

Meeting	SPA People Committee
Date	30 November 2021
Location	Video Conferencing
Title of Paper	Wellbeing Q2 2021/22
Presented By	Jude Helliker, Director of People and Development
Recommendation to Members	For Discussion
Appendix Attached	Appendix A Wellbeing Audit Recommendations and summary of actions taken

PURPOSE

The purpose of this report is to provide a review of Q2 wellbeing performance and activities.

1. BACKGROUND

- 1.1 Following a recent deep dive session around the Wellbeing agenda with SPA People Committee Board Members, it was agreed a more dashboard style of report would be beneficial. The wellbeing dashboard is an evolving product and has been incorporated into parts of this report. It should be noted that the dashboard and report will be developed further as our reporting becomes more sophisticated.
- 1.2 The Wellbeing team have recently transitioned in to the People, Health & Wellbeing function and a newly appointed Health & Wellbeing Manger commences on 1 November 2021.

2. FURTHER DETAIL ON THE REPORT TOPIC

2.1 Absence

- 2.1.1 Absence continues to be a key performance indicator for Health & Wellbeing. Rates will be monitored and services designed accordingly. COVID-19 continues to impact the figures, particularly short time absence.
- 2.1.2 The table below shows the organisation wide overall absence during Q2 2021/22 by percentage for all officers and staff within SPA / Police Scotland.

	COVID-19	Non COVID-19
July 2021	2.7%	5%
August 2021	2.0%	5.4%
September 2021	2.9%	5.7%

Table One: Q2 Overall absence percentage (all officers and staff)

- 2.1.3 The table below shows working days lost over Q2 2021/22 for the two highest categories for all officers and staff within SPA/Police Scotland.

	Respiratory		Psychological	
	Short term	Long term	Short term	Long term
July 2021	10643	1298	780	5063
August 2021	7666	1399	1152	5028
September 2021	12360	1501	1300	5467

Table Two: Q2 Working Days Lost in relation to Respiratory and Psychological absence (all officers and staff)

2.2 Respiratory Absence

- 2.2.1 COVID-19 absence continues to hover around c300 people off at any one time. In early August, the COVID-19 guidance changed to allow identified close contacts who return a negative PCR test to be released from precautionary self-isolation restrictions. This change in guidance has resulted in the average days lost due to self-isolation reducing to circa 2 days per close contact, significantly below the previous abstraction level associated with the mandatory 10 days isolation period. Therefore, for the first time since reporting on COVID-19 absence data commenced, the main reason for COVID-19 absence is observed to be those who have tested positive and have acute COVID-19 rather than the many hundreds of our people who required to comply with mandatory self-isolation requirements due to being a close contact of a positive case. This shift in reason for absence shows the COVID-19 vaccination programme is impactful as the majority of close contacts are testing negative which in turn is the reason there are no reportable outbreaks across the organisation and also why COVID-19 absence is now lower than the last 2 quarters.
- 2.2.2 The number of our people with Post COVID-19 Syndrome (long Covid) remains static at 39 cases. It should be noted that this number has never exceed 40 throughout the course of the pandemic. Each person affected by Post COVID-19 Syndrome is under the care of respective GPs, supported by line managers and Occupational Health where appropriate. Common symptoms being reported in relation to Post COVID-19 syndrome relate to chronic fatigue and bone / joint pain.
- 2.2.3 The stay at home policy remains in place and will be extended to end of March 2022 to allow the impact of flu season to be known and managed whilst understanding that there remains a possibility that a fourth wave of COVID-19 could occur.
- 2.2.4 Work has commenced with Lifelines to design a tailored support package for those who have been working from home since early last year and may be anxious about any imminent requirement to return to the workplace. After circa 2 years of limited in-person interaction with colleagues in a work setting there will undoubtedly be anxiety and a requirement to re-adjust to office life even if on a blended basis.

2.3 Psychological Absence

- 2.3.1 The rates of both short term and long term absence due to psychological factors has risen over Q2 of 2021/22. A multi-faceted mental wellbeing programme is ongoing and delivers resilience training to officers and staff. This programme, involving two external partners, provides officers and staff with tools to keep them well and prevent mental illness.
- 2.3.2 A deep dive into all long term absence has been commissioned by P&D with the aim to ensuring proper and appropriate support is being provided, that all occupational health services are being utilised and there are no gaps in the absence management process. This deep dive will generate activities around consistent and effective case management interventions, early and proactive engagement of appropriate services and procedures (inclusive of capability process where appropriate) and wider ongoing visibility, review and evaluation on performance and impact with Divisional / Departmental Senior Management Teams.

2.4 Eleos Partnership

- 2.4.1 As part of the Mental Wellbeing Programme Eleos continues to deliver interactive sessions 4 days per week on a rolling basis. These sessions were initially restricted to supervisors only, however, in order to widen the offering, they were opened to all officers and staff across the organisation in September 2021.
- 2.4.2 To date, 3,298 of our people have attended a session with 515 more booked onto courses at the time of reporting.

2.5 Feedback from ELEOS Training

- 2.5.1 Participant evaluations on the Eleos training are captured on conclusion of each training session delivered. However, a further request for feedback has been issued to all training participants to gain further information after individuals have had time to reflect and apply newly learned skills / techniques in practice. This feedback will enable identification of the true value and impact of this style of training and provide insights into what style of future training options around mental health the organisation should consider adopting.
- 2.5.2 Initial feedback provided directly after the sessions indicates that the majority of participants found the training enjoyable and valuable with the common theme being that it will enable

supervisors to manage their people more effectively via more supportive approaches and with greater understanding of how to identify mental health issues and impacts on individuals and teams, as well as themselves.

- 2.5.3 The programme will run until 31 March 2022 and the feedback as above will inform future thinking around the benefits and next steps.

2.6 Lifelines

2.6.1 Lifelines Scotland is a national tri-service project aimed at supporting the emotional and psychological wellbeing of people working, volunteering or retired from ambulance, fire and police services in Scotland. Lifelines are a key partner in our ongoing mental wellbeing programme.

2.6.2 This tri-service collaborative wellbeing approach, driven by the Reform Collaboration Group, has completed phase 1 and delivered a website hosting resilience material and signposting to internal core services.

2.6.3 A Staying Well Road Trip has been delivered to colleagues in Cyber Crime and SPA Forensics. Applying a focus to areas of the organisation with high rates of absence, sessions have been scheduled for C3 in December.

2.6.4 A train the trainers programme is being developed which will enable our people to deliver Lifelines products personally and measures are being explored towards reach out to those currently absent from work due to psychological illness.

2.6.5 A tri-service Wellbeing collaboration group, chaired by Police Scotland, provides a forum to discuss and share ideas and best practice, with a number of tri-service courses being planned at the time of writing.

2.7 COP26 Wellbeing

2.7.1 Delivery of COP26 will impact upon the wellbeing of our people, not only those directly involved in event specific duties, but also those carrying out business as usual activity to keep the organisation running during the period of this event.

2.7.2 Governance to monitor the impact of wellbeing across the two distinct areas (those deployed to COP26 and those remaining on

BAU duties) has been established and a range of pro-active measures to protect wellbeing during the event have been introduced.

- 2.7.3 The COP26 Wellbeing Strategy has been developed to include our people on event duties, those supporting the event on mutual aid and those officers and staff conducting business as usual activity across the country.
- 2.7.4 A wellbeing framework is in place to gauge wellbeing across the organisation during the event and will ensure there is a proactive 'lean in' to support divisions in real time if issues arise. There will be direct lines of communication into COP26 event commanders in this regard.

2.8 Occupational Health

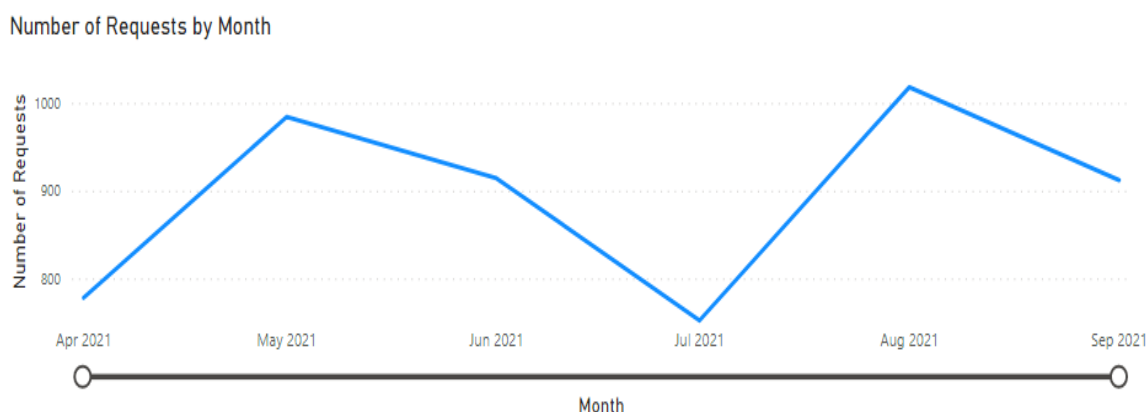
2.8.1 Management Referrals

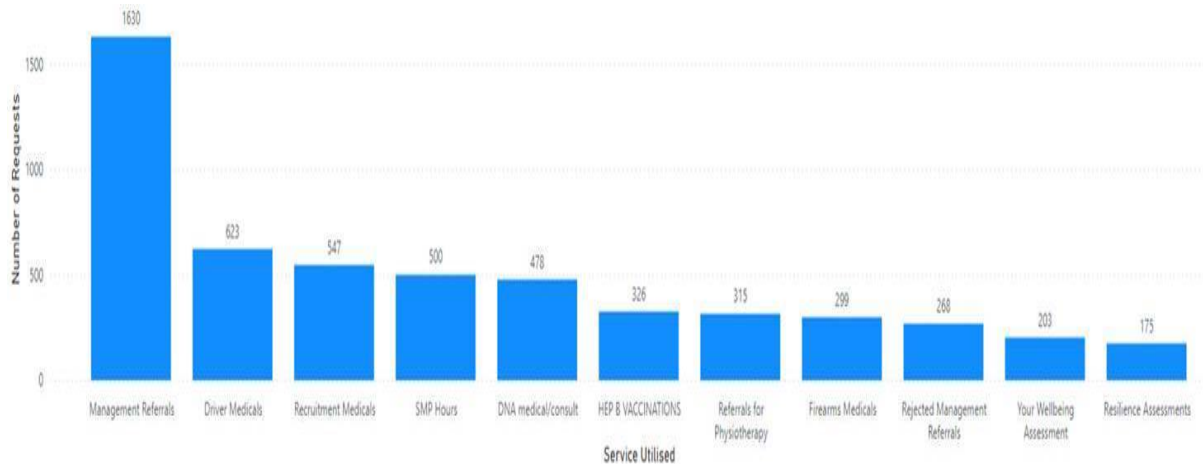
Q2 2021/22 saw an increase of 19% in management referrals compared to the equivalent quarter 2020/21.

	2019/20	2020/21	2021/22	Variance
Quarter 1	975	575	803	+228 (40%)
Quarter 2	986	694	827	+133 (19%)
Quarter 3	949	759		
Quarter 4	806	756		
Total	3716	2784	1630	

Table Three: Management Referrals to Occupational Health (all officers and staff)

GRAPH 1 – Q1/2 2021/22 OCCUPTATIONAL HEALTH MANAGEMENT REFERRALS TOTALS PER MONTH



GRAPH 2 - Q2 2021/22 OCCUPATIONAL HEALTH REQUESTS

- 2.8.2 Current figures highlight that a gradual return to business as usual is being witnessed as the referrals return to a steady state commensurate with the relaxation of certain pandemic restrictions during the course of 2021.
- 2.8.3 Musculoskeletal (MSK), psychological and gastrointestinal issues continue to be the most common reasons for management referrals.
- 2.8.4 COVID-19 continues to have an impact on occupational health demand and the provision of service delivery. Tele-consultations have continued as normal.
- 2.8.5 Formal feedback is being sought from business leads across SPA/Police Scotland and staff associations / unions in regard to how occupational health provision and services can be improved. This feedback is important to ensure the best service is being provided within the parameters of the existing occupational health contract. This will also be pivotal to informing the requirements and options for future occupational health contract provisions in advance of current contract expiry in 2023.

2.9 Physiotherapy Referrals

- 2.9.1 Q2 2021/22 referrals to physiotherapy increased by 45% on those submitted in Q2 2020/21. The increase is a result of the restrictions being eased and the return of sports activities and gyms reopening.
- 2.9.2 Physiotherapists are now providing virtual and face to face (F2F) MSK sessions.

2.9.3 Virtual sessions are proving popular as they are reducing waiting times and the need to travel.

	2019/20	2020/21	2021/22	Variance
Quarter 1	189	65	158	+93 (143%)
Quarter 2	176	108	157	+49 (45%)
Quarter 3	166	122		
Quarter 4	134	122		
Total	665	417	315	

Table Four: Physiotherapy referral numbers by quarter

2.10 Medicals (Drivers, Armed Policing & Recruitment)

2.10.1 During Q2 2021/22 there were 250 driver's medicals, this is a decrease of 53% compared with Q2 2020/21.

2.10.2 Driver medicals have resumed to business as usual levels as the COVID-19 restrictions have eased and driver training has returned to full service provision. It is anticipated that there will be additional demand in this areas for the remainder of the financial year as the organisation tackles the backlog of driver training courses caused by COVID-19 restrictions.

	2019/20	2020/21	2021/22	Variance
Quarter 1	317	2	373	+371(18550%)
Quarter 2	316	531	250	-281 (53%)
Quarter 3	296	668		
Quarter 4	318	141		
Total	1247	1342	623	

Table Five: Driver's medicals numbers by quarter

2.10.3 Armed Policing numbers remain static for Q2 2021/22 however preparations have begun for an increase in demand for Q3, again based on the organisation returning to a level of normality following the COVID-19 restrictions.

	2019/20	2020/21	2021/22	Variance
Quarter 1	160	189	159	-30 (-16%)
Quarter 2	156	145	140	-5 (3%)
Quarter 3	189	168		
Quarter 4	181	172		
Total	686	674	299	

Table Six: Armed policing medicals numbers by quarter

2.10.4 Recruitment medicals are driven by the numbers required for each intake plus a 35%-40% deferral rate.

	2019/20	2020/21	2021/22	Variance
Quarter 1	298	104	311	+207 (200%)
Quarter 2	362	165	236	+71 (43%)
Quarter 3	294	138		
Quarter 4	391	258		
Total	1345	665	547	

Table Seven: Recruitment medicals numbers by quarter

2.10.5 The average deferral rate for potential recruits during Q2 2021/22 was 35% of all medical that were undertaken, with the top three reasons being:

- 1) Psychological
- 2) Eyesight
- 3) Cardiovascular & MSK

2.11 Your Wellbeing Assessment (YWA)

2.11.1 Q1 2021/22 saw the soft relaunch of YWA. Proactive engagement with every Division / Department is underway to highlight again the benefits of the YWA as well as highlighting some improvement recently made to the assessment tool. The table below shows a steady increase in uptake since the relaunch. YWA should now be viewed as a mental health MOT tool which is proactively looking for subtle changes to a person's mental health. This allows Occupational Health / HELPEAP to offer improved tailored support to those that require it. The on-going awareness and promotion of this product will continue as the service was greatly reduced due to the pandemic and now is being revived in line with easing of pandemic restrictions.

	2019/20	2020/21	2021/22	Variance
Quarter 1	48	10	100	+90 (900%)
Quarter 2	317	19	103	+84 (442%)
Quarter 3	100	17		
Quarter 4	21	8		
Total	486	54	203	

Table Eight: YWA assessment numbers by quarter

2.12 Employee Assistance Programme

2.12.1 HELPEAP reported a significant reduction in usage across all their portfolio in 20/21.

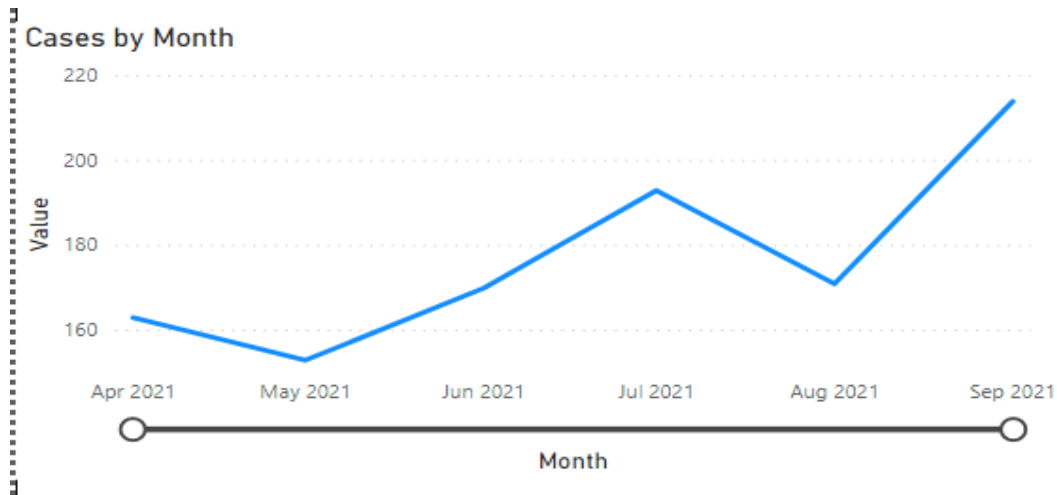
2.12.2 This reduction was not specific to their Blue Light clients, HELPEAP saw this reduction across their private business clients too. Q2 2021/22 has seen the numbers accessing the service rise to pre-pandemic figures. The re-introduction of line managers' awareness sessions on the tools available have also added to this increase.

2.12.3 Similar to the feedback being requested around the occupational health provision as detailed in 2.8.1, this extends to the EAP support as again, to ensure service delivery is being met and feedback is being address and actioned.

	2019/20	2020/21	2021/22	Variance
Quarter 1	701	415	486	+71(17%)
Quarter 2	588	511	578	+67 (13%)
Quarter 3	549	492		
Quarter 4	611	433		
Total	2449	1851	1064	

Table Nine: Officers and staff contacting EAP by quarter

GRAPH 3 - Q1/Q2 2021/22 HELPEAP CASES PER MONTH



2.12.4 Of the 578 officers and staff above who contacted HELPEAP in Q2 2021/22, 353 went on to have a Mental Health Assessment (MHA) and 230 were subsequently offered counselling support.

2.12.5 The most common reason for MHA remains personal out-of-work mental health issues and the least common being work specific reason.

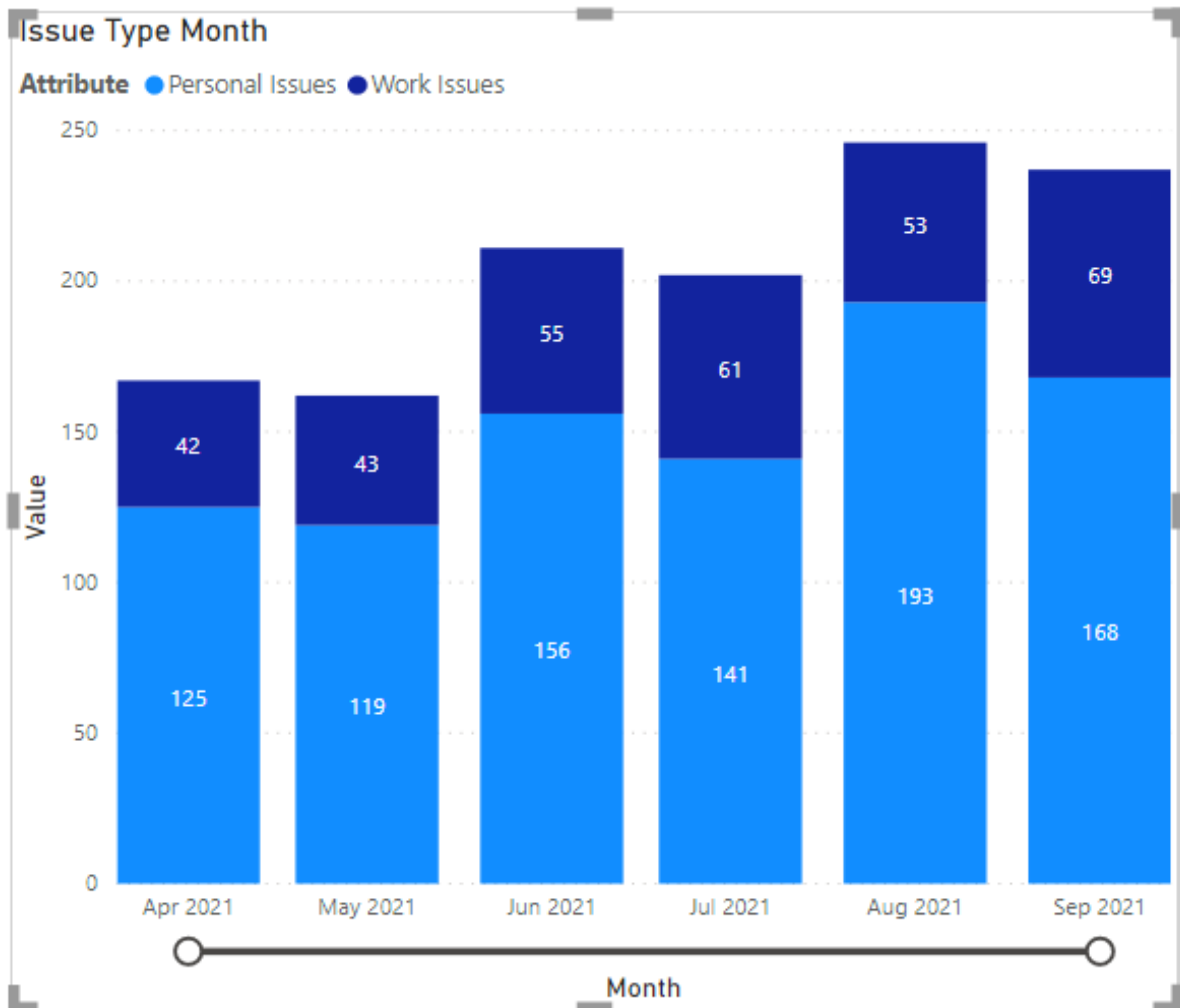
2.13 Personal Issues vs Work Issues

2.13.1 Splitting the reasons for contacting EAP between personal and work related reasons, the table below demonstrates that contacts predominantly relate to personal stressors.

	2019/20	2020/21	2021/22	Variance
Quarter 1	76%:24%	78%:22%	74%:26%	-4%:+4%
Quarter 2	70%:30%	71%:29%	73%:27%	+2%:-2%
Quarter 3	76%:24%	72%:28%		
Quarter 4	76%:24%	73%:27%		
Total	75%:27%	74%:26%	74%:26%	

Table Ten: Ratio of reasons for contacting EAP split by personal reasons: work reasons.

GRAPH 4 - Q1/Q2 2021/22 EAP CONTACT WORK VS PERSONAL ISSUES



2.13.2 The top 3 personal stressors resulting in EAP contact during Q2 2021/22 related to: 1.Mental Health; 2.Personal Relationships; and 3.Bereavement.

2.13.3 The top 3 work-related stressors resulting in EAP contact during Q2 2021/22 related to: 1.Trauma at work; 2.Shift working, and 3.Bullying & harassment.

2.14 TRIM

2.14.1 The overall TRiM referral numbers continue an upward trend year on year. A spotlight week at the beginning of 2021 highlighted TRiM services and this has undoubtedly raised the profile of TRiM support. This is now evidenced in the increase in contact with the team.

2.14.2 The figures below show the number of officers and staff supported through the TRiM process each month. Other interventions, not reported within this report, include supervisor wellbeing checks, group briefings, 1:1 sessions, small group sessions, leaflets and resilience guidance.

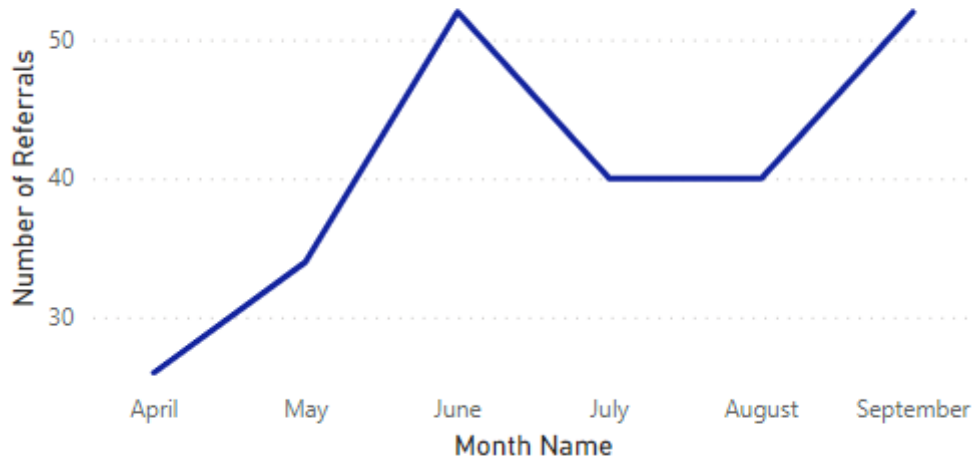
	2019/20	2020/21	2021/22	Variance
Quarter 1	54	87	102	+15 (+17%)
Quarter 2	72	91	98	+7 (+7%)
Quarter 3	82	86		
Quarter 4	71	92		

Table Eleven: TRiM referral numbers by quarter

GRAPH 5 – Q1/Q2 2021/22 TRIM REFERRALS PER MONTH

Number of Referrals by Month Name and Fiscal Year

Fiscal Year ● 2021/2022



2.15 TRiM Recruitment

2.15.1 An additional 18 assessors were recruited Q1 2021/22 supplemented by a further 8 in Q2 2021/22 which brings the team number to 200 across SPA/Police Scotland.

2.16 TRiM Training

2.16.1 A further one online TRiM course took take place during Q2 2021/22 and three refresher training courses were delivered during the same period.

2.16.2 The TRiM team members took part in a CPD event with the focus being on suicide intervention/prevention (of note, suicide incidents are the most referred incident type into the TRiM team).

2.17 Audit Recommendations

2.17.1 An internal audit of Wellbeing commenced in June 2020 conducted by Azets (formerly Scott-Moncrieff). The audit assessed Police Scotland's commitment to staff wellbeing in line with the People Strategy. It examined the wide range of support mechanisms including Your Wellbeing Matters, Occupational Health, the Employee Assistance Programme and the wide network of volunteer Wellbeing Champions and Trauma Risk Management (TRiM) assessors.

2.17.2 The audit recognised that Police Scotland demonstrate a clear commitment to staff wellbeing that is referenced throughout the People Strategy and augmented further by the development of the Wellbeing Framework. The report made a series of recommendations for improvement.

2.17.3 In August 2020 the audit concluded and Police Scotland were presented with a report outlining four control measures which were subdivided into 11 recommendations.

2.17.4 A robust and detailed management plan was created at the outset and identified 84 action stages. Regular progress checks took place, steered by Governance, Audit and Assurance to chart progress. Subsequently, the auditors closed all recommendations on time, following careful consideration of evidence submitted. For those recommendations with a longer term outcome, Police Scotland have demonstrated clear commitment towards their progression.

2.17.5 Members requested the full details of the audit recommendations and actions taken which is attached in Appendix A.

2.17.6 Closure does not indicate the end of the recommendation for Police Scotland, it is simply an indication that we have evidenced that work is progressing and we are on a definitive path as outlined by the internal audit. The Wellbeing Framework will be refined and progressed through internal governance for inclusion in the next People Strategy and likewise, the survey results will inform this corporate document with associated actions will be driven at a local level via People Plans.

2.18 Moving Forward

2.18.1 The Wellbeing team transitioned into People Services in the last 8 weeks. A new Health & Wellbeing Manager commenced on 1 November 2021. The function has been re-named People, Health & Wellbeing and allows a join up between the wellbeing function and the HR delivery function. This move allows for greater resilience and greater access to our people as, for example, officers and staff across the organisation who are reporting absence for sickness reasons must contact the People Direct Service Desk which sits in this function. We have circa 4.5k officers and staff phoning the People Direct Service Desk every week to either report sick, or report fit for work over a 7 day period. The People Direct service desk is operated by HR staff and so the opportunity to offer valuable Health & Wellbeing support at first point of call will prove massively important in getting the right messaging and support to our people who need it.

2.18.2 A review of the structure will commence after COP26 and will include determining what 'products' we maintain i.e. and what we let go to de-clutter the landscape and allow the focus to be on what tangible support and improvements. The restructure will include what exists, in terms of resource, out with the Health & Wellbeing team and will also look at current support roles such as TRiM Assessors and Wellbeing Champions.

2.18.3 The People Committee in February 2022 will see a revised report that outlines our Statement of Intent which was agreed as the way forward at the dive session with People Committee members in September 2021. This will pull out some new areas of work and will be focussed on real tangible support which is linked to real issues for example the Your Voice Matters survey references fatigue, back pain, working hours, hindrance stress, workplace conflict to name a few. The wellbeing service will target these

areas and whilst it may take some time to introduce and the results may be gradual, what will be clear is the direction of travel is based on what our people have said they need.

- 2.18.4 The statement will also include many areas of improvement, for example, the current ill health retirement process and the challenges that COVID-19 has placed regarding backlogs in that area, as well as a UK-wide risk around a shortage of Selected Medical Practitioner support. It will also include improved reporting and engagement with stakeholders, it will advise on the outcomes of review of some of the current products provided in-house, such as Eleos Training, Occupational Health, EAPHELP to name a but few. This will also advise on expected improvement where necessary in these areas based on the views and feedback of our people 'i.e. the customer'.
- 2.18.5 Engagement with the Deputy Chief Executive SPA and the SPA HR Governance Team is scheduled to commence on 2 December 2021, after conclusion of COP26 work, to drive forward a refresh of Wellbeing Reports for People Committee from February 2022.

3. FINANCIAL IMPLICATIONS

- 3.1 There are financial implications associated with this paper albeit funding has been secured which allows for the continuation of the various ongoing projects and the further integration and mainstreaming of wellbeing across the organisation in a meaningful way.

4. PERSONNEL IMPLICATIONS

- 4.1 There are no personnel implication associated with this paper

5. LEGAL IMPLICATIONS

- 5.1 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.

6. REPUTATIONAL IMPLICATIONS

- 6.1 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.

7. SOCIAL IMPLICATIONS

7.1 There are no social implications associated with this paper.

8. COMMUNITY IMPACT

8.1 There are no community impact implications associated with this paper.

9. EQUALITIES IMPLICATIONS

9.1 There are no equalities implications associated with this paper.

10. ENVIRONMENT IMPLICATIONS

10.1 There are no environmental implications associated with this paper.

RECOMMENDATIONS

Members are requested to discuss the information contained within this report.

Appendix A

Wellbeing Audit Recommendations and summary of actions taken

R1.1 - Wellbeing Framework Development and Approval

Recommendation that the Framework is circulated to key groups and any questions or issues raised appropriately responded to. Future amendments should follow the appropriate approval process evidence of the feedback, review and approvals process retained to evidence the engagement that has taken place.

Actions taken

In January 2021 a full walk through of the proposed Wellbeing Framework was presented via MS Teams to SPF, Unison and Unite with overwhelmingly positive feedback. Documentation was thereafter shared for comment with statutory staff associations and non-legislative support associations alike. SPF, Unite, Unison, ASPS, SWDF, LBGT were included in the communication. The Framework was designed for inclusion in the next iteration of the People Strategy and will be progressed via internal governance.

R1.2 - Consistency & Clarity of Wellbeing Approach

Recommendation that Police Scotland clearly articulates their approach, objectives, actions and performance indicators for wellbeing and ensures that these are consistent with the approved People Strategy. This should allow a clear line of sight between the high-level aims agreed with the SPA Board and the actions and initiatives that will be delivered to achieve that. All other wellbeing documents should be reviewed to ensure that they clearly reference the approach laid out in this document.

Actions taken

The approach to wellbeing is documented within the People Strategy which outlines the vision to embed wellbeing into the fabric organisation and recognises the impact other business areas have on the wellbeing of our people. This corporate document was shared with staff associations and is published on the intranet. People Boards have been established within divisions giving commanders and department heads autonomy to drive wellbeing at a local level, through local engagement, in line with the People Strategy. A wellbeing annual delivery plan was devised and the content shared with staff associations prior to sign off. The feedback on this approach and on the plan itself, was positive.

To ensure clarity at grass roots level, a Wellbeing page is live on the Police Scotland intranet. This houses all information in relation to core services provided and a whole host of up to date wellbeing material alongside signposting to the websites of primary care such as NHS. The page is designed around the four pillars of wellbeing namely, financial, psychological, social and physical. The page, alongside the mobile wellbeing site which is accessible to officers/staff on their own devices.

R1.3 - Wellbeing Objectives and Action Plan

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Following the recommendation in MAP 1.2, we recommend that the Wellbeing team develop a clear plan as to what actions they are going to take each year to deliver against Police Scotland's wellbeing objectives. The operational plan should set out who will be responsible for delivering each of the actions, the target date for delivery and how success will be measured and monitored to allow management to effectively demonstrate that it is delivering its wellbeing strategy.

This plan should take account of the team resources available to deliver each of the actions and ensure that the agreed actions/objectives are appropriately owned and resourced.

Actions taken

Annual Delivery Plan for Wellbeing form part of the P&D Annual Delivery Plan. The plan focussed on 3 main deliverables – all the responsibility of central wellbeing.

- Your Health Matters programme
- Mental Wellbeing Programme
- Art of Resilience

Your Health Matters was a new initiative designed to cater for what our people needed and wanted. Content was quickly re-designed in response to the pandemic and delivered virtually on key issues including webinars on exercise, nutrition, general health/self-check-up MOT's and boosting immune system to fight off Covid-19. Podcasts were commissioned and broadcast which focussed on sleep and back issues.

The Mental Wellbeing Programme proceeded despite the pandemic and Police Scotland entered into partnership with Eleos who delivered interactive virtual training across the organisation initially to our people managers. A bespoke online platform was created to house all resource material and additional support in relation to the modular training. The 87% mobile app was introduced in conjunction with the programme giving our people access to a smart app, 24/7 from their own device, which offered tailored wellbeing support. A secure Police Scotland area was built within the app and signposts all in-house support and services.

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Art of Resilience was delivered and similar to the Eleos training, had to adapt in light of Covid-19. These interactive sessions, delivered by NHS Psychologist and author, were moved online and delivered as a series of webinars which proved so popular we have a reserve list for any future inputs.

This product is subject to ongoing evaluation and review with key findings being presented towards the end of the financial year.

R1.4 - Development of training plan

Recommendation that a training plan is developed that sets out the training that should be prioritised and to whom it should be delivered. Police Scotland should ensure that it has staff in place to deliver this training effectively. Once a plan is in place, attendance to training events should be monitored, with non-attendance followed up appropriately.

Actions taken

A training schedule has been implemented and is saved as a live document on the SharePoint system. This is a compressive outline of all wellbeing training delivered across the organisation and includes external offerings such as Eleos and Lifelines alongside internal training delivered on induction courses and as part of specialist training.

Development of a train the trainer programme is underway which maps career long wellbeing training from induction through to pre-retirement.

R2.1 - Review of High Risk Roles

Police Scotland should ensure there is a policy in place for refreshing their wellbeing risk assessment. This assessment should ensure that it captures higher risk roles in need of annual medicals, as well as roles that may have a lower level of risk but may require more tailored support.

Actions taken

Annual review of high risk roles has been scheduled at the start of the calendar year. This internal meeting will analyse Optima data to decide on business areas/roles that should remain 'high risk' or consider those that should be added. A second recurring annual meeting is scheduled and will include the business leads representing identified high risk posts to ensure the risk assessment remains fit for purpose and their people are fully supported by the service.

R2.2 - Wellbeing Risk Assessment

Police Scotland resolve the Your Wellbeing Assessment issues and set out a plan as to how this wellbeing assessment will be rolled out over the coming year.

This success of the approach should be closely monitored by an appropriate governance group to give assurance that the wellbeing assessment is being utilised by staff who need it and it is helping Police Scotland understand the issues.

Actions taken

The Wellbeing Assessment has been in continuous use and has never been taken out of circulation. It can be accessed via the intranet with Optima sending a code and further details. It was first launched in its new online format in 2019 and since then has matured. Clinicians at Optima alongside Police Scotland revised the question set and reviewed the vulnerability matrix used to assess responses and determine who requires a call back and additional intervention. Following the recommendation, a short life working group conducted a review of the assessment and the language used in the communications surrounding it. There was participation in the SLWG from across the organisation including key business such as Road Policing, Cyber Crime and the negotiator cadre alongside staff associations such as LGBT and SWDF who agreed a delivery plan and schedule per division. Optima do not have the capacity for a Force wide launch of the service, albeit readily accessible, hence the staged approach. A soft re-launch of the tool commenced in April 2021 in the following order

- SCD and Specialists
- Operational Support Division including Road Policing
- C3
- North East
- Forth Valley
- Tayside
- Edinburgh City
- Criminal Justice Services Division
- Safer Communities – now Partnerships, Prevention and Community Wellbeing
- SPA
- Greater Glasgow
- Lothian and Scottish Borders
- Renfrewshire and Inverclyde Division
- Argyle and West Dunbartonshire
- Highland and Island
- Fife
- Lanarkshire
- Ayrshire
- Dumfries and Galloway
- Corporate Services

Uptake is monitored per division and reported quarterly through internal governance with dashboard insights and the annual scheduled reviews being used to influence and inform each years programme.

R2.3 - Effectiveness of Wellbeing Provision

A gap analysis should be carried out between the key wellbeing issues identified through risk assessments and staff surveys, and the support currently on offer, to ensure that an

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effective and efficient service is being offered. This should include considering the barriers that individuals may face in accessing support and considering how different approaches to delivering support may assist individuals in overcoming these.

Actions taken

A short life working group with key internal stakeholders and legislative staff associations was established to agree best use of the Wellbeing Investment funding. A gap analysis was conducted by consulting across the organisation and the annual delivery plan outlined above agreed. This investment was over and above the core services delivered by Wellbeing namely occupational health provision, employee assistance programme through Help EAP and Trauma Risk Management (TRiM).

Through proactive engagement with internal staff associations we have explored barriers to accessing provisions and worked with service providers to ensure any identified issues are resolved.

R3.1 - Key Wellbeing Indicators

The Wellbeing team should set out a comprehensive set of indicators that will be used to monitor staff wellbeing. When doing this, the team should ensure that their performance measures allow a clear view to be formed over the achievement of the wellbeing objectives, but also allow underlying trends and upcoming issues around wellbeing to be identified timeously.

The Wellbeing team should also ensure when setting their indicators that:

- Reliable data is readily available to allow the indicators to be readily assessed.
- The indicators cover outcomes as well as activity – for example whilst the volume of people accessing support may be useful to know, it is also important to know whether individuals' wellbeing is improving as well for example in terms of satisfaction, decreased absence rates, and so on.
- A sufficient level of detail is included to allow a comparison against wellbeing indicators across different roles and locations. This will help to identify whether there are outliers that warrant further investigation.
- Reporting formats and frequencies are agreed with key governance groups to ensure that they have sufficient information to come to an informed view of wellbeing.

Actions taken

A Power BI dashboard has been created and pulls raw data from a number of sources automatically each month and displays the information in a visual and usable way. The performance indicators incorporated into the dashboard are

- TRiM uptake
- Optima Referrals
- EAP consultations
- Insights from 87% App
- Training Delivered

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Data from the following partners is incorporated into the dashboard to present an overall picture of organisational wellbeing over a range of themes.

- Police Mutual Association and PMM (Financial Health)
- SPRA
- Eleos Training (Mental Wellbeing)
- Art of Resilience

Absence data, in particular psychological absence, is reported via the wider P&D dashboard so has been omitted to avoid duplication although the statistics remain a key performance indicator for wellbeing.

The dashboard will be used in divisions to inform People Boards and those driving People Plans of their own performance in this regard.

R3.2 - Survey Actions

Police Scotland should ensure that the Survey Action Short-life Working Group is adequately resourced to complete its review within the six-month time period. A clear plan should be produced setting out the priority actions agreed, the resources needed to deliver these, target completion dates and responsible owners. This plan should be approved by an appropriate governance group. It is also important to communicate to staff that action is being taken in response to the feedback they have given to ensure that they realise that the organisation values their input and carefully considers any points raised.

Actions taken

The survey was split into two parts, A and B which require to be analysed together. Durham University Business School provided high level results at an organisational level in June which were disseminated to Divisions and Heads of Service in July and August.

The next iteration of the People Strategy will be informed by the organisational results, priorities will be identified as a result and investment decisions for 2022/23 will be informed using this data. Local plans will be developed as a result of the survey results and all actions will be incorporated within the existing People Plans which are monitored through People Boards.

At an organisational level, progress against plans will be monitored via People and Professionalism Management Board chaired by DCC Taylor then Senior Leadership Board where the Chief Constable and full Executive are sighted. It is anticipated, updates will be provided bi-annually to the SPA People Committee.

R3.3 - Feedback Process

In addition to the periodic staff surveys referred to in MAP 3.2, we recommend that the Wellbeing team ensure a more detailed level of feedback is collected on specific wellbeing services and initiatives offered. This will allow the team to understand which initiatives are most successful and potentially also the reason why uptake may be lower than expected in certain roles or locations.

Actions taken

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In person attendance at the regional People Boards is best practice with wellbeing being a standing agenda item at all three. This allows us to update on core services and to gather feedback from across the country.

Regular contact with HR Business Partners via monthly meetings to share key wellbeing messages across the organisation works well and provides two way communication.

Wellbeing Champion feedback forums have been introduced and give practitioner level feedback on services.

Service level agreements are built into the occupational health and Employee Assistance Programme contracts with an established complaints process. Quarterly performance meetings between Optima and Police Scotland. Complaint levels are consistently low.

R4.1 - Governance and Reporting

In line with MAP 3.1, we recommend that a clear governance structure is set out that documents the reporting to be provided to each governance group along with the frequency of this.

Actions taken

Governance is now embedded at strategic and tactical level. The Wellbeing Governance Group, chaired by DCC Taylor, met on 2 July 2021. This primary board, attended by Force Executive and legislative Staff Associations will meet quarterly and provide members with a holistic view of wellbeing activity across the organisation alongside performance reporting in respect of core services and trend analysis.

The Tactical Wellbeing Group is established and met for the first time on 14 July 2021. This group links support partners directly with divisions and business areas and those driving local People Plans. This structure will allow local autonomy to Commanders and Heads of Departments and encourage localism while allowing coordination of partner resources to provide equitable access and support for all.

A Wellbeing Highlight Report is created for the Tactical Wellbeing Group and progressed to the Wellbeing Governance Board. This highlight report combines organisational insight and analysis with updates and delivery on core wellbeing services while giving a synopsis of the good work ongoing within divisions. It will be a powerful report to document the depth and breadth of wellbeing activity across the country.