

Meeting	Authority Meeting
Date	19 August 2020
Location	Video Conference
Title of Paper	Wellbeing Report Quarter 1 2020
Presented by	Jude Helliker, Director of People and Development
Recommendation to Members	For Discussion
Appendix Attached	No

Purpose

The purpose of this paper is to provide members with an update on Q1 Wellbeing activities and to propose next steps to continue to mainstream the wellbeing agenda.

Members are invited to discuss the contents of this paper.

1. BACKGROUND

- 1.1 The People Strategy enables the delivery of the Organisational Strategy and Annual Delivery Plan with one of the strategic outcomes being the creation of a 'Positive Working Environment'. The wellbeing of our people underpins all of the activities in the People Strategy.
- 1.2 The COVID – 19 pandemic has changed the world we live in, with much of it out with our control. Police Scotland recognises that the wellbeing of our people throughout his challenging time is critical.
- 1.3 In addition to the wellbeing activities within the Annual Delivery Plan we have introduced a number of preventative/early intervention mechanisms in an attempt to reduce issues coming to fruition. This update aims to provide an overview of these activities.

2. QUARTER 1 ACTIVITY | CORE WELLBEING SERVICES

2.1 Employee Assistance Programme

- 2.1.1 EAP contacts in Q1 have decreased compared to Q4 last year which appears to be as a result of the COVID-19 pandemic. The numbers of officers and staff contacting the EAP fell dramatically in April and although May's figures have risen they are still lower than previous years.

	2018/19	2019/20	2020/21	Variance
Quarter 1	335	701	415	286(-41%)
Quarter 2	386	588		
Quarter 3	328	549		
Quarter 4	338	611		
Total	1407	2449		

- 2.1.2 The most prevalent reason for individuals contacting the EAP in Q1 remains *personal concerns* (77%) and *work* (23%).

- 2.1.3 In relation to work issues the reason for contacts continued to be work related stress and trauma incidents in work.

2.2 Occupational Health (OH)

- 2.2.1 COVID-19 continues to have an impact on OH demand and the provision of service delivery. Tele-consultations have continued as

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normal. Face to face consultations are not being carried out in line with government guidelines.

	2018/19	2019/20	2020/21	Variance
Quarter 1	850	975	575	400 (-41%)
Quarter 2	824	986		
Quarter 3	968	949		
Quarter 4	1085	806		
Total	3727	3716		

2.2.2 Q1 saw a significant reduction in referrals compared to Q4 last year. At the beginning of June 2020 due to lack of demand and no safe way to carry out some specialist medicals, OH had to take the decision to furlough five of their clinical staff who would normally work on the Police Scotland contract.

2.2.3 Physiotherapy referrals are on average 60 per month with figures of 12 for April 2020 (reduction of 81% on previous year) and 19 for May (reduction of 71% on previous year).

2.3 Trauma Risk Management (TRiM)

2.3.1 Data suggests that, as a result of a number of local initiatives led by the TRiM Lead and coordinators in promoting the availability of the service, TRiM requests are increasing.

	2018/19	2019/20	2020/21	Variance
Quarter 1	34	54	87	33 (+61%)
Quarter 2	35	72		
Quarter 3	52	82		
Quarter 4	41	73		
Total	162	281		

2.3.2 A new promotional campaign with new leaflets and aide memoires and a Wellbeing Network monthly newsletter continue to receive positive feedback and have assisted in raising awareness of the TRiM team and referral processes.

2.3.3 Following a significantly publicised incident in Glasgow on Friday 26th June, a TRiM response was instigated immediately as follows.

Initial 12 Hour Period – TRiM and EAP leaflets with full contact details were provided to all individuals involved, response officers, all armed policing officers, all C3 officers and staff, all Forensics

teams and to all officers who worked with the injured officer as well as his family/partner.

Next 72 Hours – All wellbeing checks for teams involved were carried out by management and followed up by 4 full TRiM referrals.

Next 7 Days – All officers and staff (38 in total) were offered 1:1 support with the TRiM team resulting in an uptake of 9 1:1's being carried out across the teams.

Positive feedback has been received for the TRIM team across all support areas offered.

2.4 Wellbeing Champions

2.4.1 Our network of Wellbeing Champions continues to offer first point of contact signposting to our people.

2.4.2 There are now more varied reasons for contact including psychological support, work related issues, medical conditions and financial support.

2.4.3 There has been a significant decrease in approaches to Champions from last year:

	2018/19	2019/20	2020/21	Variance
Quarter 1	46	23	12	-11 (-47%)
Quarter 2	25	29		
Quarter 3	33	28		
Quarter 4	62	12		
Total	166	92		

2.4.4 This decrease has been impacted during Q1 due to the COVID-19 pandemic which is also in line with a reduction of service use of our EAP over the same period.

2.4.5 The decrease is coupled with the increase in TRiM referrals which suggests that people are more aware of the available support provided through the TRiM team and as such are approaching this directly rather than needing signposted to it.

3. PREVENTION AND EARLY INTERVENTION

3.1 As reported in previous Committee meetings, prevention continues to be an area of focus in response to the prevalence of psychological absence among our people.

3.2 Your Wellbeing Resilience Assessment

Following a pilot in Highlands & Island Division 2018-2019 these assessments were rolled across the organisation July – October 2019. Up take remains lower than we would like and forms part of our prioritisation for development this year.

3.2.1 22 assessments were requested in Q1:

	Red	Amber	Green	Pending
Q2	37	119	161	
Q3	12	39	49	
Q4	1	14	6	16
Q1 20/21	4	4	2	12

3.2.2 The response to each category of completed assessment is:

	Red	Amber	Green
1 Year Recall		✓	✓
Telephone call to individual	✓	✓	
Assessment made of need for immediate action	✓		
Face to face appointment made	✓	✓	
Fitness for work advice given and if required ongoing support arranged	✓		

3.2.3 To date the response has reduced the categorisation as below:

	Q2/Q3	Q4	Q1 2020/21
Red to Amber	10	0	2
Red to Green	4	1	0
Amber to Green	48	13	0

3.2.4 Fewer assessments were issued in Q4 as the process is under review with Optima Health. The review, using organisational learning, has resulted in a proposed new system and contract arrangements being reviewed.

3.3 Backup Buddy

3.3.1 Backup Buddy is an app that can be downloaded to personal devices. The app has been specifically developed to provide useful information, practical advice regarding mental health issues and how to access support for our people.

3.3.2 The overall downloads since launch January 2020 is 1926.

3.3.3 Given the limited number of downloads of the Back Up Buddy App is probably linked to the reduction in wellbeing awareness sessions since COVID-19, the Wellbeing Network through the new Newsletter will be asked to raise awareness. The App is also being currently tested by the Digitally Enabled Programme team with a view to going live on force-issue mobile devices thereafter.

3.4 Short Life Working Group (Wellbeing)

3.4.1 The SLWG has now concluded their work and put forward a number of proposals which will be presented to the PPMB for approval on the 27th July 2020.

3.4.2 The SLWG identified three headings to give some structure to the discussion and considerations:

- Process – those organisational factors that can impact our people’s wellbeing
- Physical – matters that impact our people’s physical health that may also impact their general wellbeing and,
- Psychological – increase personal resilience and develop skills, knowledge and improve behaviours of line managers in response to mental health issues.

3.4.3 There are three recommendations under 'physical' which includes general health advice, sleep and back clinics all under the banner of 'Your Health Matters'.

- 3.4.4 There are five recommendations under 'psychological' which are all designed to improve personal resilience - these include line manager development to support their teams and tools for individuals to understand how they can improve their own psychological resilience.
- 3.4.5 We will be following our procurement processes to identify those who are qualified and have expertise in this area to best support these activities.
- 3.4.6 In addition, it is proposed that the previous *'it's the little things....'* campaign is extended and further devolved to Divisional Commanders/Heads of Service to decide how best to spend their allocated budget to greatest local effect.

4. RESPONSE TO COVID-19

4.1 Wellbeing Hub

- 4.1.1 A key objective of the response to the COVID-19 pandemic was to ensure that our people's wellbeing was a focus of all operational decisions and that they have access to relevant information on support available regardless of their working situation. A Wellbeing Hub, which brings together all relevant information, has been developed and launched and can be accessed both in work and at home from personal devices.
- 4.1.2 Within the Hub, support services and resources have been aligned to our four wellbeing strands; Psychological, Physical, Financial and Social, to ensure our people can access the support they need. The Hub also contains resources from external organisations such as NHS, Scottish Association for Mental Health (SAMH) and Oscar Kilo, and is updated regularly to respond to recurring themes and trends. Two themes are updated each week.
- 4.1.3 Since the launch of the Hub on 06 April, up to 30 June, the intranet (internal) has had 8519 hits, and the internet (external) has had 1954 hits.

5. MEASURES

- 5.1 To fully understand the impact of the wellbeing activity a robust set of measures continues to be refined. The analysis of the data, trends and learning will be incorporated throughout future updates.
- 5.2 All upskilling will be fully evaluated to measure increased knowledge and capability. Feedback will also be used to refine and improve the approach and content of all upskilling/development activity.

6. AUDIT

- 6.1 A Wellbeing Audit has been conducted by Scott Moncrieff. The purpose of the review is to assess SPA and Police Scotland's commitment to staff wellbeing in line with the people strategy, ensuring there is an understanding of the key issues affecting the workplace, actions are being taken to address them and that they are regularly monitored. The report will be submitted to Audit/SPA Board in September 2020.
- 6.2 A peer review of our wellbeing services was recently carried out by SAMH (Scottish Association Mental Health). They conducted an in depth analysis and also participated in a meeting with Kirsty Garrick (Head of People Engagement and Partnering) and Steve Simpson (Head of Wellbeing and Inclusion). They have agreed to produce a final report by the end of August 2020 and we will have further joint working in the future to share and identify best practice in the area of mental health.

7. INSIGHTS

- 7.1 There is a consistent trend across the core wellbeing service of TRiM of a sustained increase in utilisation. The data tells us that officers and staff are engaging directly with the support services available to them without the need to seek signposting through the Wellbeing Champions. This increase also suggests that the ongoing promotion and education around this is of continued significant value.
- 7.2 Psychological issues continue to be the most common reasons for engaging with these support services however there is a rise in the number of requests for financial support and support for people with longer term medical conditions.

- 7.3 To reverse the trend in psychological absence figures, further investment through the short life working group with a focus on preventative activities is in progress. Increasing the knowledge, awareness and accountability of line managers in relation to their role in creating positive environments, along with accessing the right support is vital.

8. NEXT STEPS

- 8.1 Following the Wellbeing Champion survey, work is ongoing to merge the TRIM team and Wellbeing Champions to form one wellbeing network across the service.
- 8.2 Once an action plan from the short life working group has been agreed further work will need to be carried out on an implementation plan for progression and evaluation of activity. This is likely to focus on two parts; core wellbeing systems and any new preventative measures/approaches.
- 8.3 Work continues with Optima to ensure that the most up to date information is available in accordance with future updates.

9. FINANCIAL IMPLICATIONS

- 9.1 There are financial implications associated with this paper in that work is underway to ensure that the wellbeing budget allocated is invested in preventative activities in the most effective way.

10. PERSONNEL IMPLICATIONS

- 10.1 There are personnel implications associated with this paper. In line with the People Strategy, proposals to further mainstream Wellbeing will be developed during this financial year, in line with TCSS.

11. LEGAL IMPLICATIONS

- 11.1 There are legal implications associated with this paper in that Police Scotland requires to be compliant with the Health & Safety at Work Act 1974. There is direct correlation between an individual's wellbeing and their working environment. We must do everything reasonably practical to provide a safe and healthy workplace for our people.

12. REPUTATIONAL IMPLICATIONS

12.1 There are reputational implications associated with this paper in that if Police Scotland do not continue to prioritise the wellbeing of our people then staff morale and public perception may be negatively impacted.

13. SOCIAL IMPLICATIONS

13.1 There are no current implications for social impact.

14. COMMUNITY IMPACT

14.1 There are no current implications for community impact.

15. EQUALITIES IMPLICATIONS

15.1 There are no current implications for equalities impact.

16. ENVIRONMENT IMPLICATIONS

16.1 There are no current implications for environmental impact.

RECOMMENDATIONS

Members are invited to discuss the contents of this report.