**Staff Support Service**

**Annual report 2018-19**

**Executive Summary**

The annual report summarises the work of the Staff Support Service. It includes service activity, effectiveness, experience and developments in 2018-19. Key service changes and priorities for 2019-20 are also highlighted.

153 people attended the individual staff support service in 18-19 and those discharged reported improvements in well-being and performance at work. Staff also reported that attending positively impacted on absence levels. The main work-related reasons for contacting the service were lack of support, conflict and work overload. Overall staff attending reported very high levels of satisfaction with the service with all saying they would recommend it to others. The key area of dissatisfaction was waiting time for first appointments. Comparison with previous years shows that the individual service continues to deliver positive client experience and health outcomes.

The service has struggled with significant vacancy in 18-19 and we are delighted to report that this has now been recruited to. Rachael Edge will be returning to the service in mid June 2019. The training funding has also been agreed as permanent which we hope will make it easier to recruit to in the future and allow us to continue to deliver the resilience training alongside the individual clinical service.

Other clinical activity included staff supervision, group support, including critical incident debriefing and staff coaching. Non-clinical activity has included staff training, and involvement with the Trust Health and Well-being Group, the Staff Health and Wellbeing group and the V&A pastoral support sub-group. The service has also been closely involved with the development of the 2020 Staff Advice and Support Hub. Resilience training has straddled both clinical and non-clinical activity.

**1. THE STAFF SUPPORT SERVICE**

The purpose of the Staff Support Service is to improve people’s functioning at work by supporting them in any difficult situation, whether at work or in their personal life. The service ensures that staff have access to evidence based psychological help, which enables people experiencing depression, anxiety or problems relating to stress and relationship break down to carry on working at the same time as receiving support[[1]](#footnote-1).

**1.1. Service Description**

The Staff Support Service incorporates two main components:

* Accessible independent face to face clinical service for GHT Staff, available at Beacon House, GRH this makes up the majority of the work of the service and is often referred to as staff counselling.
* Support to individuals and teams on managing under pressure and maintaining healthy & effective team working. Work in this area encompasses a wide range of activities that are distinct from the individual clinical service although there are commonalities with services delivered by other Trust departments. Issues addressed include developing staff skills in working with challenging patients and clinical situations, maintaining wellbeing and managing demands, coping with change, dealing with conflict and support to teams following workplace incidents. These services can be delivered through individual and team supervision, facilitated group sessions, staff consultancy/coaching and staff training.

**Staff Support Service: Percentage of clinical and resilience training activity**

The chart shows that in 2018-19 the majority of clinical time related to the individual clinical service (staff counselling)[[2]](#footnote-2). A significant amount of time has also been spent on delivering Resilience training, although this is less than in previous years reflecting the impact of service vacancy.

**1.2. Service Updates in 2018-19**

The Staff Support Service is dedicated to GHT, which allows for development and effective integration of the service within the Trust. This year the service has focused on delivering individual clinical work and resilience training. Key updates include:

* **Resilience Training.** The Acceptance and Commitment Therapy (ACT) resilience group training has been running for GHT staff since March 2014. This training has a solid evidence base supporting its effectiveness in improving well-being and functioning both at work and home. In 18-19 seven training programmes were delivered. These have been well-received. For a full report see appendix 1.
* **Service staffing and waiting list management.** In 18-19 the service has had significant vacancy which has impacted on the number of resilience training courses run and on waiting times for individual appointments. The core funded service staffing is 1.3wte, however the average actual staffing for 18-19 was 0.93wte for the 7500+ GHT Staff. This is well below the NHS executive guidance of 1 full time counsellor/psychological therapist per 2000 staff[[3]](#footnote-3). It is anticipated that the development of the 2020 Staff Advice and Support Hub and the addition of accessible telephone counselling from vivup Employee Assistance Programme (EAP) from 14th May 2019 will significantly reduce demand on the Staff Support Service and help reduce waiting times for face to face counselling.
* **Schwartz Rounds.** The Staff Support Service lead (Leslie Morrison, Cons Clinical Psychologist) is an established Schwartz Round facilitator and has worked closely with Sean Elyan (Medical Director until Jan 19 and Schwartz Round Clinical Lead) to deliver monthly rounds. These are hour long sessions where all staff have the opportunity to talk about the personal and social impact of their work. Having had a pause in rounds from 2016, we are delighted to report that monthly rounds have been relaunched from June 2018. We also have an additional facilitator in Emma Charman and Kate Tredgett is joining Sean Elyan and Emma Husbands as clinical leads. The rounds have excellent administrative support from Sam Taylor and Carol Welsh, which is crucial to ensuring their sustainability.

**1.3. Service Activity**

**1.3.1 Service Activity: Individual Counselling**

305 GHT staff accessed the individual service in 18-19. This includes 214 new people and 91 ongoing. This equates to 3.9% of approximately 7780 Trust staff. Overall demand was higher than in previous years,[[4]](#footnote-4) but service activity was lower[[5]](#footnote-5) reflecting significant staff vacancies in 18-19.

* + 637 appointments booked (including DNA’s)
  + 592 actual face to face contacts (112 new and 480 individual follow up).
  + The overall DNA rate was 7.0% (17.6% initial appointments and 4.2% follow up appointments)[[6]](#footnote-6). New DNA rates have increased significantly compared with previous years, which may be as a consequence of the long waits for appointments[[7]](#footnote-7). However this is a concern given the impact of “wasted” appointments on waiting times.

The average number of appointments per person seen and discharged (n=114[[8]](#footnote-8)) was 5.2, with an overall new to follow up ratio of 1:4.3[[9]](#footnote-9). This represents a slight increase in comparison with previous years and is in keeping with the service ethos of brief intervention. The majority of people had 4 sessions or fewer (52%); however 8% required more ongoing support and had been seen for 10 sessions or more, sometimes over several years. Staff are often seen for longer, for support in dealing with work related injury, both physical and psychological and this ongoing support has enabled them to stay in and perform at work.

**Client Demographics:** The 214 GHT staff contacting the service in 18-19 are largely reflective of the staffing profile of the organisation as a whole. Women were the main users of the service as were nursing staff (39%) and A&C staff (12%). The majority of staff referring themselves had not made use of the individual service before (77%). Most people contacting the service last year did so following their manager’s suggestion (36%), 14% knew of the service from word of mouth, 12% contacted following suggestion from Occupational Health and 12% found out about it from the intranet/internet.

Use of the service from staff in the different divisions is summarised in the pie chart below and largely reflects the numbers of staff in each area.

**Individual Staff Support Service: % of staff accessing the service from the different divisions**

**Service Demand:** The graph below shows the demand for the individual clinical service over the year. There are significant fluctuations in service demand from month to month and the average number of new referrals equated to 18 per month[[10]](#footnote-10). Monthly demand combined with staff availability impacts on waiting times for appointments.

The graph also shows the outcome for all staff contacting the service for an individual (counselling) appointment, with the majority of people booking an appointment. At the end of March 79 people were still waiting to be offered an appointment; of these 49 had been waiting longer than 6 weeks. The long waits for first appointments are largely due to service demand and capacity, and for some; difficulty getting hold of people when appointments become available and difficulty organising appointments at convenient times.

Sixty-one percent (n=131) of staff contacting the service in 18-19 went onto book appointments, 18% (n=38) no longer needed to attend, and we were unable to contact 7 staff to arrange appointments (3%). Thirty-seven staff contacting the service 18-19 (17%) were still waiting for appointments at end of May 19.

**Individual Staff Support Service: Monthly demand and outcome**

**Individual Staff Support Service: Monthly activity**

Monthly activity is largely dependent on staffing availability and is often lower during periods of leave eg December or when more resilience training is delivered (eg April/May and Jan/Feb). In May Amy Harrison joined the Staff support team, however Pauline Aiston left the service in October and in April Zita Cox reduced her time with the service from two to one day.

* + 1. **Service Activity: Managing under pressure and maintaining healthy and effective teams**

In addition to the individual counselling service approximately 64 staff were seen over 13 requests for other clinical/consultancy intervention. The interventions included:

* **Group Support** for staff in 5 areas. Of these the majority were support for staff following critical incident and one was regular group support for staff in best managing challenging and difficult patients and work situations.
* **Supervision/advice/coaching** for 9 staff, this is distinct from counselling and is aimed more at developing staff skills in managing difficult work or clinical situations. This does not include internal staff support service staff supervision.
* **Conflict resolution and mediation** – due to lack of demand, competing commitments and loss of several members of the mediation team the GHT mediation service has not been utilised in 18-19.
  + 1. **Staff Training: Development of skills**

Staff Support service staff have also been involved in delivering staff training particularly in relation to the development of clinical and personal skills. This includes:

* **Resilience Training** has now been running since March 2014 and by end March 2019, 54 training programmes had been completed. Evaluation of the programmes to date show that the training has been well received and that there were significant improvements in general health and wellbeing, mindfulness, depression, burnout and a reduction in the experience of feeling limited at work as a result of physical or psychological issues. The psychological skills based training is open to all staff and usefully complements the other work offered by the service. For a full report see appendix 1.

In addition to the regular resilience training, members of the Staff Support team delivered team training on Resilience and Managing Stress and training on Stress risk assessment as part of a H&S training day.

In addition to clinical activity members of the Staff Support Service team have also worked with the wider Trust on:

* Maintenance and facilitation of Schwartz Rounds, including helping develop other GHT Schwartz round facilitators.
* GHT staff health and well-being groups, including GHT Health & Well-Being group, ICS Health & Well-Being subgroup and V&A pastoral support sub-group.

**1.3.4. Presenting issues**

Issues at work were identified by 55% of the staff presenting to the individual service. The table below highlights the most common work, health and non-work related concerns brought to the staff support service. The most frequently reported work related problems related to feelings of lack of support, work overload and conflict. More people presenting with work overload as an issue in 18-19 than in previous years.

The proportion of health and non-work related problems continues to be largely unchanged with many staff attending with non-work problems reporting impact on their functioning at work. The main reason for attending is recorded as psychological issues eg anxiety, depression, post –traumatic stress etc either independently of or in combination with work or home issues. Stress at home relationship difficulties and bereavement are the most frequently reported non-work issues.

**Individual Staff Support Service: Presenting Issues**

Staff Support therapy staff record at assessment a summary of any work issues raised by clients and again the main theme was:

* **Issues to do with relationships at work.** Often this related to a perception of a lack of support from managers, particularly for staff struggling with health issues and/or when they return to work and also after critical incidents involving patients. Some staff described feeling bullied by and in conflict with others at work. When staff felt supported by others, they said it made a huge difference.
* **Other issues included** –Adapting to change and a stressful atmosphere at work, with people feeling overloaded or more generally under pressure.

**1.4 Clinical Outcomes**

**1.4.1 Psychological Well-being**

Evaluation of self-reported wellbeing at assessment and on discharge from the individual service shows improvement in well-being. There are particularly large and significant improvements in general and job related anxiety and job related depression as well as in self-esteem and the reduction of physical symptoms.

* + 1. **Satisfying and stressful aspects of work**

Satisfying and stressful aspects of work are collected at both assessment and on discharge through a mixture of free text and questionnaire. The results below represent the commonly reported free text themes and the highest and lowest rated items on the Aspects of Work Inventory (AWI).

* Most people said that the most satisfying part of their job was generally connecting with other people (72% of clients). Some referred to helping patients in particular (64%) and others referred to close working relationships with colleagues (8%). Others valued variety (7%), being part of the wider trust, applying knowledge and skills or referred to specific aspects of their work that they found satisfying. A few said that the best part of work was going home (1%).The Aspects of Work Inventory (AWI) indicated highest levels of satisfaction with job security, fellow workers and the amount of variety of work – see appendix 2.
* The most stressful aspects were struggling to manage work pressures and demands, in particular, feeling overloaded, pulled in different directions, responding to complex or urgent requests (reported by 24% of clients), strained relationships (10%) and not feeling well led or managed (12%). Staff also referred to feeling short staffed (9%). The AWI indicated least satisfaction with the way the organisation is managed and chances of promotion.
* On discharge there were changes in perceptions in aspects of work, with most improving and a few not changing; however, these changes were not statistically significant. This is to be expected given that the individual clinical service does not directly address work practice. See appendix 2.

**1.4.3 “What difference has attending the service made to your work?”**

* As in previous years clients are asked (on the evaluation form) what difference attending for individual support has made in your work. Clients described feeling that they were coping better at work, less stressed, and more confident and resilient. Many felt that their relationships with colleagues had improved. Clients also described feeling that they were performing better at work.
* Self reported assessment of productivity indicated that 24% of staff felt they were working at less than 70% productivity in the previous 3 months[[11]](#footnote-11). At discharge, 12% felt that they were working at less than 70% productivity. This loss in productivity is often associated with presenteeism ie when an employee comes to work, but is functioning at less than full capacity because of ill health.

**1.4.4 Sickness & Absenteeism**

* Nearly a fifth of people (19%) seen were on sick leave at the time and of these, most (80%) reported that attending the service helped them return to work more quickly.
* Of the people at work, almost two thirds (61%) reported that attending the service helped prevent them taking sick leave.

**1.4.5 Service efficiency: 1st appointments**

Appointments are organised directly over the phone with staff members and people are contacted as soon as new appointments become available. We are currently operating with a waiting list for first appointments and staff are no longer regularly prioritised[[12]](#footnote-12) as many were being disadvantaged by this practice leading to significantly longer waits. Waiting time for first appointment depends on a mix of demand, therapist availability, client availability and flexibility re attending appointments at short notice, e.g.; a client may be able to take up in the morning a 1st appointment slot that has become available that afternoon, or may have holidays booked and be unable to make an initial appointment for several weeks after being offered one.

* Since development of internal professional standards in 2010-11 the service has aimed to book appointments for 70% of staff for a first appointment within 4 weeks of first contacting the service; however following reductions in service staffing we are no longer able to achieve this standard for the majority of staff contacting us. Eleven people (8.2% of staff booking a first appointment in 18-19) had organised an appointment within 4 weeks of their referral being received. Twenty-nine percent were seen within 2mths (10wks). Of the staff waiting longer than 16wks, 60% had been contacted regarding earlier appointments, but were unable to take them up (time/date not convenient, unable to get hold of staff member in time, appointment booked to someone else by time staff member contacted the service). The average waiting time for clients going on to book an appointment after first contacting the service in 18-19 was 13.4 weeks[[13]](#footnote-13).

**1.4.6 Client experience**

* Staff reported very high overall levels of satisfaction with the service with all saying they would recommend the service to others.
* Staff also reported high level of satisfaction in terms of amount of time with the therapist, including feeling listened to and that they were given enough help (see appendix 3 for more details). The majority also reported feeling less distressed, feeling more confident and that they understood their situation better (see appendix 3 for more details).
* The exception to this was time waited for first appointment with a third (36%) being definitely satisfied and a similar proportion (33%) not being satisfied. Waiting times for first appointments was the main issue flagged as a suggested improvement to the service. Ten of the 114 people discharged in 18-19 suggested improvements in the delivery of the service and of these 4 clients referred to lack of service staff and long waiting times for first appointment. Other suggested improvements included offering more sessions, and providing sessions in other locations.
* Staff reported positive experiences of attending staff support and the impact it has had on their lives; for example “Ability to talk about issues which were never addressed before”, “Talking through a traumatic situation and having someone objective listen and help me understand my thoughts”, “Understanding emotions, new & effective ways of managing situations. Understanding PTSD”.

**1.5 Plans for 19-20**

* To continue to develop and tailor the service to best meet the needs of GHT staff and the wider organisation and to continue to manage demand and waiting times for first appointments without compromising quality of clinical care.
* Work closely with the 2020 Staff Advice and Support Hub and vivup EAP to ensure that the service aligns with the new Staff well-being developments.
* We have successfully recruited to the vacancy and Rachael Edge starts in June 2019.
* The resilience training as an adjunct to the individual work continues to have been successful and we have plans to continue and develop this into 19-20.
* To further demonstrate the impact of the Staff Support service on organisational outcome.
* As members of the GHT working groups (steering groups and committees) to work with the Trust on improving staff health and well-being, mental health in particular.
* To work with the Trust on developing staff psychological skills for coping with workplace challenges for example managing and coping with change, coping after serious incidents and improving effective working relationships.
* To further work with Trust staff on delivering patient services with the patient at the centre of care. This includes working with the steering group on maintaining Schwartz Rounds in GHT.

**1.6 Service Staffing**

During the year that service staffing averaged at approximately 0.93wte psychological therapists[[14]](#footnote-14) which is significantly less than other comparable NHS organisations and NHS executive guidance, which recommends 1 full time therapist per 2000 staff. In addition the service has 0.2wte administrative support and 0.1wte clinical governance support. We also had support from 3 undergraduate placement students (shared with other HPD services) and their time with the service has been invaluable in providing additional clinical governance support and helping deliver the resilience training programmes.

**The Staff Support team consists of:**

Leslie Morrison Consultant Clinical Psychologist – Head of Health Psychology & Staff Support Service Lead

Zita Cox Independent Psychological Therapist

Amy Harrison Clinical Psychologist

HPD Admin Team Christina Castrofilippo, Becki Anson, Abigail Young (from Sept 18), Charney Conway and Nina Mwagiru (from Jan 19). The HPD Administrative Team all contribute to the appointment booking aspects of the Service.

Mark Giles Psychology Assistant, Clinical Governance Support

Xinyen Goh Undergraduate Placement Student (Sept 17- end June 18)

Imogen Maguire Undergraduate Summer Placement Student (July 18 – Aug 18)

Izzy Hemming Undergraduate Placement Student (Sept 18- end May 19)

**Appendix 1:**

**GHT Staff Support Service: Resilience Training Evaluation**

The Staff Support service within Health Psychology, has delivered Acceptance and Commitment Therapy (ACT) based Resilience Training for all staff within the trust since March 2014. Staff can access further information about the training and register themselves onto the programme via the staff support webpage <https://intranet.gloshospitals.nhs.uk/departments/diagnostics-specialties/health-psychology/>

The training is suited to any staff member who wishes to build skills in enhancing their wellbeing, although it may be particularly suited to those feeling overloaded by demands and/or experiencing signs of burnout such as physical and emotional exhaustion, cynicism and detachment and/or feelings of ineffectiveness and lack of accomplishment.

From 2015 the service has been delighted to receive funding from Education Learning and Development - and for the last 3 years, additional funding from D&S. This has enabled the resilience training to be available to all staff and it is now offered in addition to the core service staffing resource. In 18-19 this funding has become permanent. In 13-14 one resilience programme was started; in 14-15 nine programmes were delivered, 37 were then delivered between April 15 and end of March 18, with a further 7 programmes delivered in 2018-19.

The training sessions are run by members of the Staff Support team, with support from an Undergraduate Psychology placement student. The sessions are delivered over 3 half-days. The first two sessions take place within two weeks of each other, with the third a month later. This is referred to as a 2+1 model of training. The programme aims to:

* Introduce skills to support individuals in managing the stresses of a demanding job.
* Teach some of the latest techniques (mindfulness and values based living) to improve general well-being and reduce the impact of worry and stress on individuals’ lives.
* Improve performance at work and life satisfaction.

The training is psychological skills based and is a mixture of presentation, group or pair discussion and skills practice. Practicing skills between the sessions is an essential part of the training and is supported by a series of handouts and CDs/downloadable mindfulness meditations. After the first session all participants are emailed a link to the webpage which has copies of the handouts, meditation tracks and additional reading.

Staff attend for a variety of reasons including; seeking support for difficulties either at work or home, a desire to improve psychological well-being during challenging times, curiosity and an interest in learning skills that may be useful in working with patients and others.

By the end of March 19, 402 staff members had attended some, if not all, sessions of a total of 54 programmes that have been delivered since March 2014. Participants are asked to attend all three sessions in order, however in recognition of the time commitment and the demands of busy schedules people are able to attend sessions across different programmes. 252 staff members (63%) completed all three sessions of the resilience training programmes, 93 (23%) attended two sessions, 57 (14%) attended one session. Anecdotal evidence suggests that people attend as many sessions as they feel they need to.

In common with most training there were a number of people who fail to attend booked training. We send email reminders prior to the training and ask people to confirm attendance and if someone fails to confirm, the place is offered to someone else; although in practice the notice is often too short to enable someone else to take up the vacated place.

All staff starting the training are sent a questionnaire to complete and bring with them to the first session (360/479 were returned) and those finishing the programme were also asked to complete an evaluation questionnaire (161/252 were returned). Complete pre and post data was collected for a total of 96 participants.

**Evaluation of training delivered up to end March 2019**

Overall the training was rated highly with 99% of people attending saying that they would recommend the training to a colleague.

Statistical analysis (figure 1) of the assessment (before training) and evaluation (after training) questionnaires indicated that attending the training resulted in significant improvements in general health and wellbeing, mindfulness, depression, burnout and a reduction in the experience of feeling limited at work as a result of physical or psychological issues.

**Figure 1: Statistical Analysis of the Resilience Training Questionnaires**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mean (assessment questionnaire)** | **Mean (evaluation questionnaire)** | **Sig. (2 tailed)** |
| **General Health and Wellbeing Questionnaire**  *(The lower score the better the wellbeing)* | 16.8 | 8.6 | **<0.000** |
| **Freiburg Mindfulness Inventory**  *(The higher the score the better)* | 28.7 | 35.3 | **<0.000** |
| **Behavioural Activation Scale for Depression**  *(The higher the score the better)* | 36.0 | 42.2 | **0.001** |
| **Shimrom-Melmed Burnout Measure**  *(The lower the score the better)* | 54.1 | 44.6 | **0.002** |
| **Work Limitations**  *(The lower the score the better)* | 20.0 | 17.1 | **0.002** |
| **Work related productivity (self-report)** | At first session 15% of staff felt they were working at less than 70% productivity in the previous 3 months and at the final session 11% felt that they were working at less than 70% productivity. Whilst not statistically significant this does reflect an improvement in self-reported work related productivity after attending the training. | | |

Participants were also asked whether the resilience training had made any differences to their work and/or home life. Review of the evaluation questionnaires showed that 88% people attending felt that the training had a positive impact on their work life and a further 12% indicated not yet. In terms of personal life 97% of people felt that the training had a positive impact.

The questionnaires also included questions that allowed for qualitative responses about what was found to be the most useful aspect of the training and also to provide suggestions for future resilience training programmes.

**Comments on the positive impact of the training at work included:**

* *“Made me focus on values and revisit whether my job fits with those values. Take steps to change”*
* *“I am taking time to pause and think and therefore making more collected judgements”*
* *“Relationship with colleagues and patients improved”*
* *“It has helped me to be more efficient - by allowing me to come back to the task at hand rather than getting pulled into different areas or demands”*
* *“Helped me to acknowledge my emotions and be less self-critical”*
* *“Definitely - performance at work and happiness at work”*
* *“Satisfaction with work has improved and as a result so has performance at work. I am able to get more done and feel good about it”*

**Comments on the most helpful aspects of the training included:**

* *“The time and space to learn about my feelings. The awareness that I am not on my own - other people have the same or similar issues”*
* *“Learning ways in which to acknowledge and separate negative or unpleasant thoughts so that they don't affect other daily thoughts/processes”*
* *“Learning new skills to be able to deal with stressful situations. Being aware of my values and how to work towards them”*
* *“Re-engaging with what matters most to me”*
* *“It's taught me that I need to take more time for myself and enjoy life as it goes”*

At the outset there were concerns that staff attending may be anxious about the group format and may be concerned about sharing more personal information. To address this, it is clearly articulated at session 1 that the group discussions are confidential and there is no expectation that staff would share anything personal unless they wished to. We do however facilitate the sharing of their experience of taking part in the psychological skills exercises and also the sense they were making of the group content. In fact, contrary to this predicted concern, many staff reported feeling safe enough to share personal information, experiences and concerns, with comments suggesting;

* *“Keep groups small. Think it encourages people to share more”*

Further comments pertained to a wish for more of the same to facilitate continued application of these newly learnt skills;

* *“Longer, over 6 months to a year”*
* *“Drop in’s perhaps”*
* *“Top up sessions”*

The feedback forms also asked staff attending to suggest any improvements to the training. Forty two percent (n=83) suggested improvements usually in terms of follow up, more sessions and improved advertising.

Suggested improvements included:

* *“A follow-up session in two months’ time to review progress and keep on track with value based goals”*
* *“More sessions, maybe shorter to just concentrate developing techniques, just meditation”*
* *“Only that it needs to be more accessible, not all managers are aware of it”*

To date, the staff support team have acted on many suggestions arising from groups; in particular having access to the meditations as downloadable .mp3s rather than on CD, and increasing accessibility to course materials by having them online. We continue to look at the ways staff attending can develop their skills further after the group has finished and aim to share information on local mindfulness courses and resources.

Attendee’s feedback is greatly valued and encouraged, as it informs the continued development of the service, as we strive to deliver the most recent, workable and helpful evidence based knowledge and skills in facilitating staff resilience.

**Training publicity**

The training dates are advertised on the Staff Support webpage and interested staff members have contacted the Staff Support/Health Psychology admin team to book places. We have also advertised on This Week and Outline.

**Links with the individual staff support service**

For many years the main focus of the Staff Support Service has been individual clinical work and whilst well received and valued by the GHT staff who access the individual service each year, we are aware there is more that we could offer staff more widely in terms of developing psychological skills that may be valuable in withstanding and managing pressures at work and/or at home. The resilience training was started with the intention of filling this gap. It was never intended that the training would replace the individual work or even necessarily reduce demand, however given the impact of developing and delivering the training on the staff support staffing resource it is important that running the training does not disadvantage staff waiting for or attending individual appointments.

Since the training began, two-thirds of service users (67%) have just attended the resilience training, and a third (33%) had also attended individual staff support sessions. Service clinicians regularly suggest attending the training alongside individual clinical work and during the training staff members, who may benefit from additional support, can also be encouraged to self-refer. Clinically it is clear that both aspects of the staff support service have a vital role to play in maintaining and enhancing staff well-being.

Overall the resilience training continues to be very well received, has had a positive impact on staff attending both at home and at work, and is a valuable addition to the repertoire of services offered by Staff Support.

**Appendix 2:**

**Aspects of Work Inventory (AWI)**

(7=extremely satisfied, 1=extremely dissatisfied)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SATISFACTION WITH? | Mean score at Assessment | Mean score at  Evaluation | Improvement or Decline? | Statistically  Significant change? |
| Job security | 5.2 | 5.4 | Improvement | No |
| Fellow workers | 5.2 | 5.4 | Improvement | No |
| Amount of variety | 5.1 | 5.3 | Improvement | No |
| Freedom to choose method of work | 5.1 | 5.1 | No change | No |
| Immediate boss | 5.1 | 5.3 | Improvement | No |
| Hours worked | 5.0 | 5.4 | Improvement | No |
| Responsibility | 5.0 | 5.2 | Improvement | No |
| Opportunity to use abilities | 5.0 | 5.2 | Improvement | No |
| Physical conditions | 4.8 | 4.8 | No change | No |
| Job as a whole | 4.7 | 4.8 | Improvement | No |
| Recognition for good work | 4.6 | 4.7 | Improvement | No |
| Attention to suggestions | 4.5 | 4.6 | Improvement | No |
| Industrial relations between  Management | 4.3 | 4.5 | Improvement | No |
| Pay | 4.2 | 4.1 | Reduced | No |
| Chance of promotion | 4.0 | 4.0 | No change | No |
| Way organisation is managed | 3.9 | 3.8 | Reduced | No |

**Appendix 3:**

**Client Experience**

Recommend to others with similar problem

Yes 100%

Satisfied with amount of time with therapist

Definitely yes 85%

Mostly yes 15%

Therapist understood what you had to say

Definitely yes 94%

Mostly yes 6%

Therapist explained things to your satisfaction

Definitely yes 86%

Mostly yes 14%

Therapist gave enough help

Definitely yes 77%

Mostly yes 23%

Satisfied with waiting time for first appointment

Definitely yes 36%

Mostly yes 31%

Mostly no 19%

Definitely no 14%

Satisfied with waiting area (Beacon House, GRH)

Definitely yes 53%

Mostly yes 44%

Definitely no 3%

Satisfied with therapy room

Definitely yes 61%

Mostly yes 36%

Definitely no 3%

As a result of working with the therapist are you:

Less distressed than before

Definitely yes 69%

Mostly yes 29%

Mostly no 3%

More confident in your ability to manage than before

Definitely yes 63%

Mostly yes 34%

Mostly no 3%

Understanding your situation better than before

Definitely yes 69%

Mostly yes 26%

Mostly no 6%

1. It is estimated that at any one time one worker in six will be experiencing mental health problems. This prevalence rate is frequently under-estimated by employers. The Sainsbury Centre for Mental Health. Policy Paper 8.

   The 2018 staff survey results for GHT indicated that 40% of staff felt unwell as a result of work related stress in the past year and this percentage has increased in comparison with 2017 which was higher than in previous years (38% in 2017, 33% in 2016, 34% in 2015 and 36% in 2014). [↑](#footnote-ref-1)
2. In 17-18 the proportion spent on individual counselling was 75% which also reflects the delivery of Resilience training. If Resilience training is excluded from analysis of 18-19 clinical activity the time spent on individual counselling is 88% which is in keeping with allocation of time pre this training programme. [↑](#footnote-ref-2)
3. National Health Service Executive (2000) The provision of counselling services for staff in the NHS. London: HMSO [↑](#footnote-ref-3)
4. Demand in 17-18 was 286 (including 202 new requests and 84 ongoing from previous year). [↑](#footnote-ref-4)
5. 2017-18 activity – 657 booked appointments, 612 face to face contacts (122 new and 490 FU), DNA rate 6.8% (9% initial appointments and 6.3% follow up appts), the new to FU appointment ratio was 1:4 and the average number of appts per person seen and discharge was 4.8. [↑](#footnote-ref-5)
6. The service follows the Trust policy regarding non-attendance. If staff DNA their first appointment they need to re-contact the service and if 2 consecutive appointments are cancelled at short notice staff are not routinely offered a further appointment and need to re-contact the service to be seen. [↑](#footnote-ref-6)
7. When appointments become available staff are contacted, usually by phone, and the appointment date and time agreed with them. Whilst staff may have been waiting some time prior to being contacted the actual agreed appointment date is usually fairly soon after it has been arranged. [↑](#footnote-ref-7)
8. Includes staff “on hold” after final session and includes a few staff discharged after very long term support. [↑](#footnote-ref-8)
9. In 17-18 the average number of appointments per person seen and discharged was 4.8, with an overall new to follow up ratio of 1:4. [↑](#footnote-ref-9)
10. In 16-17 average demand was 17 new referrals per month. [↑](#footnote-ref-10)
11. These results are similar to the previous financial year. [↑](#footnote-ref-11)
12. The only staff prioritised at the moment are those attending as a result of critical or traumatic incident at work. [↑](#footnote-ref-12)
13. The average waiting time in 16-17 was 8.7wks and 17-18 it was 12wks. [↑](#footnote-ref-13)
14. The hours of the independent therapist (contractor) do not directly equate to wte. [↑](#footnote-ref-14)