

<b>Meeting</b>	<b>Authority Meeting</b>
<b>Date</b>	<b>30 June 2020</b>
<b>Location</b>	<b>Video Conference</b>
<b>Title of Paper</b>	<b>Wellbeing End of Year Report and Quarterly Report January – March 2020</b>
<b>Presented by</b>	<b>Kirsty Garrick, Head of People Engagement Partnering</b>
<b>Recommendation to Members</b>	<b>For Discussion</b>
<b>Appendix Attached</b>	<b>No</b>

**Purpose**

The purpose of this report is to provide SPA Board members with a review of the 2019/20 wellbeing performance and activities, our response to COVID-19 and proposals for next steps to continue to mainstream the wellbeing agenda.

Members are invited to discuss the content 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. Our people are being asked to take unprecedented measures to protect their family, friends, colleagues and communities, which can create a heightened sense of anxiety and uncertainty. Police Scotland recognises that the wellbeing of our people throughout this challenging time, is critical.
- 1.3 In addition to documenting the wellbeing activities within the Annual Delivery Plan and our next steps in relation to further embed and mainstream the wellbeing agenda, this update will provide an overview of the wellbeing response to the COVID-19 pandemic.

## **2. PROGRESS UPDATE**

In the March update we outlined a number of 'next steps'. The following updates articulate the progress made with each:

- 2.1 We have met with the Scottish Association for Mental Health (SAMH) to discuss how they may support Police Scotland to review our existing wellbeing provision, identify if there are any gaps and bring forward options and solutions. This work will progress and an update will be provided in due course.
- 2.2 Funding has been secured for additional wellbeing initiatives in 20/21. Determining the most effective and high impact approach to allocating this spend will be led by a short life working group (SLWG) comprising of key stakeholders and staff associations. Further information on this group is provided in section 6.
- 2.3 We continue to work with Optima to ensure that the most up to date information is available in accordance with our reporting schedule to the SPA Resources Committee.
- 2.4 Work has taken place to bring together the key groups to establish a wellbeing network, which involves Wellbeing Champions, TRiM

Assessors and TRiM Coordinators. We are committed to making this network a key part of the organisation’s wellbeing journey.

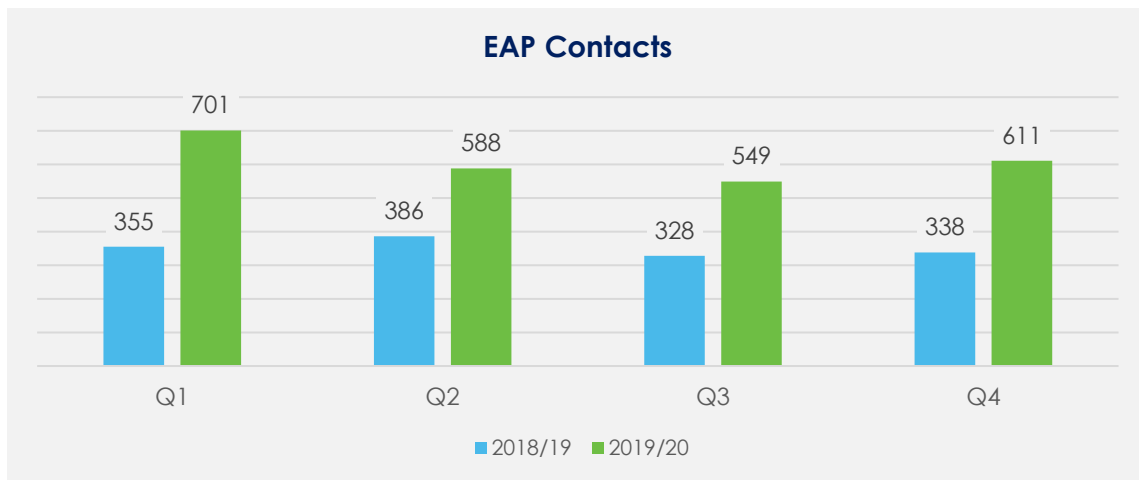
- 2.5 A dedicated wellbeing input is now part of the Probationer Training programme and will start from the next intake.

### **3. QUARTER 4 ACTIVITY | CORE WELLBEING SERVICES**

#### **3.1 Employee Assistance Programme (EAP)**

3.1.1 Following the spike in Q1, there has been a sustained increase in usage of the service throughout the year (up 74% from 2018/19) as you will see in the table below, with 2449 officers/staff and Scottish Mountain Rescue Team (SMRT) volunteers accessing the service. Increased publicity via the ‘Your Wellbeing Matters’ site has encouraged people to access the service.

	2018/19	2019/20	Variance
Quarter 1	355	701	+346 (>97%)
Quarter 2	386	588	+202 (>52%)
Quarter 3	328	549	+221 (>67%)
Quarter 4	338	611	+273 (>80%)
TOTAL	1407	2449	+1042 (>74%)



3.1.2 58.8% of total calls in Q4 resulted in a Mental Health Assessment (MHA), with 51% of those (184) continuing to counselling and 79 progressed to telephone counselling. This is a 6% rise in telephone counselling from Q3.

3.1.3 The Gender Split for MHA over the year is 53% Female, 47% Male.

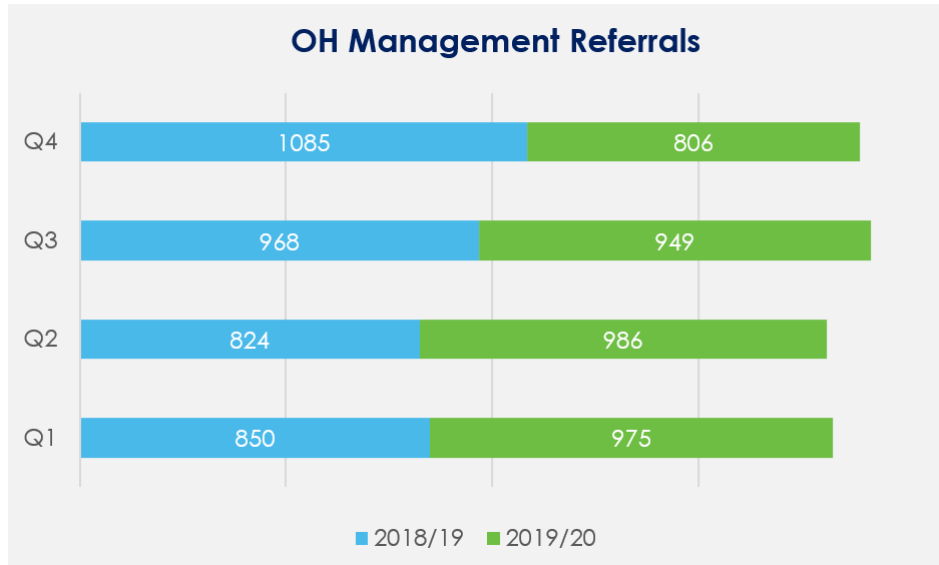
3.1.4 The most common reason for MHA remains personal out-of-work mental health issues and the least common being work specific reasons, as it shown in the table below. Data for last year is not available.

	Work	Personal	Both Work & Personal
Quarter 1	15%	56%	29%
Quarter 2	16%	53%	31%
Quarter 3	11%	53%	35%
Quarter 4	12%	58%	30%
TOTAL	13%	55%	31%

### **3.2 Occupational Health**

3.2.1 Q4 saw a reduction in management referrals for the 2<sup>nd</sup> quarter in a row. Officers, staff and line managers are more aware of the difference between OH support for fitness for work and EAP support for mental health issues. Increasingly people are using the EAP as a first point of contact and seeking the appropriate support at an earlier stage. Earlier intervention is reducing the numbers who subsequently need to access OH support.

	2018/19	2019/20	Variance
Quarter 1	850	975	+125 (>15%)
Quarter 2	824	986	+162 (>20%)
Quarter 3	968	949	-19 (<2%)
Quarter 4	1085	806	-279 (<26%)
TOTAL	3727	3716	-11 (<3%)

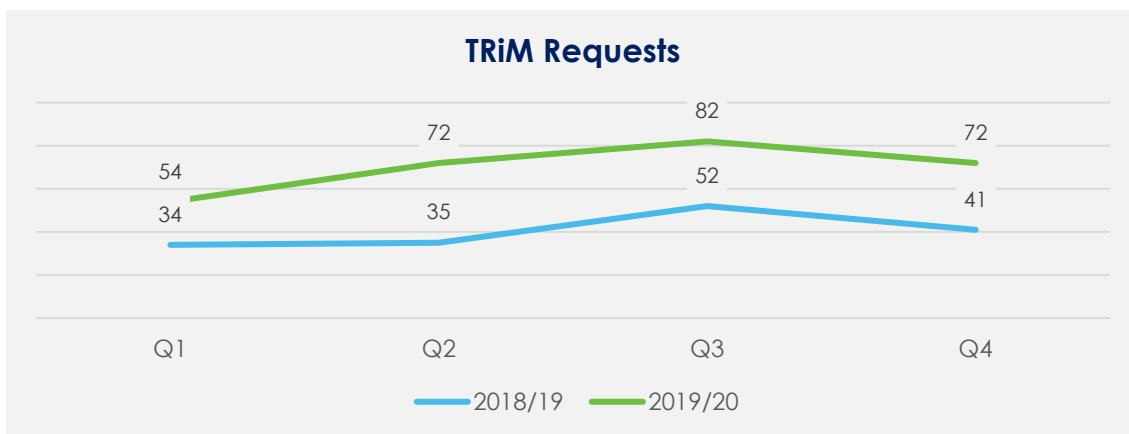


3.2.2 Musculoskeletal, psychological and gastrointestinal continue to be the most common reasons for management referrals.

### 3.3 Trauma Risk Management (TRiM)

3.3.1 TRiM requests have increased throughout Q1-Q3 of 2019/20 then saw a slight reduction in Q4. A recurring trend from 2018/19. Overall the number of requests shows a considerable increase on last year’s figures.

	2018/19	2019/20	Variance
Quarter 1	34	54	+20 (>59%)
Quarter 2	35	72	+37 (>106%)
Quarter 3	52	82	+30 (>58%)
Quarter 4	41	72	+31 (>76%)
TOTAL	162	280	+118 (>73%)



3.3.2 TRiM awareness training has been carried out across the organisation with 68 sessions attended by 2554 people which has contributed to the increase of utilisation. The training has been complemented by the production and circulation of new TRiM promotional materials.

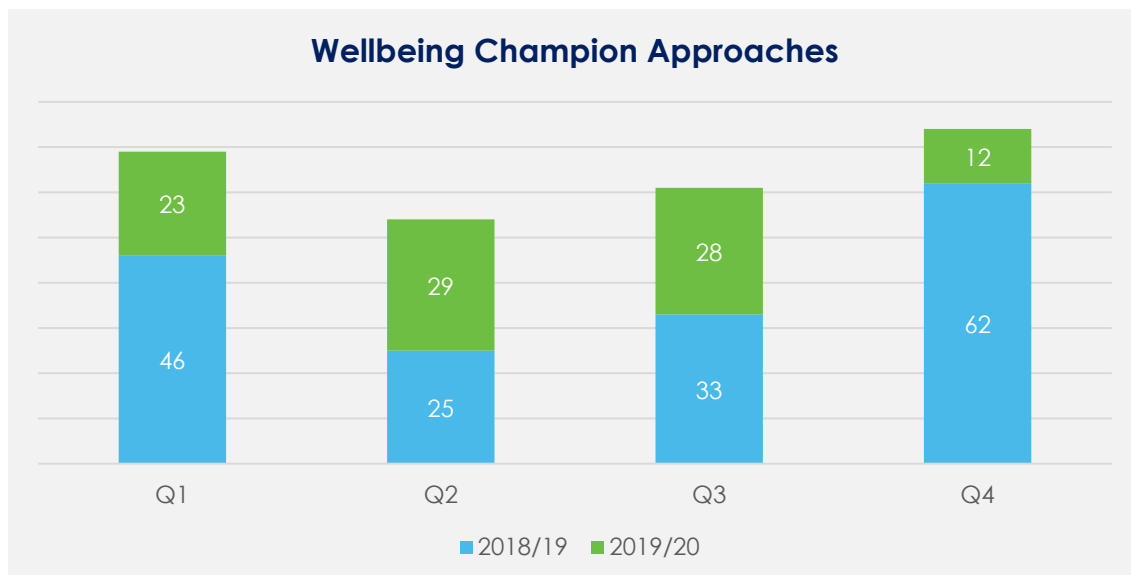
3.3.3 The most common reasons for TRiM requests remain the same, as previously reported.

### 3.4 Wellbeing Champions

3.4.1 Our network of Wellbeing Champions continues to offer a first point of contact signposting for our people. They inform us that mental health issues continue to be the most common reason for approaches to Wellbeing Champions.

3.4.2 Overall, there has been a 45% decrease in approaches to Champions from last year:

	2018/19	2019/20	Variance
Quarter 1	46	23	-23 (<50%)
Quarter 2	25	29	+4 (>16%)
Quarter 3	33	28	-5 (<15%)
Quarter 4	62	12	-50 (<80%)
TOTAL	166	92	-74 (<45%)



3.4.3 This decrease, alongside the sustained increase in EAP usage throughout the year, suggests that people may be more confident in accessing the appropriate support service directly.

3.4.4 Work is underway to consider the most effective next steps for the Wellbeing Champions. This will form part of a broader management of the 'Network' which will include both Champions and TRiM assessors, some of whom are the same people. We have restarted a monthly newsletter to go to the Network to keep them up to date with key themes and information and ensures that they remain connected.

#### **4. PREVENTION AND EARLY INTERVENTION**

As reported in March 2020 to the SPA Resources Committee, prevention continues to be an area of focus in response to the prevalence of psychological absence among our people.

##### **4.1 Your Wellbeing Assessment**

4.1.1 Your Wellbeing Assessment (YWA) continues to be available to all officers and staff. During the year 885 assessments were requested with 486 assessments (55%) returned.

4.1.2 Completing the assessment is not mandatory and the high level of assessments not being returned has led to an overall review of the process. The review will lead to increased engagement with the process. The review will use the organisational learning elicited to date, and will consider the questions and other aspects of the process to increase engagement and effectiveness. This review will form part of the SLWG referred to in paragraph 2.2.

4.1.3 Your Wellbeing Assessments will be relaunched during Q2 2020-2021.

##### **4.2 Upskilling and Development**

4.2.1 Upskilling and development of Line Managers continues with a 352% increase in newly appointed first line managers trained overall last year. There has been a very small increase, due to courses being cancelled as a result of COVID-19, in the number of attendees who participated on the Scottish Mental Health First Aid training:

	2018/19					2019/20				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
First Line Manager	0	0	58	0	58	39	62	59	102	262
Scottish Mental Health First Aid	13	43	67	14	137	18	32	73	16	139

4.2.2 We continue to acknowledge there is significant work to do to educate and upskill all our managers. The most effective approach to enable this is being currently being considered by the SLWG.

### **4.3 BackUp Buddy**

4.3.1 BackUp Buddy launched in January 2020 and can be downloaded to personal devices. The app has been developed to provide information and outline support mechanisms to those employed by emergency services. The version available to our people has been tailored specifically for Police Scotland. By February the app had been downloaded 1,074 times followed by a significant reduction of downloads in March, 68. The decrease could relate to a lack of sustained promotion of the availability of the app which has been due to an initial reprioritisation of resources in response to COVID-19. The app can be downloaded on mobile devices by clicking the following link: <http://backupbuddy.uk> and selecting the Police Scotland version from the list.

4.3.2 The intention remains for the app to be made available on all mobile devices issued to officers and staff. There has been a slight delay due to technical reasons with a couple of internal ICT sign off processes still to be followed with a revised timeline of the end of June, with the possibility it may happen earlier.

## **5. RESPONSE TO COVID-19**

### **5.1 Wellbeing Hub**

5.1.1 A key objective of the response to the COVID-19 pandemic was to ensure that our people's wellbeing was front and centre 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.

- 5.1.2 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, SAMH and Oscar Kilo, and is updated regularly to respond to recurring themes and trends. Two themes are updated each week.
- 5.1.3 Since the launch of the hub on 6<sup>th</sup> April, up to 31<sup>st</sup> May, the intranet (internal) has had 6,446 hits, and the internet (external) has had 1,743 hits.

## **6. WELLBEING INVESTMENT SHORT LIFE WORKING GROUP (SLWG)**

- 6.1 A SLWG has been established to inform the investment in wellbeing for the current financial year. Comprising key stakeholders, staff associations and unions. The group will identify key wellbeing issues across the service, agree priority areas, desired outcomes and develop an implementation plan which will be delivered by the central wellbeing team.
- 6.2 The group will link in with the Survey Actions SLWG, which is running in tandem, to ensure cohesion with respective outputs and action planning.
- 6.3 Two meetings have already taken place during May; an inaugural meeting followed by a longer 'brainstorming' session where representatives shared their thoughts and ideas on where investment could be 'spent to save' in the longer term. This work will be concluded by the next quarterly wellbeing update and progress will be shared on the decisions made, and delivery against the implementation plan.

## **7. INSIGHTS**

- 7.1 There has been a sustained increase in utilisation across each of the core wellbeing services and the data continues to evidence that officers and staff are engaging with the support services available to them.

7.2 Mental Health issues continue to be the most common reason our people are engaging with support services and further reinforces the importance of sustaining our focus on preventative measures. This will be a key area of focus for the SLWG as previously stated.

## **8. NEXT STEPS**

- 8.1 Work is underway to reignite, and bring cohesion, to the wellbeing network across the organisation. A paper to outline specific activity around engagement, communication, development and recognition that is planned to take place across the network will be brought to the Police Scotland Executive in July.
- 8.2 Effective promotional campaigns have seen increased confidence and usage of our core wellbeing services. After an initial promotional campaign the number of downloads of BackUp Buddy has decreased. We will utilise a range of channels to further promote the availability of the app, including the Wellbeing Information Hub, Line Managers Toolkit and our Wellbeing Network.
- 8.3 The Wellbeing Investment SLWG will establish a plan, based on robust engagement and informed thinking, to determine the most effective spend for the allocated wellbeing budget for 20/21. While the SPA representative on this group will provide regular updates to members, a formal update on progress will be provided at the next quarterly Wellbeing update paper.

## **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 no current personnel implications.

## **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 practicable 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 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 paper.