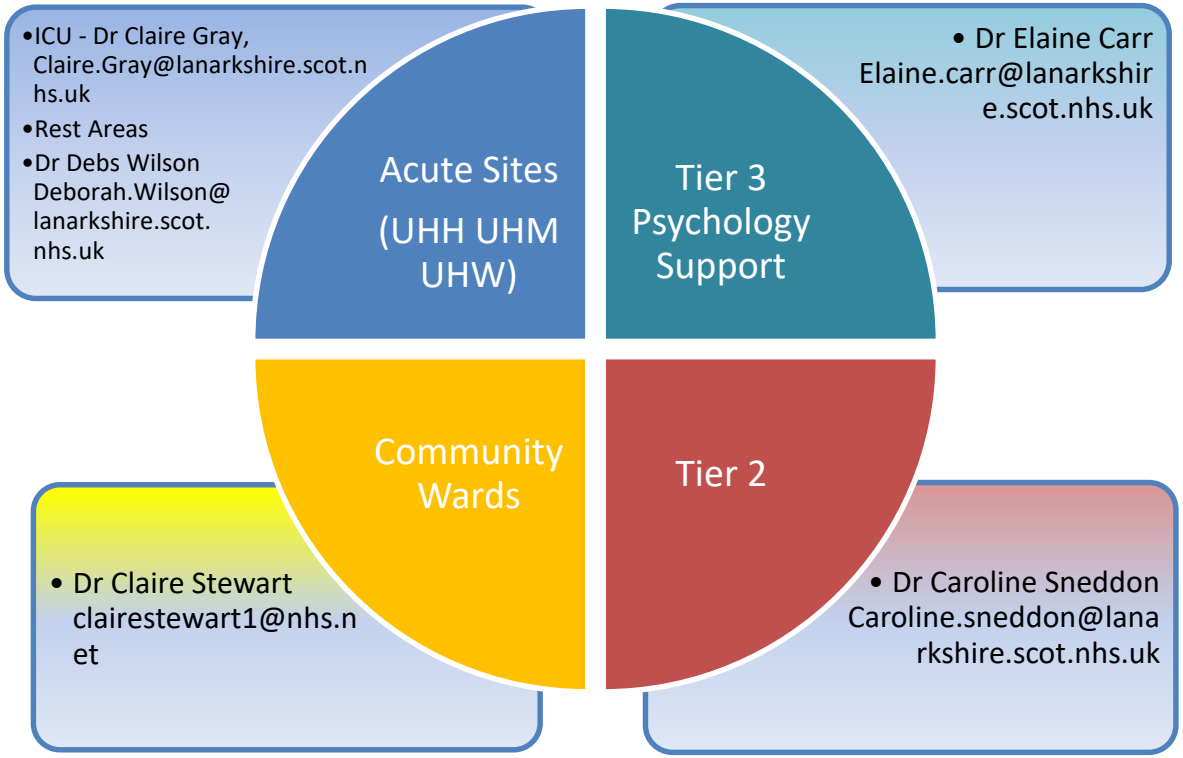
Revisions will be made as required, however some elements of staff support issues will be required to be raised to Bronze or Silver Command structures via Paul Graham, Head of Spiritual Care & Wellbeing and Dr Gary Tanner, Clinical Director of Psychological Services.

Appendix 1


Guidance for Managers for Psychological Support of Staff during Coronavirus
Staff member's psychological wellbeing impacted by COVID-19
NHS Lanarkshire
Member of Staff notifies Manager/Duty Manager
Manager makes employees aware of the support that is available.
If they are concerned about the staff member contact the staff care and wellbeing service
Seek support and ask for help
24hr helpline number 01698 752000
Attend Rest Centre
Staff member can self-refer to Staff Care
Staff Care and Wellbeing Assessment
Rest, information & listening (Tier 1)
Staff Care and rest centre
Basic needs
Normalisation and information giving
Identification of vulnerable staff
Needs more than rest, information & listening (Tier 2)
Staff care will provide management of acute emotional responses and distress
Identification of more intensive support needed.
More intensive support (Tier 3)
Support for staff with high risk symptoms/dysfunction
To ensure safety of staff overwhelmed and distressed
Signs and Symptoms
Some experiences may cause a strong emotional reaction which may impact staff normal coping mechanisms for example, fear of being exposed, worried about a significant other, family and friends, the unpredictability of the course of COVID-19
Physically: tiredness, palpitations
Mentally: lack of concentration, disturbed sleep, difficulty with problem solving and decision making
Emotionally: Fear, guilt, panic, anger, denial, irritability, agitation, overwhelmed.
Behaviourally: withdrawn, change in appetite.
Remember
Staff can self-refer to Salus and
If staff member not engaging, you can do a management referral to Salus.
Dos
Ask staff how they are feeling
Ensure staff get breaks/rest/fed/hydrated
Acknowledge feelings as normal reactions to abnormal events
Say it's okay not to be okay
Encourage staff to visit the rest area
Comfort and console if needed
Don't
Ignore signs or symptoms
Ignore a friend or colleague if they are worried about someone
Be fearful to ask staff how they are – it won't make them worse

Appendix 2 Psychological Services Contacts

Psychological Services Staff Support Lead: Dr Leigh Whitnall leigh.whitnall@nhs.net



STAFF SUPPORT REVIEW: PSYCHOLOGY

Resources put in place during Covid 19 Crisis (February –July 2020)

Background and context

The Covid 19 staff support strategy was developed in cognisance of the increasing numbers of patients with Coronavirus-19 (COVID-19) being treated in NHS Lanarkshire Acute and Critical Care services, and the demands placed on staff across multiple settings and professions. The aim was to support staff in these unprecedented times; to both provide some anticipatory care to staff likely to be affected, and also provide resources to help manage the stressors they may encounter. The strategy was developed with representatives from Psychological Services, Staff Care and Wellbeing Service and Salus. Psychological Services in Lanarkshire has around 166 WTE clinicians working across a range of specialities, who are highly trained to deal with people with a range of psychological difficulties, including trauma, anxiety and loss.

Review of input from Psychological services

In total, 18.3 WTE staff from a range of psychological services were deployed across the three tiered model. Initially, staff time was spent creating the systems, governance and resources for each tier, and assisting in the setting up of staff rest areas. Psychology staff worked collaboratively with partners from Salus and Staff care and wellbeing service across the Tiers. Each arm of the tier provided by Psychological services was led by a Consultant psychologist who managed rotas, governance and liaison. Over the period, the number of staff deployed was reviewed and reduced according to need across the tiers.

Tier 1 is represented by a physical presence at site 'rest areas', available for any site staff to use. Psychology initially had a presence at the 3 acute site rest areas (UHH, UHW and UHM), providing Tier 1 Psychological First Aid (including normalisation and information giving) alongside Chaplaincy and Peer Support workers. Psychology initially provided support to the peer support workers, and following their increasing confidence in the role, Psychology retracted their support from the wards in May, and continued support to the Covid community hubs and offsite wards.

Tier 2 is represented by providing 'one off' supportive Psychological first aid sessions. This was provided by Psychology staff in the three acute hospital sites, Care of the Elderly community hospitals and community covid hubs, support within existing mental health services (older adult organic, functional and functional HBCCC wards, Learning Disability staff, Adult Psychiatric inpatient staff and staff in HMP Shotts). In addition support was provided via a telephone helpline which was accessed via the Staff Support and wellbeing

service. As demand for these supports reduced, Tier 2 was gradually retracted, and the Helpline ceased at the end of June.

Tier 3 Psychological services Tier 3 offers staff the opportunity of a continuity of support of up to six telephone sessions with the same worker. It is offered to staff presenting with higher risk/ intensity of need, for whom the one-off Tier 2 support has not resolved or lessened the intensity of emotional response and the staff member is at risk of burnout and may be struggling at work and home. Referrals to Tier 3 have reduced since July, but the Tier continues to be available.

The table below provide a summary of contacts for Tier 2 across the sites

Table 1

	Active	**Points of contact**	**Referral to Tier 3**	**Ave time of call/contact**
Helpline	1st April - 24th June	46	9	35 min
Acute Hospitals	14th April - 15th May	45 (16 in group sessions)	6	55 min
Community Hospitals Mindfulness Groups: Ladyhome	8th April - 9th July	224 (48 in group sessions) 56 (56 in group sessions)	5 -	30 min
Community Hubs	22nd April - 6th May	44 (37 in group sessions)	1	49 min
Mental Health services (OA, LD, Inpatient, Prison)	5th April - 9th July	87 (6 in group sessions)	1	36 min
Total		502 (163 in group sessions) (339 individually)*	22	41 min

*Some members of staff may have repeatedly sought support and may also have attended group sessions

Helpline

Calls were initially received to the Staff care and wellbeing service and transferred to the helpline to provide immediate psychological support and signposting to other services if required. A total of 46 calls were received over the period from 1st April to 24th June. On average each call lasted 35 minutes, and for most staff this met their needs. A total of 9 staff were referred on to receive further one to one psychological support from Tier 3 sessions, and 5 staff members were signposted to computerised CBT, to their GP and to Salus.

Acute hospitals

In total there were 45 points of contact with psychological services staff; 16 of these were delivered in a group format at the request of managers. One group consisted of nursing staff, and the other was for physiotherapists. Some staff struggled to make use of the rest areas and one barrier identified was the time taken to take off PPE. In total, 6 members of staff from across the 3 sites were referred on to tier 3 support.

Community hospitals

On site staff support was provided to NHS Lanarkshire's community hospitals. These sites included Kello, Ladyhome, Strathclyde, Glenmore, Udston (Avon and Douglas), Stonehouse, Kilsyth and Wester Moffat. This was accessed by 222 members of staff between April to July. The average time for each contact was 30 minutes. This service was predominately utilised by nursing and health care support workers but also included other staff roles such as domestic and portering staff, allied health professionals and admin.

<u>Group relaxation</u>

Group relaxation sessions were also offered to staff and 10 people attended group sessions in April and 28 in May. Mindfulness groups were also carried out at Ladyhome community hospital, with 56 contacts members of nursing and domestic staff attending 8 groups held in May and June.

Community Hubs

A total of 44 members of staff were seen in Covid community hubs in Airdrie HC, Houldsworth and Douglas street, with 40 or these supports received in April, and a further 4 in May. The hub at Airdrie Health centre was utilised predominately; 38 staff attended group sessions, and two nurses received individual support. In the Houldsworth Centre one nurse and 1 member of admin staff sought individual support. At the Douglas street clinic one referral was made to Tier 3 support.

Mental Health Services

Staff psychological support was provided by existing psychological services staff working in mental health services; Older Adult organic, functional and functional HBCCC wards, Learning Disability staff, Adult Psychiatric inpatient staff and staff within NHS prison services in HMP Shotts. In total 87 members of staff sought support from psychological services from April until July. There was also two group support sessions arranged at Brandon and Cleland wards. One referral was made to tier 3 support

Overview of Tier 2

Overall, it appeared staff appreciated the supports put in place across Tier 2. Staff required support for a range of different reasons including anxiety about carrying out their role, wearing PPE, adjustment to a deployed role, anxiety about contamination to family, feeling overwhelmed, extreme stress working with terminally ill patients. Psychological first aid included offering a space for staff to talk about their experiences and feelings, normalising their distress, and emphasising healthy coping strategies.

However, following a review of less than anticipated demand, and increasing confidence of peer support workers, psychological staff in Tier 2 were gradually retracted back to their substantive roles; the Psychology Helpline was retracted at the end of June and calls were reverted back to The Staff care and wellbeing service helpline. Following this, referrals to Tier 3 reduced.

Tier 3

Tier 3 was designed to provide more extensive psychological first aid, and provided up to six telephone sessions with a named clinician. To date, 24 referrals have been made to Tier 3 and of these referrals, three staff members did not engage, and three staff members were signposted to more appropriate services. The remaining 18 staff were provided with two to six sessions of telephone support. The main themes that arose were low mood triggered by lockdown, anxiety about contamination at work, stress regarding test results and stress due to shielding. Notably many of the staff had underlying difficulties which were exacerbated by the stress of the pandemic. Tier 3 remains operational currently and demand will be monitored.

Table 2 below illustrates contacts to date.

Table 2

Tier 3	Operational	Referrals	Engaged	Did not engage	Signposted to other services	Range of contact
	1st April–present	24	18	3	3	2-6 sessions

What specific supports are we putting in place for Winter 2020/2021

Remobilisation plan

With the possibility of a second wave of Covid, a review of the Tiered model has been undertaken to assess the staffing required from Psychological services.

Tier 1

Demand for Tier 1 in acute settings could be met by the Staff Care and Wellbeing Service with the support of peer supporters who have all been trained in the SAFER -R (Stabilisation, Acknowledgement, Facilitation of understanding, Encourage effective coping, Recovery or Referral) Model. This is assuming peer supporters have line management approval to be released again to this role. If required, Psychology could provide a supportive, or consultative role to this service; this is to be confirmed. The PTT psychology champions will provide a supportive and consultative role to the All of Us Staff Wellbeing Collaborations for those working within community settings.

Tier 2

1. **Phone line:** It is anticipated that Psychological Services staff sessions to the Tier 2 Phone line would not be required again as demand could be met by the Staff support and Wellbeing service within their 'one and done' service in acute settings. The NHS24 national helpline is also now available, and the remobilisation of the Salus Stressline is to be confirmed.

2. **Face to face:** it is anticipated that face to face to face onsite support from psychologists would not be required again as the Chaplaincy and Peer support workers cover the acute sites, and support to the community off sites would come under the Collaborations. Equally, there is already existing input to the MH/LD/OA and forensic wards.

What support is continuing?

Tier 3

Tier 3 will continue to be offered and monitored over the next 12 months. Currently this resource is provided by staffing from 10 PTT's. To date, most staff have supported one staff 'patient' for up to six sessions, and demand has now significantly reduced. Going forward, Tier 3 could be continued to be delivered with the PTT Tier 3 staff, or the Psychology champions could provide this role if additional resources are obtained. Confirmation of additional funding to backfill champion posts is to be confirmed.

Anticipated staffing resource

Tier 1 consultation to Staff care and wellbeing service and Salus =0.2. This resource could consist of Band 8A consultation supported by Staff support lead (Elaine Carr)

Tier 2 existing resource within Mental health/LD/OA/Forensic wards =1.5

Tier 3 Clinicians, (either from PTT or expand champion role to include Tier 3 referrals) = 0.4.

Community collaboration psychology champions=2 Band 8A posts (awaiting confirmation of funding)

Managerial support

Over the next 12 months, continued managerial support could be required including overall lead for staff support, Tier 3 management, and community collaboration link =1 consultant WTE.

Total resource anticipated= approximately 5.1 (**3.6WTE** if existing resource from Mental Health/LD/OA/ Forensic is not included)

STAFF SUPPORT REVIEW: SALUS

Resources put in place during Covid-19 Crisis (February –July 2020)

Salus Helpline

The Salus Helpline was established prior to lockdown as the number of covid-19 incidences grew across Lanarkshire and in anticipation of the increasing questions and concerns likely to come from staff. With support from IT and Telecom's, the Helpline went live on 18th March 20 and remains in place at this time. It functions as an initial point of contact with triage process and onward referral / signposting to other identified support services. On average the Helpline processes between 60 – 80% of all incoming calls directly, with the remaining calls being transferred live to other support services for specialist input, advice and support. The service was initially operational Monday – Friday 7.30am – 4.30pm with an answering machine service out with these times and currently takes live calls from 8.30am – 4.30pm and was available to all NHSL staff / HSCP's / Social Care / Care homes Staff and Third Sector. From commencement to end of July 2020 there were over 12,300 calls to the Helpline. The nature of the calls altered to reflect the current position at the time, in addition to reaction to announcements coming from Scottish Government. The main themes fell into the following categories:

- Symptoms experienced and did they relate to Covid-19
- Testing arrangements and results outcomes and return to work
- Underlying health conditions and the ability to work
- Pregnancy
- Shielding arrangements
- Risk assessment in order to continue or return to work
- Travelling abroad and quarantine arrangements
- SSTS recording requirements
- Workplace assessments in relation to social distancing

Occupational Health

The occupational Health team, comprising of Occupational Health Physicians and Nurse Advisors have been offering telephone consultations from the Helpline by way of a live transfer, in order to support staff who require more specialised support and advice. There have been over 2100 live transfer calls to the OH team to the end of July 20. These have fallen into the following categories:

- Expert advice on functional capacity with specific advice relating to underlying health conditions.
- Advice on risk Assessment for both the staff member and managers
- Advice on shielding
- Management referrals prioritised for covid-19 related referrals
- Pregnancy
- BAME staff

Salus Stressline

The Salus StressLine commenced in order to respond to the increasing number of staff requiring additional mental health support. Staff from existing case management services with Salus were deployed to support this new service, which was operational 7 days a week from 9am – 7pm and was available to all NHSL staff / HSCP's / Social Care / Care homes Staff and Third Sector.

Early Access to Support for You (EASY)

The EASY team were deployed to support the Salus Helpline, however did retained to service provision for all mental health sickness absence referrals. Calls were made to these identified staff on Day 1, 3 and 10 with signposting and onward referral to specialist and therapeutic services continuing throughout this time.

Time for Talking Confidential Counselling

Provides NHSL staff with a confidential counselling service either via self-referral or management referral for a variety of mental health related issues. A telephone helpline is available in addition to providing psychological first aid and person centred / solution focused counselling. Telephone and face to face normally (Skype at present due to social distancing) with up to 6 sessions if required. This service is available to all NHSL staff and includes a 24 hour helpline.

Total number of Calls / Contacts to July 20

	Salus Covid-19 Helpline	Occupational Health Helpline Referrals	Salus Stressline	EASY MH Calls	Time for Talking Counselling
Total Calls	12,385	2,110	62	635	148

What support is continuing?

Mental health supports which will be continuing going forward are the following:

- Salus Covid-19 Helpline – Due to the success of this service since its commencement, it is undergoing a review to retain its current remit and explore expanding to include elements of the HR function. This has been approved as a pilot in the first instance and a short life working group has been established to take forward an action plan.
- Occupational Health clinicians will continue to provide expert support and guidance to NHS Lanarkshire staff
- Salus Stressline was discontinued in July due to the wide range of supports available to staff and the numbers accessing the service at the time. There are no plans at this time to reintroduce this in the future.
- The EASY service will continue to support and signpost for onward referral for all staff absent with a mental health related issue. In addition, the EASY service has now resumed to normal service taking referrals from managers for all staff reporting in sick to their place of work.
- Time for Talking Confidential counselling – This service will continue going forward.

Challenges / Implications for the Service

Due to the specialist nature of Occupational Health, it would be difficult to recruit, even temporary to backfill staff deployed to focus on Covid-19 work. Therefore If there is a requirement to step up services to the level they were during the period March – July, It is likely that specialist services such as Occupational Health, would require to prioritise work coming into the department in order to deal with organisational critical need.

The current Helpline resource is able to manage small spikes in activity on a daily basis, however if this was likely to be sustained over a period of time, additional resources would be required. Based on the activity from March – July, it is likely that additional resource of 1 – 3 WTE Band 3 staff would be required. This would be dependent on activity at the time and the likelihood of this activity continuing or potentially rising. Based on experience, the Helpline needs to be in a position to be able to respond to increases in calls at very short notice.

Wider Health and Wellbeing

Healthy Working Lives carried out its 3 yearly Employee Wellbeing Survey in December 2019 in order to identify target areas for future action planning, in addition to ensuring NHSL met the criteria for maintaining the HWL Gold Award. The attached Appendix outlines the main areas highlighted.

The wider health and wellbeing agenda has been discussed and recognised as an important topic across the organisation, with consideration for an overarching Health and Wellbeing group and supporting strategy as a possible option, moving forward. There are a number of working groups and committees currently delivering their individual priority agendas, which may benefit from a cohesive collective agenda for overall staff health and wellbeing.

The following topic areas could be considered within this organisational agenda:

- Physical Activity
- Healthy Eating & Weight to Go Weight Management programmes
- Active Travel
- Financial Inclusion
- Health Promoting Health Service
- Healthy Working lives
- Good Mental Health for All

Staff Health,Safety & Well-being Survey

Summary Report - 2019:

Total Respondents

3,482

(+40%)

The Staff Health, Safety and Well-being Survey was launched in November 2019 and concluded December 2019. The number of total respondents was a 40% increase on the 2016 return with a 29% overall return rate.

Demographics:

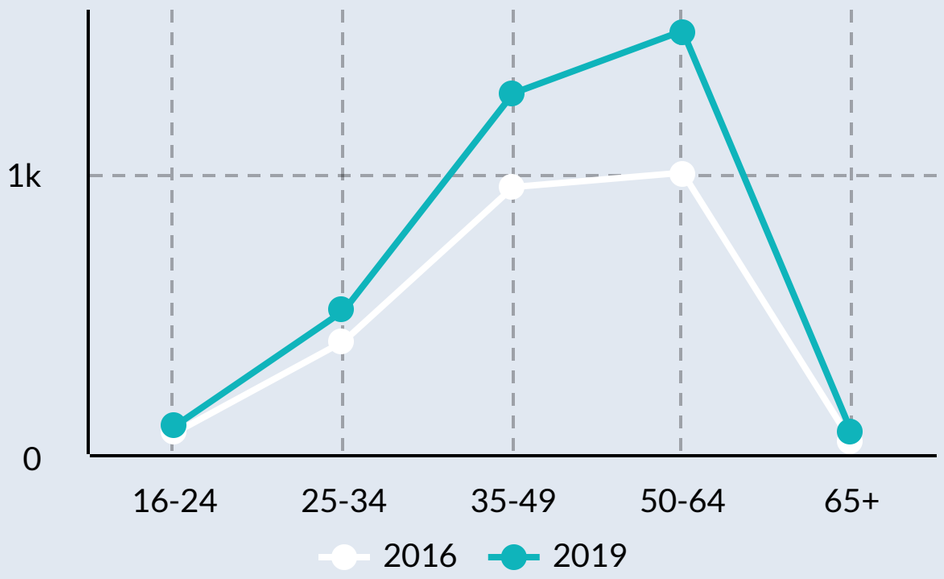
Gender: Respondents generally reflective of NHS Lanarkshire overall staff profile.

Male	Female	Prefer not to say
12%	86%	2%

Age: Respondents reflective of the continuing trend of an ageing workforce in NHS Lanarkshire. Most respondents (43%) were in the age range of 50-64 years; mirrored by 2016 responses.

16-24	25-34	35-49
3%	15%	37%

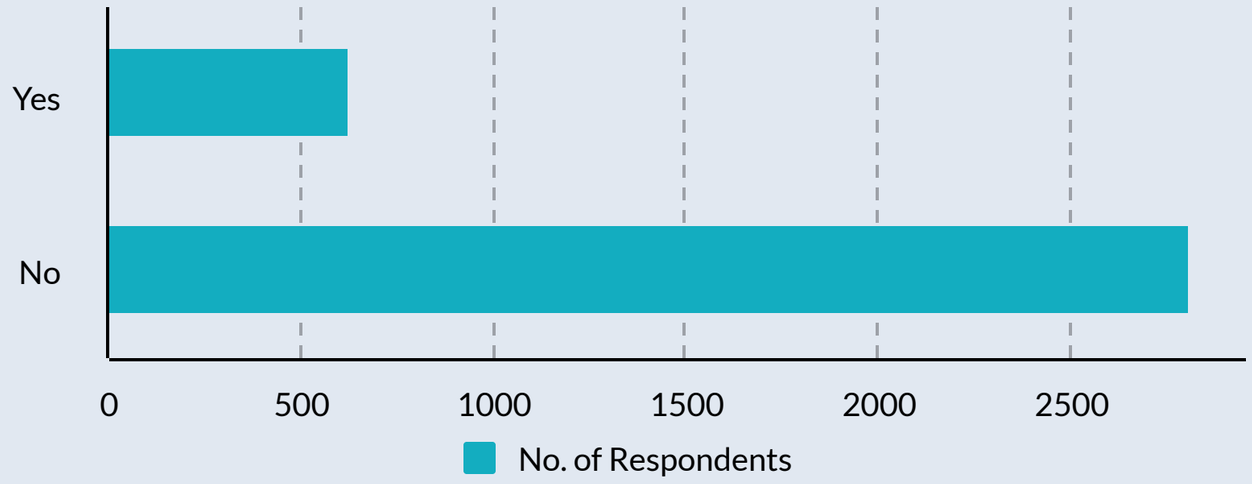
50-64	65+
43%	2%



Disability: The number of respondents that identified as disabled was low but not insignificant in relative numbers. Future campaigns should take cognisance of this staff group to ensure equality and diversity is at the forefront of staff health and well-being.

Yes	No	Prefer not to say
4%	92%	4%

Carers: A significant number of respondents reported being responsible for caring for an adult relative/partner, disabled child or friend/neighbour. Further evidence of the additional and differing pressures that are linked to but not exclusively as a result of an ageing workforce.



Yes	No
18%	82%

HR - Policy Awareness:

Fire Safety

Health & Safety

Sickness Absence

No Smoking

Stress & Well-being

	Fire Safety	Health & Safety	Sickness Absence	No Smoking	Stress & Well-being
2016 Policy awareness is high	99%	98%	98%	98%	72%
2019 Policy awareness has dropped	92%	89%	89%	83%	62%

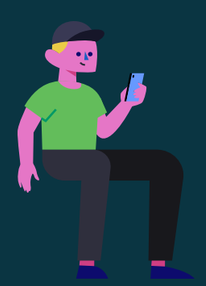
Highlighted are some of the more prominent policies in NHS Lanarkshire and as demonstrated, awareness is down. This is reflective of all policies, compared to 2016 results. Influencing factors could be attributed to new staff as an important target group to participate, as well as a new external website where all policies are now contained.

Of greater significance is the overall % of respondents unaware of how to access these policies: **> 62%**

Physical Activity:

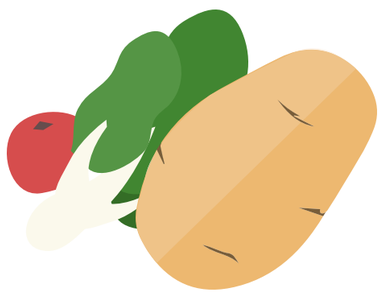
Based on government recommendations where to stay healthy, adults should try to be active daily and should do at least 150 minutes of moderate activity per week, results are encouraging. More staff reported doing more exercise compared with 2016 results.

2016	VS	2019
80% Do not meet recommendations		66% Do not meet recommendations
20% Meeting recommendations		34% Meeting recommendations



While improvements have been made with a % increase of 14% among respondents, there must also be recognition that there is still a significant number of staff reporting that they do not meet current guidelines for physical activity. Awareness of opportunities to be physically active was identified as an issue in 2016 and this remains the same in 2019 with the exception of the promotion of stair climbing (73% aware) and walking challenges (68% aware). Other opportunities like medal routes at acute sites (9% aware) and active travel (36% aware) remains low.

Food & Nutrition:



2016	VS	2019
35%	5 a day	26%

The number of respondents (746) reporting they eat 5 or more portions of fruit and vegetables per day in 2019 is marginally less (0.8%) than 2016 based on a higher sample size.

Weight Management:

Weight management support and opportunities has been something NHS Lanarkshire has attempted to implement previously with varying degrees of success. Therefore, we asked staff what statement most closely applied to them.

I am **NOT** interested in attending weight management activities	48%
I am interested in attending weight management activities	34%
I would not be released from my workplace to attend activities	13%

Tobacco Prevention:

The number of respondents who smoke and the number of those who would like help to stop are comparable to results from 2016 with figures only marginally down.

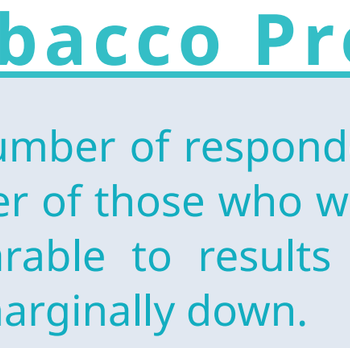
Results did however, demonstrate a significant increase in staff reporting exposure to second-hand smoke as shown below.

Smokers
6%
(-1%) 2016

Help to Quit
32%
(-1%) 2016

Second-hand Smoke:

2016 - Exposed to Second-hand smoke



2019 - Exposed to Second-hand smoke

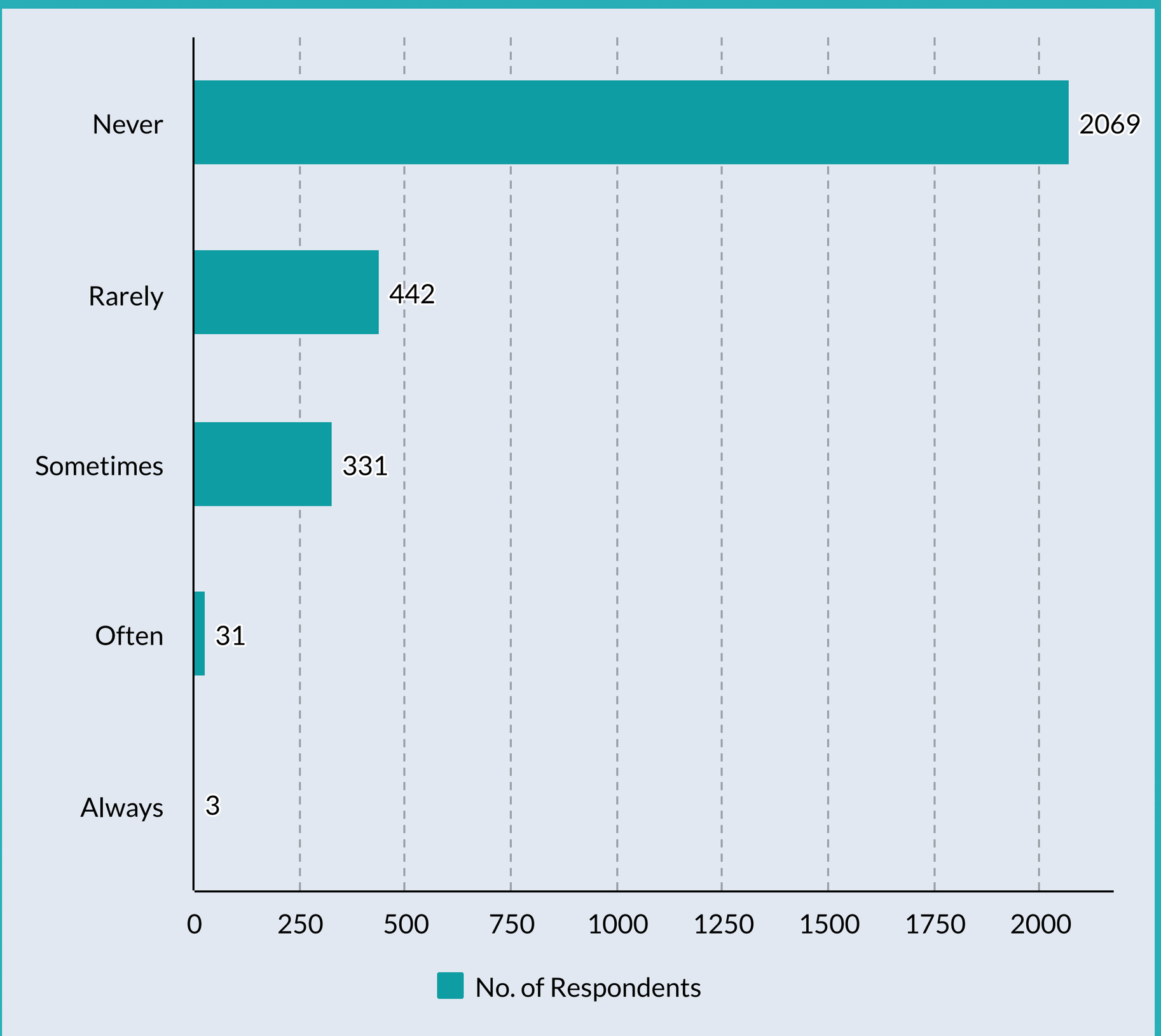
These results present a 14% increase in reporting of exposure to second-hand smoke where location is almost entirely related to entrances to the workplace or when visiting patients homes.

Daily
34%

Weekly
18%

Mental Health:

We asked the following: Stress is the name given to what happens when pressure becomes excessive and exceeds someones ability to cope. Have you taken time off, due to pressure at work?



These results suggest 'stress' is not an issue among respondents, which is not reflective of the organisation and would be contradicted by sickness absence figures.

Although much progress has been made in terms of reducing stigma around mental health, perhaps this information serves as a reminder that more still needs to be done.

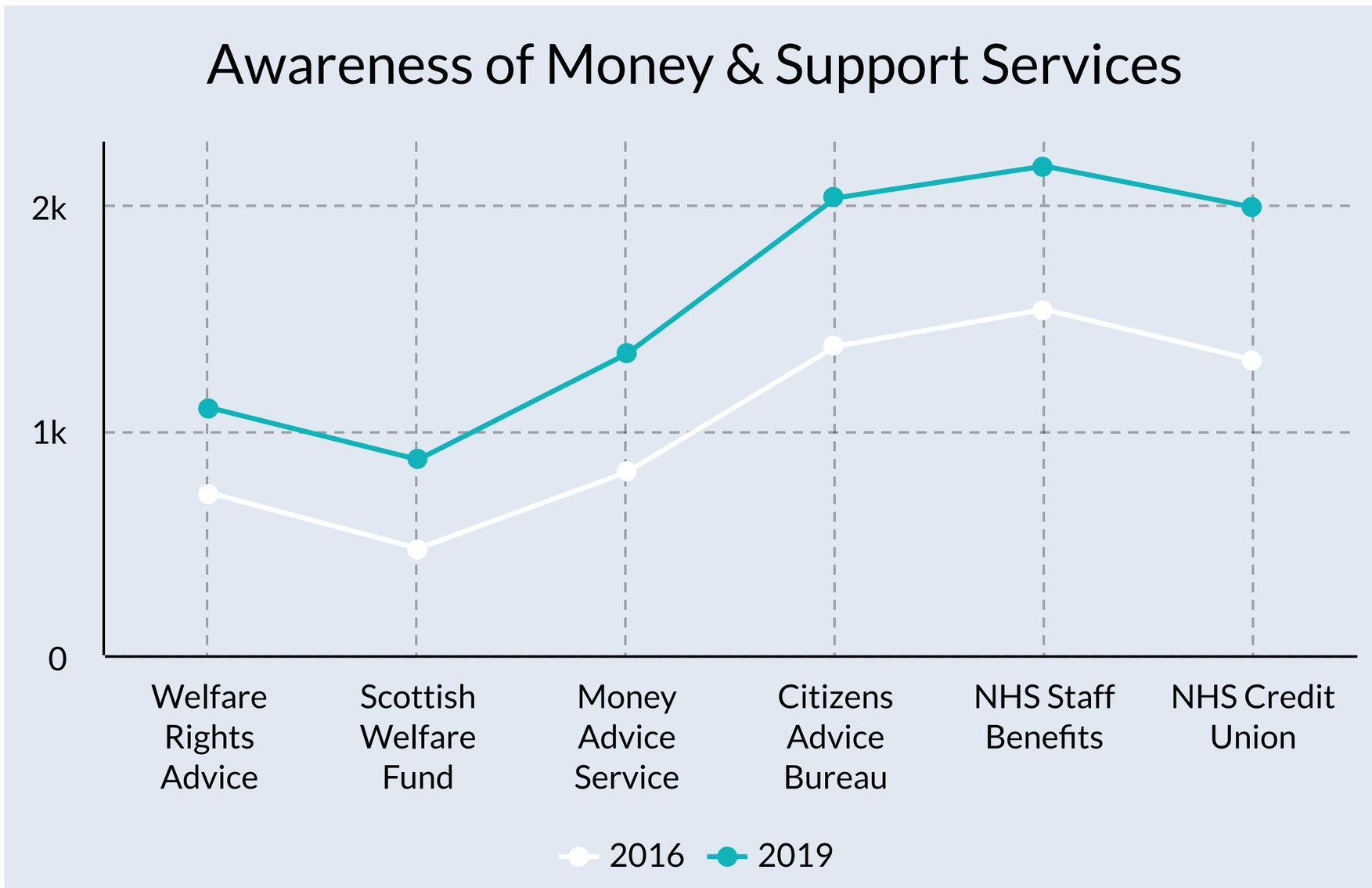
In addition to the question of stress, comparisons with 2016 results around awareness of supports/opportunities available confirms little progress has been made and in some cases ground has been lost; Stress control classes (-6%); Information on mental health and well-being (+/- 0%); In-house relaxation sessions (+/- 0%); Mental health and well-being awareness campaigns and sessions (+2%) and Well Connected (-3%).

Financial Inclusion:

As reported in 2016, financial inclusion has been an area of work where much has been done within the organisation to raise awareness. The results in 2019 show a continued improvement where support services are proportionately the same but awareness levels have increased.

That being said, although there is a positive trend in terms of awareness there is still much more progress to be made.

The following figures were reported to show there is still a real lack of awareness of some support services available:



I am **NOT** aware:

Welfare Rights Advice ---- **52%**

Scottish Welfare Fund ---- **61%**

Money Advice Service ---- **44%**

Occupational Health (SALUS):

A general awareness of occupational health services exists among respondents where almost all services rate 50% or more. The only exceptions to this include Case Management (telephone support for mental health issues) at 44% and access to Time for Talking confidential counselling service at 49%. Annual flu vaccinations rates highest at 92%.

Health Improvement & Education

59%

Case Management (telephone support for MH)

44%

Time for Talking Confidential Counselling

49%

Confidential Self-referral Service

60%

Workplace Health Advice/Assessment

62%

Health Checks

50%

Return to Work Advice

73%

Access to Physiotherapy

61%

General OH Telephone Advice

57%

Annual Flu Vaccination

92%

Highlights:

2016 vs 2019

Peer Support Information for Managers – Guidance for Identification

The following is guidance for managers based upon the 3-Tier model being deployed across Lanarkshire for Staff Support during the COVID-19 outbreak. The Lanarkshire Peer Support Network has been a key element in providing for Tier-1 support for staff during this time. The peer support network was established in November 2019 in preparation for providing additional staff support during the seasonal pressures in the workplace.

The peer support concept is based on Critical Incident Stress Management (CISM), which is a widely used crisis support management system approach to integrate an array of trauma/disaster mental health interventions across a continuum of need.[i]

To help the manager in deciding who to select for training as a peer supporter, this document covers the following areas:

- role of the peer supporter
- identifying a peer supporter
- training involved
- coaching, supervision
- ongoing development
- commitment of the manager
- process

Our approach in Staff Care seeks to develop:

- A range of measures to support individuals and groups who have experienced traumatic events and challenging situations.
- A professionally recognised process for teams to share their experiences, vent emotions, learn about stress reactions and symptoms.
- Enhances natural resilience and promotes psychological wellbeing.
- Successfully deployed in Healthcare, Education, Emergency Services, Aviation, Employee Assistance Programmes, Mental Health, Armed Forces and Charities.

CISM training is designed to equip colleagues with the skills and confidence to provide individual and group support following either major or more personalised traumatic incidents. It provides the tools and programme to enable colleagues to assist others, as well as the practical ways to encourage more positive coping strategies, recognition of poor post incident functioning and when to signpost for more specialised help.

1. Role of a Peer Supporter

Following challenging situations and sometimes traumatic events, peer supporters work towards a goal of:

- stabilising staff and mitigating acute responses
- supporting staff to return to adaptive functioning or
- early signposting to the next level of care.

They aim to enhance natural resilience and promote psychological wellbeing at a low level, in essence, trained in structured listening to provide formal and ‘chance encounter’ support conversations.

2. Identifying a peer Supporter

The Peer Support Network is made up from personnel at every level across the organisation so that there is an appropriate level for most staff to feel comfortable with. The following are recommendations to assist in selection of team members.

- The role of peer supporter cannot be attached to a professional job, or to have promotional/rewards attached to membership.
- In order to be selected for training, personnel must be employed by the organisation.

Key criteria for a successful peer support team member:

- Every element of a CISM team and its implementation must be voluntary and confidential;
- Welfare of team members is a fundamental aim.

The following personal characteristics are looked for:

- Having the respect and trust of peers, natural "go to" people;
- Demonstrating a strong understanding of, and commitment to confidentiality;
- Strong communications skills and good listening;
- Emotional maturity and empathy;
- Being non-judgmental and culturally aware/sensitive;
- Accessible for team training and providing assistance activities;
- An ability to work within established guidelines and declare a conflict of interest if indicated;
- An awareness of their own challenges and stressors and the ability to excuse themselves if appropriate;

3. Training

Peer support training is designed to equip staff with the skills and confidence to provide individual and support, providing the tools and programme to enable assistance of others, as well as the practical ways to encourage more positive coping strategies, recognition of poor post incident functioning and when to signpost for more specialised help.

The specific listening approach used by our peer supporters is a short-term helping process designed to stabilise and mitigate the crisis response. It is not psychotherapy; its goals are to foster natural resilience through the SAFER-R Listening Model.[ii]

Training consists of an initial 1 day course, followed by 2 coaching sessions, and attendance at 2 development sessions during the year.

4. Coaching and Supervision

The peer support network has a programme of ongoing coaching and supervision. Following training, each peer supporter will have 2 coaching sessions to help them in embedding the listening tools within their own practice.

Supervision is a key element of keeping peer supporters safe and working within their boundaries, but also in helping provide safe and quality staff support for colleagues.

With the pace of expansion of the network, now having around 160 peer supporters, our existing coaching and supervision capacity has been supplemented by the generous voluntary support from external organisations who have well-established peer support networks.

5. Ongoing Development

While it requires specialised training, peer support is not psychotherapy or counselling. It is a confidential, voluntary and educative process, sometimes called 'psychological first aid'.

This program is designed to teach participants the fundamentals of, and a specific protocol for, individual crisis intervention, based on a recognised model (SAFER-Revised) covering the core elements of the system, basic intervention techniques and common crisis reactions.

Ongoing development is needed to ensure appropriate follow-up and signposting to other sources of support and information.

Our development sessions will highlight the wider range of crisis intervention services that can be developed e.g. Bereavement Support, Group Crisis Interventions, etc.

6. Commitment of the Manager

Managers should provide ongoing assistance to peer supporters, understanding that peer supporters train as an addition to their job role, and there may be time when the manager needs to help resolve any time conflicts.

There must be Management support to allow time for training, coaching, supervision and ongoing development.

There may also be a requirement for managers to release peer supporters on a regular basis to provide cover in staff wellbeing settings, for example some managers factor in a half day per month for peer supporters to be available to offer support, etc.

7. Process

a. Managers will nominate peer supporters.
b. Nominees will have a short interview with one of the Peer Support Supervisors.
c. If successful, they will be invited to the one day peer support training which is followed up by 2 coaching sessions. If unsuccessful, a discussion will be organised with manager to explore next steps..
d. If all goes well during training and coaching, they will become a member of the peer support network, and will be given details about supervision and ongoing development.
e. Manager will be notified of the successful completion of training and of becoming a member of the peer support network.

[i] Everly, G. & Mitchell, J. (1999, 2008, 2013) https://icisf.org/a-primer-on-critical-incident-stress-management-cism/

[ii] Everly, G. & Mitchell, J. (2008) SAFER-R Model in Crisis Intervention Handbook: Assessment, Treatment and Research ed K Yeager.

WELLBEING ENGAGEMENT DASHBOARD

National Wellbeing Provision – Health and Social Care Workforce

Position at 31 August 2020

- The national wellbeing initiatives highlighted in this Dashboard are set in the context of a range of local support initiatives for health, social care/ social services staff, unpaid carers and volunteers provided by NHS Boards, HSCPs, Councils and other bodies.
- The National Wellbeing Hub and its content reflect a Psychological First Aid approach, with evidence-based resources targeted equally at the range of professions working within health and social care organisations across the statutory, third and independent sectors, and unpaid carers.
- Evidence indicates increasing and positive engagement with the Hub and the resources on it.

Caveats

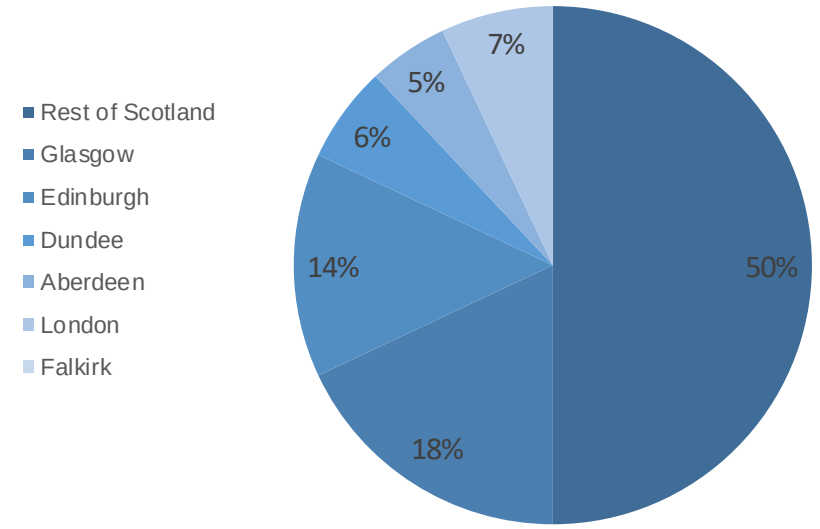
- This Dashboard is a 'work in progress'.
- It highlights the level of engagement with the range of national initiatives/resources. It will be developed organically and incrementally populated with key information. Work is underway to extract and present information on the demand for specific types of resources hosted/accessed via the Hub. Granular information, for example, on geographical locations of users, will be limited where the numbers are below a certain level. However, work is ongoing to further refine and reduce the proportion of people in 'Other' categories, and to highlight the usage of particular resources accessed by visitors to the site.

National Wellbeing Hub Statistics
W/B 24 Aug

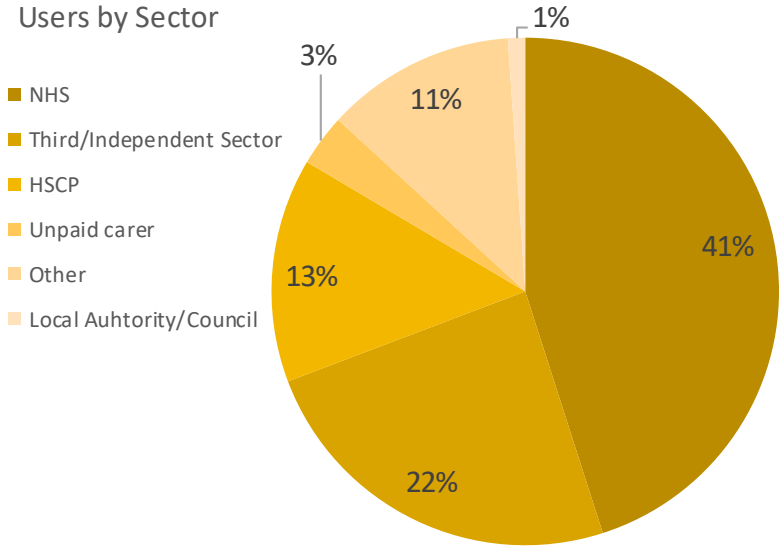
Increase in visits **7%**
In the past 3 weeks

Increase in views **7%**
In the past three weeks

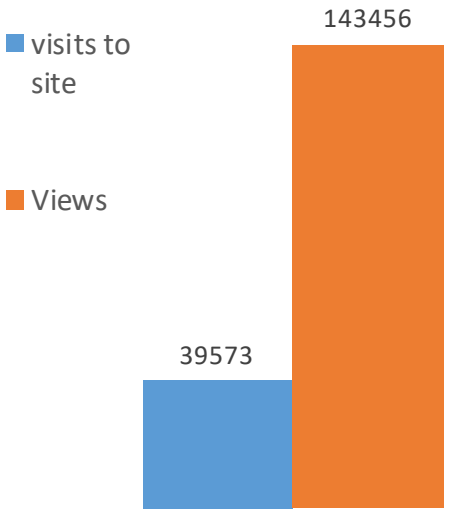
Geographical Area of Access



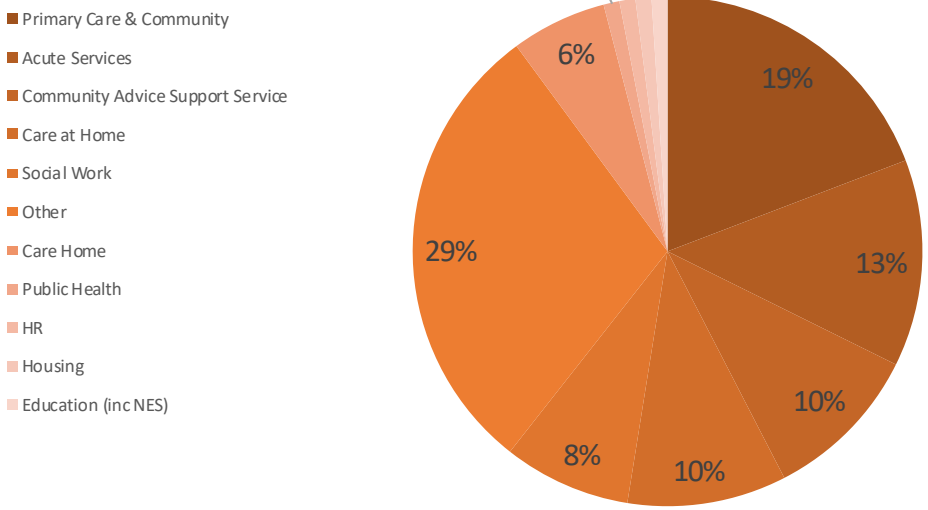
Users by Sector



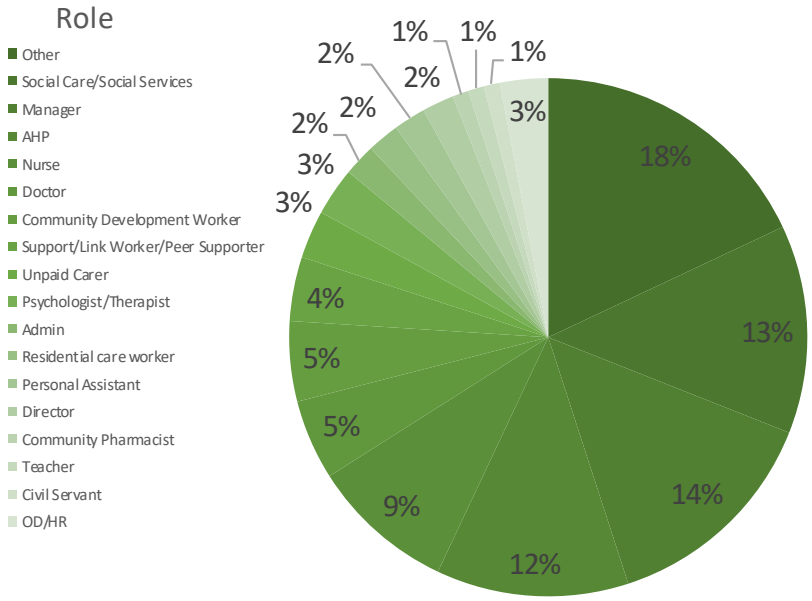
Visits to site



Setting

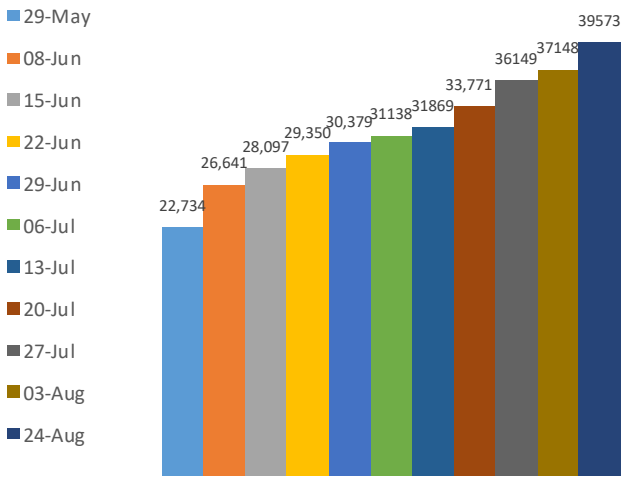


Role

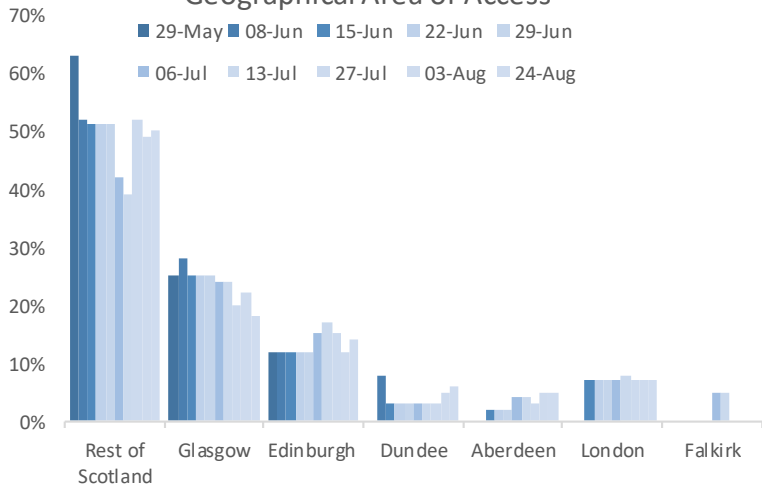


National Wellbeing Hub: Trends

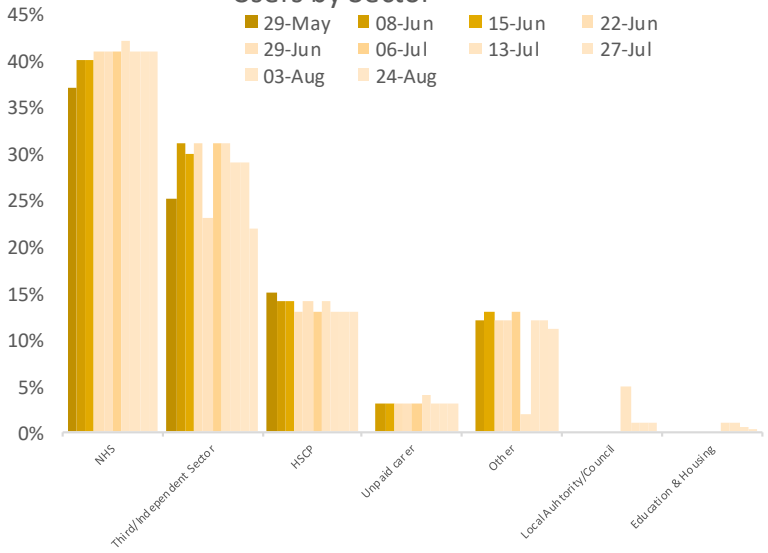
Cumulative Visits to site by Date



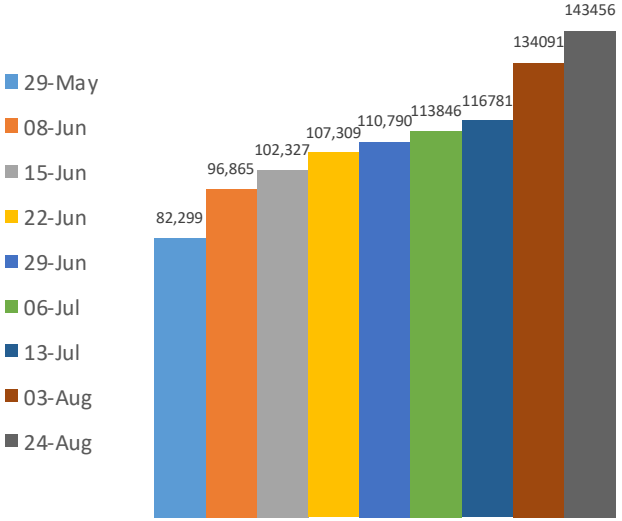
Geographical Area of Access



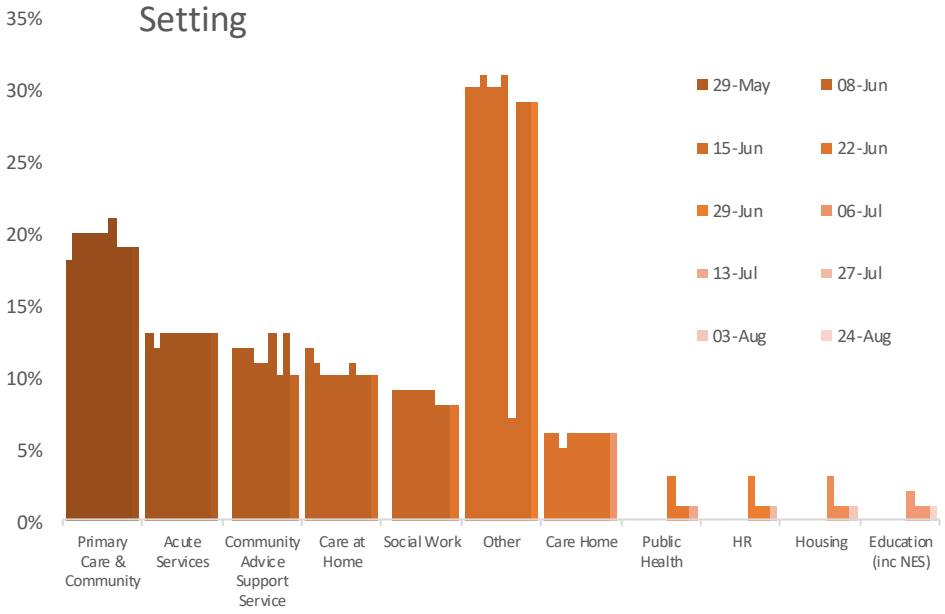
Users by Sector



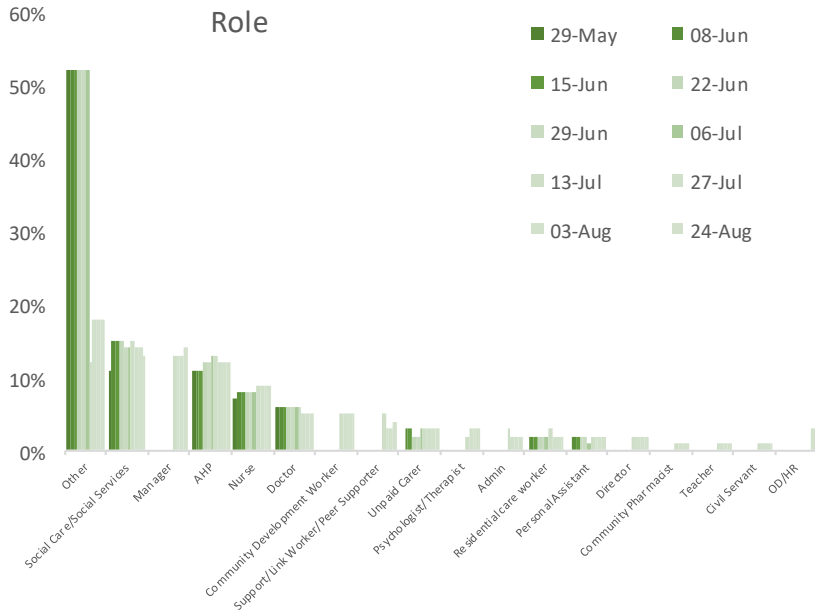
Cumulative Views of site by Date



Setting



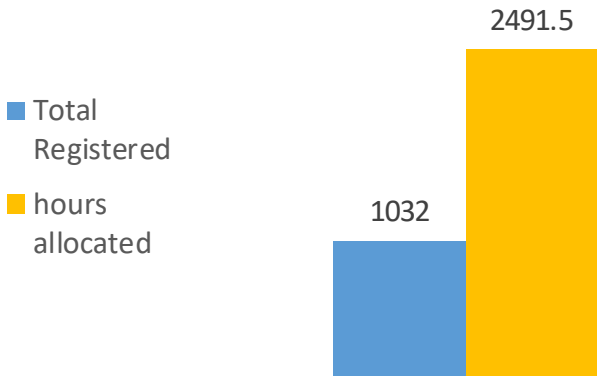
Role



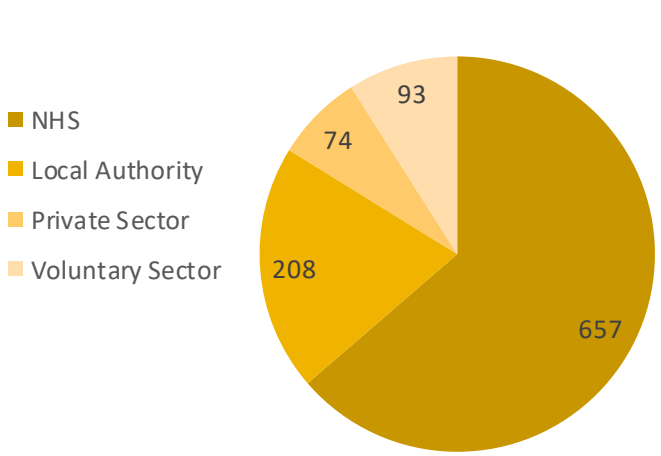
Coaching for Wellbeing Statistics w/b 24 August

Total Registered for Coaching	Total participants in active coaching	Increase in registration in past fortnight
1032	**657**	**23%**

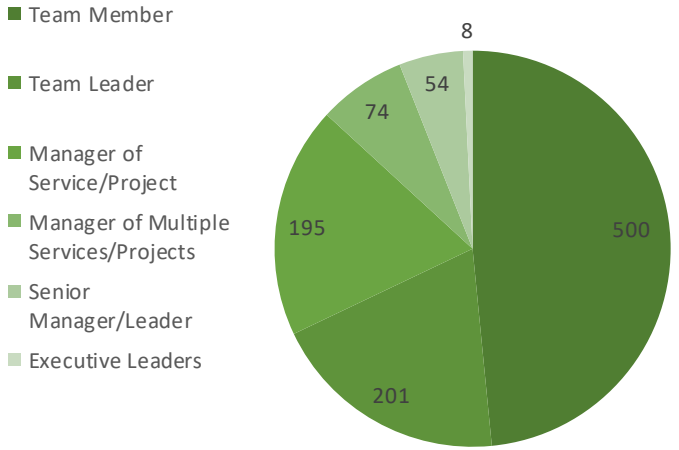
Registration for Coaching



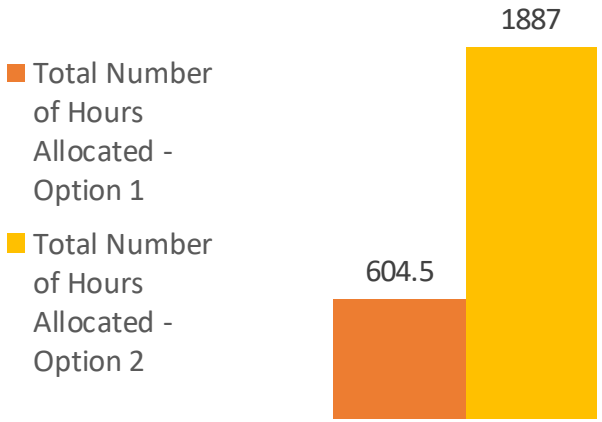
Registration by Sector



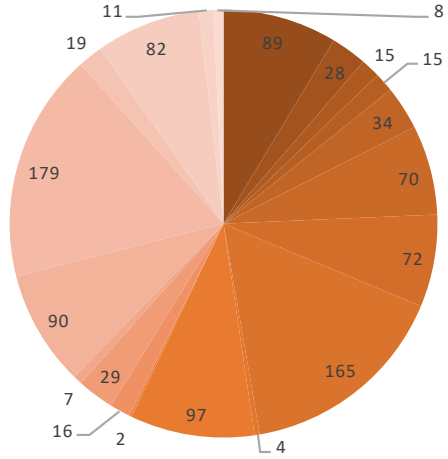
Registration by Role Level



Total Hours Allocated by Option

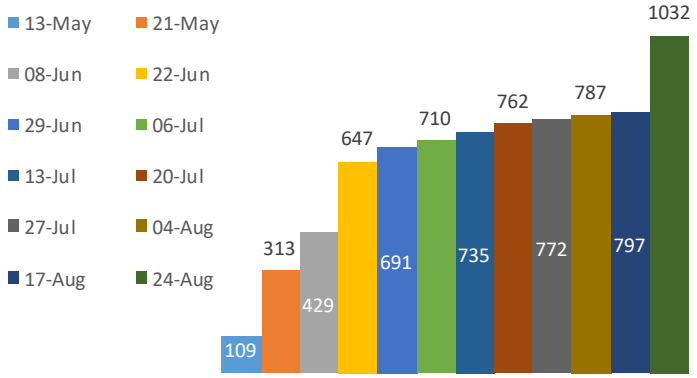


Registration by Area of Work

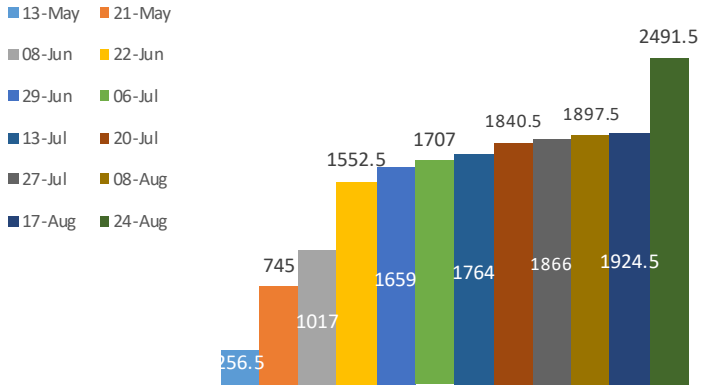


Coaching for Wellbeing Trends

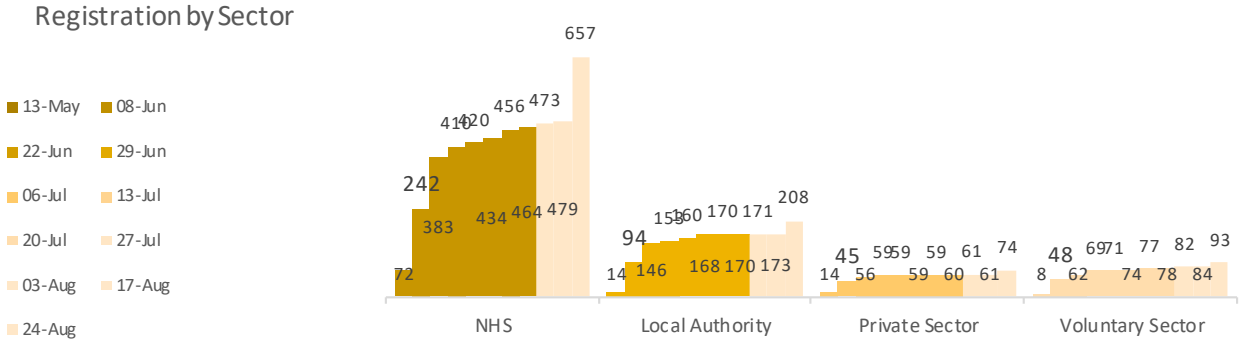
Total No. of Registrations



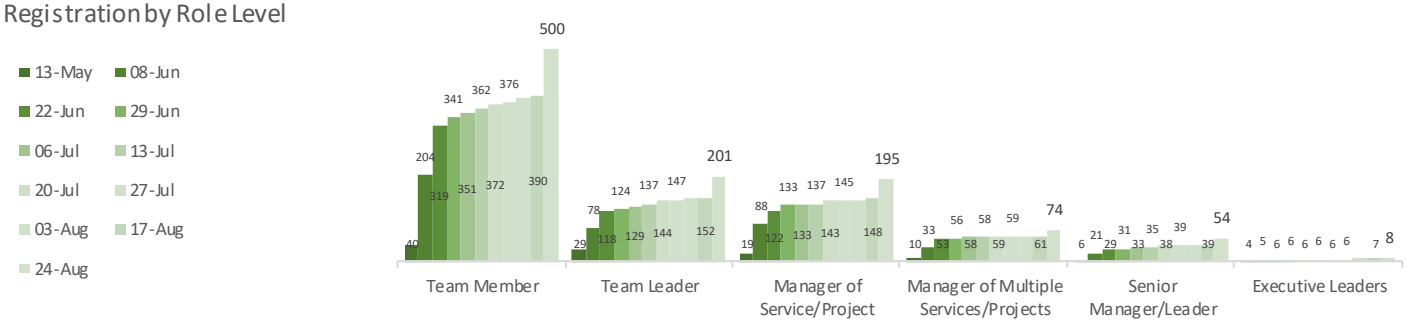
Total No Hours Allocated



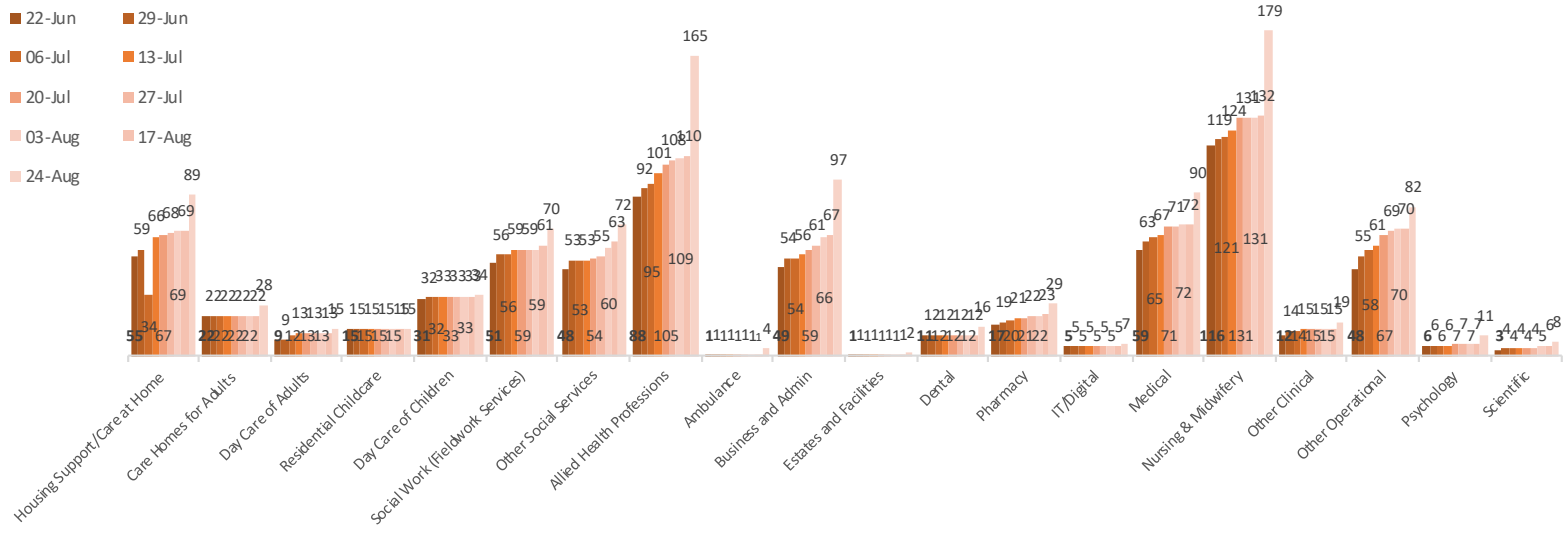
Registration by Sector



Registration by Role Level

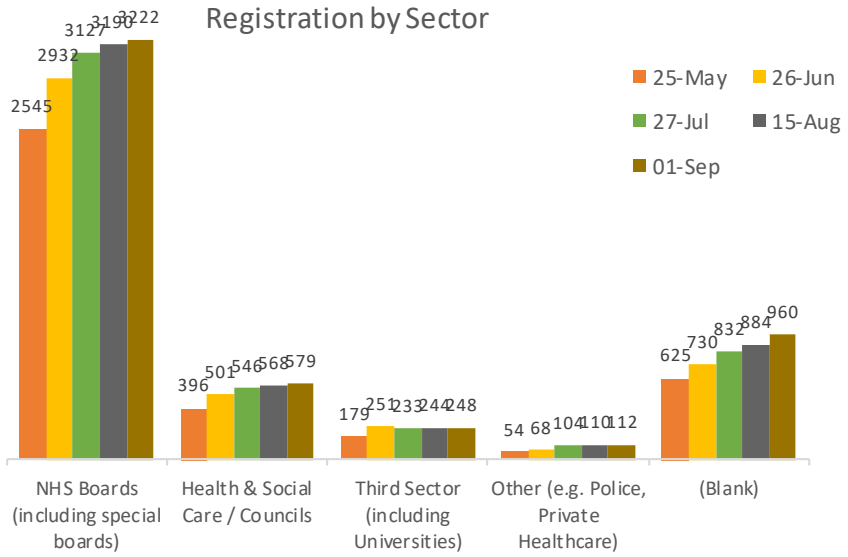


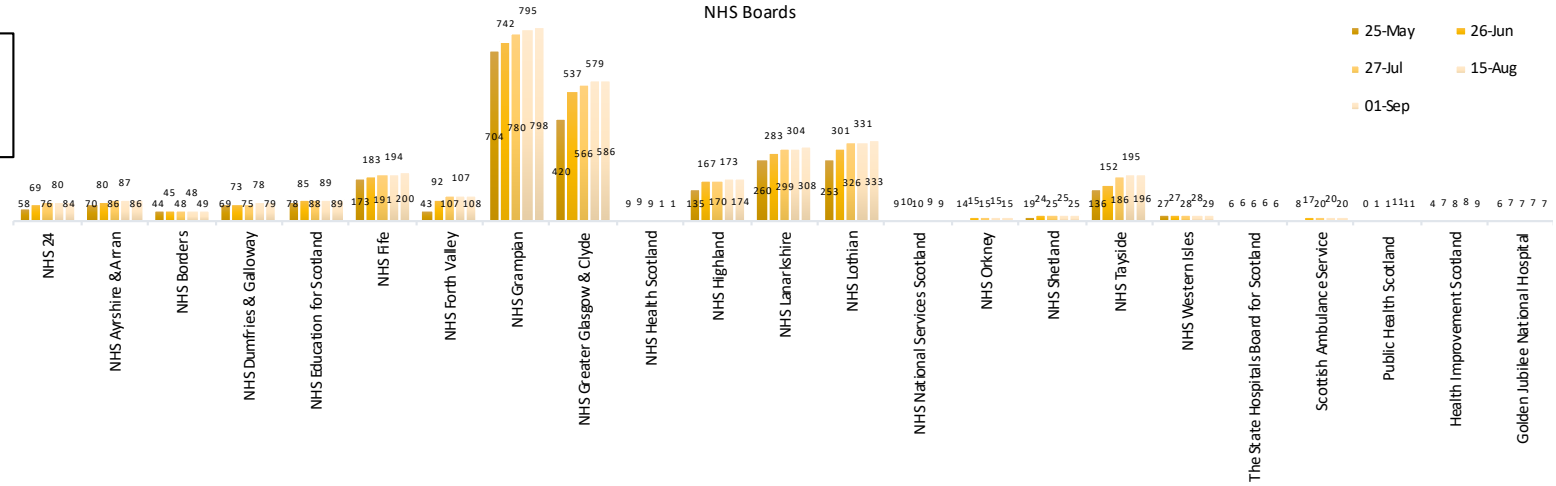
Registration by Area of Work

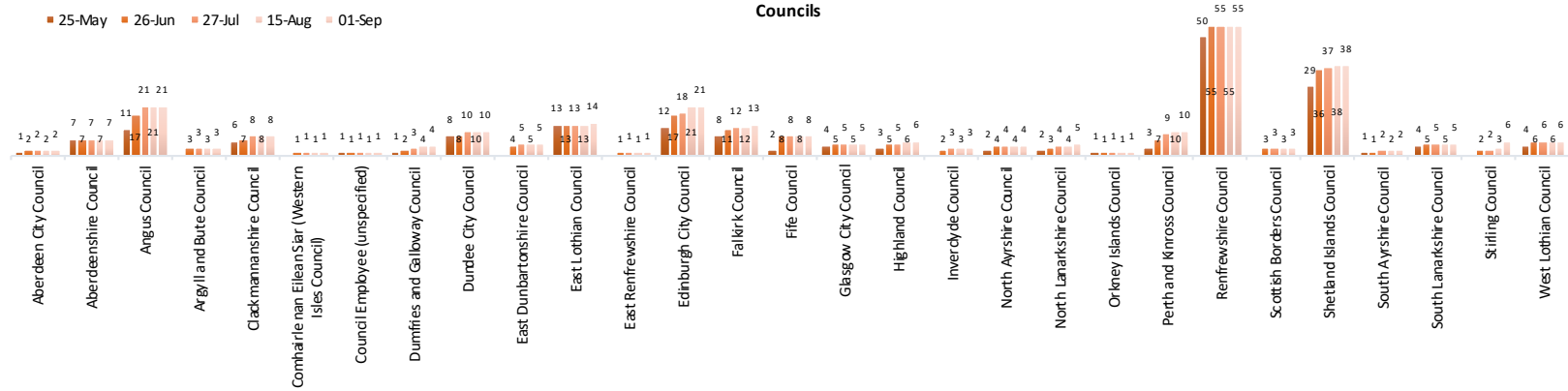


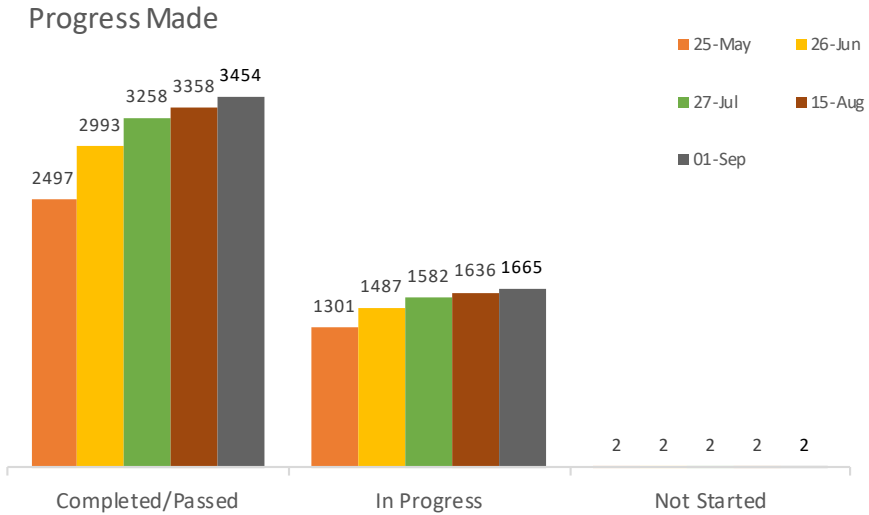
Psychological First Aid:
General Training Module
w/b 31 Aug

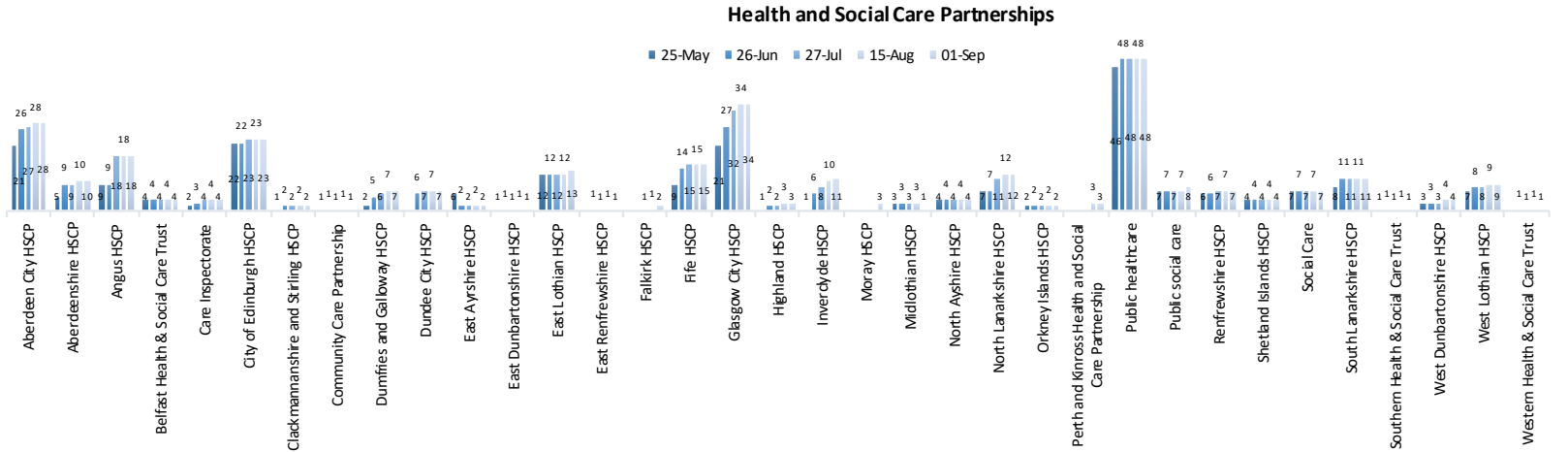
Total Responses
5121





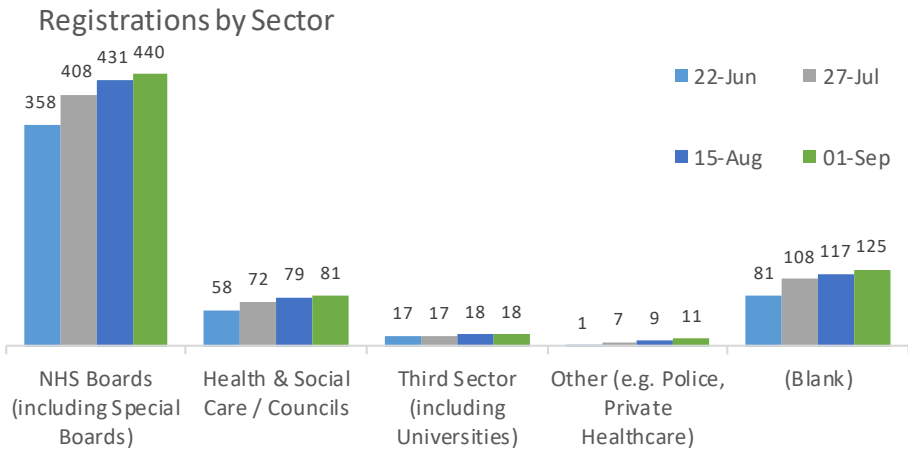


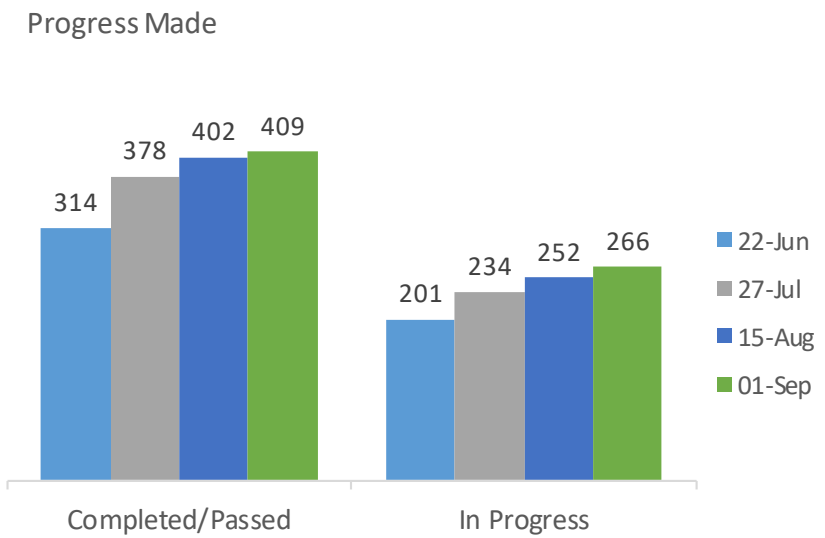


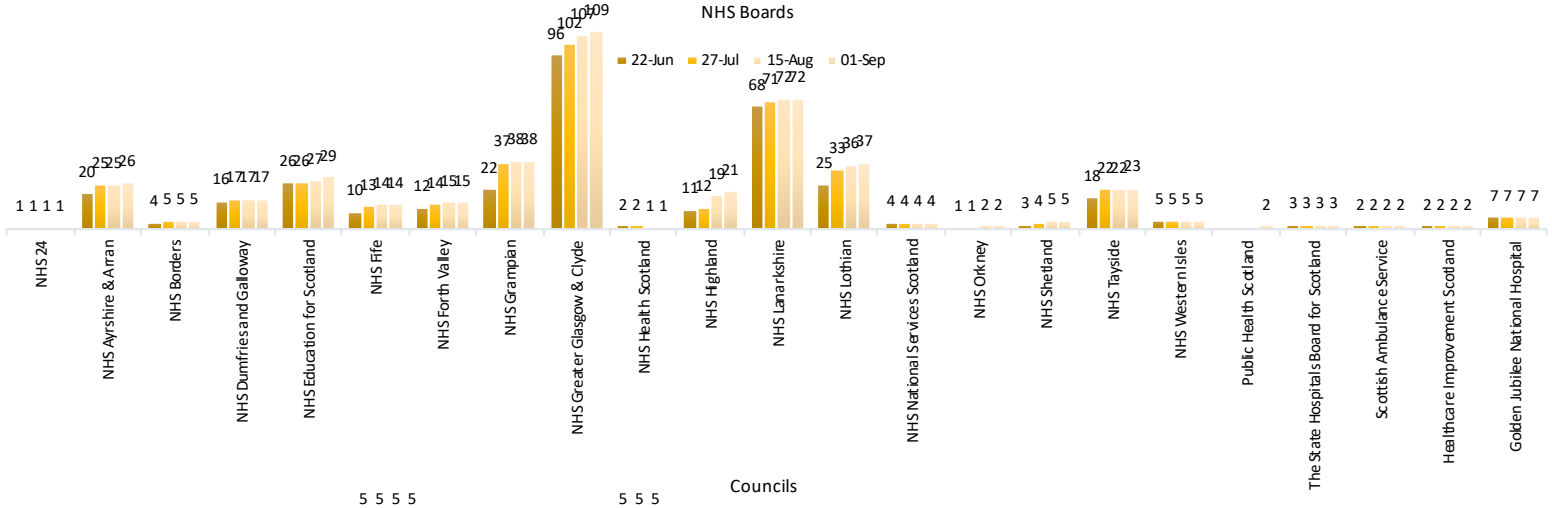


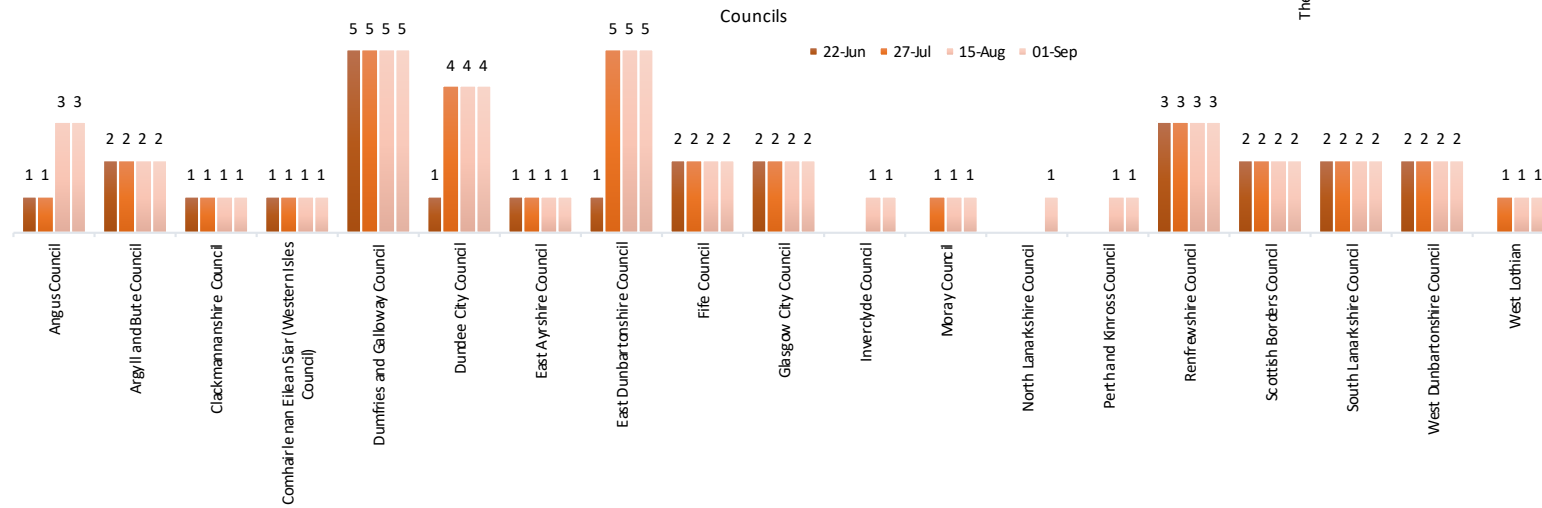
Psychological First Aid:
Managers Training Module
w/b 31 Aug

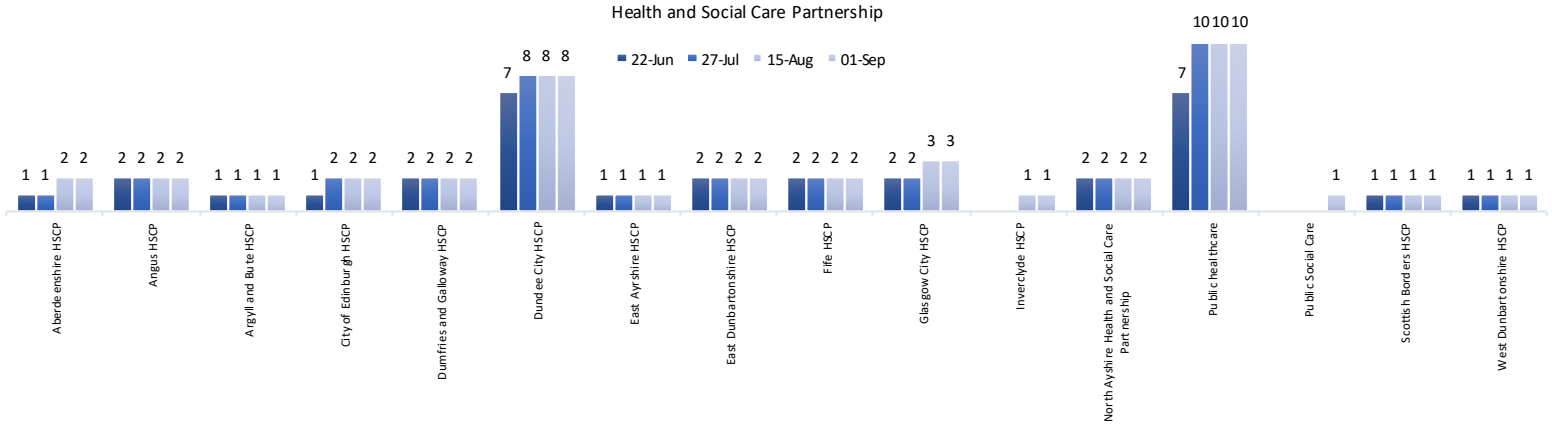
Total Uptake
675





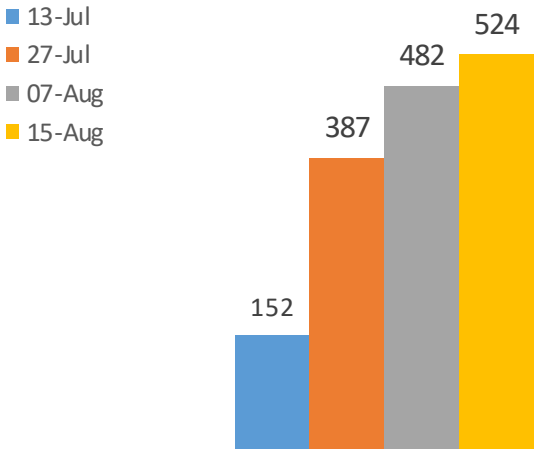




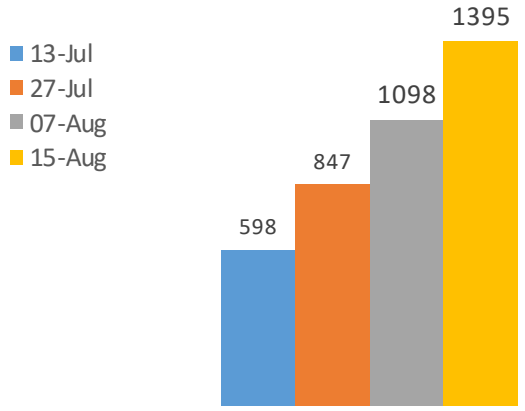


Digital Mental Health Resources Uptake w/b 15 Aug

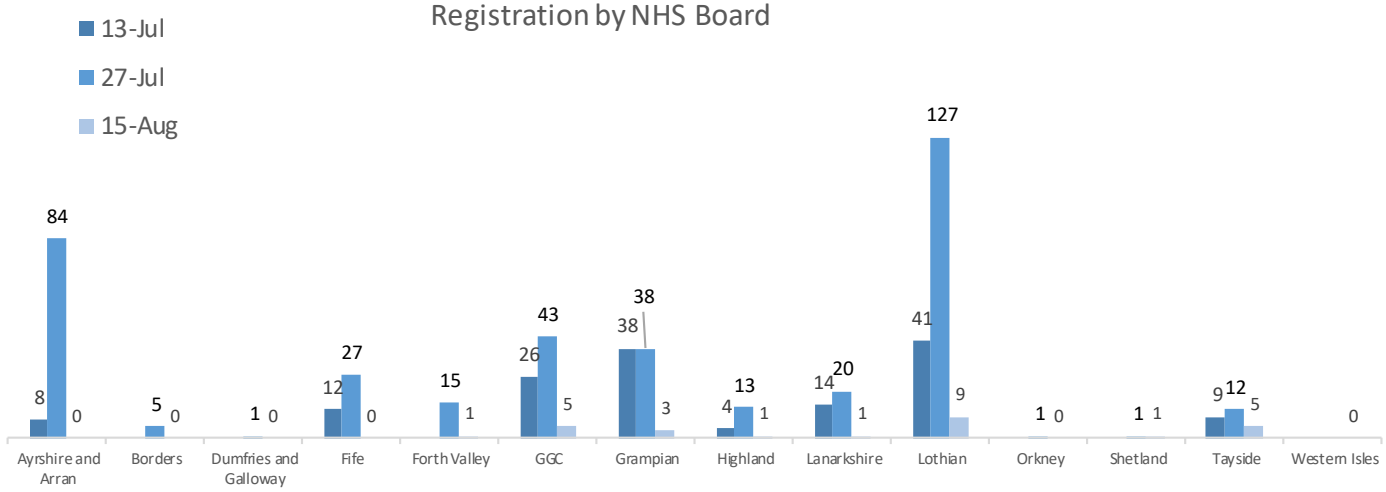
Daylight:
Total No. of Registrations



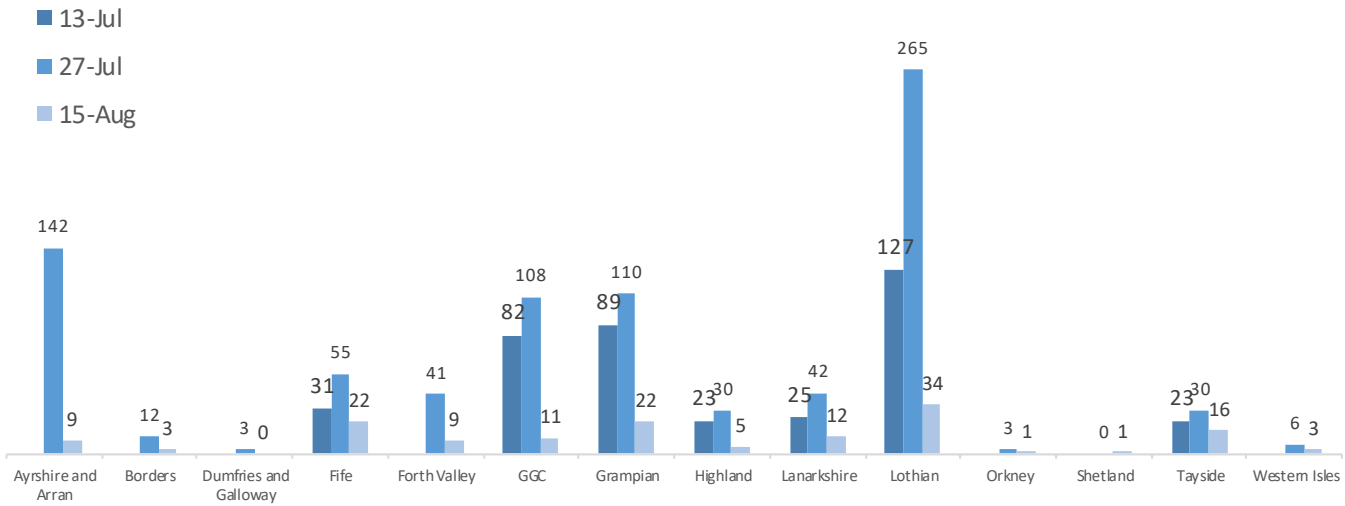
Sleepio:
Total No. Registrations



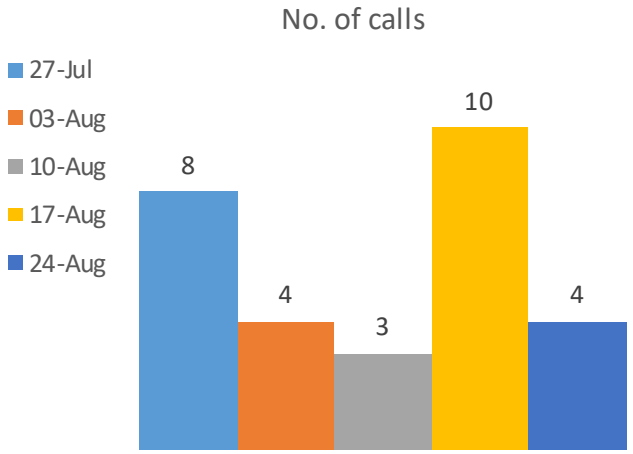
Daylight:
Registration by NHS Board



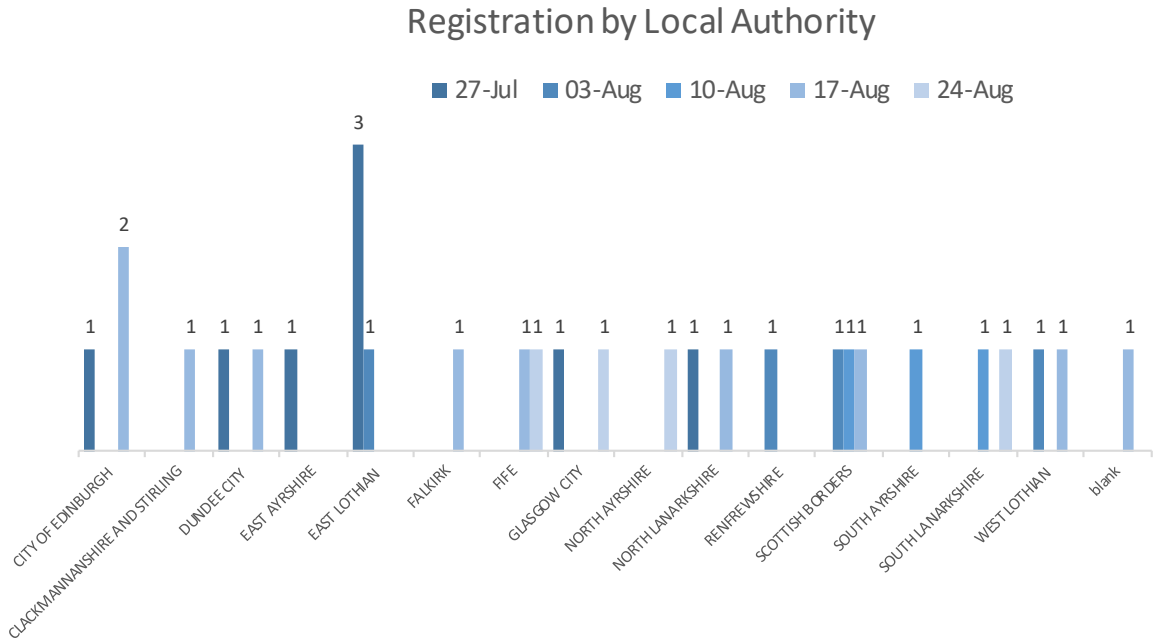
Sleepio:
Registration by NHS Board

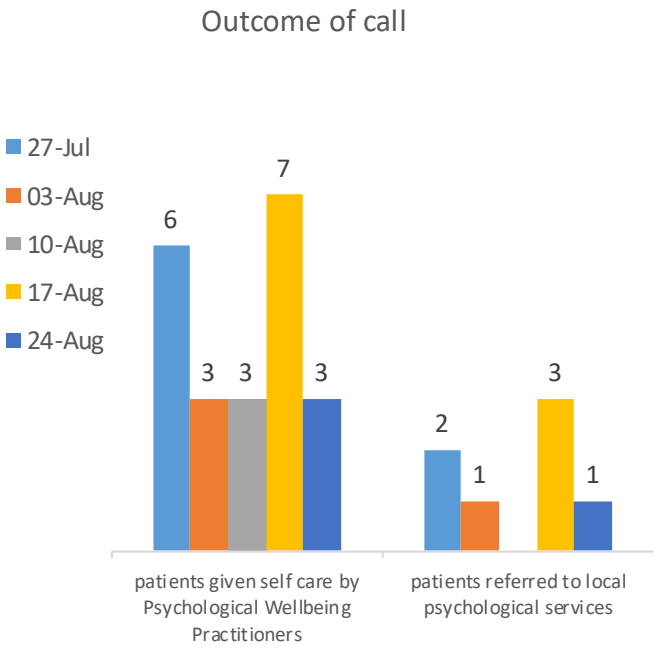


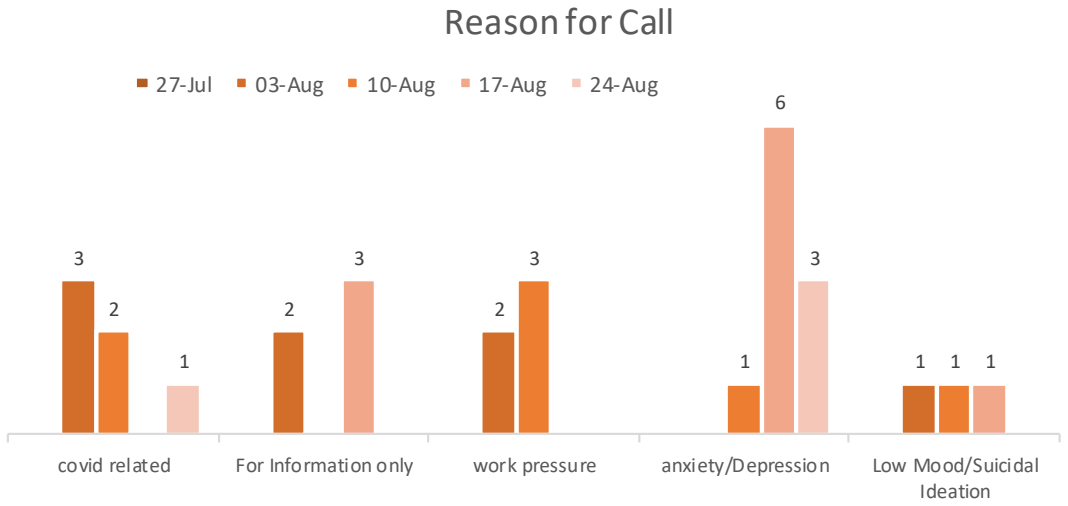
National Wellbeing Helpline Statistics w/b 24 Aug



Total Number of calls
29







Health Improvement service changes

for Staff Health and Wellbeing

What we put in place during Covid-19 crisis – (February – July 2020)

Health Improvement worked across the organisation and partnerships providing support where required. Most notably, this has been within Public Health supporting the Test and Protect teams and the Health Protection team in relation to the coronavirus pandemic. This support continues with a large number of Health Improvement staff deployed to these Public Health teams. Keep Well staff have also been deployed to support the COVID-19 Assessment Centres across Lanarkshire. During the lockdown, staff were also deployed to the NLC Community Assistance Line to assist community members who were shielding and thereafter for any support needs. This has resulted in a number of health improvement services being stood down with support for staff health and wellbeing measures being concentrated in the teams across North and South Health and Social Care Partnerships.

Four staff have trained as Peer Supporters through the training arranged by Staff Care and Wellbeing. Completion of the Psychological First Aid module hosted on TURAS was required prior to attending the one-day course. Training comprised of the Critical Incident Stress Management (CISM) approach and SAFER-R (Stabilisation, Acknowledgement, Facilitation of understanding, Encourage effective coping, Recovery or Referral) Models. Peer Supporters have been deployed to the Take 5 rooms across localities as well as the Staff Rest Areas within the Acute Hospital settings and COVID-19 Assessment Centres.

In terms of supporting the health and wellbeing of Health Improvement staff, the following measures were employed.

- Encouragement to connect with colleagues through the MS Teams route and take a break with a cuppa and a chat to promote mental health and wellbeing.
- Weekly updates from the Senior Management Team ensuring staff had access to the support offered across the organisation and with morale boosting messages of support. A Q&A with different staff members is included in the updates and allows staff to connect with their colleagues virtually.

Examples of SMT Communications for

Wider staff support was provided in the following ways. Whilst not all services were re-designed specifically for staff, what we do know is that our staff come from our communities and will benefit from any changes made.

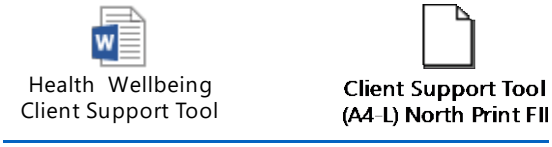
- NHS Lanarkshire Health Improvement have Twitter and Facebook pages providing information and signposting to local services plus the latest news on local and national programmes in relation to COVID-19. They promote the support services offered across NHS Lanarkshire and provide information for staff on where to access services to improve their health, an example of this being the development and promotion of a resource to provide 19 ideas to connect with nature at home during lockdown. http://www.elament.org.uk/support-projects-groups/projects-campaigns/greenspace/resources/
- The 'Free Condoms No Fuss' service was re-organised to become a postal service whereby staff and communities could call and request condoms be posted out to them rather than accessing from GPs, health centres and pharmacies as usual. Accessing contraceptive pills via Sexual Health Services, was also reorganised in this way and the Sexual Health website was updated to reflect these changes and provide information to staff and the public. The website also highlighted the risk of fetal alcohol spectrum disorders (FASD) following concerns that alcohol consumption was increasing during the lockdown. These changes in practice were made prior to the concerns raised by the then CMO, Dr Catherine Calderwood, that unintended pregnancy could be a result of lockdown. These initiatives were commended by Dr Jonathan Sher, Deputy Director of the Queen's Nursing Institute and highlighted in local and national newspapers. https://www.dailyrecord.co.uk/news/local-news/nhs-lanarkshire-posting-out-condoms-21941517
- Quit Your Way have adapted their services to ensure staff and communities have access to the products required to help them quit smoking during the pandemic. This video clip explains how the service has adapted. https://vimeo.com/427749727/579f64e4b6

- With support from *Get Outdoors Lanarkshire, Cycling Scotland and Cycling UK* – there are now a number of local community and social enterprise groups offering free servicing, discounted repairs and free bike loans to Lanarkshire NHS and Care Key Workers. A total of **48** staff across Lanarkshire accessed the bike loan scheme. Feedback from staff about the scheme has been positive and an example of this feedback follows from a member of staff employed in University Hospital Wishaw. "*It has been the best decision of 2020 – I have not only lost a bit of weight, but have improved mentally and now the working day flies by as I'm so excited for my cycle*".
- We have secured investment of £210,000 (Sustrans, Spaces for People) to enhance provision for Active Travel at our acute sites. Spaces for People is a new, temporary infrastructure programme in Scotland which offers funding and support to make it safer for people who choose to walk, cycle or wheel for essential trips and exercise during Covid-19. A programme of work has been scoped and valued at both UHW and UHH – and the procurement process is

being managed by PSSD, with the support of PF colleagues. Work planned for completion at both sites, late February 2021.

- NHSL and Cyclescheme have approved 160 applications in total this year with 137 of those being made between February and July. During this time, there has been an enhanced offer of a free bike lock valued at £60 with every application.

- The Health Promoting Health Service (HPHS) Holistic Needs Assessment (HNA) Tool, used within the acute hospital settings with patients and their families, was update to provide staff with an easy to access compendium of support available across Lanarkshire during the pandemic. This was renamed as the Health and Wellbeing Support Tool. This reflected the changes in services and how they were delivered due to the impact of COVID-19. This can be accessed on the HPHS Firstport page at: http://firstport2/staff-support/health-promoting-health-service/default.aspx
  The HNA was also adapted for use within the Clinical Guidelines app available to NHS Lanarkshire staff under the Wellbeing section and noted as the Health and Wellbeing Client Support Tool. A bespoke version was created for North Lanarkshire and made available for Health Improvement staff and North Lanarkshire Council colleagues working on the Community Assistance Line, to augment the information needed for people who were shielding during lockdown.



What support is continuing?

The need for staff to be deployed within the Public Health teams will continue for the foreseeable future. Therefore, Health Improvement staff will continue to support Test and Protect and the Health Protection teams. Should the need arise, Keep Well staff will support the COVID-19 Assessment Centres.

The above noted services will continue to deliver as described.

What specific supports are we putting in place for Winter 2020/21?

The Health Promoting Health Service team are supporting Psychological Services to implement the Trauma Training Framework. The materials have been developed by NHS Education for Scotland (NES) and will be delivered by a Psychologist and Health Improvement Senior. Planning and evaluation support is provided by the

Psychologist who is the NHSL designated lead for the trauma framework and the HPHS Senior Health Promotion Officer. The intention is to provide training that will support staff delivering trauma informed practice. This will be supportive of any personal trauma staff have encountered during the pandemic and of any other trauma (personal or professional) as well as provide an evidence base from which to deliver their practice in a trauma informed way. This training will be enhanced with learning from the Psychologically Informed Environments (PIE) training delivered by an NHSL Psychologist.

In response to evidence gathered throughout the COVID-19 pandemic, the Lanarkshire Weight Management Service, are developing a weight management programme to support staff. There are wide ranging discussions around how this will be delivered and ensure it is a quality assured programme of support for staff to help achieve a healthy weight.

The Health Promoting Health Service team will support the development of a Lanarkshire Staff Health and Wellbeing Strategy and Action Plan, should there be agreement from CMT and NHSL Board members, to set out the strategic and operational direction of staff health and wellbeing. The remit of HPHS is set out by the Chief Medical Officer in the HPHS Letter (2018)3 below, where staff health and wellbeing is identified as a key priority – see Outcome 3 of the Annex B paper below. A Staff Health and Wellbeing Strategy Group will be set up with a multi-disciplinary membership to direct and oversee the implementation of the Strategy and Action Plan.

CMO letter - Health Promoting Health Se

CMO letter - Health Promoting Health Se

Challenges/Implications for the service?

Staff resource is diminished regarding the Health Improvement function as support is provided elsewhere. This will reduce the capacity to tackle inequalities across NHS Lanarkshire and our community planning partners. Examples of services that are compromised or cannot restart due to staff redeployment are the High Resource User Service that had been operating within Accident and Emergency at University Hospital Wishaw and the Condom Distribution Service.

North Lanarkshire Health and Social Care Partnership
Staff Health and Wellbeing

What we put in place during Covid-19 crisis – (February – July 2020)

A North HSCP Staff Health and Wellbeing (SHWB) Group was formed to implement the Health and Wellbeing plans relative to North Lanarkshire from the Bronze Command Workforce Health and Wellbeing Group. A plan of work was drafted aligned to the Strategic Commissioning Plan and its aims and outcomes in support of the plan for North Lanarkshire.

Staff Support Management v6.0.d

Structure and support measures

The North HSCP SHWB Group, took a multi-disciplinary approach in terms of group membership to ensure equity of support was provided across the community workforce inclusive of those supporting staff working within Social Care, Home Support Services and Care Homes.

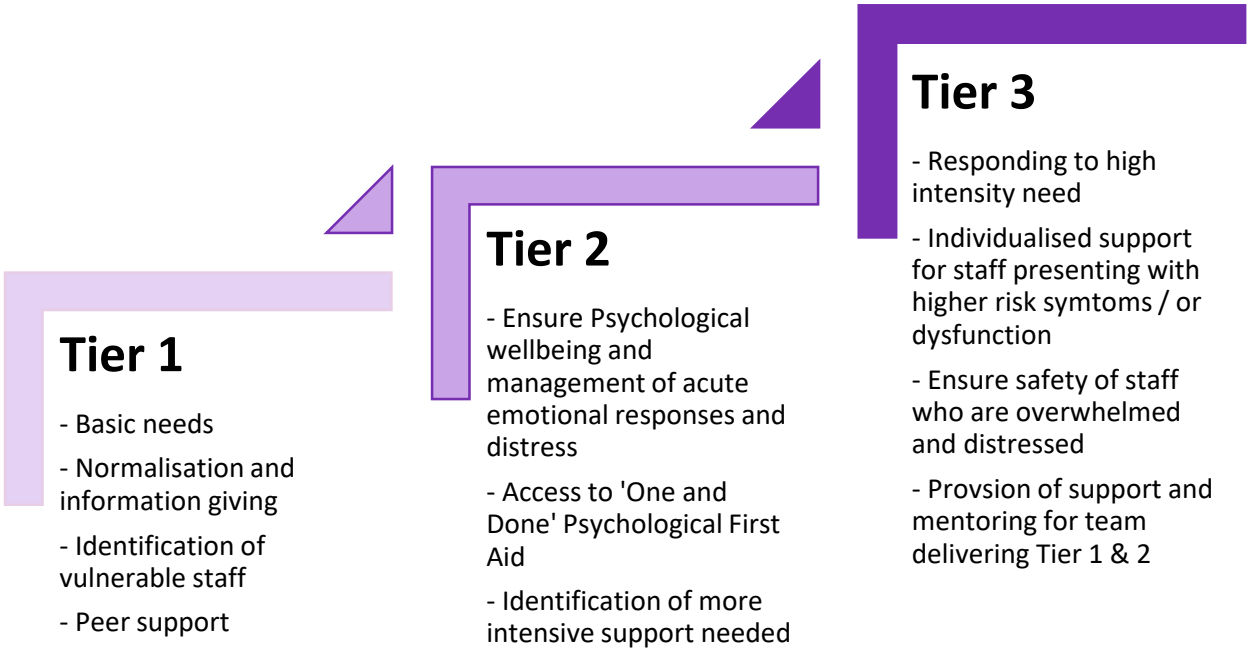
A model of a tiered approach to staff support, aligned to the principles of Psychological First Aid (PFA) was adopted. This set out an approach to provide the right level of support, through the right route, at the right time. The three tiers of support are delivered by a combination of Peer Supporters, Chaplains, Psychological First Aiders and Salus and are based on individual need. These staff were firstly deployed to the acute sites followed by deployment to the COVID-19 Assessment Centres. Thereafter, the North HSCP SHWB Group, looked at replicating this model to provide support across the diverse and scattered community workforce.

Figure 1 depicts the 7 key components of Psychological First Aid and **Figure 2** outlines the level of support provided at the 3 tiers in place throughout the acute and community settings.

Figure 1 The Key Components of Psychological First Aid (PFA)

Source: Staff Support Management version 6.0

Figure 2. Overview of tiered staff support during the active phase of Covid-19



Source: Staff Support Management version 6.0

Staff Rest Areas and Take 5 Rooms, offering a place for staff to take a break and to access Tier 1 and 2 supports were opened up within the COVID-19 Assessment Centres of Airdrie Health Centre and Houldsworth Centre, Wishaw and in premises across the localities (14 in total). The Take 5 rooms set up in the Community Off Site Wards and Mental Health Wards were staffed by members of the Psychological Services team. These designated areas offered access to peer support and psychological services support where required. Information boards and resources detailing a range of support services were available in these areas along with facilities to aid self-care, rest and relaxation. Rooms were also supplied with refreshments and healthy snacks and the Home Support Workforce were provided with packed lunches. These Tier 1 supports were available through the COVID-19 endowment fund, with community donations.
Evaluation of the rooms found they were positively received with staff hoping they would become a permanent feature as outlined in the quotes to follow: “They should have had this before – it should always be here” and “It’s a pity it’s taken a pandemic to have something like this. It’s good for staff to feel cared for. I hope it’s here all the time”.

The Peer Supporters, from across disciplines, initially providing support to the Acute Hospitals, are trained using the Critical Incident Stress Management (CISM) approach and SAFER-R (Stabilisation, Acknowledgement, Facilitation of understanding, Encourage effective coping, Recovery or Referral) Model. This is facilitated during a one-day course with the Psychological First Aid module hosted on TURAS having been completed pre-training.
Psychologists offering peer support, completed the Psychological First Aid module hosted on TURAS.

The Peer Supporters are trained to provide a safe space to talk about a stressful event including work related situations. Peer support is early support for staff to normalise reactions and promote resilience and if appropriate, signpost to additional resources. Peer Supporters along with Chaplains and staff from Psychological Services have been deployed to the Take 5 rooms across localities as well as the Staff Rest Areas within the Community Off Site, Mental Health and Learning Disability, Acute Hospital settings and COVID-19 Assessment Hubs.
To support the nutritional and refreshment needs of staff working in intense environments, particularly whilst wearing PPE, and whilst retail sites were unavailable during lockdown, applications for endowment funding were made for staff in Take 5 Rooms. There was good uptake of the refreshments provided especially for staff who did not have the opportunity to spend time in the Take 5 room. It was noted that staff often struggled to access the rest areas given the time taken to don and doff PPE. This was recognised and incorporated into the refreshed NHS Lanarkshire Healthy Eating Policy 2020.

Learning and Educational Supports
Educational resources to support staff and their wellbeing were created by Staff Care and Wellbeing and Psychological Services - Supporting Staff Wellbeing during COVID-19: A Toolkit for Managers (see link below).
http://firstport2/staff-support/staff-care-wellbeing/Documents/Managers%20Toolkit%20Video%20Slides%20FINAL%2020%20May%202020.pdf
The slides and notes were made available and promoted to all staff along with the emerging national wellbeing resources, such as the extensive training resources on TURAS and the manager wellbeing resource materials.

The members of the North HSCP SHWB Group worked with Psychological Services in the scoping and assessment of supports required by the community workforce to ensure equitable but tailored support for this vast and diverse staff group. This included a questionnaire being sent to staff within the Community Workforce, asking what support they needed. All of this combined resulted in the creation of a Pan-Lanarkshire model of community staff support being agreed to serve Health and Social Care staff regardless of employer, replicating the 3 tiers of support. A Staff Wellbeing Collaboration Operational Guide was developed, establishing staffing roles, resource, and governance pathways. There are adapted versions for staff working in the HSCP and those working within the Third, Voluntary and Independent Sectors.

DRAFT STAFF SUPPORT OP GUIDE

DRAFT STAFF SUPPORT GUIDE Thi

North Lanarkshire Council (NLC) colleagues from the Talent and Organisational Development department, as part of the North HSCP SHWB Group, created an online eLearning package. This was created to support the use of the Staff Wellbeing Collaboration Operational Guide (OP Guide). This learning package was shared collaboratively with colleagues in the South HSCP SHWB Group and now forms part of the 'All of Us' programme and service.

https://rise.articulate.com/share/8V2DKbu_O_41NBzqy5ObCvnGP_nv66NL

Following on from the OP Guide and eLearning module, a WebEx package of support was created for the Community Workforce identified and trained as Wellbeing Supporters and Coordinators from the Health and Social Care, Home Support Services and Care Homes across North and South Lanarkshire. The WebEx sessions provide support around teambuilding and an induction to implementing the OP Guide. This suite of educational support resources (OP Guide, eLearning module, WebEx sessions and support programme) now forms the training programme element of the 'All of Us' service described later. Wellbeing Supporters are also directed to the Psychological First Aid eLearning module on the open access area on TURAS Learn.

https://learn.nes.nhs.scot/28063/coronavirus-covid-19/psychosocial-support-and-wellbeing

Suicide ALERT webinars for staff were also provided following identification of increased risks to mental health during the pandemic. These have been advertised across the partnerships and NHS Lanarkshire.

Suicide Alert WebEx.docx

Suicide Alert webinar sessions Ev

All of Us Programme

The 'All of Us' programme is a Health and Social Care partnership collaboration, supporting the wellbeing of staff working across Lanarkshire. It aims to ensure that every member of the Health and Social Care Sector staff across Lanarkshire has access to an appropriate level of support during this period of crisis and beyond. https://www.nllife.co.uk/hscpallofus/

All of Us briefing.docx

Staff throughout the partnerships and across the disciplines, will be identified, with support of their managers, to undertake the training programme (as described earlier) to become a Wellbeing Supporter. Locality Wellbeing Collaboration Groups have been set-up comprising of those trained as Wellbeing Supporters (similar to Peer Supporters in Acute), a Wellbeing Co-ordinator and Wellbeing Champion (Psychologist from locality Psychological Therapies Team for a half-day per month). A dedicated phone number is provided and monitored by the locality Wellbeing Co-ordinator who will pass on the referrals to the most appropriate Wellbeing Supporter. Many services and professional groups contribute to the collaborations to create a cascading model of support, including the mobilisation of the Major Incident Support Team, and support for the supporters via Psychological Services Wellbeing Champions offering Reflective Practice/Supervision for the collaboration staff and consultation about specific cases.

What training has been / will be delivered re peer to peer support?

Psychological Services staff provided 18.3wte hours of Psychological First Aid directly for front line staff, and support for the Peer Supporters:

- 20 staff were deployed on a rota system to Acute sites and COVID-19 hubs
- 13 to Community Off Sites; to mental health wards
- 10 to learning disability and forensic wards
- 22 to the Tier 2 Staff Helpline
- Staff were also available to respond to Tier 3 referrals as required.
- 18 staff completed the teambuilding and induction programme for implementation of the Staff Wellbeing Collaboration Operational Guide as Wellbeing Supporters as part of the 'All of Us' programme of support.
- 5 Wellbeing Champions from North Lanarkshire HSCP along with 4 from South Lanarkshire HSCP, covering the 10 localities, attended their induction and orientation to their role.
- Wellbeing Supporters identified across the partnerships will be trained once identified.
- 4 care homes were identified to pilot the Third and Independent Sector Operational Guide which provides links to the e-Learning module and TURAS material to train in-house wellbeing supporters. They were also provided with electronic versions of resources to set up rest areas within their units (via google drives).

What support is continuing?

The North HSCP Health and Wellbeing Group will continue to meet (virtually) to provide oversight of the continuing support provision and to address emerging needs related to the pandemic.

Support for the Staff Rest Areas (collective name for staff rest areas and Take 5 Rooms) within the acute hospital setting with Peer Supporters and Wellbeing Supporters within the localities providing support to the Community Workforce including Health and Social Care, Home Support Services and Care Homes.

The 'All of Us' programme will continue and be strengthened with identification and training of Wellbeing Supporters going forward to form an extensive network of peer support, aiming to create time and space for Tier 1 supports within natural working relationships. Now that escalation and governance structures are in place for staff identified as requiring more intensive supports, the communication and engagement strategy can proceed to establish this peer support network for the community based health, social care workforce.
The programme of supervision (monthly) and support sessions (weekly) of staff identified as Wellbeing Supporters within the community workforce inclusive of Social Care, Home Support and Care Home sectors will be embedded.
A Psychologist from the local Psychological Therapy Team (PTT) will provide a half-day per month as Wellbeing Champion, offering individual case consultation and group supervision support.
The Operational Guides and internal Staff Support Intranet pages will continue to be updated to ensure staff are aware of the evolving local and national supports available.

Further Suicide ALERT webinars have also been agreed. 15 dates are available across September and October and will be communicated widely.

NLC have produced an Autumn webinar series supporting staff health and wellbeing and can be accessed via this link: https://www.nllife.co.uk/autumnwebseries/
These include popular webinars on working from home, motivating remote teams, building resilience, managing your remote team, running effective online meetings with new 15 min webinars to signpost to supports, what's coming, and allow staff the chance to connect and ask questions.

What specific supports are we putting in place for Winter 2020/21?

The North SHWB Group intend to embed and support the Staff Rest Areas to ensure staff continue to feel valued and supported.

The 'All of Us' programme softly launched on 10 August. The plan is to continue to embed this programme. A communication strategy will strive to ensure that all staff, regardless of employer, are aware of the in-house, local and national supports available to them as well as how to access the training as a Wellbeing Supporter. There are staff groupings within the healthcare settings who are of prime importance given their area of work and will be a focus going forward.

Further engagement is required with each specific staffing clusters to ensure supports are accessible and meeting the needs of the workforce, e.g. Care Homes, Third Sector, Voluntary Organisations.
Next steps over winter will be to test out the pathways and governance structures put in place as the service extends beyond its initial launch. Data collection structures, to monitor demand on each element of the service and feedback mechanisms for staff who use the service, and the workforce who deliver it, will be put in place. This will enable evaluation of the 'All of Us' service in its entirety.
Formal feedback of the evaluation process will go to the North HSCP SHWB Group and feed into the governance structure of a to be convened, overarching Staff Health and Wellbeing Strategy Group.

Challenges/Implications for the service?

Protection of the accommodation for Staff Rest Areas (Take 5 Rooms) will be a challenge as provision of services recover and adhere to physical distancing guidelines therefore reducing the availability of accommodation.
Funding for refreshments could also pose a challenge should there be a further situation where staff access to retail is limited. A minimum requirement for HSCPs should be the provision of drinking water.

The work to launch the 'All of Us' service has involved a true collaboration of staff across the organisations and services delivering health and social care in community settings across Lanarkshire. Networks and structures have begun to be established for staff wellbeing within our localities, with goodwill and investment from within existing resources. Given the scale of our workforce, and the anticipated stresses of winter, upskilling the workforce to support each other through a network of Tier 1 peer supporters seems most feasible. However, there must be clear structures and

pathways in place to enhance the supports available for staff who require additional Tier 2 and 3 supports, and those who will require clinical services from our mental health services. At present, the 'All of Us' workforce have no dedicated time to fulfil these roles, which may pose a risk to sustainability and their ability to respond to high levels of demand over the winter period, especially as recovery and redesign plans continue to progress.

Considering the challenges noted and the considerable workforce that we require to provide training and support for, it is imperative that the business cases submitted for staff roles and resources within Staff Care and Wellbeing and Psychology Services, are given precedence.
This is especially important given the need to extend the supports initially launched predominantly within social care to NHS colleagues working within our communities. Examples of staffing clusters includes those who work in roles and areas of high pressure, such as District Nurses, Mental Health and Learning Disabilities staff, and Allied Health Professionals. Initial engagement thus far has been positive with the OSMs and PSSD regarding access to Wellbeing Supporters for administration, portering and domestic staff.

Of the pilot care homes, there has been broad support for the proposed model. Further engagement is in progress, but initial feedback suggests that care home managers are most welcoming of the support to upskilling staff in-house as Wellbeing Supporters as they have found their staff are more likely to make use of natural contacts within their workplace than use phone support. Many have also established Rest Areas within their units. The North SHWB Group is working closely with the Care Home Liaison Team and the Care Home Assurance Team to progress this work.

Ten organisations from our Third Sector partners have identified their wish to be involved in the training and delivery of peer support via the 'All of Us' programme. The adapted Staff Wellbeing Collaboration Operational Guide has been shared and dates for October are being looked at to set-up the induction process via WebEx once the self-directed modules have been completed. Whilst capacity is an issue, support from the Third Sector has been vital over the pandemic and we seek to share the resources and learning enabling the integration of Wellbeing Supporters across all services. Providing this support to our partners is in alignment with the Strategic Commissioning Plan for North Lanarkshire.

South Lanarkshire Health and Social Care Partnership
Staff Health and Wellbeing

What we put in place during Covid-19 crisis – (February – July 2020)

A South HSCP Staff Health and Wellbeing (SHWB) Group was formed to implement the Health and Wellbeing plans relative to South Lanarkshire from the Bronze Command Workforce Health and Wellbeing Group. A plan of work was drafted aligned to the Strategic Commissioning Plan and its aims and outcomes in support of the plan for South Lanarkshire.

Staff Support Management v6.0.d

Structure and support measures

The South HSCP SHWB Group, took a multi-disciplinary approach in terms of group membership to ensure equity of support was provided across the Community Workforce inclusive of those supporting staff working within Social Care, Home Support Services and Care Homes.

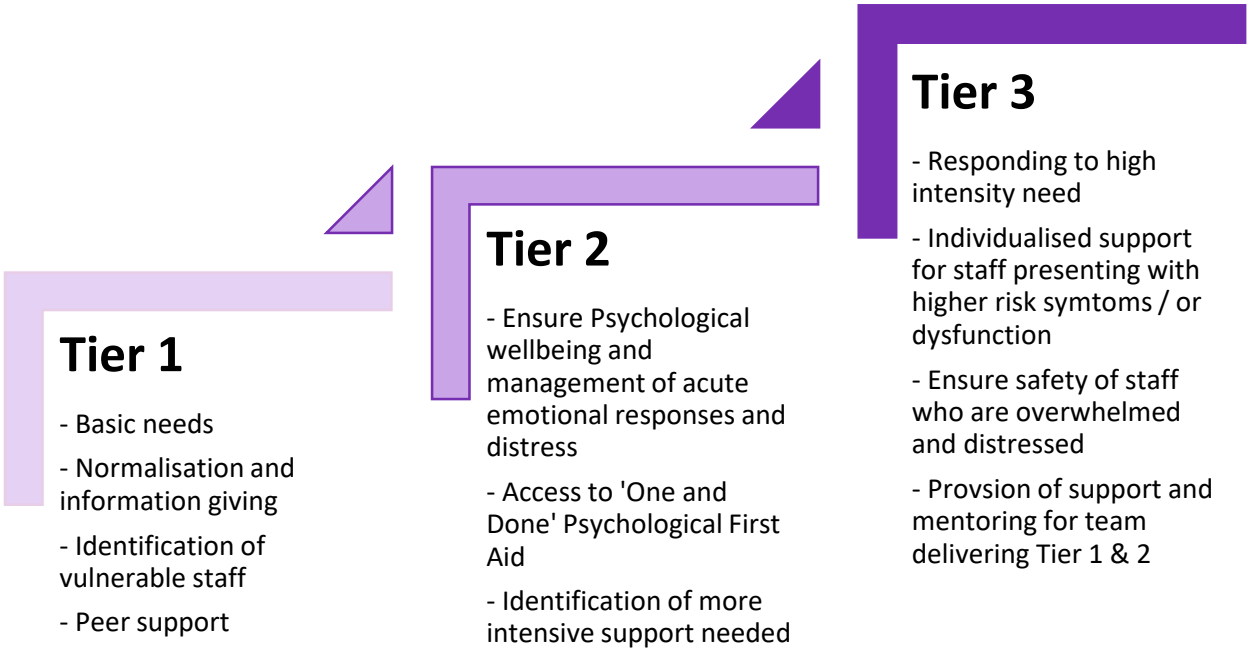
A model of a tiered approach to staff support, aligned to the principles of Psychological First Aid (PFA) was adopted. This set out an approach to provide the right level of support, through the right route, at the right time. The three tiers of support are delivered by a combination of Peer Supporters, Chaplains, Psychological First Aiders and Salus and are based on individual need. These staff were firstly deployed to the acute sites followed by deployment to the COVID-19 Assessment Centres. Thereafter, the South HSCP SHWB Group, looked at replicating this model to provide support across the diverse and scattered community workforce.

Figure 1 depicts the 7 key components of Psychological First Aid and **Figure 2** outlines the level of support provided at the 3 tiers in place throughout the acute and community settings.

Figure 1 The Key Components of Psychological First Aid (PFA)

Source: Staff Support Management version 6.0

Figure 2. Overview of tiered staff support during the active phase of Covid-19



Source: Staff Support Management version 6.0

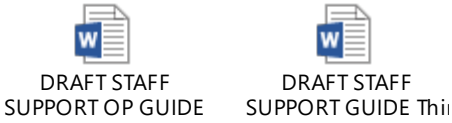
Staff Rest Areas and Take 5 Rooms, offering a place for staff to take a break and to access Tier 1 and 2 supports were opened up within the COVID-19 Assessment Centre of Douglas Street Community Health Clinic, Ward 19 of University Hospital Hairmyres and Udston Hospital as well as in premises across the localities (8 rooms with 3 clinics, Cambuslang, Larkhall and Rutherglen opting for outdoor benches).
The Take 5 rooms set up in the Community Off Site Wards and Mental Health Wards were staffed by members of the Psychological Services team. These designated areas offered access to peer support and psychological services support where required. Information boards and resources detailing a range of support services were available in these areas along with facilities to aid rest and relaxation. Rooms were also supplied with refreshments and healthy snacks. These Tier 1 supports were available through the COVID-19 endowment fund, with community donations.
Evaluation of the rooms found they were positively received with staff hoping they would become a permanent feature as outlined in the quotes to follow: “They should have had this before – it should always be here” and “It’s a pity it’s taken a pandemic to have something like this. It’s good for staff to feel cared for. I hope it’s here all the time”.

The Peer Supporters, from across disciplines, initially providing support to the Acute Hospitals, are trained using the Critical Incident Stress Management (CISM) approach and SAFER-R (Stabilisation, Acknowledgement, Facilitation of understanding, Encourage effective coping, Recovery or Referral) Model. This is facilitated during a one-day course with the Psychological First Aid module hosted on TURAS having been completed pre-training.
Psychologists offering peer support, completed the Psychological First Aid module hosted on TURAS.

The Peer Supporters are trained to provide a safe space to talk about a stressful event including work related situations. Peer support is early support for staff to normalise reactions and promote resilience and if appropriate, signpost to additional resources. Peer Supporters, along with Chaplains and staff from Psychological Services, have been deployed to the Take 5 rooms across localities as well as the Staff Rest Areas within the Community Off Site, Mental Health and Learning Disability, Acute Hospital settings and COVID-19 Assessment Hubs.
To support the nutritional and refreshment needs of staff working in intense environments, particularly whilst wearing PPE, and whilst retail sites were unavailable during lockdown, applications for endowment funding were made for staff in Take 5 Rooms. There was good uptake of the refreshments provided especially for staff who did not have the opportunity to spend time in the Take 5 room. It was noted that staff often struggled to access the rest areas given the time taken to don and doff PPE. This was recognised and incorporated into the refreshed NHS Lanarkshire Healthy Eating Policy 2020.

Learning and Educational Supports
Educational resources to support staff and their wellbeing were created by Staff Care and Wellbeing and Psychological Services - Supporting Staff Wellbeing during COVID-19: A Toolkit for Managers (see link below).
http://firstport2/staff-support/staff-care-wellbeing/Documents/Managers%20Toolkit%20Video%20Slides%20FINAL%2020%20May%202020.pdf
The slides and notes were made available and promoted to all staff along with the emerging national wellbeing resources, such as the extensive training resources on TURAS and the manager wellbeing resource materials.

The members of the South HSCP SHWB Group worked with Psychological Services in the scoping and assessment of supports required by the community workforce to ensure equitable but tailored support for this vast and diverse staff group. This resulted in the creation of a Pan Lanarkshire model of community staff support being agreed to serve Health and Social Care staff regardless of employer, replicating the 3 tiers of support. A Staff Wellbeing Collaboration Operational Guide was developed, establishing staffing roles, resource, and governance pathways. There are adapted versions for staff working in the HSCP and those working within the Third, Voluntary and Independent Sectors.



North Lanarkshire Council (NLC) colleagues from the Talent and Organisational Development department, as part of the North HSCP SHWB Group, created an online eLearning package. This was created to support the use of the Staff Wellbeing Collaboration Operational Guide (OP Guide). This learning package was shared collaboratively with colleagues in the South HSCP SHWB Group and now forms part of the 'All of Us' programme and service to ensure equity and continuity across Lanarkshire.

https://rise.articulate.com/share/8V2DKbu_O_41NBzqy5ObCvnGP_nv66NL

Following on from the OP Guide and eLearning module, a WebEx package of support was created for the Community Workforce identified and trained as Wellbeing Supporters and Coordinators from the Social Care, Home Support Services and Care Homes across North and South Lanarkshire. The WebEx sessions provides support around teambuilding and an induction to implementing the OP Guide. This suite of educational support resources (OP Guide, eLearning module, WebEx sessions and support programme) now forms the training programme element of the 'All of Us' service described later. Wellbeing Supporters are also directed to the Psychological First Aid eLearning module on the open access area on TURAS Learn as part of their self-directed learning.

https://learn.nes.nhs.scot/28063/coronavirus-covid-19/psychosocial-support-and-wellbeing

Suicide ALERT webinars created by North Lanarkshire Council colleagues for staff, were also provided following identification of increased risks to mental health during the pandemic. These have been advertised across the partnerships and NHS Lanarkshire.

Suicide Alert WebEx.docx

Suicide Alert webinar sessions Ev

All of Us Programme

The 'All of Us' programme is a Health and Social Care Partnership collaboration, supporting the wellbeing of staff working across Lanarkshire. It aims to ensure that every member of the Health and Social Care Sector staff across Lanarkshire has access to an appropriate level of support during this period of crisis and beyond. https://www.nllife.co.uk/hscpallofus/

All of Us briefing.docx

Staff throughout the partnerships and across the disciplines, will be identified, with support of their managers, to undertake the training programme (as described earlier) to become a Wellbeing Supporter. Locality Wellbeing Collaboration Groups have been set-up comprising of those trained as Wellbeing Supporters (similar to Peer Supporters in Acute), a Wellbeing Co-ordinator (member of MIST - Major Incident Support Team) and Wellbeing Champion (Psychologist from locality Psychological Therapies Team for a half-day per month). A dedicated phone number is provided and monitored by the locality Wellbeing Co-ordinator who will pass on the referrals to the most appropriate Wellbeing Supporter. Many services and professional groups contribute to the collaborations to create a cascading model of support, including the mobilisation of the Major Incident Support Team, and support for the supporters via Psychological Services Wellbeing Champions who offer Reflective Practice/Supervision, for the collaboration staff and consultation about specific cases where required.

What training has been / will be delivered re peer to peer support?

Psychological Services staff provided 18.3wte hours Psychological First Aid directly for front line staff, and support for the Peer Supporters:

- 20 staff were deployed on a rota system to Acute sites and COVID-19 hubs
- 13 to Community Off Sites; to mental health wards
- 10 to learning disability and forensic wards
- 22 to the Tier 2 Staff Helpline
- Staff were also available to respond to Tier 3 referrals as required.
- 18 Care at Home Team Leaders and Co-ordinators completed Peer Supporter training via the Staff Health and Wellbeing department.
- 4 Wellbeing Champions from South Lanarkshire HSCP along with 5 from North Lanarkshire HSCP, covering the 10 localities, attended their induction and orientation to their role.
- Wellbeing Supporters identified across the partnerships will be trained once identified.

A letter, with a questionnaire asking what support is required, has gone out to Care Homes requesting nominations for Wellbeing Supporters.
Wellbeing Supporters identified across the partnerships will be trained via the 'All of Us' programme once the scoping exercise is complete. The start date is hoped for mid-October.

What support is continuing?

The South HSCP Health and Wellbeing Group will continue to meet (virtually) to provide oversight of the continuing support provision and to address emerging needs related to the pandemic.

Support for the Staff Rest Areas (collective name for staff rest areas and Take 5 Rooms) within the acute hospital setting with Peer Supporters and Wellbeing Supporters within the localities providing support to the Community Workforce of Social Care, Home Support Services and Care Homes.

The 'All of Us' programme will continue and be strengthened with identification and training of Wellbeing Supporters going forward to form an extensive network of peer support, aiming to create time and space for Tier 1 supports within natural working relationships.
The programme of supervision (monthly) and support sessions (weekly) of staff identified as Wellbeing Supporters within the community workforce inclusive of Social Care, Home Support and Care Home sectors will be embedded.
A Psychologist from the local Psychological Therapy Team (PTT) will provide a half-day per month as Wellbeing Champion, offering individual case consultation and group supervision support.

North Lanarkshire Council have agreed to produce further Suicide ALERT webinars and these will be advertised to staff. 15 dates are available across September and October and will be communicated widely.

What specific supports are we putting in place for Winter 2020/21?

The South SHWB Group intend to embed and support the Staff Rest Areas to ensure staff continue to feel valued and supported.
The 'All of Us' programme will launch in mid-October following identification and training of staff as Wellbeing Supporters. The plan is to embed this programme and advertise to ensure staff are aware of the supports available to them.
A communication strategy will strive to ensure that all staff, regardless of employer, are aware of the in-house, local and national supports available to them as well as how to access the training as a Wellbeing Supporter. There are staff groupings within the healthcare settings who are of prime importance given their area of work and will be a focus going forward.

Further engagement is required with each specific staffing cluster to ensure supports are accessible and meeting the needs of the workforce, e.g. Care Homes, Third Sector, Voluntary Organisations.
Next steps over winter will be to test out the pathways and governance structures put in place as the service extends beyond its initial launch. Data collection structures, to monitor demand on each element of the service and feedback mechanisms for staff who use the service, and the workforce who deliver it, will be put in place. This will enable evaluation of the 'All of Us' service in its entirety.
Formal feedback of the evaluation process will go to the South HSCP SHWB Group and feed into the governance structure of a to be convened, overarching Staff Health and Wellbeing Strategy Group.

Challenges/Implications for the service?

Protection of the accommodation for Staff Rest Areas (Take 5 Rooms) will be a challenge as provision of services recover and adhere to physical distancing guidelines therefore reducing the availability of accommodation.
Funding for refreshments could also pose a challenge should there be a further situation where staff access to retail is limited. A minimum requirement for HSCPs should be the provision of drinking water.

The work to launch the 'All of Us' service has involved a true collaboration of staff across the organisations and services delivering Health and Social Care in community settings across Lanarkshire. Networks and structures have begun to be established for staff wellbeing within our localities, with goodwill and investment from within existing resources. Given the scale of our workforce, and the anticipated stresses of winter, upskilling the workforce to support each other through a network of Tier 1 peer supporters seems most feasible. However, there must be clear structures and pathways in place to enhance the supports available for staff who require additional Tier 2 and 3 supports, and those who will require clinical services from our mental health services. At present, the 'All of Us' workforce have no dedicated time to fulfil these roles, which may pose a risk to sustainability and their ability to respond to high levels of demand over the winter period, especially as recovery and redesign plans continue to progress.

Considering the challenges noted and the considerable workforce that we require to provide training and support for, it is imperative that the business cases submitted for staff roles and resources within Staff Care and Wellbeing and Psychology Services, are given precedence.
This is especially important given the need to extend the supports initially launched predominantly within social care to NHS colleagues working within our communities. Examples of staffing clusters includes those who work in roles and areas of high pressure, such as District Nurses, Mental Health and Learning Disabilities staff, and Allied Health Professionals. Initial engagement thus far has been positive with the OSMs and PSSD regarding access to Wellbeing Supporters for administration, portering and domestic staff

Collaboration with our Voluntary, Independent and Third Sector partners has begun and we will seek to support staff from these sectors to be involved in the training and delivery of peer support via the 'All of Us' programme. The plan is to share the adapted Staff Wellbeing Collaboration Operational Guide and ascertain response from there. Capacity is an issue, however, support from the Third Sector has been vital over the pandemic and it is hoped that capacity to train peer wellbeing supporters will be found from across the sectors. Collaboration with the third sector is essential to connect staff and volunteers with the range of supports that are available to them within their communities, such as welfare advice, advocacy and carers support. The response of our third sectors partners and communities in support of others during the pandemic has been nothing short of phenomenal and by combining our assets and efforts we can optimise collective action in support of our critical staff and volunteers. Existing programmes being delivered in the south such as *Building and Celebrating Communities* and *Community Led Support* will provide additional vehicles to assist us in doing this.

WORKFORCE WELLBEING CHAMPION NETWORK

Draft Terms of Reference

Aim

1. To promote and support the wellbeing of the health and social care workforce across Scotland.[1]

Purpose Statement

2. The Network will use an evidence-based approach to supporting the wellbeing of the health and social care workforce through times of significant pressure and change, promoting positive psychological wellbeing.

3. In undertaking its work, the Network will:

- have a strong focus on co-production, ensuring connectivity across both the health and social care workforce, including public, private and third sector workers as well as paid and unpaid workers, and the SG in order to inform and influence policy and services;
- establish a baseline assessment of wellbeing and an agreed trajectory for improvement;
- share good practice, including wellbeing stories, and promote collaborative working across organisations; and
- use improvement methodology to achieve a positive impact.

4. The Network is not a decision making forum, and does not replace or subvert the formal engagement process of such groups as the Scottish Workforce & Staff Governance Committee (SWAG), Scottish Partnership Forum Committee (SPF), Scottish Terms and Conditions Committee (STAC) or the Workforce Senior Leadership Group

Membership

5. Members of the Champions Network have been appointed after Scottish Government sought nominations for representation from the following:

[1]social care workforce includes all registered social service workers across both adult and children's services, working in both frontline care roles as well as support roles such as admin and catering. It also includes personal assistants and unpaid roles such as community volunteers and carers.

- NHS Chief Executives;
- Local Authority Chief Executives;
- Integration Joint Board Chief Officers;
- Voluntary and Third Sector groups

Additional members may be invited to join the Network to cover specific interests as required and to ensure the interests of all those providing health and social care services are represented. Such appointments will be made following full discussion by existing members of the Network.

Role of Champion

6. Champions are, in partnership with the staff governance committee or equivalent operating in their parent organisations, responsible for leading on the dissemination of good practice and information relating to the positive mental health and wellbeing of the workforce, including practical support, both during the covid crisis and times of normal working.

Communication

7. Staff Wellbeing Champions will be responsible for ensuring dissemination of information from the national Network across their organisations, collaborating with partners supporting the workforce. Their responsibility also includes facilitating the connectivity between front line staff and Scottish Government to permit the influencing of national policy and service.

8. Feedback from the Workforce Wellbeing Champions Network will be provided to the Minister for Mental Health during her meetings with senior officials from the Leadership, Culture and Wellbeing Division of Scottish Government.

Chair and Secretariat

9. The Network will be chaired by Dave Caesar, Head of the Leadership, Culture and Wellbeing Division of Scottish Government.

10. The Division has lead responsibility and accountability for the Champions Network, and will provide the secretariat functions required by the group. The Division will be supported in the task by a range of Scottish Government Directorates, including Mental Health, Health Workforce, Community Health and Social Care, and professional advisers, in pursuit of effective support of the Health and Social Care Workforce across Scotland.

Format and frequency of meetings

11. The normal pattern for meetings of the Network will be every 2 weeks with dates and times arranged by the Secretariat and notified to members in advance. Any

matters which need to be decided on out-with the schedule of meetings may be dealt with by means of correspondence. Due to Covid 19 restrictions meetings will initially be conducted by teleconference using an approach which suits the Networks purpose and membership. The use of a secure digital platform and other communication methods better suited to the needs of the Network will be explored.

Structure

12. The Champions Network will establish subgroups to support its activity as required. These subgroups will be supported by designated senior leads who will lead key agreed work areas and will be responsible for ensuring key deliverables are met to an agreed timetable. The leads will provide regular updates at meetings on the work they are responsible for.

Review

13. The format and frequency of meetings will be reviewed on a regular basis, taking account of the wider Covid-19 response.

14. The Terms of Reference for the Network will be reviewed every two months.

07/08/2020