



Meeting	Authority Meeting
Date	21 June 2023
Location	Apex Grassmarket, Edinburgh
Title of Paper	Annual Wellbeing Report
Presented By	Katy Miller, 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 oversight of Police Scotland/SPA Health and Wellbeing activity throughout FY 2022/23.

Members are invited to discuss the contents of this paper.

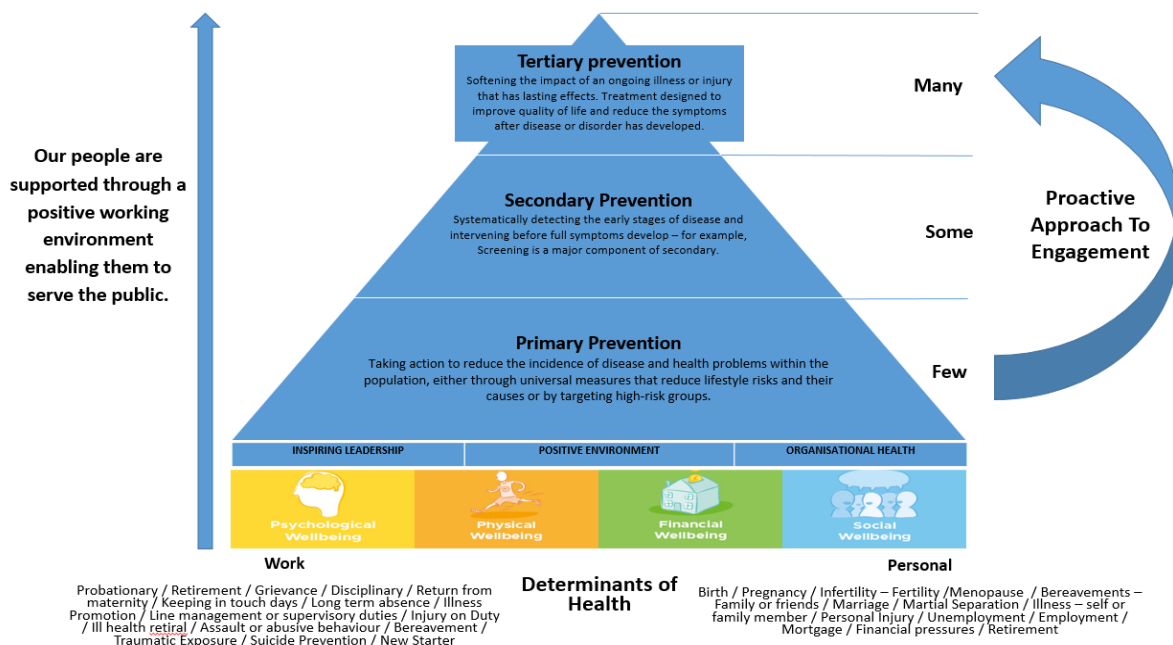
1. BACKGROUND

1.1 'Your Wellbeing Matters' supports four key areas of wellbeing:

- Physical
- Psychological
- Social
- Financial.

1.2 'Your Wellbeing Matters' is supported by the 'Health and Wellbeing Programme Review – Statement of Intent' which was tabled at the February 2022 SPA People Committee and reported against at the subsequent SPA People Committee meetings in June, August and November. The review featured evidence in practice from all aspects of the organisation and aims to drive the development of next generation of the health and wellbeing programme.

1.3 Our Health & Wellbeing Framework seeks to promote a proactive, preventative and person centred approach intended to understand and consider what our people are experiencing both inside and outside of work. The framework also recognises the impact of significant moments on our people's lives and the importance of providing 'fit for purpose' tools, and support which empowers and enables our people to take positive action in relation to their health and wellbeing.



2. FURTHER DETAIL

2.1 In support of the framework a number of health and wellbeing priorities were identified, which drive our activity and will continue to do so as we move forward:

- Bring the health and wellbeing of our people to the top of the organisation's agenda.
- Develop a coordinated national approach to health and wellbeing, which is robust and driven by locally.
- Proactive engagement of our people in an ongoing health and wellbeing conversation through listening and understanding the need.
- Recognising the significant pressures on our people and develop the support of our people enabling them to achieve a better work, life balance.
- Adopt a person centred approach to all support pathways and programmes e.g. Employee Assistance Programme (EAP), Occupational Health (OH), Trauma Risk Management (TRiM), Wellbeing Champions.
- Prevention to become a primary focus.
- Reduce the stigma which still exists around health and wellbeing, particularly mental health and the seeking of support.
- Development and training of all officers and staff, with a specific focus on those in line management and senior ranks.
- Recognise the importance and role of peer support amongst our people.

2.2 A number of action plan areas have been developed against the framework. An overview of activity within each area during 2022/23 is provided below, with feedback from colleagues driving the activity and prioritisation of focus.

Health and Wellbeing Learning, Training and Development

2.3 Our people have told us:

- *Development and training of all officers and staff, with a specific focus on those in line management and senior ranks is critical.*
- *Supervisors (in particular First Line Supervisors) should have mandatory and ongoing training in Mental Health awareness, and be fully conversant in the various mechanisms offered by the force.*
- *Group discussions can insure people all have the same information and understand the information on the same level. For example people can talk through any troubles in new*

processes or office issues and sort the problems before they become an issue.


- *Sometimes feels like a tick box exercise for managers.*


2.4 A newly created 'People Manager Development Programme' (PMDP) has been developed and is due to be piloted in Q2 of 2023, targeting all people managers and will commence with Sergeants and Inspectors. Part of the programme includes a dedicated wellbeing module and is designed to emphasise the importance of supporting our people and 'Promoting a Positive Workplace'. A major part of this programme will focus on mental health and the role of the people manager and ensure our people managers are aware and understand how to have supportive conversations, the importance of utilising the preventative measures in place, how to spot early signs of poor mental health and what tools they need to engage their people and ask about their health and wellbeing.


2.5 We are also launching a revised support offering via our People Direct Service which handles circa 5,500 wellbeing-related calls per month ranging from those that report sick/report fit and those that are looking for advice and guidance. From March 2023, the team have undertaken further training ('Lifelines Scotland' and 'Scottish Mental Health First Aid') enabling them to provide further advice on how to seek support and signpost the person through the right pathway.

2.6 The 'Lifelines Scotland' project continues:

- 1,281 officers and staff have attended training, which consists of 3 modules:
 - Staying well, understanding resilience and self-care
 - Supporting your colleagues
 - Post Trauma Support providing Psychological First Aid.
- The project has adopted a targeted approach with Cybercrime, C3 and Forensics undertaking the training. Additionally, the sessions have also been offered out to Wellbeing Champions and the staff associations.
- Evaluation of the programme has been positive:

 Staying well: Learning outcome (n = 69)	Pre-course surveys	Post-course surveys	Significant Improvement
1. Understanding of the factors that contribute to good mental health.	4.04	4.70	Yes (p<.001)
2. Knowledge of the protective and risk factors which can affect the resilience of Emergency service staff.	3.63	4.62	Yes (p<.001)
3. Ability to recognise signs of stress and distress in ourselves and others.	3.92	4.59	Yes (p<.001)
4. Understanding of the factors that support the wellbeing of individuals and teams.	3.81	4.57	Yes (p<.001)
5. Knowledge of the support available for you and your colleagues.	3.79	4.63	Yes (p<.001)
6. Understanding of the tools to build a psychological first aid kit.	3.53	4.73	Yes (p<.001)

 Supporting your colleagues/team: Learning outcome (n = 14)	Pre-course surveys	Post-course surveys	Significant Improvement
1. Understanding how social and peer support contribute to wellbeing and good mental health.	3.85	4.73	Yes (p<.001)
2. Ability to recognise signs of stress and distress in others, including common mental health problems.	3.72	4.58	Yes (p<.001)
3. Understanding and having opportunity to practice listening skills and supportive conversations.	3.63	4.60	Yes (p<.001)
4. Ability to recognise risk and respond when people are in crisis.	3.65	4.58	Yes (p<.001)
5. Knowledge of what support is available and how to link people to help.	3.69	4.72	Yes (p<.001)
6. Knowledge of how to take care of yourself when supporting others.	3.78	4.69	Yes (p<.001)

 Post trauma support: Learning outcome (n = 6)	Pre-course surveys	Post-course surveys	Significant Improvement
1. The ability to identify the kinds of experiences that may be traumatic.	4.05	4.70	Yes (p<.001)
2. Knowledge of the different ways that people can be affected.	3.78	4.72	Yes (p<.001)
3. Understanding the factors which influence our ability to cope and recover.	3.37	4.63	Yes (p<.001)
4. Increased confidence in recognising when people's responses and reactions may be trauma related.	3.60	4.53	Yes (p<.001)
5. Ability to deliver Psychological First Aid.	3.11	4.65	Yes (p<.001)
6. Recognising when people need additional support and knowing how to access this.	3.80	4.61	Yes (p<.001)

- Additionally, the project seeks to establish a consistent approach to emergency services response in supporting those exposed to traumatic incidents. The Scottish Government have committed additional funding to extend the training provision and support until 30th September 2023. A 'train the trainer' programme delivered by Lifelines Scotland is nearing completion and will further expand our capacity to continue to deliver crucial Lifelines resilience, self-care and post trauma support training through a Police Scotland and peer support lens.

Trauma Risk Management (TRiM)

- 2.7 In terms of pathways of support for those experiencing trauma, TRiM continues to be embedded within the organisation. During 2022-23 there have been 447 TRiM referrals with 2,767 supportive interventions delivered – compared with 458 2021/22.

- 2.8 The primary reasons for referrals remain suicides (29.1%) and RTC's (25.8%). Due to some significant incidents there have been a rise in referrals for incidents involving children and babies (17.2%). Research across emergency services shows that there is a higher risk of post trauma illnesses following incidents with children, grotesque death and violence which directly correlates with the risk across Police Scotland. This leads to a higher risk of complex trauma related illnesses like PTSD. A recent systematic review of 27 international studies reported on 30,878 emergency service personnel found estimated prevalence rates of 11% for **post trauma** stress (PTS), 15% for depression, 15% for anxiety, and 27% for general psychological distress (Lawn, Roberts et al, 2020). This is due to the repetitive nature of these types of incidents for certain groups; protracted periods of time at scenes and during investigations and enquiries; working alone initially or lengthy periods of contact with the person(s) responsible.
- 2.9 At present the TRiM team consists of 16 co-ordinators and approximately 180 Assessors covering all areas of the service. There has been a big drive on the recruitment and training of new assessors during Q4 with 35 assessors now added to the TRiM team. This included 9 in the West, 14 in the East and 12 in the North. Further courses are planned with the target of having a total of 80 new assessors in place by June 2023.
- 2.10 Throughout the year proactive education and awareness as regards trauma and TRiM has been a focus. Face to face awareness sessions have been provided to: SIO's, First Line Managers Operational Skills Forum, Probationer Course East, West Division Team following bereavement by suicide, CSM, Op Bohawn Team, RPU, FLO. This has resulted in specific and detailed trauma education and resilience sessions for over 400 key officers and staff across the organisation.

2.11 A TRiM action plan has been developed to support and maintain the growth of the programme. The action plan will build the resilience of TRiM against the increasing demands, with the growth of widespread psychological and mental health support a core aim. The action plan will include elements such as:

- The recruitment of a further 36 TRiM assessors across the organisation, targeting divisions and departments with lower than expected TRiM referral rates. This recruitment and training is underway.
- The recruitment and training of a TRiM Co-ordinator for each specialist department. Both aimed at increasing the presence of TRiM within the organisation.
- Development of a specific Trauma and TRiM training schedule targeting line managers and supervisors across divisions and departments, this will emphasise the role of a supervisor in driving the implementation of TRiM.
- The development of a TRiM handbook specifically for line managers and supervisors, this will emphasise the role of a supervisor in driving the implementation of TRiM.
- Self-referral to TRiM does remain an option as some do wish to seek support in this way.

Communications and Engagement

2.12 One of the key themes to emerge from the recent health and wellbeing review was the role of sharing lived experience. A 'Lived experience Series' has been developed which encourages colleagues to share their own experiences. With 2 pieces published to date the team have been building on this in 2023/24, including:

- April - Coping with Change due to bereavement
- May - Mental Health Awareness and the building of resilience
- June – The support of Carers.

2.13 Health and wellbeing continue to work with Corporate Communications on the development of the Health and Wellbeing Communications Strategy. This project now has a designated executive lead with the first draft of the strategy currently under review.

2.14 A series of Health and Wellbeing awareness sessions continues to a variety of areas within the organisations. The sessions cover topics such as TRiM, trauma, resilience and Health and Wellbeing awareness, self-care and supporting colleagues. An overview of just some of the delivery across the last year is provided below:

- North First Line Managers Operational Skills Day
- Roads Policing SIO conferences

OFFICIAL

- SCD SIO course
- Crime Scene Managers course
- Death Reporters.
- Family Liaison Co-ordinator's course.
- SCD officers including officers directly involved in the Ukrainian War Crimes Investigations.

Wellbeing Champions Network

- 2.15 We currently have 140 Wellbeing Champions throughout the organisation with an ongoing schedule of CPD for champions ensuring we fully equip our champions with the skills and confidence to support our people in terms of their health and wellbeing when needed.

Oscar Kilo (The National Police Wellbeing Service):

- 2.16 Health and wellbeing are currently working with Jenna Flanagan, Communication and Engagement Manager at Oscar Kilo to determine next steps in terms access to the huge array of support and guidance they can provide for police forces. Health and wellbeing are particularly interested in Oscar Kilo's Blue Light Wellbeing Framework (BLWF). This self-assessment tool that sets the wellbeing standard for the emergency services and would allow us to ascertain where we sit in relation to expected wellbeing standards and utilise this to monitor and demonstrate progress over time. Currently the BLWF has now been adopted by all 43 Home Office police forces in England and Wales as well as 12 other non-Home Office forces and policing organisations. 33 fire and rescue services also use the framework. Health and Wellbeing will also look to utilise the wide range of online resources for Officers and Staff throughout Police Scotland. This would include online webinars focusing on fatigue and building resilience, mindfulness training - MindFit Cop, wellbeing podcasts, physical fitness videos, self-care tips and advice, and real-life stories and experiences.

Health and Wellbeing Governance and Strategy

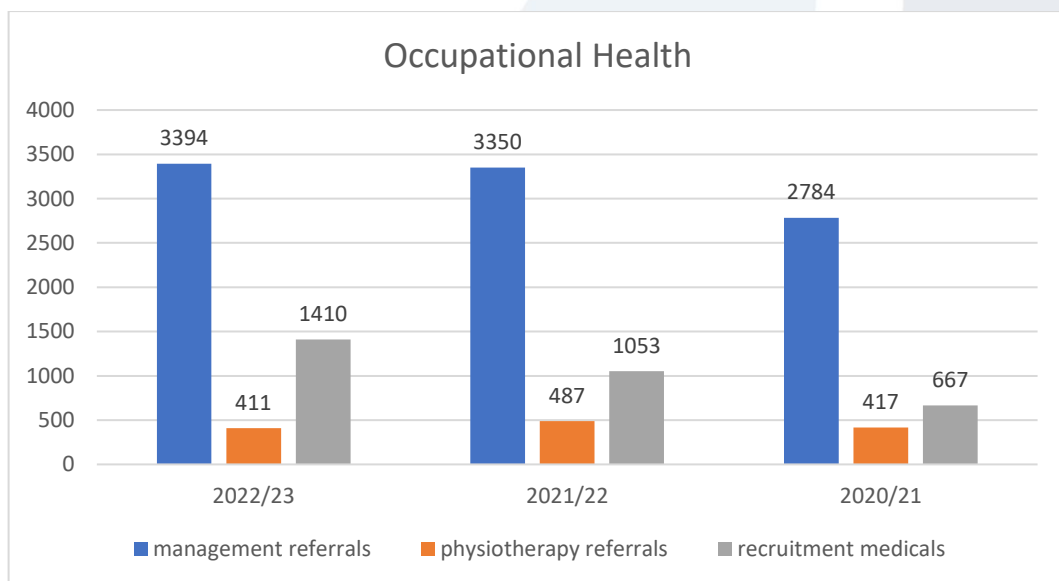
- 2.17 A Health and Wellbeing Advisory Group has now been established (meeting on a bi-monthly basis) with the first meeting taking place on the 25th October 2022. This group acts as a feeder to the strategic level Health and Wellbeing Governance Board and will encourage sharing of good practice and organisation learning as well as a means of raising any issues, concerns or simply providing enhanced feedback on a regular and on-going basis. The group has

representation from all organisational and business areas with staff associations and unions also forming part of the group.

2.18 Health and wellbeing have been providing guidance and support for Operations (e.g. Tarn, Unicorn etc.) throughout the year including supporting impact assessments, which take a holistic look at officer and staff wellbeing and the determinants involved. The assessment enables us to drive a preventative approach and ensure appropriate and timely support is in place.

Optima Health – Occupational Health and HELP Employee Assistance Programme

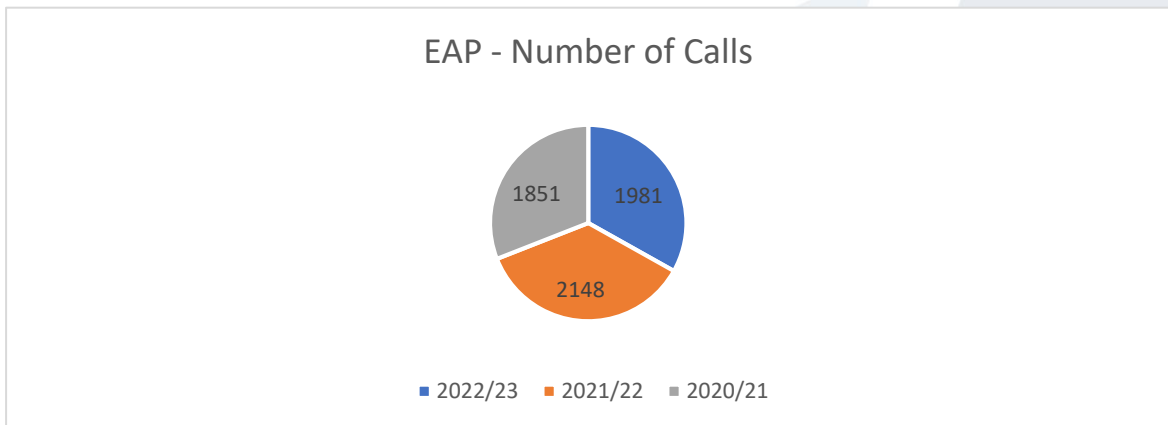
2.19 Occupational Health provide advice and guidance on support to facilitate a return to duties or if at work amendment to duties or hours to address issues being experienced. This year alone there have been over 5,200 touch points with officers and staff through Occupational Health referrals alone. A 3 year overview of occupational health referrals is shared below, demonstrating an increase in referrals and recruitment medicals from 2020/21:



2.20 The health and wellbeing team will continue to work with Optima Health to identify key trends and insight with some initial areas of focus including:

- To continue to focus on preventative and proactive measures such as 'Your Wellbeing Assessment' aligned with My Career.
- Further improvements with referrals and colleague engagement throughout
- Accessibility of data, working with our provider on the implementation of an OH portal which we wish to link with our organisational data to understand the wider impact of services.

2.21 The HELP Employee Assistance Programme is the primary means of support for officers to self-refer to for advice and support with stressors, line Managers can also suggest and encourage their people make contact with them. A 3 year overview of HELP EAP use is displayed below, with 2022/23 seeing a slight decrease in the number of HELP EAP calls made in 2021/22. 63.4% of these calls have resulted in a mental health assessment of which 63.1% were referred for follow up counselling. Of the counselling provided officers and staff utilised on average 4.15 sessions. Across all calls (1,981) over 2,100 issues, both personal and work related were raised – with issues raised were predominantly relating to personal matters.



2.22 The health and wellbeing team will work with Optima Health to understand the data and identify a number of areas which require focus moving into 2023/24. The year-end review took place on 16 May 2023 with some initial areas of focus including:

- Accessibility of information, working with Optima Health to implement a Workplace Wellbeing Platform. A one stop shop for all HELP EAP and occupational health related info.
- Service delivery escalation process ensuring it's as proactive as possible.

Officer Ill Health Retirement / Selected Medical Practitioner (SMP) Provision

2.23 Over the last year there has been some significant delays in our ability to process officers awaiting Ill Health Retirement in the main as a consequence of the Covid pandemic and subsequent knock on effects on the NHS. In 21/22 the average time to progress through the Ill Health Retirement process was around 22 months which was unprecedented and also unacceptable and lead to numerous people issues and varying degrees of complaint. There was an average of

123 officers at any one time in the process. At the close of 22/23, the average timescale for officers in the Ill Health Retirement process is now 7 months and in the next month or so, this will reduce again to 6 months. The average number of officers now in the process is 77.

- 2.24 Following an evaluation of the cause of the issues in the process, the following improvements were introduced resulting in the now improved Process with greatly reduced timelines.
- Additional Selected Medical Practitioner (SMP) provision was achieved following a focused 'deep dive' session with the current occupational health provider, Optima Health. This led to an additional 5 SMPs being on boarded via the contract.
 - A dedicated post was introduced to manage the Ill Health Retirement process for officers and staff and the Injury on Duty Process for officers. This has led to more control, more challenge and proactivity and a better tracking system.
 - A 'support package' has been introduced for officers in the Ill Health Retirement process whereby at the start of the process they are aligned a dedicated People Services advisor, a staff association rep (if appropriate) and the relevant line manager. These individuals are committed to ensure the officer is kept informed and supported from end to end.
 - It should be noted that the police staff Ill Health Retirement process is less complex as staff are assessed by an Independent Registered Medical Practitioner (IRMP) rather than an SMP and there are no delays with accessing IRMPs. There are currently 3 police staff in the IHR process and the time line for that process is 5 months which is consistent with pre-pandemic measures.
- 2.25 The improvements as above are clear to see and feedback and messages of thanks are now regularly being received.

Research

- 2.26 A study, led by People, Health and Wellbeing, of psychological long term absence was undertaken during 2022/23. The deep dive into organisational data from the last 9 years aimed to further understand the correlation between long term absence and psychological issues, identify the primary causes of the psychological issues and trends amongst our workforce, and inform the development of 'fit for purpose' support pathways and services

i.e. inform the future direction of our mental health in the workplace activity.

- 2.27 The findings identifying a number of priorities areas which include:
- Proactively target and engage our people in an ongoing health and wellbeing conversation through listening and understanding their need i.e. the importance of the line manager/ supervisor having regular health and wellbeing focused conversations which is supported by awareness and knowledge.
 - Recognise and understand the significant pressures on our people and develop the support for them to achieve a better work / life balance i.e. understanding the factors and trigger points in their life cycle that lead to the seeking of support. This understanding must be driven by both qualitative and quantitative data.
 - Adopt a person centred approach to all support pathways and programmes i.e. fit for purpose pathways that can be promoted within targeted groups and are co-produced with our workforce.
 - Prevention to become the primary focus i.e. implementation and utilisation of methods such as 'Your Wellbeing Assessment' from induction and at regular intervals throughout your service.
 - Reduce the stigma which still exists around health and wellbeing, particularly mental health and the seeking of support i.e. through our communications and engagement we must understand and break down the barriers to seeking support before something becomes an issue or a problem.

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 implications in this report.

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 in this report.

8. COMMUNITY IMPACT

8.1 There are no community implications in this report.

9. EQUALITIES IMPLICATIONS

9.1 There are no equality implications in this report.

10. ENVIRONMENT IMPLICATIONS

10.1 There are no environmental implications in this report.

RECOMMENDATIONS

Members are requested to discuss the content of the paper.