

COVERING OFFICIAL-SENSITIVE

NHS Chairs Meeting

Paper no:	NHSCH/20/21/04
Meeting date:	24 August 2020
Agenda item:	5

Purpose			
For Information	For Action	For Decision	For Discussion

Title:	Leadership, Culture & Wellbeing
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Key Issues:	<p>To update on the work supporting:</p> <ul style="list-style-type: none">• Leadership through and beyond Covid.• Culture and the progress of Post-Sturrock MLSWG.• Workforce Wellbeing, including proposals for a Mental Health Network (see attached paper).
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Action Required:	To invite discussion regarding key issues, and support for Mental Health Network proposal.
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Author:	Dave Caesar
Date:	18 July 2020

Scottish HSC workforce Mental Health Network
Paper to inform engagement with partners

Summary

- A HSC Mental Health Network, comprising digital provision, Board-level activity and new national services, will be taken forward to support the wellbeing and mental healthcare needs of the Health and Social Care (HSC) workforce.
- The suite of measures seeks to address high levels of mental ill health within the workforce, including depression, anxiety and PTSD, and rates of suicide among some professional groups which are higher than those in the general public. It is anticipated that these issues will be exacerbated by the impacts of Covid-19.
- **The purpose of this paper is to inform discussions with stakeholders around the operation of the model.**

Background

1. It is observed that individuals who work in health and social care experience high levels of mental ill health, including depression, anxiety and Post-Traumatic Stress Disorder (PTSD), and some professional groups are at greater risk of suicide than the general public. The Office for National Statistics shows an average sickness absence rate of workers in the ‘caring sector’ as being 2.9% compared to a national average of 2%. Male and female carers have a risk of suicide that is almost twice the national average.

2. Latest NHS Scotland statistics (pre-Covid) show the sickness absence rate as being 5.3%, equating to around 7,500 WTE staff and £370m in lost productivity per year. If we assume that, in line with rates in England, one quarter of these sickness absences are anxiety/stress/depression/other psychiatric illnesses, that equates to around 1,900 WTE and £90m in lost productivity per year.

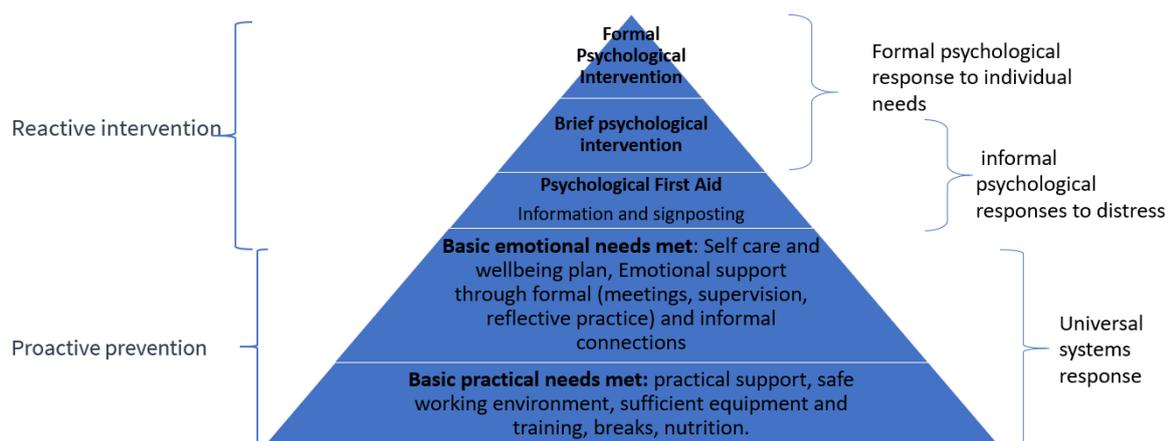
3. Addressing the mental health needs of the workforce is now even more crucial than it was prior to Covid-19. Although the extent of need for psychological support cannot be projected accurately, estimates made on the basis of evidence emerging from China’s experience of Covid-19 and from previous SARS epidemics suggest that 22% of people will develop moderate to severe difficulties and 6.2% severe difficulties which may require formal psychological interventions (Kang 2020). Evidence also suggests that approximately 10% of staff involved in resuscitation procedures may develop PTSD (Walton 2020).

4. Understanding the high level of mental morbidity in HSC workforce, predating the effects of a global pandemic, it is apparent that preventive and proactive strategies for staff wellbeing on a continual basis is essential to supporting the delivery of health and social care and organisational culture across both industries. The need for Boards to continue to provide staff wellbeing support services is being highlighted as a priority in mobilisation for recovery planning covering the period August 2020-March 2021.

Responding to the needs of the HSC workforce: covid-19 recovery and beyond

5. The stepped care in response to Covid-19 to support staff wellbeing to date has included a range of innovative offerings for HSC staff in relation to **proactive prevention** that has been undertaken by Boards' Psychological Therapies Services under the leadership of Heads of Psychology Scotland (HOPS). The support services that have been established at local level include staff wellbeing 'hubs', common rooms/rest areas, helplines and listening services, links with Occupational Health and Chaplaincy services, peer support, leadership development/coaching initiatives, mental health guidance and digital offerings. Many of the territorial Boards' wellbeing offerings have been extended to the social care workforce in their areas.

Figure 1: Provision of a stepped care response staff wellbeing in the pandemic



Source: NHS Education for Scotland (NES) Psychology Directorate, June 2020

6. National initiatives have already been taken forward to complement action at a local level. These have been enabled and delivered under the leadership of the Minister for Mental Health and include:

- establishment of a **Workforce Wellbeing Champions Network**, which brings together 84 “wellbeing champions”;
- the launch on the **on 11 May** of the **National Wellbeing Hub**, a free to access single digital resources including quality assured wellbeing advice, communications toolkits and signposting to digital interventions for all HSC workers;
- **Coaching for Wellbeing**, which is offered via the Hub, and the initial allocation of 1000 hours of coaching support for staff over a 12-week period has been increased to meet demand;
- NHS Education for Scotland (NES) **psychological first aid training modules**, with over 4,000 modules undertaken since the start of Covid-19 via the NES Turas Learn platform; and
- the **national wellbeing line for the health and social care workforce** based in NHS 24, which was launched on 20 July.

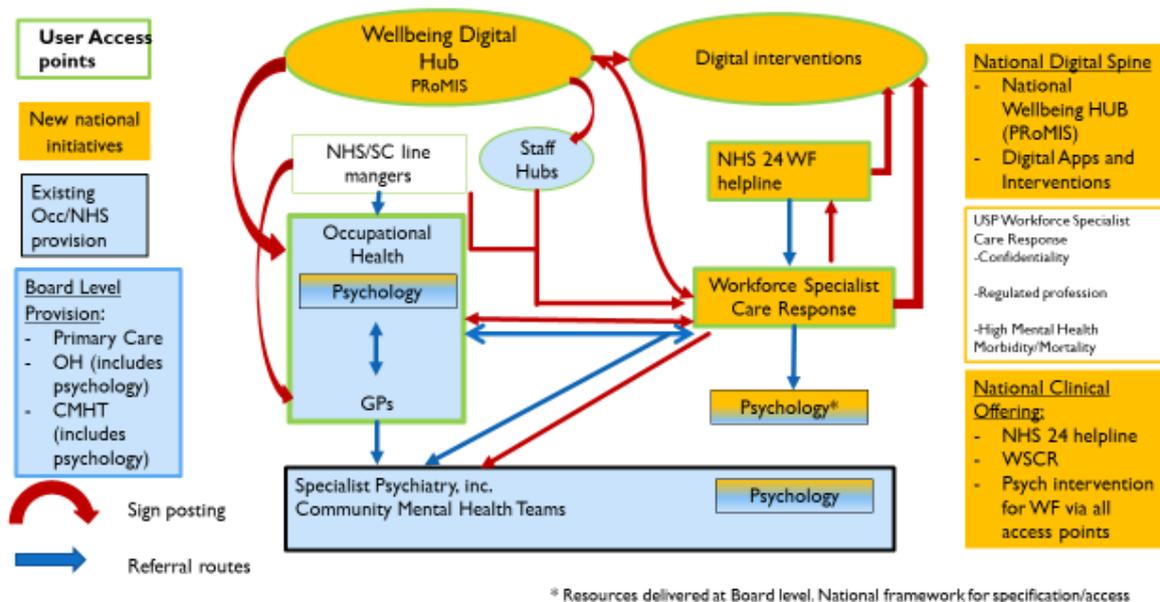
7. Work is taking place with Workforce Wellbeing Champions to identify what has worked well and how best to consistently evaluate wellbeing with a view to ensuring that this continues through and beyond the recovery phase. Activity is taking place across Board areas to respond to SG direction in respect of re-mobilisation.

The HSC Mental Health Network

8. Staff across the HSC workforce whose mental health has been significantly adversely affected should have access to prompt, evidence-based treatment that appropriately addresses their mental illness and can be delivered in acceptable circumstances to the recipient. **A HSC Mental Health Network will be taken forward to build upon the existing mental healthcare provision.** This will support staff working across public services as well as the independent and third sectors. The network comprises four complementing and interlinking components:

- Digital resources (see National Wellbeing Hub above);
- Board level enhancement psychological interventions and support to build upon that being provided as highlighted above;
- National HSC helpline (see helpline above);
- A Workforce Specialist Care Response.

Figure 2: Scottish HSC workforce Mental Health Network



Digital Resources

9. The **National Wellbeing Hub**, as previously described, offers an innovative, online repository of quality assured messages developed along the principles of psychological first aid. It also includes links to online cCBT, Stress Control and wellbeing apps such as Sleepio and SilverCloud.

Local Psychological Service Provision

10. Boards will be provided with **additional funding** to support and further the work they have already undertaken to support and provide therapeutic intervention for HSC staff. Boards are well placed to understand the needs of their local workforce and have the infrastructure that is required to deliver appropriate services to meet local needs. This resource will primarily be aimed at providing formal psychological interventions to those whose mental health has been most severely affected (i.e. the top tier of the pyramid at figure 1).

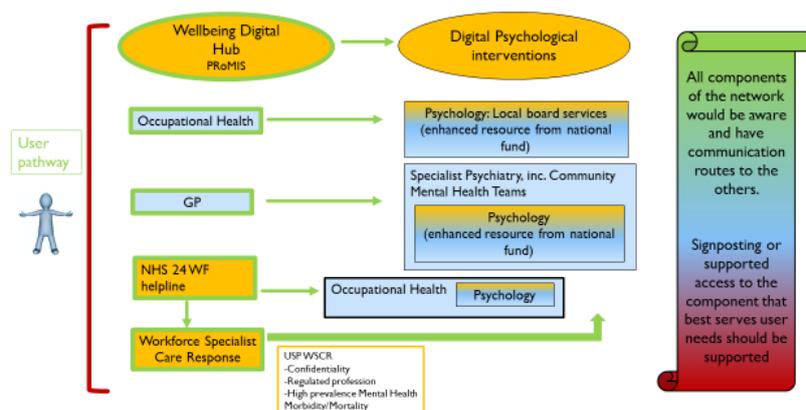
National Service Provision

11. A **national HSC workforce helpline** sited within NHS 24’s Mental Health Hub has been established, providing 24-hour availability of support from ‘psychological wellbeing practitioners’ (PWPs). These providers offer real time support, in line with the principles of psychological first aid, to those in need. In addition, practitioners can signpost staff to digital services for ongoing support and, where needed, can refer staff to staff support services within Boards. When operational, and following further discussion with NHS 24, the PWPs could also signpost people to the Workforce Specialist Care Response (as below).

12. A **Workforce Specialist Care Response (WSCR)**, a confidential assessment and treatment service for staff, will be established. A workforce specialist service offers specialism in treating and supporting those who related to their professional role:

- experience increased risks of suffering mental illness including difficulties with addiction and suicidality.
- suffer stigmatisation and experience difficulty accessing confidential assessment and treatment for mental health;
- are often reluctant to assume the role of patient and to seek help due to concerns about professional implications (i.e. regulator involvement, detriment to career progression, impact of having time off sick etc).

Figure 3: HSC workforce user experience of the Mental Health Network: how to get help



13. The success of such a service requires strict boundaries of confidentiality and to be supported to operate within these **independent of employment and professional agencies**, including the user's usual GP, occupational health services associated with the workforce - patient's employment board and regulators unless circumstances, specifically patient safety, indicate otherwise.

14. On this basis, similar services have evidence of improved health outcomes for users and proven record of safely enabling users to either remain in or return to work. Operationally they support wider services' patient safety and operational governance. They reflect value for investment in regards to improving staff health outcomes, including maintaining high levels of abstinence in those presenting with addiction and have observed a reduction in their caseload over time of users who have involvement with the regulator. In addition, a national service offers opportunity for improved national level data collection regarding the mental health needs and central point for evaluating the provisions and experience of them by the HSC workforce. This could be shared with all stakeholders and be used to inform and support future resource and policy decisions.

15. The service will be comprised of a multi-disciplinary team of leads from GP, psychiatry, mental health nursing, psychology and an operational executive, and has scope for up to 30 WTE case-clinicians depending on case load demand. There will also be speciality advisors with sessional time committed to the service: psychiatry addictions consultants, an occupational health specialist consultant advisor and scope to engage additional specialist advisors on an as required basis. In-patient addictions treatment facilities will need to be identified and made available. The service seeks to establish a network of psychiatry specialists across Scotland with dedicated planned time to deliver through this confidential service for those users who require it. The service would integrate with local board level, and where necessary, additional psychological therapy providers to deliver the needed psychological therapy.

16. All aspects of the network will be expected to collaborate in order to ensure users are appropriately and optimally cared for and to inform the development of workforce appropriate support and intervention across the proactive and reactive stepped care model.

Operationalising the Network

17. Agreement has now been given to taking forward the Network, and an announcement will be made shortly. There is a commitment to funding the component parts for at least the next 2.5 years, until the end of 2022-2023. Funds will be allocated to Boards immediately for the specific purpose of providing additional capacity for formal psychological interventions in line with paragraph 10. Sufficient funding has been identified for the WSCR on the basis of an assessment of likely levels of demand, to ensure its effective delivery.

18. The first WSCR clinical appointments will delivered through collaboration with the Practitioner Health Programme in England. Work will be taken forward over the remainder of 2020-21 to scale up the service with a view to having a fully independent WSCR in Scotland from April 2021. Close professional connections with the service in England and the association of providers across Europe are expected to be maintained thereafter.

19. The HSC Mental Health Network and its components will be sponsored and supported by the Workforce Leadership, Culture & Wellbeing Division on behalf of Scottish Government, and actively linked to the ongoing work regarding Leadership and Culture, including the refresh of Everyone Matters and the actions supporting Race Equality. A project oversight group comprising key stakeholders, including workforce wellbeing champions, unions and professional bodies will be established to identify risks or challenges, provide constructive feedback and ensure that our stakeholders are sighted on progress.

Questions for partners:

- **In your view, what key operational factors would support and ensure the success of the Network?**
- **What are the potential risks in taking forward the Network, and how might these be mitigated?**
- **What would be considered measures of success?**

LEADERSHIP, CULTURE & WELLBEING FOR HEALTH & SOCIAL CARE

Dave Caesar

THE LEADERSHIP CHALLENGE - PAPLS 2019

“Effective leadership is critical to achieving successful change. Leaders need to drive change and improvement, involve staff and the public in developing a common vision and work with partners to deliver it.” (Auditor General 2019)

WHAT DOES THIS LEADERSHIP LOOK LIKE?

- **Purpose & connections** Connecting across the system on the shared ambition and aspiration of the National Performance Framework.
- **Kindness & compassion** In all of our interactions, behaviours, policies, and cultures.
- **Humility & curiosity** Being open to other knowledge, to vulnerability, to growth, to courage, to the power of “we”.
- **Inclusivity** Seeking leadership at all levels and in all professions, valuing the strengths of people wherever they are, and working alongside each other in our communities.
- **Diversity** Respecting and valuing different backgrounds, skills, perspectives, and contributions.
- **Choice & responsibility** Encouraging people to exercise individual agency and take responsibility for personal and collective development.
- **Collaborative approach** Looking and working across boundaries in pursuit of common purpose and outcomes; and being adaptive to navigate complexity, volatility and uncertainty.

**“COMPASSIONATE LEADERSHIP
CREATES THE NECESSARY
CONDITIONS FOR INNOVATION
AMONG INDIVIDUALS, IN TEAMS, IN
THE PROCESS OF INTER-TEAM
WORKING, AT THE LEVEL OF
ORGANISATION FUNCTIONING AS A
WHOLE, AND IN CROSS-BOUNDARY
OR SYSTEMS WORKING.”**

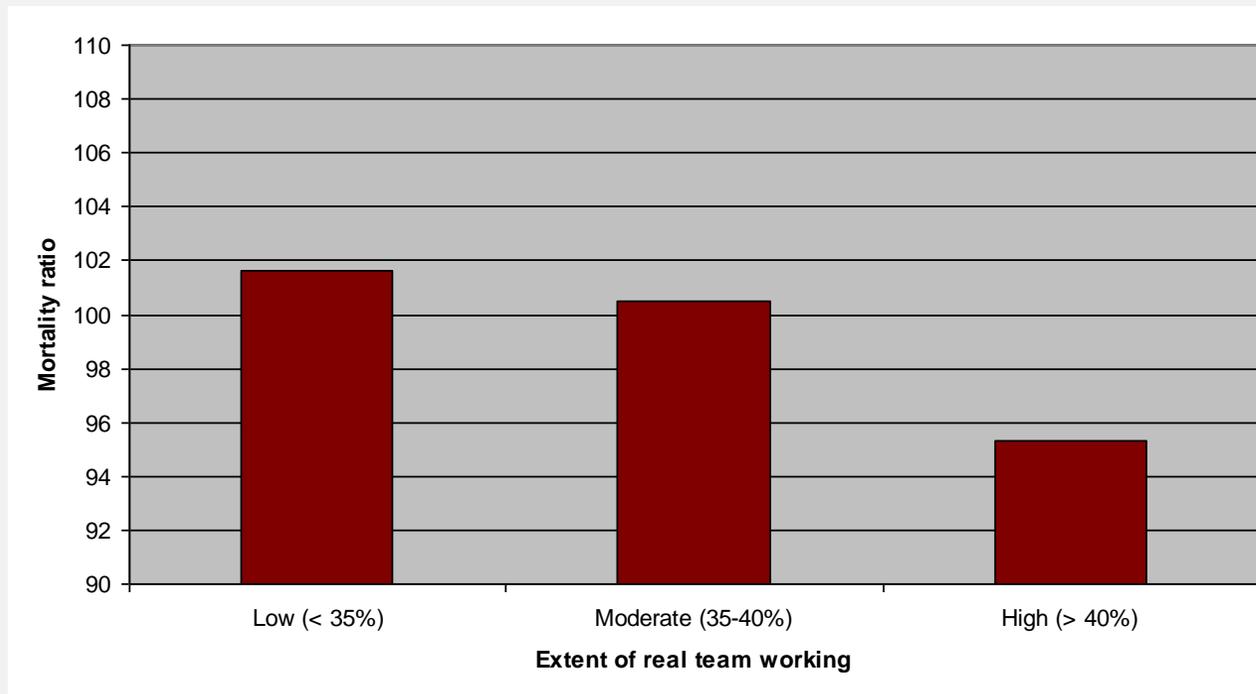
Michael West et al (KF May 2017)

SO WHAT? I'M TOO BUSY FOR THIS...

- Employee Engagement the single most predictive factor for:
 - Higher productivity (in all sectors)
 - Improved financial performance
 - Improved quality of care
 - Reduced medical errors
 - Workforce recruitment and retention
- “Care can only be as effective as the state of mind of those giving it.”

EFFECTIVE TEAM WORK SAVES LIVES

- 5% more staff working in real teams associated with 3.3% drop in mortality rate ($p = .006$)
- For an “average” acute hospital, this represents around 40 deaths per year



Lyubovnikova, J., West, M. A., Dawson, J. F., & Carter, M. R. (2015) 24-Karat or fool's gold? Consequences of real team and co-acting group membership in healthcare organizations, *European Journal of Work and Organizational Psychology*, 24:6, 929-950

IS THIS JUST ABOUT TRAINING?

Leadership; what is / how said and done;
How we recruit, induct, manage, train,
address conflicts / difference, enable
diversity and inclusion, offer empathy, give
direction, progress, exits.

Social Norms; the unwritten rules;
Engagement, trust, ability to speak up,
psych safety, attitudes, beliefs, belonging,
purpose, feeling valued, microbehaviours
and aggressions.

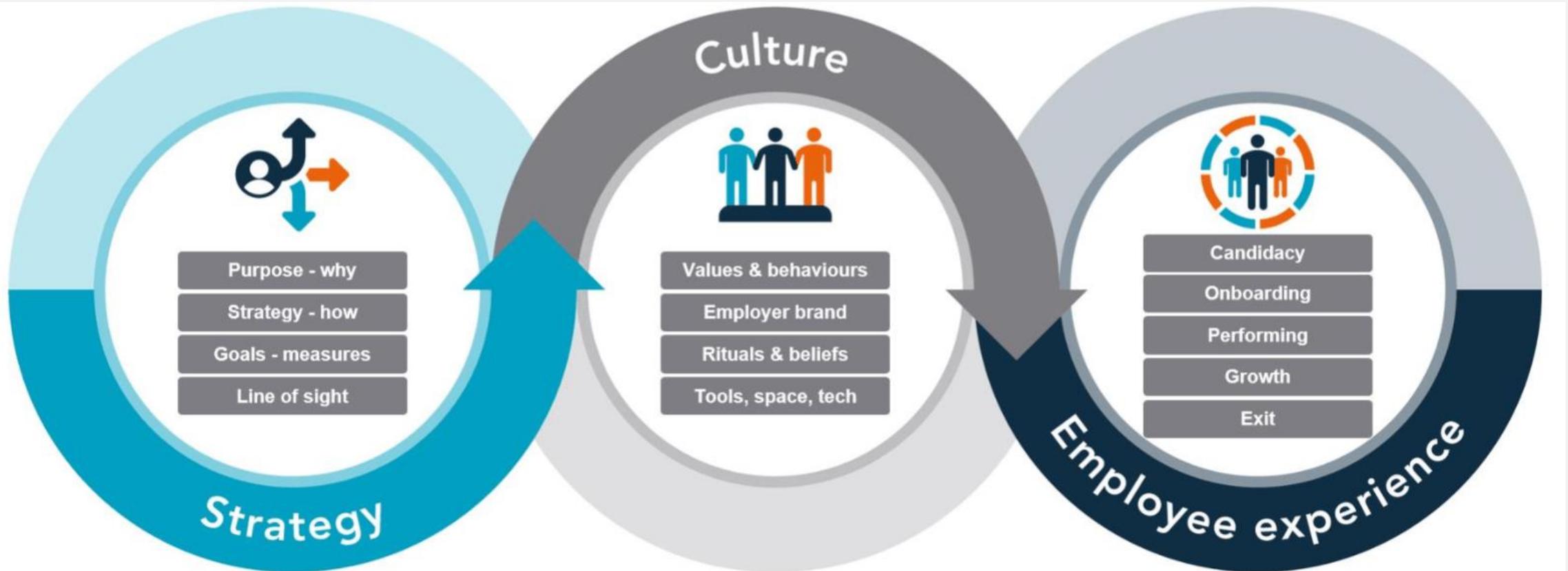
Culture

"How we do things
around here"

Strategy & policies; Vision setting, targets /
measures, performance mgt processes.
Staff Governance Standards, Bullying &
Harrasment, INWO, Staff Experience
Measures, Dignity at Work.

Wellbeing; "we care about you";
Workload, chronic psych trauma, trauma-
informed practice, PFA, reflective practice,
supportive routines (Schwarz /
decompressions / debriefs), autonomy,
development, specialist MH services.

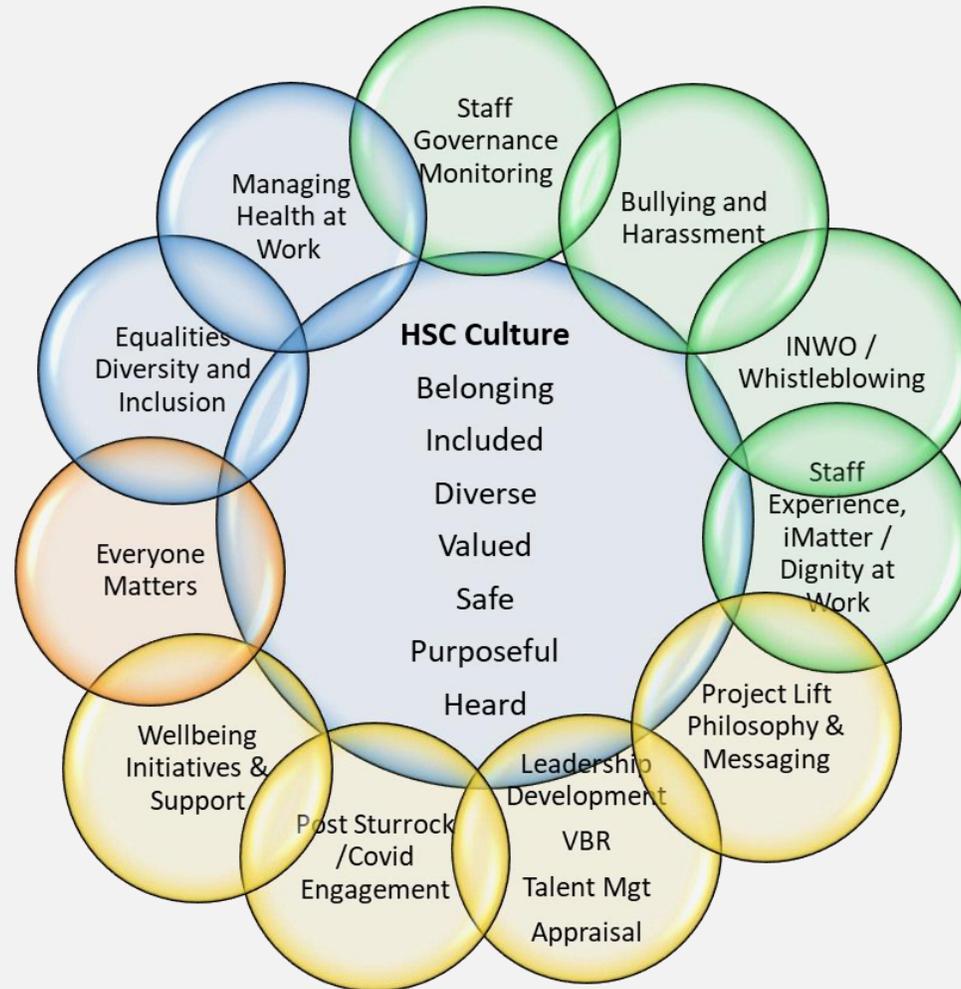
THE CENTRAL ROLE OF CULTURE



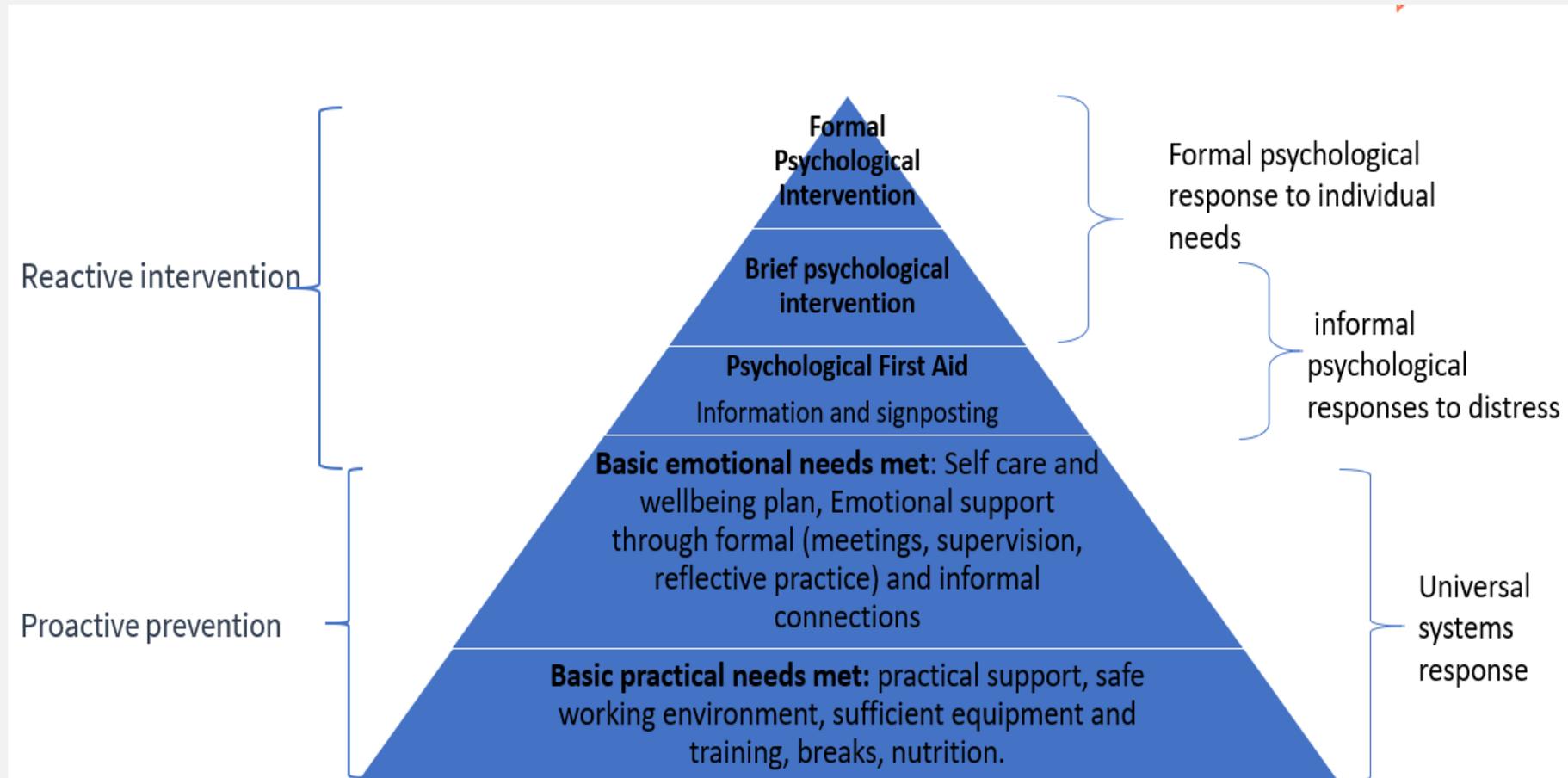
MSLWG ON CULTURE POST-STURROCK REVIEW

- **Summary of overarching principles:**
 - Create a movement not a mandate
 - Align strategy and culture
 - Play to your strengths
 - Focus on critical behaviours
 - Learn to rely on informal interventions
 - Measure NOT to prove, but to improve
 - Make culture your first resort
- **Summary of specific recommendations:**
 - Simplify and align the national narrative
 - Build consistency in the behaviour of senior leaders
 - Generate a national conversation
 - Building self-sufficiency

HOW ARE WE ENABLING THIS FROM A NATIONAL PERSPECTIVE?



HSC STAFF SUPPORT PROPOSAL



PREVENTATIVE MEASURES

All Boards have developed responses to support their staff

Staff wellbeing ‘hubs’, common rooms / rest areas, helplines and listening services, links with Occupational Health and Chaplaincy services, peer support, leadership development / coaching initiatives, mental health guidance and digital offerings. Many of the territorial Boards’ wellbeing offerings have been extended to the social care workforce in their areas.

Workforce Wellbeing Champions

Establishment of a Workforce Wellbeing Champions Network, which brings together 84 “wellbeing champions” from Health Boards, Local Authorities, HSCPs, CCCP, 3rd Sector and CoSLA to promote the psychological wellbeing of the workforce.

National Wellbeing Hub

Launch of the National Wellbeing Hub (www.promis.scot) on 11 May, a single site free to access with digital resources, advice, communications toolkits, and signposting to additional support for all HSC workers. Over 30,000 visits since its launch.

Coaching for Wellbeing

Coaching for Wellbeing was offered via the Hub and the initial allocation of 1000 hours was exceeded in early June. Interest has come from NHS, Local Authority, Third and Private Sectors. In terms of demographics, all levels of seniority - from team member to executive leader - are represented.

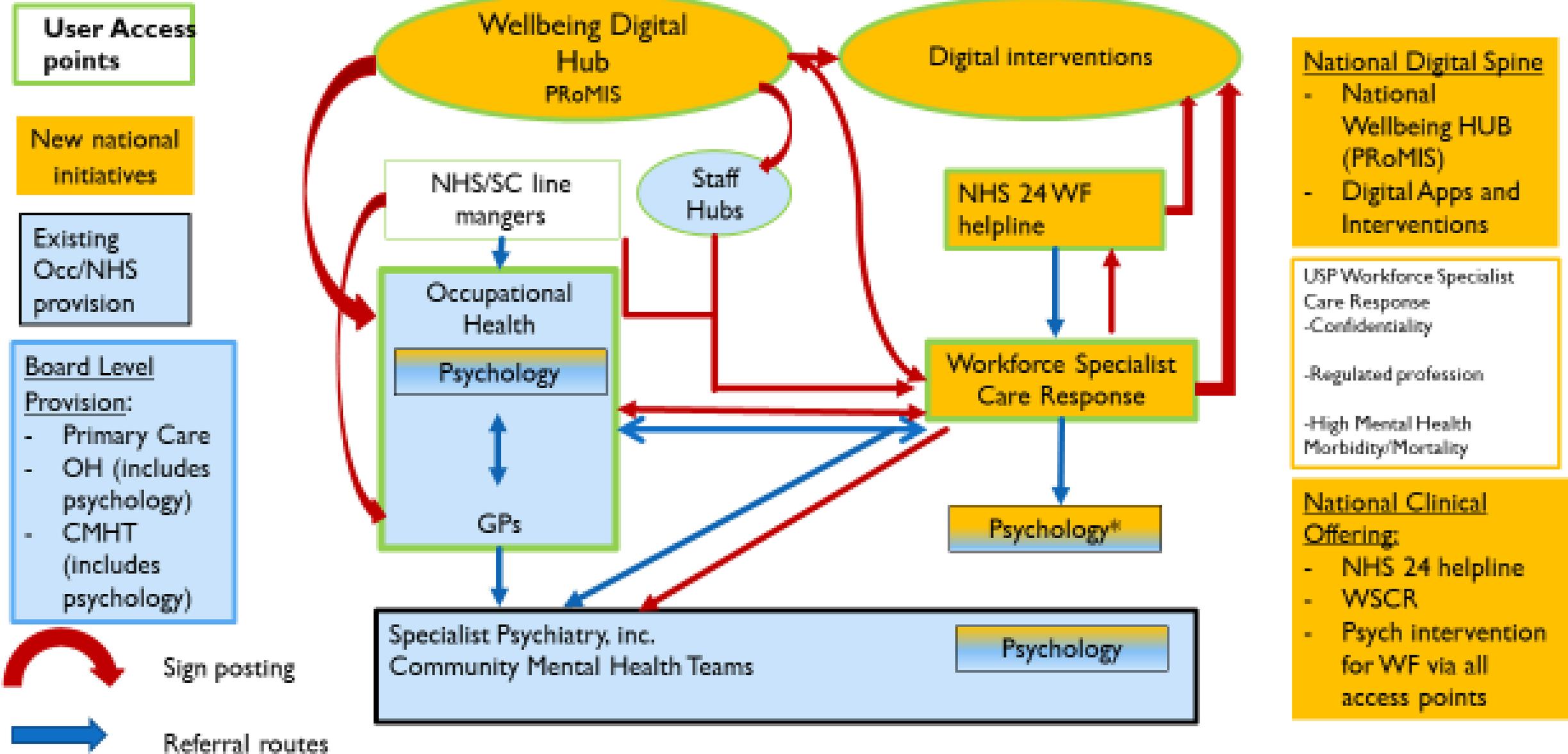
Psychological First Aid

NHS Education for Scotland (NES) has offered psychological first aid training modules.

HSC STAFF MENTAL HEALTH PROPOSAL

- Staff across the HSC workforce whose mental health has been significantly adversely affected should have access to prompt, evidence-based, high quality treatment that addresses their mental health difficulties whilst respecting their preferences in a timely way.
- Staff should have access to an array of resources such as helplines, online and face-to-face therapy and access to online tools to help manage symptoms.
- A HSC Mental Health Network is proposed to enhance existing mental healthcare provision, and to supplement support which has already been instigated on behalf of HSC staff locally and nationally.
- **The network has three core components which interlink and complement the others:**
 - **Digital resources**
 - **Board level enhancement**
 - **National resource provision (HSC helpline and the workforce specialist care response).**

SCOTTISH HSC MENTAL HEALTH NETWORK



* Resources delivered at Board level. National framework for specification/access

HOW CAN RENEWAL ENABLE H&SC IN SCOTLAND BE A GREAT PLACE TO WORK?

- Intentional coherent programme of work, focussed on:
 - Inclusion and how we listen (nationally, organisationally and individually)
 - Equalities and diversity, including career progression and recruitment
 - Compassionate leadership at all levels
 - Supporting staff to be well and to thrive at work
 - To incorporate formal and informal / social processes
 - To value psychological safety and trust as key markers of effectiveness
 - To develop wellbeing measures and understand effect of interventions

“THERE MAY BE NO GREATER LEADERSHIP CHALLENGE... THAN TO HELP PEOPLE UNDER PRESSURE TO FEEL VALUED AND FOR EVERYONE TO APPRECIATE THE BENEFITS WHICH COME FROM REBUILDING STRONG RELATIONSHIPS... TO BE MORE EFFECTIVE IN EVERY WAY.”

John Sturrock QC 2019

Review of NHS Highland

Official Sensitive

NHS Chairs Meeting

Paper no: NHSCH/20/21/08
Meeting date: 26 October 2020
Agenda item: 5

Purpose					
For Information		For Action		For Decision	
				For Discussion	x

Title:	Active Governance
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Key Issues:	<p>The presentation, which is supported by PowerPoint slides attached, provides an overview of the Active Governance Project including:</p> <ul style="list-style-type: none">• Project structure• Timescales• Objectives• Learning outcomes• Approach
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Action Required:	Members are asked to note the project objectives, approach and timescales planned.
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Author: Date:	Margaret Kerr 21 October 2020
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Active Governance Project

Project structure and timescales

Structure

- CGSG: provides oversight and sponsorship of the project
- PID issued on 3 August 2020
- Project Board: Active Governance Reference Group (AGRG) chaired by David Garbutt
- AGRG meets every 3 weeks to provide direction and project decision making
- Project Team is a collaborative between NES, HIS and SAS
- Project team meets at least weekly

Timescales

- Development of the training required is in progress now
- Pilots to be held Jan/Feb 2021
- Refinement of material ready for national roll out from March 2021

Project objectives

Objectives

- Develop a consistent approach to presenting information for assurance purposes which:
 - Brings good practice data visualisation principles
 - Enables triangulation of quantitative and qualitative information
 - Can be applied to new measures as they are required
- Provide organisational development through tools and practice aids for preparers of Board information
- Deliver tailored Board development sessions for all Boards which:
 - Utilises the above data visualisation
 - Addresses local risks and priorities
 - Emphasises good governance questioning skills
 - Achieves the learning outcomes (over...)

Learning outcomes

1. Have the skills to understand and interpret performance information presented for governance purposes
2. Be able to scrutinise and ask good governance questions, with the persistence to explore further where needed

These learning outcomes are underpinned by more detailed outcomes which are being used to shape Board members' development.

Project approach

Approach

- Focus on development of Board members' skills
- Use priority areas as themes for development sessions
- Not attempting to mandate a core data set
- Two pilot Boards agreed: Grampian & Lanarkshire
- Prioritise territorial Boards first, with nationals to follow
- Consistent development approach and learning outcomes across all Boards
- While many Board members are also IJB members, development of IJBs is not within scope of the project

NHS Chief Executives Business Meeting 2020.09.09

Agenda Item 5

Integrated planning for 2021 and
beyond

Integrated planning for 2021 and beyond

- **[REDACTED s.38(1)(b) (personal information)]** will introduce this item and set the scene for discussion on Programme for Government priorities.

Tackling inequalities

([REDACTED s.38(1)(b) (personal information)])

- Getting the balance right between preventing the causes of inequality (to make a long-term difference) and mitigating the harmful effects of inequality felt in communities now
- Poverty, exacerbated by COVID and including poverty of resilience as well as financial poverty, food poverty, fuel poverty etc. – Take forward the action proposed by the ERG
- Systemic exclusion, especially systemic racism and disablism
- What role can we as leaders play in creating a world class public health system

Tackling inequalities

[REDACTED s.38(1)(b) (personal information)]

- What steps do we need to put in place to ensure that locality based solutions can be developed and delivered?
- How can we learn from the best practice that is currently being taken forward at a local level / within communities and look to try and replicate it elsewhere?
- What elements of best practice can and should we be doing more of, and accelerating the pace of change?
- What steps do we need to take to ensure that the focus on prevention align with the Programme for Government commitment for a world class public health system?

[REDACTED s.29(1)(a)) (policy formulation)]

Primary Care Improvement

[REDACTED s.38(1)(b) (personal information)]

- Additional common clinical conditions will be added to the **Pharmacy First** service during 2020-21
- Implementation of **GP Contract** (including 250 **Community Link Workers**)
- Recruit 800 **mental health workers to key settings, including to GP practices** and look at further ways to support the recruitment of mental health workers in the community.
- Aim that all health and care consultations are provided by **Near Me or telephone** whenever clinically appropriate
- We will **accelerate the reform programme for NHS dental services** and introduce a new model of preventive oral health care for adult patients.
- We will **accelerate the reform programme for NHS eye care services**

Sustainability

[REDACTED s.38(1)(b) (personal information)]

- All Q1 returns have been received from NHS Boards and are currently being reviewed.
- **[redacted s.30(b)(ii) (substantial inhibition of free and frank exchange of views for the purposes of delivery)]**
- Follow up meetings with Boards to review Q1 position and remobilisation. Final remobilisation submissions due 18 September.

Sustainability

[REDACTED s.38(1)(b) (personal information)]

- Key areas for consideration:
 - Allocation of funding for costs to date, and to support remobilisation
 - Funding to be based on formula and/or actual spend
 - Approach to Social Care Funding
 - Agreeing appropriate financial parameters for activity to March 2021
 - Revised savings plans and what can reasonably be delivered
 - Priorities to be reflected in Spending Review and 2021-22 Budget

Workforce Development

[REDACTED s.38(1)(b) (personal information)]

Programme For Government

- Continue to develop a world-class **public health service** that builds on our COVID-19 response
- Expand mental health and **wellbeing support for health and social care staff**
- **Remobilise our NHS Services** focusing on
 - a move to deliver safely as many of its normal services as possible
 - ensuring the capacity that is necessary to deal with the continuing presence of COVID-19; and
 - preparing the health and care services for the wider pressures of the winter season

Workforce Development

[REDACTED s.38(1)(b) (personal information)]

- **Issues in Play**
 - Understanding workforce requirements early, multiprofessional whole system approach, mix of staff, change of role, need for workforce growth, time for a new workforce to be available
- **Public Health Capacity**
- **Existing Workforce Wellbeing/Resilience**
 - Changes will impact the current workforce
 - Mental health and wellbeing workforce supply
- **Facilitating Placements**
 - Supply pipeline challenges
 - Educational capacity constraints