
Report To: Inverclyde Integration Joint Board **Date:** 2 November 2020

Report By: Louise Long
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Inverclyde Health & Social Care
Partnership **Report No:** IJB/67/2020/SMcA

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Subject: **WORKPLACE WELLBEING MATTERS**
(A Wellbeing and Resilience Delivery Plan for
Inverclyde's Health & Social Care Staff)

1.0 PURPOSE

- 1.1 The purpose of this paper is to update the IJB on the progress on the development of an area-wide Wellbeing and Resilience Delivery Plan and to approve the direction of travel.

2.0 SUMMARY

- 2.1 Ensuring all staff working in health and social care stay safe and well is essential to support them to deliver the best care to service users and their carers. This is augmented by providing resources and support at pace, so that workforce wellbeing and resilience are sustained and improved.

Data published by the Health & Safety Executive, in their Labour Force Survey suggests that it is estimated that 28.2 million working days were lost due to work-related ill health and non-fatal workplace injuries in 2018/19.

In the same period, stress, depression or anxiety and musculoskeletal disorders accounted for the majority of days lost due to work-related ill health, 12.8 million and 6.9 million, respectively.

Consequently, supporting wellbeing can help prevent stress and create positive working environments, where individuals and organisations can thrive. Good health and wellbeing can be a core enabler of employee engagement and organisational performance.

- 2.2 Inverclyde has risen to the challenge of enhancing at a pace, the work already undertaken by the Scottish Government and throughout Greater Glasgow & Clyde to build on this work and this paper is a follow-up to a previous document from the August IJB, to present on Workforce Wellbeing Matters and, following approval, its subsequent implementation.

3.0 RECOMMENDATIONS

3.1 The IJB is asked to:-

- Endorse the progress to date to support workforce wellbeing and resilience.
- Approve the inclusive and integrated approach of the wider workforce, 3rd and Independent Sector colleagues.
- Approve the direction of travel and the implementation of the delivery plan.
- Note the use of Chief Social Work Officer funding to support initiatives associated with the plan.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 In March 2020, there was an approach from the Minister for Mental Health for each Health & Social Care Partnership and Local Authority to nominate Wellbeing Champions, who now actively engage with a national group.

Inverclyde has been well represented and influenced the direction of travel for this group and the work that has been developed.

- 4.2 Subsequently, a Greater Glasgow & Clyde-wide group was established, which has the responsibility for the implementation of their Workforce, Mental Health & Wellbeing Action Plan, which has seen significant inputs from Inverclyde. Most of this work has been to ensure that there is a pragmatic and shared approach, spanning all health and social care, in matching the available national, regional, and local resources.

- 4.3 From a local perspective, the Inverclyde Staff Wellbeing Task Group was created to oversee the implementation of both the national and GGC-wide resources and contextualise for their use in Inverclyde.

In addition, the Group has supported a number of the staff engagement processes, which has been one of the central springboards in the construction of the plan and embeds this in the context of being workforce-led.

This group has adopted a partnership approach with HSCP and Council officers, staff side representatives, HR input and extensive dialogue with colleagues in the 3rd Sector, with current discussions extending to the independent sector colleagues. This has been achieved mainly using the local planning structures in the development of this plan, the valuable addition of relevant data, and counsel on the content.

5.0 WORKPLACE WELLBEING MATTERS

- 5.1 A central springboard to the construction of the plan has been the robust engagement and participation processes that has been carried out as part of the Inverclyde Staff Wellbeing Task Group, which are summarised as –

- Wellbeing Telephone Calls for Care at Home Staff
- Children and Family Team: Wellbeing and Agile Working Survey
- Staff Wellbeing & Resilience – Targeted Focus Groups
- CVS Inverclyde's Health and Wellbeing Surveys and Surgeries

Recognition is also given to the awaited outcomes from Inverclyde Council's Staff Health & Wellbeing Survey and the Scottish Government's Everyone Matters: Pulse Survey.

Therefore, there may be some additional or adjusted improvement actions resulting that need to be considered in the plan's implementation.

- 5.2 The plan itself is comprehensive and ambitious in its commitments and intended improvement actions. So as to guide, through the collaborative approach described above, it has been agreed that the overall aim is –

'Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and a valued health and social care workforce'

This aim will be fully supported by the Primary Drivers of –

- ✓ Embed and support organisational cultures, where all staff are valued.
- ✓ Staff feel safe in their Workplaces.
- ✓ Staff Feel Supported in their Workplaces.
- ✓ Staff maintain a sense of connectedness to their team, line manager and organisation.
- ✓ Staff, where possible, have the tools and resources to work flexibly (Home, Office, and Community).

5.3 Staffing resource to support the implementation of the plan will be secured by Heads of Service sponsoring specific areas of the plan, acting as champions within their own service area and HR HSCP specific absence and wellbeing officer leading the project management elements of the plan.

6.0 IMPLICATIONS

FINANCE

6.1 One-off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

6.2 There are no specific legal implications arising from this report.

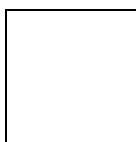
HUMAN RESOURCES

6.3 There are no specific human resources implications arising from this report.

EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

X	YES
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NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 A number of the improvement actions dovetail with the HSCP’s Clinical Care Governance Strategy but there are no direct negative implications.

NATIONAL WELLBEING OUTCOMES

6.6 How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None

Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

7.0 DIRECTIONS

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

8.0 CONSULTATION

8.1 This report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

9.0 BACKGROUND PAPERS

9.1 Appendix 1 – Workplace Wellbeing Matters

‘WORKPLACE WELLBEING MATTERS’

**(A Wellbeing and Resilience Delivery Plan
for Inverclyde’s Health & Social Care Workforce)**

2020 - 2023

#InverclydeCares

Final Draft – 20th October 2020

This document can be made available in large print, audio tape, computer disk and in a variety of Community Languages, on request.

Arabic

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Gaelic

Tha an sgrìobhainn seo cuideachd ri fhaotainn ann an cànanan eile, clò nas motha agus air teip ma tha sibh ga iarraidh.

Hindi

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई और सुनने वाले माध्यम पर भी उपलब्ध है

Mandarin

本文件也可應要求，制作成其它語文或特大字体版本，也可制作成录音帶。

Polish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formie audio.

Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

‘WORKPLACE WELLBEING MATTERS’

Table of Contents

Foreword 4

1. Background & Context..... 5

2. Engagement & Participation 9

3. Governance (including Measurements & Evaluation) 19

4. Driver Diagram..... 21

5. Inverclyde Wellbeing Delivery Plan 21

Foreword

It is with great pleasure that I bring you another Inverclyde first, Workplace Wellbeing Being Matters.

This local delivery plan is being published at a much needed time and reminds us all of the importance of looking after the wellbeing and resilience of Inverclyde's health and social care workforce. We all have our part to play in this significant agenda.

In my role as the HSCP's Chief Officer and Corporate Director, I know that our local area's very fabric is about caring for each other, which is why people who live and work in Inverclyde, more often than not, express their solidarity by supporting others.

Workplace Wellbeing Matters captures some of this essence and I am also reminded about the community and workforce co-production efforts of the HSCP's Strategic Plan, and in looking after our wellbeing and resilience, this helps the HSCP and its partners, to deliver on the strategic vision of ensuring *"Inverclyde is a caring, compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives"*. This now extends to other recently published strategies and plans, such as the Inverclyde HSCP Workforce Plan – 2020 to 2024; Inverclyde HSCP Clinical and Care Governance Strategy 2019 – 2024 and collaborative inputs to the national Framework for Community Health and Social Care Integrated Services (November 2019).

You will see that it has been decided to 'brand' the plan within the context of 'Inverclyde Cares', recognising that everyone has a role in supporting one another. The desire to belong, to be appreciated, respected and cared for is core to all human being wellbeing. Additionally it is recognising that these inter-dependencies go a long way to developing what the caring needs are to have a workforce who deserve to have excellent wellbeing and resilience.

The delivery plan itself has been constructed in a very short space of time and has the overall aim of –

“Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and a valued health and social care workforce”

This is underpinned by a number of improvement actions, all of which are detailed in the following pages.

Workplace Wellbeing Matters is the result of a range of staff engagements and consultations undertaken to inform the plan and I want to express my sincere thanks to everyone who participated, providing their views and helped to guide its creation. I also want to say a thank you to my trade union colleagues and especially to CVS Inverclyde, in providing information from their community conversations.

Louise Long
Chief Officer and Corporate Director, Inverclyde HSCP

1. Background & Context

Ensuring all staff working in health and social care stay safe and well is essential to support them to deliver the best care to service users and their carers. This is augmented by providing resources and support at pace, so that workforce wellbeing and resilience is sustained and improved.

An organisation's greatest asset is its workforce and every effort should be made to ensure there are appropriate, proactive and accessible resources to keep staff mentally and physically well and ensuring that everyone supports and pays attention to wellbeing needs on a daily basis.

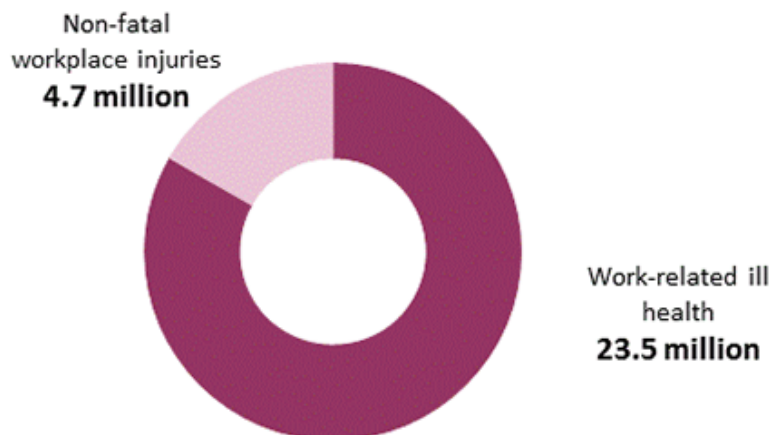
The arrival of COVID-19 acted as a springboard, bringing about an incredible scale and pace of transformation, and highlighting the enormous contribution of the entire Health and Social Care workforce and therefore, there is a collective responsibility to build on this momentum and continue to transform – keeping people at the heart of all that we are to achieve.

Research and evidence clearly recommend that a wide-scale staff process to identify needs is undertaken at different time points (3, 6 and 12 months). Moreover, staff who go on to develop mental health difficulties do not always request support from existing mechanisms many staff mental health difficulties have a late onset and often can present 6-18 months following the event.

The best current estimate, from work completed by psychology colleagues is that between 10-20% will go on to develop mental health difficulties over a period of 0-2 years.

Data published by the Health & Safety Executive suggests that it is estimated that 28.2 million working days were lost due to work-related ill health and non-fatal workplace injuries in 2018/19.

Working days lost, 2018/19



Source: Labour Force Survey (LFS) self-reported estimates

- Stress, depression or anxiety and musculoskeletal disorders accounted for the majority of days lost due to work-related ill health, 12.8 million and 6.9 million, respectively.
- On average, each person suffering took around 15.1 days off work. This varies as follows:
 - 8.1 days for Injuries
 - 17.3 days for Ill-health cases
 - 21.2 days for Stress, depression, or anxiety
 - 13.8 days for Musculoskeletal disorders

Supporting wellbeing can help prevent stress and create positive working environments where individuals and organisations can thrive. Good health and wellbeing can be a core enabler of employee engagement and organisational performance.

Over the years, there have been a number of policies and drivers that are aligned to sustaining and improving wellbeing and resilience in Scotland's Workforce –

- Healthy Working Lives (NHS Health Scotland/Public Health Scotland)
- Social Service in Scotland a Shared Vision and strategy 2015-2020
- Scottish Government's approach to mental health from 2017 to 2027 – a 10-year vision
- Everybody Matters 2020 Workforce Vision
- Scottish Government's National Health and Social Care Workforce Plan
- Working Well (part of NHS Scotland 's Staff Governance – A Framework for NHS Scotland's Organisations and Employees)

Other drivers that have also informed the construction of this plan are –

- NHS Greater Glasgow & Clyde Staff Health Strategy
- Inverclyde HSCP Strategic Plan
- Inverclyde HSCP Staff Governance Plan
- Inverclyde Council's People and Organisational Development Strategy 2020-2023

The latter was published in February 2020 and reflects the key objectives within the Council's Corporate Plan and Corporate Directorate Improvement Plans and developed, following an extensive consultation process. The plan has the following themes –

- 1) Organisational Development (Planning for the Future)
- 2) Employee Skills Development, Leadership, Succession Planning (Employees our most Valuable Resource)
- 3) Employer of Choice (Continuous Improvement)
- 4) Fairness & Equality (Promoting Equality, Dignity & Respect)

The themes are designed to continue with the objectives of having a skilled, motivated, flexible, and diverse workforce, aiming to develop a modern, innovative organisation, which will develop and sustain a positive and recognisable culture. Each theme is supported by number of work streams.

Further and notably –

- **Greater Glasgow & Clyde-wide Workforce, Mental Health & Wellbeing Action Plan:** an innovative approach that aims to lead and coordinate the development and implementation of appropriate mental health and wellbeing support to enable all areas in Greater Glasgow & Clyde, responding to the mental health and wellbeing impact Covid-19 on the workforce.
- **Inverclyde HSCP Workforce Plan – 2020 to 2024:** recently published plan encapsulating (backed by £100k for a Staff Development Fund), which is in the context of being complementary to Workplace Wellbeing Matters –
 - Inverclyde Strategic Plan, its 6 Big Actions and the delivery roadmaps for each action
 - Engagement & Participation – the plan was created in close liaison with partners and stakeholders
 - Demand drivers – including national policy, guidance, regulation and governance as well as the impacts of economics, demographics and local priorities • Inverclyde context – the particular issues facing the Inverclyde workforce and demand for HSCP services now and going forward, both of which are influenced by a declining and ageing population leaving fewer people of working age in the area and increasing the number of elderly local people requiring support
 - Strategic Commissioning, Market Facilitation and the links between workforce planning and purchased services in a successful mixed model economy
 - Future workforce – recruitment and retention of staff, training, and the need for a Learning & Development Board within the HSCP to support staff development and succession planning
 - Intermediate Action Plan that will be taken forward by the HSCP’s Learning & Development Group, focusing on supporting the strategic direction for workforce development, service redesign and the resulting changes to the HSCP’s workforce.
- **Inverclyde HSCP Clinical and Care Governance Strategy 2019 – 2024:** also recently published, describing a clinical and care governance framework that fosters and embeds a culture of excellence in clinical and care practice, enables and drives forward the delivery of safe, effective, high quality, sustainable person-centred care based on clinical evidence and service user experience, resulting in positive outcomes for everyone.

Inverclyde HSCP has clearly defined scope (domains) for clinical and care governance, as

–

- adverse event and clinical risk management
- continuous improvement
- person-centredness
- clinical effectiveness

The strategy, which will be accompanied by an action plan, is one of the golden threads to support and enable a culture of good wellbeing and resilience and covers both structures and processes at all levels within the Partnership and services provided on behalf of the HSCP, leading to and supporting continuous quality improvement.

It is envisaged that the Workforce Wellbeing Matters Delivery Plan and the developing Inverclyde HSCP Clinical and Care Governance Strategy action plan will work in tandem, so as to ensure the optimum outcomes for the Health and Social Care workforce.

- **Framework for Community Health and Social Care Integrated Services (November 2019):** this was the response to the review of progress with integration was agreed and published by the Ministerial Strategic Group for Health and Community Care (MSG) on 04 February 2019, setting out 25 inter-related proposals designed to improve the pace and scale of integration.

The framework for community health and social care integrated services is one of these proposals and supports the improvement of outcomes for people by informing the design and delivery of assessment, care and support at a local level, ensuring that services feel integrated from the perspective of those who use them. It will therefore be necessary to adopt a whole system approach to operationalising the framework, ensuring transformation plans across organisational and sectoral boundaries are consistent and cohesive to deliver positive impacts for local people.

Inverclyde is an early adopter of this framework, demonstrating ways that collaboration across sectors is already happening, enabling direct correlations to how workforce planning and delivery will have on improving outcomes for organisations and communities.

A key and significant component in all of the above points to the importance of ensuring that there are collective actions in place, leading to improving and achieving positive outcomes for workforce wellbeing and resilience. This is particularly the case to support Inverclyde's health and social care workforce and their organisations navigate and collectively respond to the impacts of Covid-19.

The approach that is outlined in this document is consistent with that being developed at National and Greater Glasgow & Clyde-wide level, which is inclusive and integrated to include 3rd and Independent Sector providers, who have access to all of the resources available.

Through this progressive approach, the following pages also provide an important vehicle to drive forward the transformational changes outlined in the specific actions in Section 5.

2. Engagement & Participation

In March 2020, there was an approach from the Minister for Mental Health for each Health & Social Care Partnership and Local Authority to nominate Wellbeing Champions, who now actively engage with a national group. This group sits within the spectrum of work being taken forward by a division at the Scottish Government that has the overall strategic responsibility for providing support to the health and social care workforce through the Covid-19 crisis. The network is the primary engagement route with the workforce and how they can best offer support, in liaison with the Wellbeing Champions.

Inverclyde has been well represented and influenced the direction of travel for this group and the work that has been developed.

In the same territory, the Greater Glasgow & Clyde-wide group has collaborated and has responsibility for the implementation of their Workforce, Mental Health & Wellbeing Action Plan, has seen significant from inputs from Inverclyde. Most of this work has been to ensure that there is a pragmatic and shared approach, spanning all health and social care, in matching the available national, regional, and local resources. This is captured in the following diagram –



A summary of the themes of this plan are to –

- Sustain the Staff R&R Hubs, which were located mainly in acute settings throughout Greater Glasgow & Clyde and consider a staffing model (at least in the short term) that, would enable peer to peer support conversations and also to use the Hubs to raise awareness of all the support provision available.
- Flex the face to face Psychology Service to the needs of all health and social care staff groups/teams, who have been at the forefront of managing the pandemic.
- Continuation of the All Staff Helpline

- Develop training and use of Psychological First Aid by staff across Health & Social Care to enable more effective Peer Support conversations.
- Targeted use of Psychologist led team-based reflective practice models and also the roll out of Wellbeing Huddles
- Define arrangements with the Psychology Service for carrying out a Staff Mental Health Check-in and Assessment Process at 3, 6 and 12 month timescale and mental health assessment and treatment/care pathway.
- Consider what would be most effective support for Senior Leaders, identified as potentially high risk because they are not immune to stress caused by the crisis

The local to Inverclyde implementation of this agenda has focused on a partnership working approach, in collaboration with Staff Side, 3rd and independent sector colleagues. This approach has been to use the existing local planning structures, in the development of this plan, the valuable addition of data captured below and counsel on the content.

Inverclyde Staff Wellbeing Task Group

A task group was established to oversee and implement the national and regional work, focusing on ways the local area was responding the national agenda and supporting the organisational priority and duty of care to ensure that the Health and Social Care Workforce supports good mental health and wellbeing.

Some of the activities that the Taskgroup has worked alongside and developed are –

- **Wellbeing Telephone Calls for Care at Home Staff**

In the early stages of lockdown, it was identified the size and number of Care at Home staff working for the HSCP was seen as the largest in terms of lone working capacity in the local area. While this is well supported in terms of the staff's day to day leadership and management and the work carried out is rewarding, it can sometimes come with its challenges.

To this end, Care at Home services, supported by the Staff Wellbeing Task Group, set up a process for two telephone conversations with staff, by managers and also by affiliated staff to gather information on staff welfare. This resulted in –

- 191 wellbeing telephone calls were carried out
- 12% (n=15) were follow up calls for staff who felt they would benefit from an additional wellbeing call

While there were initial concerns about PPE, in the very early stages of lockdown, there were no other major concerns. The findings also suggested that staff were coping well

and had good resilience in place, due to very good business continuity planning, leadership and management, open conversations, and team spirit.

- **Children and Family Team: Wellbeing and Agile Working Survey**

In June and July 2020, the children and family (C&F) leadership team, undertook a staff wellbeing and agile working survey to the wider C&F team, with the purpose to establish the impact coronavirus pandemic (COVID-19) had on mental health and wellbeing and their experiences of support, communication and connection, trust in their leadership team in relation to supporting their health and safety, and new ways of working.

In terms of a summary of the findings, this highlighted –

- When asked about if they felt supported by their manager, 82% of staff felt well supported, 7% somewhat supported, 9% indicated no change and 2% felt very unsupported.
- In terms of trusting their leadership to make decisions that protected them and their colleagues, 89% indicated they were somewhat or very trusting, 5% were neutral in reply with 6% somewhat or very distrusting.
- Regarding support for staff health, safety, and wellbeing, 100% of staff indicated they knew where and how to access support.
- Staff embraced and valued a blended and flexible approach to working - mainly from home and coming into base in a safe and controlled way. Many indicated work-life balance has improved, along with support from team leaders and colleagues, the importance of continued meetings and good communication and wearing a uniform and use of PPE helped to make them feel protected.
- In response to what else could be done support the team's health and wellbeing, some staff highlighted, IT issues did present some issues, learning new systems and working differently, would be ongoing actions to help support, for future ways of working. Most staff, however, felt they were supported and valued.

A clear positive thread throughout the survey response was the benefits of being part of a strong and supportive team. Staff generally felt well supported by their team, team leader and management structures.

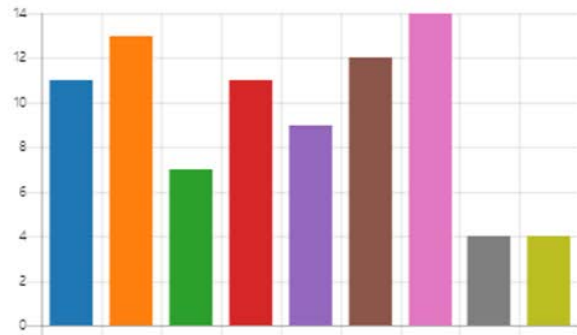
- **CVS Inverclyde – Wellbeing Conversations**

During the period April through to the end of August 2020, CVS Inverclyde - the local Third Sector Interface (TSI) organisation, funded by the Scottish Government to offer a single point of access for support and information for Inverclyde's third sector – helped to facilitate a number of engagements with the wider 3rd sector. These focused on the impacts on staff wellbeing and the following is a summary of the findings –

- Regarding the issues organisations were facing, participants highlighted concern for vulnerable staff, volunteers and service users and their ability to deliver on grant funding requirements.

3. Which of these issues are you currently facing?

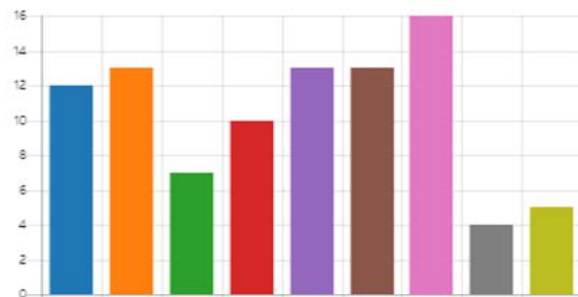
[More Details](#)



- Participants were also asked about issues that Covid-19 would cause if the pandemic continues and/or is worse than expected. Again, organisations highlighted concern for vulnerable staff, volunteers and service users and their ability to deliver on grant funding requirements.

5. Which of these issues do you think COVID-19 will cause you if it continues and worsens as expected?

[More Details](#)



- The above also helped to shape future sessions of the CVS Inverclyde's Covid Conversations webinar series. These webinars highlighted topics such as:
 - DigiShift
 - Covid-19 and HR Implications
 - Covid-19 and Funding
 - Future of Volunteering

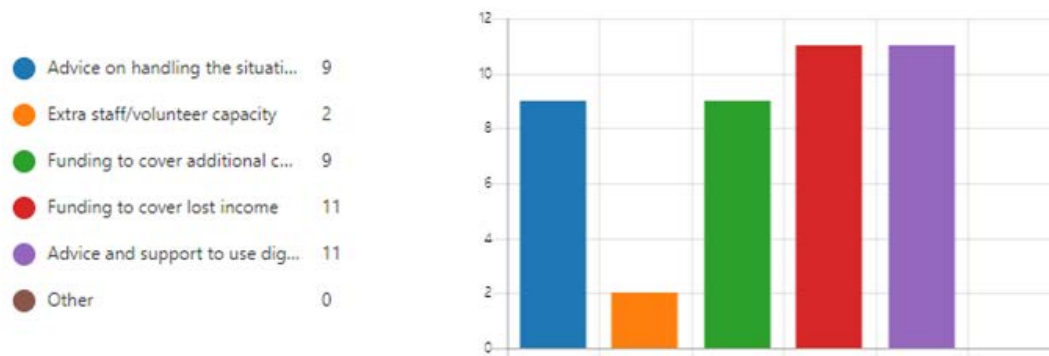
- Risk
 - Health and Wellbeing
- CVS Inverclyde was also able to establish, in their conversations, where the use of technology had been vital to how organisations connect with each other and the people they support. Technology had allowed organisations to maintain links with partners from across Inverclyde’s health and social care workforce. CVS Inverclyde continued to deliver many of their networks using the virtual platform Zoom, continuing to offer these networks a space for collaboration, knowledge exchange and ongoing partnership working –
 - Learning Disabilities Network – practitioners and service providers involved in supporting people with learning disabilities
 - Best Start in Life Network - service providers and groups supporting children and young people. This network includes local providers as well as representatives from national organisations, Children in Scotland and Education Scotland.
 - Resilience Network – originally developed around the Hard Edges Scotland report and the impact of those multiple disadvantages on the people of Inverclyde. The aim of the network is to work collectively to help people in Inverclyde build resilience and foster hope. With the additional challenges Covid-19 brings, the partners recognise that our community need resilience now more than ever.
 - Crucially, CVS Inverclyde found that the roles of volunteers were much needed, especially during the lockdown period, with the volunteers bringing a wealth of skills, knowledge and experience to organisations. Volunteering has been particularly important during the pandemic. In practical terms, volunteers have increased the size of Inverclyde’s health and social care workforce, allowing practitioners and service providers to do more.

Additionally, volunteers have provided vital psychosocial support to our community during very difficult times. Whether it is a befriending phone call or collecting a prescription, Inverclyde’s volunteers have provided a connection with the community, a community that cares.

- A question relating to what support would organisations like to see made available to the voluntary sector was asked. The joint top responses included support to use digital systems and funding support to cover lost income.

9. What support would you like to see made available to the voluntary sector?

[More Details](#)



- This leads CVS Inverclyde to conclude that while many of the local voluntary organisations had to adjust very quickly to the use of online platforms, achieved at great speed, with many organisations commended the creativity of staff both during lockdown and as restrictions were eased. Their innovative approaches provided more than a way to contact the people they support, it gave service users an opportunity to participate in Covid-safe activities, to develop new digital skills and to feel connected with their friends and loved ones.

Moreover, organisations have expressed that technology plays an important part in their delivery and recovery plans. At the same time, there is a collective need, in all sectors, to recognise the role technology will play in service future provision, ensuring that the workforce has the skills and confidence to use it well and have access to the resources they require.

- In determining what else that CVS Inverclyde could help to facilitate, this fundamentally is to ensure reliable and accessible information and facilitating community-based and ongoing community-wide conversations, to gain the answers to the difficult questions that are facing many third sector organisations, during these difficult times.

- Staff Wellbeing & Resilience – Targeted Focus Groups**

During August 2020, a series of focus groups and an online questionnaire (Webropol) were held, following discussions at the HSCP’s Staff Partnership Forum, engaging with the targeted staffing groups, with 54 members of staff engaging in the process –

- Business Support (n=10)
 - Primary Care Mental Health (n=6)
 - Frontline managers (n=16)
 - Day Care/Respite (n=11)
 - Health Visiting (n=11)

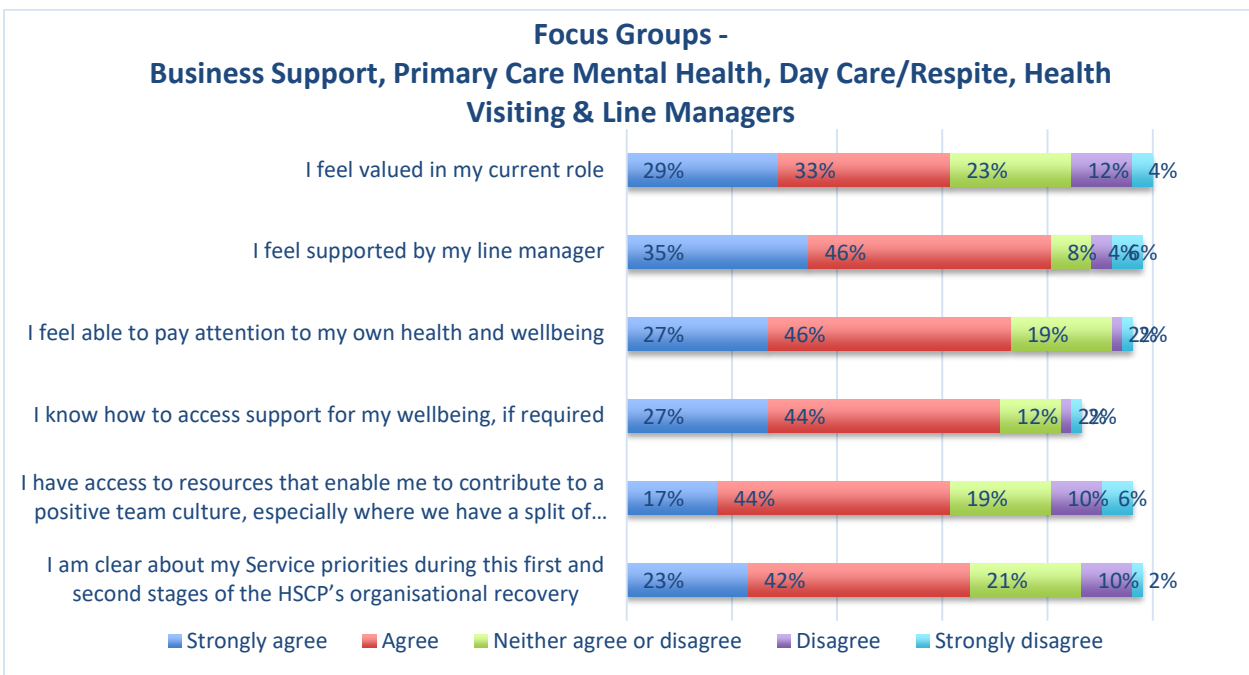
The findings, for what went well and what could have been better are summarised as –

- Good and flexible approaches to line manager/collegial support in place but some areas where this could have been better
- A mix of views on home working, which some highlighted was beneficial not ideal for others, which correlated with the lack of IT equipment and the perceived lack of team engagement, in the practice of rota systems
- Early anxieties around the availability of PPE, lack of IT equipment and conflicting systems, expected ways of working without appropriate support, had detrimental effects on how some staff wanted to work and their wellbeing
- Overall communication was not perceived as good, often conflicting and overloading, not from where some staff would have expected to receive consistent and accurate information
- A feeling of guilt if unable to carry out front line work due to shielding or health issues
- Concern for impact on job going forward, especially for staff that had been shielding and/or deployed into other service areas

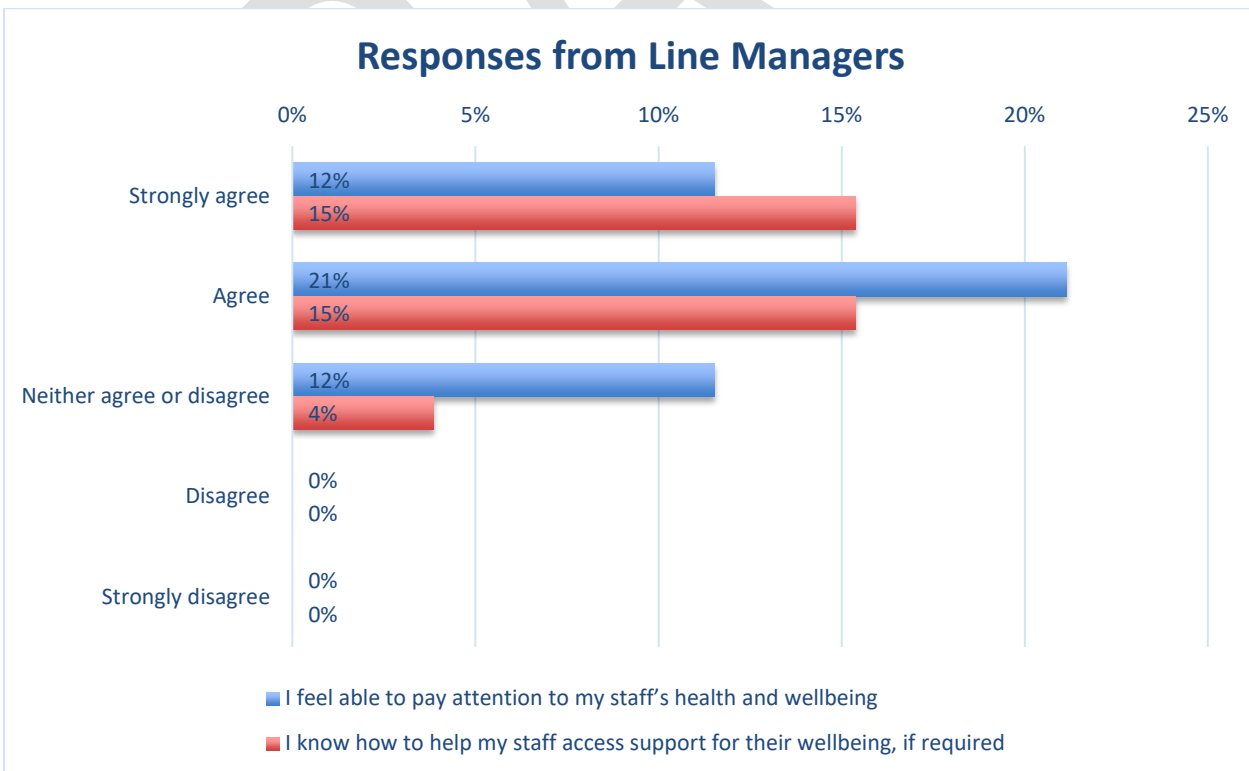
Participants were asked about any suggestions they had to improve the support/resources. These can be themed as –

- The HSCP is an integrated organisation and all resources should be available to all staff and not just either Council or NHS employees
- Ensuring that both information and resources are made available to all staff and not just to rely on the current communication media, such as ICON
- Increase the communication about national help resources
- For there to be an equal approach to the way staff have been recognised in either undertaking different roles and those who would like to have played a part but were not in a position, due to lack of systems
- More accessible information in ways to support health and wellbeing would be helpful, such as increased promotion to be given to the national offerings, such as the Promis.scot website and proactively develop according to local need
- Having dedicated team engagement time, not just focusing on the day to day operational tasks but more so having opportunities for improved communication and team time together for checking-in and supporting colleagues
- Have more purposeful communication, preventing the overload that can happen in challenging times, using a central repository for communication and information in one place that everyone can access and not dependent on managers/team leaders to cascade
- Suggestions for the way that buildings could be laid out, for the benefit of the staff and service users, along with having protected time for business and informal networking purposes and optimising screen times

Through an online poll, written responses and a show of hands, the participants were asked to rate a number of statements, either as Strongly Agree; Agree; Neither Agree –



Line managers were asked to rate an additional 2 statements –



Participants were asked a further two questions –

- As the HSCP moves through the recovery phases and where practices have changed, what specific resources do you think need to be in place to support your health and wellbeing?
- What else needs to be considered for your service area as the HSCP moves through the different stages of its organisational recovery?

With the responses themed as –

- As some staff are returning to their normal duties, consideration given to easing the pressure on these staff and for colleagues to be more aware and have a compassionate way of being
- Create more opportunities and safe spaces for people to be able to air their views and develop approaches to practice, without this always being seen as a management responsibility
- Better and improved ways of sharing information about service users and any service issues
- Having a one team approach to become a team again that will help and support the outcomes for the service, at the same time of managers understanding that the team can be more effective if the communication is improved
- Have more organisational transparency about where decisions are made and more access to minutes of meetings that are currently not shared with all staff
- Continuing to have a flexible approach to staff feeling as though they are being treated fairly and if this is not the case, there are processes strengthened where some staff can raise these issues in a supportive way
- Continue to encourage home working (as per current Scottish Government guidelines), wherever possible and managers support and trust people to undertake their agreed tasks
- Consideration given to peer support groups that are safe spaces
- Involve staff, at all levels, in the learning from the recent crisis, what things are good and should be kept/developed and what can be let go
- Have staff developing what resources they think are helpful and not just left to managers to decide
- Ensure that lessons are learned about the differing types of information and have a consistent approach in the way the staff are informed

In addition to the evidence for need for this plan that is outlined above, at the time of writing, there are the awaited outcomes from Inverclyde Council's Staff Health & Wellbeing Survey and the Scottish Government's Everyone Matters: Pulse Survey. Therefore, there may be some additional or adjusted improvement actions resulting that need to be considered in the plan's implementation.

All of the above are significant, both in terms of their approach and findings, and have paved the way for ensuring that the detail of the delivery plan in the following sections are reflective of this work and helped to ensure that Workforce Wellbeing Matters, in Inverclyde.

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3. Governance (including Measurements & Evaluation)

The Inverclyde Integration Joint Board (IJB) has lead responsibility for the strategic planning of health and social care for delegated services. The IJB must satisfy itself that the parent body organisations (Inverclyde Council and NHS Greater Glasgow & Clyde) have effective governance systems in place.

Workforce Wellbeing Matters has been constructed with the overall aim of –

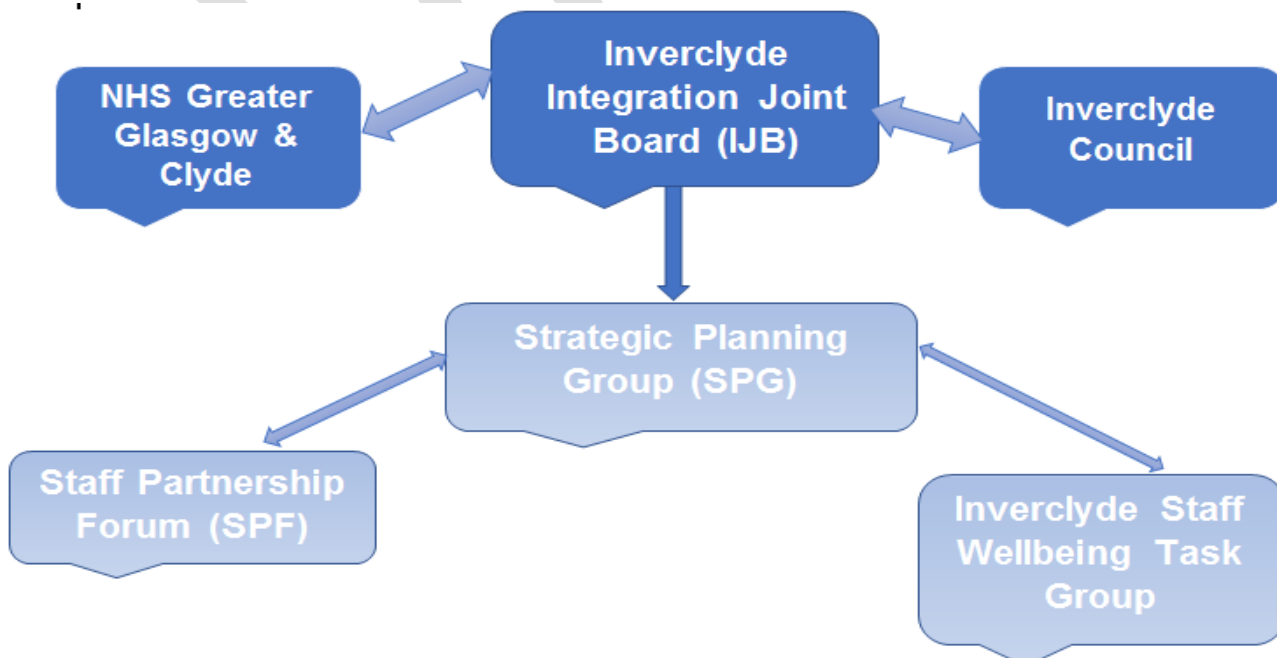
Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and a valued health and social care workforce

This aim will be fully supported by the Primary Drivers of –

- ✓ Embed and support organisational cultures, where all staff are valued
- ✓ Staff Feel Supported in their Workplaces
- ✓ Staff maintain a sense of connectedness to their team, line manager and organisation
- ✓ Staff, where possible, have the tools and resources to work flexibly (Home, Office, and Community)
- ✓ Staff, where possible, have the tools and resources to work in a blended approach (Home, Office, and Community)

Fuller details of a Driver Diagram is outlined in the next section, with the main purpose to represent the recent engagement and consultations mentioned above, guiding the transformational change actions contained in the plan and the ways these will be measured..

From a governance perspective, the following diagram outlines the reporting structure –



To support the above structure, the main sponsor of the plan will be the Inverclyde Council's Chief Social Work Officer.

In terms of implementation, the HSCP will provide a dedicated resource, available to the wider local agencies, which will have a focus on driving forward the work that is contained in the plan and its improvement activities. This resource will also support the sponsors of the various primary drivers in the delivery of the plan, working and engaging in partnership with a range of internal and external stakeholders to develop effective collaboration and working practices that supports both transformational change and helps to ensure that all improvement actions are delivered on time and as agreed.

Integral to the governance process is the improvement actions, sitting underneath each of the Primary Drives and specifically for the timescales, these have been evaluated from the time when the plan's publication date (November 2020) and have been identified as –

- Commitment 1 - Within the next 12 months
- Commitment 2 - Up to 24 months
- Commitment 3 - Up to 36 months

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4. Driver Diagram

WORKPLACE WELLBEING MATTERS (INVERCLYDE'S WELLBEING & RESILIENCE DELIVERY PLAN DRIVER DIAGRAM)					
Outcome	Primary Drivers		Secondary Drivers	Change Ideas	Measures
Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and valued health and social care workforce	Embed and support organisational cultures, where all staff are valued	←	Communication Plan Staff Wellbeing message embedded into all work streams Build on and develop further work to date	Well being campaign (email tagline with links to support) Enable all staff to promote kindness/supportive workplaces Impact on staff wellbeing is actively considered in all our work.	Measure improvement in sickness absence relating to mental health and stress, staff surveys, iMatter, user group feedback Pulse surveys
	Staff Feel Safe in their Workplaces	←	Confidence in PPE Understanding workplace guidelines Risk assessment skills/tasks	Clear and consistent guidance ease of access Message safety everyone's responsibility Promote & recruit workplace Health and Safety Ambassador role	Monitoring PPE availability Staff feedback around confidence in safety Increase number of workplace reps Development and uptake of environmental risk assessment training in teams
	Staff maintain a sense of connectedness to their team, line manager and organisation	←	Staff feel engaged not isolated All Staff roles valued Team Identity Valued	Training frontline managers in Staff Resilience and supported teams Opportunities for peer support Increase social opportunities	Uptake of training Staff feedback, good practice examples shared, Dedicated time for peer support and team connections (audit across teams) (QI approach)
	Staff, where possible, have the tools and resources to work flexibly (Home, Office, and Community)	←	IT solutions available to all Managers have flexibility to support creative work Learning around new ways of working bedded in.	Link with digital strategy and employ whole systems operational approach Test of change around IT opportunities in practice Address gaps in IT training to ensure no opportunities to modernise are missed.	Evaluate and build business case for enhanced systems such as -Attend anywhere, 4G connection access to recording systems. Monitor access across services
	Staff have access to information and resources, which sustains and improves their wellbeing	←	Ease of Access to Information Working Knowledge of resources Staff understand that peer support is instrumental to recovery	Central and accessible repository of information (communication strategy) Easy read literature Promotion of Psychological first aid approach	Uptake of National training Staff feedback measure Championing within teams

2. Primary Driver: Staff feel safe in their workplaces

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
2.1	<p>We will address –</p> <ul style="list-style-type: none"> Reducing anxiety about exposure to and catching Covid-19 and potential impact on self, family, and service users Support and enable staff to be proactive about keeping themselves etc. safe and thus build sense of safe workplace practices 	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> Physical environments are adapted to become Covid-19 compliant Systems in place to maintain adequate supply of PPE and staff able to have adequate access Appropriate risk assessments carried out, focusing on workplace environment(s), specific duties, and other work-related activities, which are kept under review and staff can access Infection risk and control 	<p>We will –</p> <ul style="list-style-type: none"> Ensure there is training on the completion of Health & Safety risk assessments that supports the current processes Recruitment and appropriate training of workplace Health & Safety Champions, which complements and supports existing processes. Review communication approach to PPE, in terms of ensuring equity of use is in place for all staff 	<p>Commitment 1</p> <p>Commitment 1</p> <p>Commitment 1</p>	Allen Stevenson/ Champion Lead	

			<ul style="list-style-type: none">▪ Implement strict and effective infection prevention and control procedures, including social distancing and redesigning care procedures that pose high risks for spread of infections.	Commitment 1		
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3. Primary Driver: Staff maintain a sense of connectedness to their team, line manager and organisation

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
3.1	<p>We will address –</p> <ul style="list-style-type: none"> ▪ Reduce feelings of isolation ▪ Promote peer support ▪ Sustain team identity and focus ▪ Promote understanding of organisational COVID response and importance of staff's role within this 	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> ▪ Senior Leadership teams to review approach to communication that ensures consistency, balance, and accuracy ▪ Regular Team Meetings taking place, which are inclusive of all regardless of work location and routinely facilitates wellbeing discussions ▪ Regular supervision taking place with all staff regardless of work location and routinely facilitates wellbeing discussions ▪ Consideration 	<p>We will –</p> <ul style="list-style-type: none"> ▪ Develop and forge stronger links to HSCP's Strategic Plan Big Action 6 (Building on strengths of our people and community) ▪ Create a system change to record organisational decisions are made and there is a subsequent impact on workforce health and wellbeing, e.g., as part of committee papers, and similar to the EQIA processes. ▪ Devise and implement 'Keeping Well in Your Workplace 	<p>Commitment 1</p> <p>Commitment 1</p> <p>Commitment 2</p>	<p>Louise Long/ Champion Lead</p>	

		<p>given to different modes of communication and to have an equitable and consistent approach</p>	<p>Plans', adopting a sponsorship approach, for all staff</p> <ul style="list-style-type: none"> ▪ Work with key stakeholders to develop a Workplace Wellbeing Communications Plan – ▪ including equitable access and use of devices ▪ Design and develop an evidence-based framework that supports and enables all staff to participate in – <ul style="list-style-type: none"> ○ Team Wellbeing Huddles ○ Support Bubbles (for common interests) 	<p>Commitment 1</p> <p>Commitment 3</p> <p>Commitment 1</p>		
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4. Primary Driver: Staff, where possible, have the tools and resources to work in a blended approach (Home, Office, and Community)

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
4.1	<p>We will address –</p> <ul style="list-style-type: none"> ▪ Facilitate agility in responding to changing personal, organisational and community circumstances arising from covid-19 pandemic 	<p>We will embed and encourage –</p> <ul style="list-style-type: none"> ▪ Identify appropriate solutions that enables equity of access to online information and resources, for staff who may not have readily available internet access ▪ Work with the respective Communications and ITC departments to undertake an audit and identify gaps in provision of devices for all staff ▪ Ensure there is a consistent approach in the use of software that enables all staff to undertake their work, with gaps identified, with an action plan to resolve 	<p>We will –</p> <ul style="list-style-type: none"> ▪ Work with the HSCP's Digital Strategy ▪ Develop local Z-card information ▪ Continue to influence National and GGC-wide direction of travel 	<p>Commitment 2</p> <p>Commitment 1</p> <p>Commitment 1</p> <p>Commitment 2</p> <p>Commitment 2</p>	<p>Lesley Aird/ Champion Lead</p>	

5. Primary Driver: Staff have access to information and resources, which sustains and improves their wellbeing

Ref No.	Commitment (Why?)	Improvement Action(s) (How)	How will we get there? (Drivers)	Timescale(s)	(Co-) Sponsor/ Lead	Measure / RAG Status
5.1	<p>We will address –</p> <ul style="list-style-type: none"> To support staff to recognise signs and symptoms in themselves and others, in times of stress and anxiety Promotes a sense of agency over individual's wellbeing 	<ul style="list-style-type: none"> We will embed and encourage – A co-ordinated approach to ensure all staff are supported to complete relevant improving wellbeing and resilience workshops, such as Psychological First Aid Training Information on supporting health and wellbeing available through variety of mediums, linking to developing Communications Strategy Work with key stakeholders to deliver on specific multi-media campaign targeting health and wellbeing, ensuring equitable access to the information, and link with the developing Communications Strategy 	<p>We will –</p> <ul style="list-style-type: none"> Have an inclusive and multi-agency approach to training/up skilling programmes to supporting staff and workplace wellbeing Design and develop a set of resources that supports and enables resilience in the workplace Recruit to Workplace Wellbeing Ambassadors Improve the uptake of the National Coaching offerings Improve the profile and increase the promotion of the national Promis website 	<p>Commitment 1</p> <p>Commitment 1</p> <p>Commitment 2</p> <p>Commitment 1</p>	Anne Malarkey/ Champion Lead	