

Report Title	Psychological Wellness and Scorecard		
Sponsoring Executive	Raffaella Goodby, Director of People and OD		
Report Author	Bethan Downing, Deputy Director, People and OD		
Meeting	Public Trust Board	Date	6 th August 2020

1. Suggested discussion points *[two or three issues you consider the Committee should focus on]*

The psychological wellness developments during July include development of documentation and risk stratification for local Practitioners to use in a consistent way. This will be rolled out to Level 2 (and TRiM) Practitioners over the following few weeks supported with WebEx Q&A sessions.

The new e-Stress Risk Assessment has been implemented resulting in 17 colleagues requiring additional support to date. The Public Health Committee agreed to extend the SRA to all staff in view of the challenges and increased stress associated with COVID-19. The SRA is now joined by the new mental wellbeing assessment, developed by Dr Aga and colleagues to enable a holistic approach to stress and wellbeing to be undertaken at the same time via e-form to identify most appropriate interventions and pathways for the colleague.

The largest requirement of our mental wellbeing solution is to train employees in having supportive conversations to promote good mental wellbeing and low level interventions to prevent exacerbation of symptoms and deterioration in mental health.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan	X	People Plan & Education Plan	X
Quality Plan		Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other <i>[specify in the paper]</i>	

3. Previous consideration *[where has this paper been previously discussed?]*

Trust Board, Public Health Committee & People and OD Committee

4. Recommendation(s)

The Clinical Leadership Executive is asked to:

- a. NOTE the documentation and risk stratification for interventions
- b. DISCUSS plans for improving take-up of SRA
- c. RECEIVE an update at the next board

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Risk 114 and Covid specific risk register				
Board Assurance Framework		SBAF 13				
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board

COVID-19 Psychological Wellness Scorecard

1. Introduction

- 1.1 Following the previous months' update on psychological wellness, this paper is provided as a further update and includes an overview of the documentation proposed for REACT Level 2 Practitioners and the signposting available to support them. The paper also provides an update on the number of Stress Risk Assessments completed along with the new Mental Wellbeing assessment rollout. This is in response to feedback from board colleagues, clinical colleagues and all staff, that the HSE Risk Assessment does not identify issues that may lead to stress, anxiety and depression outside of the workplace indicators. Finally the paper discusses the training plan to improve take up of Level 1 trained staff and suggests options for increasing the compliance significantly over the next few weeks.
- 1.2 The purpose of the interventions in this paper and other papers presented to the board, is to intervene early in the employee's absence and ensure that they have the appropriate support to return to work as soon as possible. When an absence becomes long term (4 weeks or longer), the chances of the employee's return to work diminish rapidly. 1 in 5 will not return to work after just 4 weeks of absence ([Health at Work 2011](#)).
- 1.3 As the absence continues, the barriers to return become higher. One of the factors is a 'fear of the unknown' where return to the workplace has become such a scary prospect that employees are intimidated by the idea and it is prolonging the absence. In many cases a long term absence spirals into a long term incapacity. Each year over 300,000 people in the UK fall out of work onto health-related state benefits ([Health at Work 2011](#)). In relative terms this means that you're almost as likely to fall onto benefits (1 in 200 chance) as you are to die in an accident (1 in 260 chance – Source: Office of National Statistics)
- 1.4 After being off work for 6 months, only 1 in 5 return to work (NICE 2009). This means that their chances of being diagnosed with cancer (1 in 3 -Source Cancer Research UK) are higher than the possibility of regaining employment. After 2 years, the employee is more likely to die or retire than return to work ([NICE 2009](#)).
- 1.5 During Covid 19 our employees reported that they had access much earlier to support and remained in close contact with the organisation. This needs to continue, as the evidence and our own knowledge clearly demonstrates this is a better experience for the employee, and minimise unsustainable absence levels risk for the organisation.

2. REACT Level 2 and TRiM Practitioner

- 2.1 All areas will have a trained REACT Level 2 Practitioner. This person is equivalent to a Mental Health First Aider. The Practitioner will be identified clearly as the mental wellbeing Practitioner for their area, with each area having a poster with the Practitioner details to display to all staff. The REACT level 2 practitioners will have ongoing support akin to supervision in group sessions throughout the year, and be able to escalate any concerns for further support. There is also a plan to offer CPD sessions throughout the year for these colleagues, to ensure that they do not become overwhelmed and know where to go for support and guidance. These sessions have commenced already through Webex.
- 2.2 Following completion of the e-Stress risk assessment and mental wellbeing assessment, staff who meet relevant criteria will benefit from support from their local Practitioner. The wellbeing hub will link the employee to their local Mental Wellbeing Practitioner (consent is obtained in the assessment process).
- 2.3 The Mental Wellbeing Practitioner (REACT Level 2 Practitioner) in each of their areas is able to undertake assessments for any member of staff. They are not required to wait for instruction from the wellbeing hub. The wellbeing hub will contact the mental wellbeing practitioner where they feel a member of staff requires support locally and staff have given their consent. The practitioner can also undertake assessments outside of their local work area, if colleagues do not wish to disclose issues to someone within their own work team.
- 2.4 A copy of completed paperwork for all assessments is required in the Wellbeing Hub (with consent). This enables the hub to ensure assessments are consistent, that interventions are appropriate and where issues are identified that they are addressed in a timely way. This also allows for themed data to be produced and resources to be allocated to the areas that need it the most.
- 2.5 As part of the training, assessors received guidance to determine the risk stratification of one of four categories (Annex A). Depending on the category of risk, the Practitioner will utilise a predetermined set of interventions and make sure that the employee receives signposting to the correct intervention. These interventions have been developed and signed off by our Consultant in Occupational Health who has oversight of the clinical pathways (not all interventions are clinical)
- 2.6 There is already an extensive list of signposting for services currently available for more common requirements, however there will be additional resources added to the wellbeing pages for Practitioners and employees to consider. These will be developed in response to the suggestions from colleagues and be flexible to different colleagues' needs.
- 2.7 Any information collected is stored in the wellbeing hub for auditing and to ensure that appropriate interventions have taken place. This information is provided with consent.

The REACT Practitioner may hold information locally but must store this securely and this must be shared with the employee.

- 2.8 The Practitioner documentation is provided and CLE agreed the documentation during July, prior to implementation in the next few weeks.

3. Stress Risk Assessment Uptake and Mental Wellbeing Assessment

- 3.1 During July, the new e-Stress Risk Assessment has been developed to include the new Mental Wellbeing Assessment. The Mental Wellbeing Assessment is based on the Hospital Anxiety Depression scoring and provides a metric score to identify whether intervention is required and level of intervention. This will be received into the Wellbeing Hub and actioned within 3 working days. This responds to learning from Covid 19 where early access to mental health and stress support was vital to getting people back to work sooner.
- 3.2 There have been 202 assessments completed of which 17 employees required additional interventions and support. The 17 employees are requested to retake their assessment 4 weeks following initial assessment to ensure the intervention improved the score.
- 3.3 The Public Health Committee on 8th July 2020, agreed that it would be beneficial to expand the Stress Risk Assessment (that now encompasses a wellbeing assessment) to all staff. It is suggested that during August 2020, there is an organisation focus to encourage staff to complete the assessment and this should be linked to the Wellbeing launch in August.

4. Uptake of Training or REACT Level 1

- 4.1 A total of 397 employees have completed the REACT Level 1 training. The importance of the REACT Level 1 training is that the lower level supportive coaching conversations have the ability to prevent deterioration of mental wellbeing and therefore could potentially prevent an individual requiring the higher level interventions or becoming very unwell.
- 4.2 The training has been created as a simple 30 minute training package which is delivered via e-learning video. The CLE are requested to consider the best way to improve uptake of this important training for all staff and whether dedicating a QIHD learning topic to this would be considered appropriate. If QIHD is not considered a suitable forum for the training, Group level reports are able to be available, with additional reporting resource, from September 2020 to confirm employee names for Groups to chase individually who have not completed their training.

5. Summary / Conclusions

- 4.1 The psychological wellness requirements include the development of documentation and risk stratification for local trained assessors to use in a consistent way. Following CLE approval this will be rolled out to Level 2 and TRiM assessors over the following few weeks supported with WebEx Q&A sessions.
- 4.2 The new e-Stress Risk Assessment has been implemented resulting in 17 colleagues requiring additional support to date. The Public Health Committee in July 2020 agreed to extend the SRA to all staff in view of the challenges and increased stress associated with COVID-19. The SRA is now joined by the new mental wellbeing assessment to enable a whole approach to stress to be undertaken at the same time via e-form to identify most appropriate interventions.
- 4.3 The largest requirement of our mental wellbeing solution is to train employees in having supportive conversations to promote good mental wellbeing and low level interventions to prevent exacerbation of symptoms and deterioration in mental health. CLE is requested to confirm group or trust level solutions to ensure that all staff are trained in REACT Level 1.

6. Recommendations

- 6.1 The Trust Board is asked to:
 - a. NOTE the documentation and risk stratification for interventions along with signposting
 - b. DISCUSS plans for improving take-up of SRA

Annex A: REACT Level 2 (and TRiM) paperwork with intervention guidelines

Annex B: Psychological Scorecard

Bethan Downing
Deputy Director, People and OD
30th July 2020