2.2 Psychological Wellbeing Service Report

Presenter: Lisa Gostling

PPPAC SBAR - October 29th

Project Staff Wellbeing Final Report

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 October 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Psychological Wellbeing Service Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Lisa Gostling, Director of Workforce and Organisational Development

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The paper reports on a service evaluation of the Staff Psychological Wellbeing Service (SPWBS). Phase one retrospectively analysed existing satisfaction and client outcome data from 1,818 referrals for one to one psychological support between 1st April 2014 and 31st March 2019. Phase two was a cross-sectional online survey which explored the level of awareness and potential barriers to using the SPWBS across Hywel Dda University Health Board (HDdUHB) from 235 respondents between 9th October 2019 and 3rd February 2020.

Cefndir / Background

A service evaluation of levels of engagement, awareness and satisfaction with the HDdUHB commenced in autumn 2019, the findings of which are included within attachment 1.

The evaluation was conducted by: Dr Ceri Phelps, Psychological Evaluation and Research Consultancy Hub (PERCH); Tabatha Ferreira, Centre for Psychology and Counselling; Louisa Smith, University of Wales Trinity Saint David; and Suzanne Tarrant, Consultant Clinical Psychologist, Staff Psychological Wellbeing Service, HDdUHB.

Asesiad / Assessment

A summary of the findings of the evaluation includes:

1. High levels of client satisfaction reported for resource appointments and counselling.
2. Evidence of the services assisting staff with being able to remain in work.
3. Clinical effectiveness of counselling in reducing psychological distress.
4. The profile of service users broadly reflects the demographics of the workforce across the organisation.

5. A high level of perceived value and importance in offering services designed to support the wellbeing of staff.

6. Low levels of awareness of the range of services offered by SPWBS by those who had not engaged with the service.

7. A concern from both engagers and non-engagers that lack of resourcing in terms of staffing creates further barriers in terms of ease of access and long waiting times.

8. Barriers to engagement included lack of awareness, time, and concerns about confidentiality and lack of support from management.

The report offers a number of key recommendations:

1. A need to raise awareness of the range of services offered (active promotion) and how to access these - to all staff groups.

2. Ensuring that the service is adequately resourced to cope with the increase in demand which greater awareness and promotion is likely to create.

3. To continue to provide the one to one psychological support in helping to develop coping strategies and resilience within the workplace, therefore helping employees to remain in work.

4. A focus on ensuring that staff feel they can access a confidential, non-judgemental and supportive service, addressing concerns about confidentiality, stigma and/or lack of support from management, which can be perceived as barriers to access.

5. To ensure that the service is adequately resourced to avoid waiting times and delayed access to support.

6. To make some improvements to the design and reporting processes for the different sets of data.

There are also a number of supplementary points worthy of note:

1. The dates between which data was collated was over a five year period between 2014 and 2019.

2. Investment in the service through the “right-sizing process” was agreed in February 2020 (pre-pandemic) and recruitment for new staff is underway.

3. A number of additional measures have been put in place since March 2020 to raise awareness of the provision of SPWBS and these include:

    a. The establishment of a COVID-19 intranet page for mental health and wellbeing.
    b. The engagement with Care First, an employee assistance programme provider.
    c. Publication and promotion of all SPWBS’ through individual business cards for all staff, posters and thank you cards for staff.
    d. Twice weekly Global messages regarding staff psychological wellbeing issues.
    e. Engagement with staff side partners to promote awareness of services available.

4. Demands on the service have increased further over the past six months, with waiting times increasing, which is partly due to some delays relating to new team members and also to an increasing demand with the need to facilitate rapid access for some staff affected by specific incidents.

The Head of Staff Psychological Wellbeing Services will ensure that the learning from this evaluation will be considered and applied as necessary so that continuous improvement in service delivery can be implemented throughout 2020/21 and beyond.

Argymhelliad / Recommendation

This report is presented to the People, Planning and Performance Assurance Committee (PPPAC) to provide assurance.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.3 Seek assurances that people and organisational development arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe services/programmes and functions across the whole of HDdUHB's activities.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	To be confirmed
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2019-19	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Ongoing staff experience and thematic analysis
Rhestr Termau: Glossary of Terms:	Included in report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y	N/A

Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	Improved wellbeing
Risg: Risk:	N/A
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A

Cydraddoldeb: Equality:	N/A

Psychological Evaluation & Research Consultancy Hub

Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Yr Athrofa
Addysg a'r Dyniaethau
Education and Humanities

A service evaluation of levels of engagement, awareness and satisfaction with the Hywel Dda University Health Board Staff Psychological Wellbeing Service

Dr Ceri Phelps[1], Tabatha Ferreira[1], Louisa Smith[1], Suzanne Tarrant[2]

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2. Consultant Clinical Psychologist, Staff Psychological Wellbeing Service; Hywel Dda University Health Board.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Contents

Executive Summary

The Staff Psychological Wellbeing Service (SPWBS) offers a range of services to staff across all sites of HDUHB to support their psychological health and wider wellbeing at work. This paper reports on a service evaluation of the Staff Psychological Wellbeing Service. Phase one retrospectively analysed existing satisfaction and client outcome data from 1818 referrals for one to one psychological support between 1 April 2014 and 31 March 2019. Phase two was a cross-sectional online survey that explored level of awareness and potential barriers to using the SPWBS across HDUHB from 235 respondents between 9th October 2019 and 3rd February 2020

The evaluation found high levels of satisfaction for both Resource Appointments and Counselling, as well as evidence for these services helping staff to remain in work and in the clinical effectiveness of Counselling in reducing psychological distress.

The SPWBS is accessed primarily by qualified nurses and administrative and clerical professionals, with the overall proportion of service users reflective of the wider HDUHB staff profile.

All respondents indicated a high level of perceived value and importance in offering services designed to support the wellbeing of staff. However there were low levels of awareness of the range of services offered by SPWBS in those who had not engaged with the service and a concern from both engagers and non-engagers that lack of resourcing in terms of staffing creates further barriers in terms of ease of access and long waiting times.

Barriers to engagement included lack of awareness, time, and concerns about confidentiality and lack of support from management. These are barriers which can be easily addressed through greater awareness-raising activities within SPWBS and across the Health Board.

With additional resources provided by HDUHB to continue to support the SPWBS this service should promote itself further as a key wellbeing resource for staff across staff groups and locations within HDUHB.

Acknowledgements

This project was supported by two Research Internships provided through UWTSD's Research Innovation and Enterprise Service (RIES) in summer 2019 for Louisa Smith and Freya Hughes. Phase two data formed part of an MSc dissertation for Tabatha Dubovicki Ferreira. This service evaluation received approval from HDUHB R&D in April 2019 and received ethical approval from UWTSD's University Ethics Committee in May 2019.

Background

This project explored the impact of the Staff Psychological Wellbeing Service (SPWBS) delivered by Hywel Dda University Health Board. The SPWBS is available to all staff employed by HDUHB at their sites across the three counties of Pembrokeshire, Carmarthenshire and Ceredigion. This service has been running since 2004 and whilst data on the demographic and occupational background of service users and satisfaction levels have been routinely collected, this data has not been systematically analysed. This service evaluation has had two key objectives linked to two distinct phases of the evaluation:

1) Phase one retrospectively analysed existing satisfaction and client outcome data from one to one psychological support (Resource Appointments and Counselling) over a five year period. During this period there were 1818 referrals from 1 April 2014 to 31 March 2019.
2) Phase two was a cross-sectional online survey designed to explore level of awareness and potential barriers to using the SPWBS across HDUHB.

The aims of the service evaluation were:

1) To understand the profile of service users over this five year period in terms of demographic and organisational profile using routinely collected anonymised data.
2) To report on satisfaction levels reported by those who have engaged with the one-to-one services using routinely collected anonymised data.
3) To evaluate the impact of the one-to-one services using routinely collected outcome (CORE-OM)
4) To understand the profile of service users over this five year period in terms of demographic and organisational profile using routinely collected anonymised data.

Service Evaluation Method

Phase one method

A retrospective analysis was carried out on existing data collected by the SPWBS between the period 1 April 2014 to 31 March 2019. This data included 1818 self-referrals from members of staff to receive one to one psychological support, resulting in four different datasets as shown in Table 1. Important to note here is that the Resource Appointment and Counselling Satisfaction Questionnaires are sent out after discharge/service use and represent a relatively small proportion of overall services user over this time (just under a fifth)

Table 1

Datasets available for audit and number of forms completed and inputted

Service	Form	Number of forms inputted
All users of one to one psychological support upon referral	Client Audit Sheet	1361
Resource Appointment	Resource Appointment Satisfaction Questionnaire	93 hard copy plus 25 online = 118
Counselling	CORE-34	798
Counselling	Counselling Satisfaction Questionnaire	179 hard copy plus 55 online = 234

The following analysis of Phase 1 data is based on the number of valid responses per question. Where specific questions had a large number of missing or unclear responses these are indicated.

Phase two method

An anonymous online survey was distributed internally to HDUHB employees (n=208) via the online survey platform Qualtrics. Participants were recruited across the health board using three facilitating methods; a survey invitation displayed in the localised SPWBS intranet webpage, recruitment posters displayed at individual departments across the health board and electronic invitations sent to staff e-mails via the heath board designated global e-mail system. Questions in this survey captured levels of awareness of

the services offered by SPWBS and potential barriers to accessing the service using individual items and an adapted version of the Perceived Wellness Culture and Environment Support Scale Environment Support Scale (Melnyk, Szalacha, Amaya, and Hoying 2016).

Phase One Results

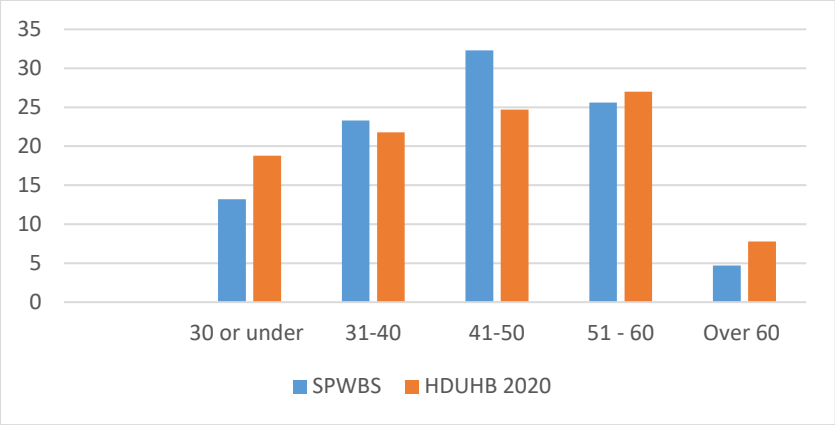
Demographic Profile of Clients

For the 1300 client data recorded for gender, the vast majority of referrals were female (83.7%) with 15.8% recorded as male and six responses (less than one per cent) recorded as preferring not to say. In reference to the current organisational data provided for 2020 which shows that females constiitue over three-quarters of the workforce this suggests that the proportion of males and females referred into SPWBS are broadly representative of this wider profile.[1] 94.2% of clients were reported as being of White ethnicity with less than 1% of all other ethnic groups recorded as having accessed the SPWBS. Similarly, 93.7% of clients reported as heterosexual with less that one percent reporting as gay, lesbian or bisexual, although this question also had a relatively large number of missing responses (n=159). Current organisational data also reports 1.7% of the workforce as bisexual, gay or lesbian with 66.8% reporting as heterosexual, but again with large numbers of non-recorded or declined responses. The majority of clients (66.9%) were married (n=682), in a civil partnership (n=8) or with a partner N=176). 18.8% (n=243) reported as being single and 13.7% reporting as being divorced (n=101), separated (n=57) or widowed (n=19). Again these broadly reflect 2020 organisational profile data with 52.5% of the workforce married, 31.7% stating they were single and less than 10 per cent stating they were divorced, separated or widowed. Only six per cent of clients (n=81) reported as having a disability, with current organisational data suggesting 2.2% across HDUHB although this figure does not include unspecified/declined answers . Client data by age categories (see Figure 1) indicates the majority of clients using the SPWBS are over forty years of age (62.6%) with the overall profile again representative of the overall HDUHB age profile. Overall, these suggest that the demographic profile of those engaging with the SPWBS are broadly representative of the current HDUHB organisational profile.

[1] Please note the current organisational data is indicative only as this changes daily due the changing nature of the workforce. Current data was retrieved June 2020 based on 10930 staff and therefore comparisons across the five year data must be made with caution.

Figure 1

Percentage of clients in each age category



Occupational Profile of Clients

Of the 1320 client datasets from the CAF (completed by SPWBS staff), 38.5% (n=508) reported as being on sick leave at the start of their engagement with SPWBS with the majority (61.5%) not being on sick leave. 88.7% of recorded clients identified as first language English (n=1121) with less than 10% identifying as first language Welsh (8.9%, n=113), which is representative of the broader Health Board data indicating 11% of staff report as being proficient in Welsh

The main staff group accessing the SPWBS were nursing staff; 41.4% were qualified nurses (n=542), a further 14.4% were non-qualified nursing staff (n=188), with next largest group being Admin & Clerical (14.6%, n = 191) and Allied Health Professionals (8.6%, n = 113). The majority of clients worked full-time (63.9%, n = 720), with 31.7% (n=357) working part-time and less than two per cent indicating “shift work” (multiple responses here suggest uncertainty re: how to record responses). In comparison to current organisational data 57% are recorded as working full time and 43% are recorded as part-time, again suggesting broadly representative SPWBS referrals.

Table 2

Referrals by occupational groupings

		SPWBS referrals	HDUHB 2020 data
Add Prof Scientific and Technic		88 (6.7%)	390 (3.6%)
Additional Clinical Services		not mapped	2393 (21.9%)
Administrative and Clerical		191 (14.6%)	1960 (17.9%)
Allied Health Professionals		113 (8.6%)	646 (5.9%)
Estates and Ancillary		Ancillary 17 Hotel facilities 75 = 7%)	1226 (11.2%)
Healthcare Scientists		Not mapped	189 (<1%)
Medical and Dental		47 (4%)	751 (<1%)
Nursing and Midwifery Registered		Qualified nursing staff 542 (41.4%) Non qualified 188 (14.4%)	3164 (28.9%)

Reasons for Accessing SPWBS

Client data was available from the CAF for 1290 clients. Of these, 23.1% (n=315) were recorded as having only work-related themes as a reason for accessing SPWBS, with a higher proportion (36.4%) being recorded as having non work-related reasons for referral, and 39.1% (n=505) recorded as having a combination of both work and non-work related themes. Just over a quarter of clients were recorded as having work-related issues that directly affected their work, 29.6% were recorded as having issues that directly caused absence from work.

,The main work related themes indicated on the audit form based on the Health and Safety Executive's Stress Management Standards framework were: work demands (26.3%), Relationships (22.7%), Manager Support (20.8%), control (20.7%), role (17.9%), change (16.2%) and Peer Support (7.9%), with service users often selecting multiple categories. Very few clients (less than 7%) were involved in any form of organisational grievance, disciplinary or complaint process. For those choosing to provide additional information in relation to the main problem that had brought them to the Resource Appointment these

reasons reflected a range of work and non-work factors including physical illness, bereavement, depression, anxiety and stress. Work-related stress-related problems were reported most frequently.

Satisfaction with Resource Appointment

For those attending a one-off Resource Appointment who completed the satisfaction questionnaire (n=118), the most common mechanisms for clients hearing about the SPWBS was through Occupational Health (40.7%), followed by a Manager (27.1%) and Colleague (18.6%). Eighteen clients (15.3%) stated that they had used the SPWBS before. Only seven clients had heard of the service through the Hywel Dda Intranet or Notice Board. Free text responses from clients indicated that the value of these Resource Appointments was being able to talk and feel listened to in a confidential manner, with many stating that they would have liked more than one appointment and/or more follow-up.

Importantly, all clients stated they were seen at their preferred location with 96.8% of clients stating that the initial explanation about confidentiality was very clear, with the remaining 3.2% stating it was adequate.

Reflecting the trends seen in the client audit sheet data, the reason for accessing the Resource Appointment reflected a roughly equal split of work related (36.4%), non-work related (30.5%) and a combination of both (33.1%). As shown in Figure 2, 80.5% (n=95) of respondents stated that the presenting problem was affecting their ability to their job to at least some extent.

Figure 2

Extent to which presenting problem affected ability to do job (n=118)

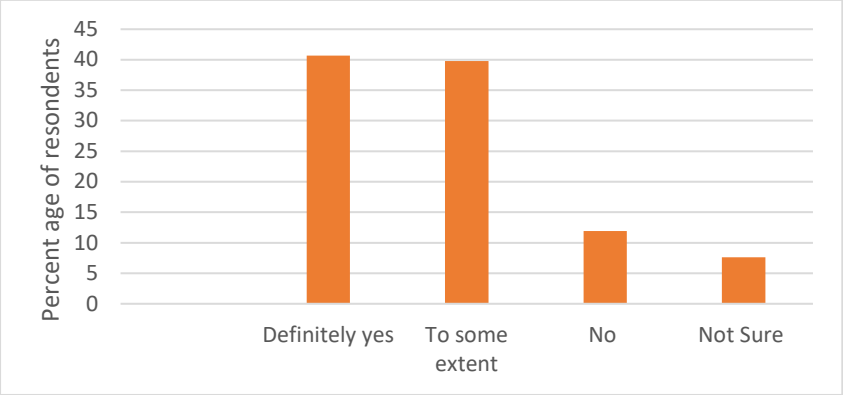


Figure 3 indicates that following a one-off Resource Appointment, the majority of respondents (62.7%) stated that the problem was now either slightly better (n=31) or better (43). Fifty-two clients (44.1%) stated that the Resource Appointment had helped them to remain at work with 16.1% stating it had not helped them to remain at work. Of those who had been on sick leave 40.7% (n=22) stated the Resource Appointment had helped them return to work with 42.6% (n=23) stating it had not helped them return to work.

Figure 3

Extent to which presenting problem improved following a one-off RA (n=118)

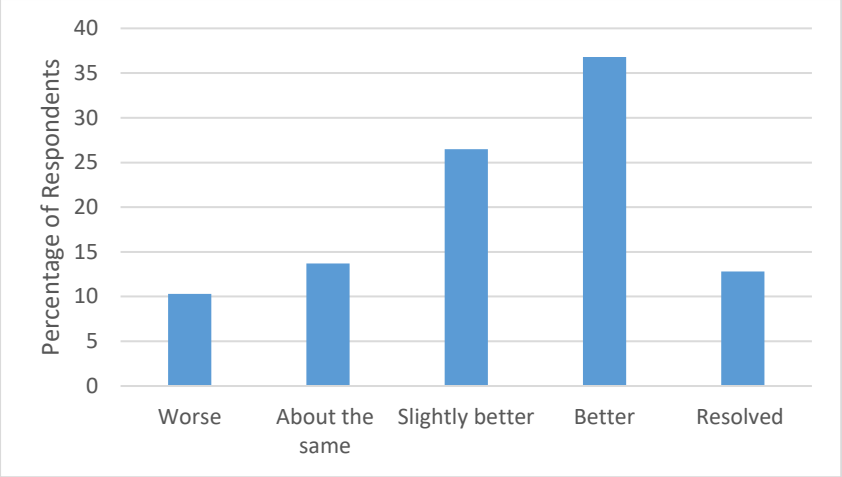
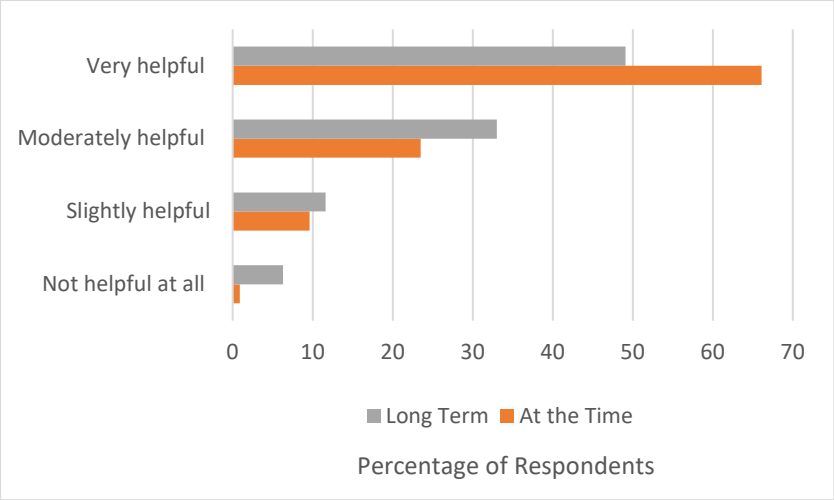


Figure 4 indicates that whilst the majority of clients perceived the one-off Resource Appointment to be moderately or very helpful both at the time of the appointment and in the longer-term. Although there was a shift of responses over time with fewer clients continuing to report the one off Resource Appointment as very helpful in the long term this would be expected due to the nature of the one-off Resource Appointment which could result in signposting or referral to another service. All but two clients (n= 116, 98.3%) stated that, if appropriate, they would recommend the SPWBS to a colleague.

Figure 4

Ratings of how helpful the one off RA perceived to be in short and long term



Impact of and Satisfaction with Counselling

Profile of those receiving Counselling

Over the five year period audit data is available for 800 clients who went on from a Resource Appointment to receive Counselling through the SPWBS. Of these, 234 completed satisfaction questionnaires following the end of the Counselling. The Counselling provision offered through SPWBS provides up to six sessions of face-to-face Counselling, with the option of referring on to specialist providers where required. The demographic and occupational profile of those receiving Counselling reflect those outlined in 3.1 and 3.2 above, with the majority of people hearing about the service through Occupational Health (36.8%), Manager (20.3%) or colleague (15.6%). 40.7% of respondents were on sick leave at time of the appointments for mostly a combination of work and non-work related problems (48.3%), with 88% stating these problems had affected their ability to do their jobs at least to some extent. The main problem reported as bringing clients to Counselling included a higher proportion of psychological problems including stress, anxiety and depression compared to the reasons given for the one-off Resource Appointment. A fifth of respondents stated they had used the SPWBS previously and the majority of these appointments amongst those completing satisfaction questionnaires took place in Withybush (41.9%) followed by Glangwilli (29.5%), Prince Phillip Hospital (13.2%), with less than 10% taking place at Lampeter or Aberystwyth.

Satisfaction with Counselling

Figure five below indicates that the vast majority of the clients (87.8%) who received Counselling and who completed the satisfaction questionnaire reported feeling that the presenting problem had improved following Counselling. Not all of these problems were specifically linked to the workplace with a number of these psychological factors being linked to problems outside of the workplace such as bereavement, relationships, ill-health, or previous trauma. Factors that were specifically linked to the workplace included experiencing violence at work, stress and burnout, and conflict with colleagues and/or managers. Importantly, 63.4% of those receiving Counselling indicated that the Counselling had helped them to remain at work and not go off sick.

Figure 5

Extent to which presenting problem improved following Counselling (n=231)

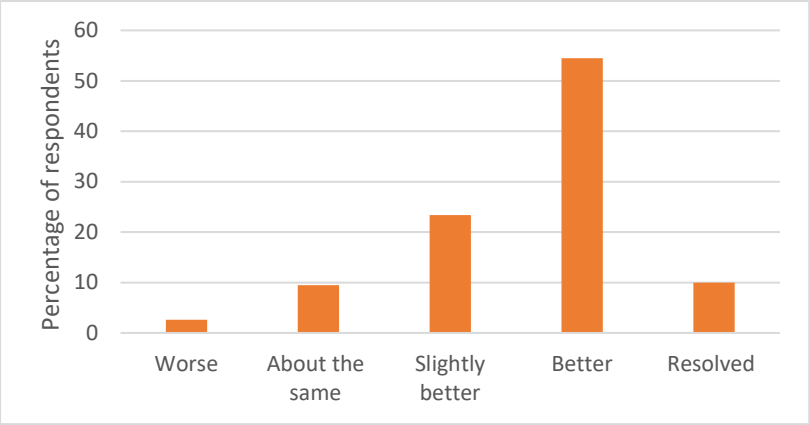
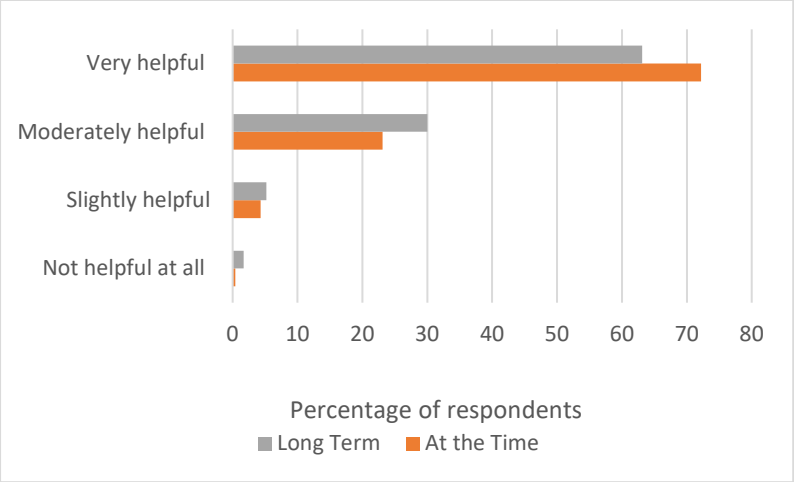


Figure 6 provides further evidence that the vast majority of clients receiving Counselling perceived the service to have been helpful in both the short term (95.3% indicating that Counselling had been moderately or very helpful) and longer term (93.1% indicating that Counselling had been moderately or very helpful). Some respondents provided additional free text that indicated that commonly reported reasons that Counselling had been so helpful included being provided with coping strategies to help them tackle the specific sources of stress, feeling supported and being able to talk freely, and being able to plan and prepare for a return to work. Less than 2% of respondents stated it had not been helpful. Much of the comments related to the least helpful elements of the Counselling reflected frustrations around time constraints, whether this was the initial waiting period, time between sessions, or the limited time available within a session itself.

Figure 6

Ratings of how helpful Counselling perceived to be in short and long term (n= 179)

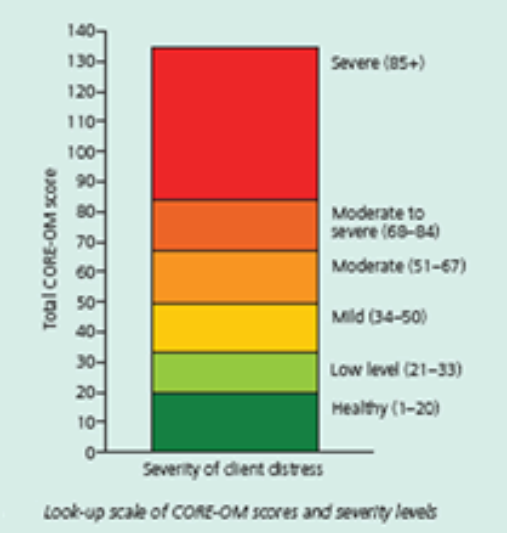


The CORE Outcome Measure (CORE-OM)

The CORE-OM is a client self-report questionnaire designed to be administered before and after therapy. The client is asked to respond to 34 questions about how they have been feeling over the last week, using a 5-point scale ranging from 'not at all' to 'most or all of the time'. The 34 items of the measure cover four dimensions: Subjective well-being; Problems/symptoms; Life functioning; and Risk/harm. The questionnaire is repeated after the last session of treatment, with comparison of the pre-and post-therapy scores offering a measure of 'outcome' (i.e. whether or not the client's level of distress has changed, and by how much). The responses to the CORE-OM can be explored through each of the above dimensions but the main outcome is the average score across all four (multiplied by 10 to enable a clearer picture) to provide a score indicating the level of psychological distress from healthy to severe using the cut-offs depicted in Figure 7.

Figure 7

Scale of CORE-OM scores and severity levels



During the evaluation period, 798 clients completed the initial CORE form, meaning that they attended at least one Counselling session, with 338 clients receiving more than one session and completed the pre-session and final session CORE-OM. Table 3 shows the mean score for the CORE-OM and number of clients completing the CORE-OM between 2014 and 2019. Mean presenting scores are broadly similar across years although the number of referrals (or those completing the questionnaires) does fluctuate. A one-way between subjects ANOVA revealed a significant effect of year (F (5,713) = 2.54, p = 0.03). However, the only years to show a significant difference in mean scores was 2017 and 2019 (p = 0.02) with a possible trend to suggest lower levels of presenting distress over these last few years, but as the 2019 data is not an entire year and based on a smaller sample this finding needs to be interpreted with caution.

Table 3

Presenting CORE-OM scores by year of referral

Year of Referral	N	Mean	Std. Deviation	Mod-Severe % (n)	Severe % (n)
2014	70	61.02	25.66	25 (17)	20.6 (14)
2015	107	61.88	23.37	22.8 (23)	16.8 (17)
2016	182	60.09	23.78	19.7 (34)	18.5 (32)
2017	156	63.92	24.42	25.4 (36)	20.4 (29)
2018	181	58.66	25.87	21.6 (37)	17 (29)

The mean distress score in the client sample overall at baseline (before starting Counselling) for the entire sample was 60.16, indicating moderate distress. For the 338 who continued with Counselling and completed the post Counselling CORE-OM at baseline the mean distress score was 60.42 (moderate distress) and this then dropped to 22.65 (low level distress) following Counselling. This reduction in distress was statistically significant *(t*=22.8 (321) p< 0.001). Figure 8 shows the breakdown of each of the distress dimensions and overall distress pre and post Counselling.

Figure 8

Psychological Distress pre and post Counselling (n=338)

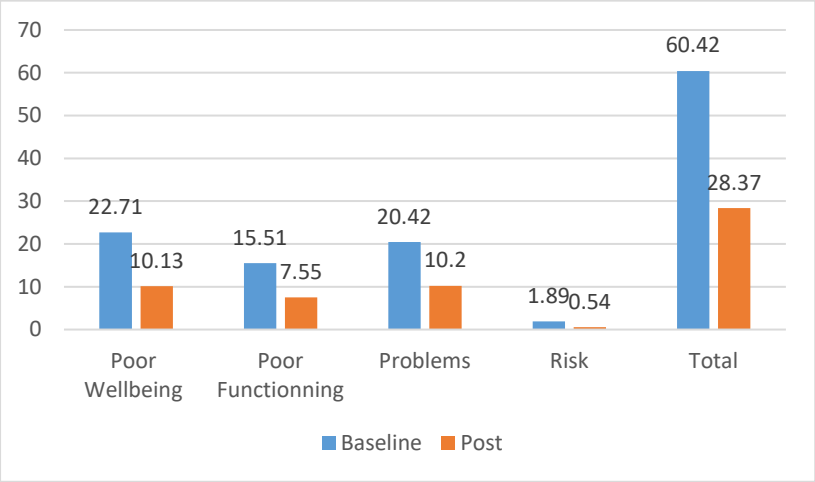


Table 4 demonstrates the shift across categories of psychological distress pre and post Counselling and clearly indicates a shift from more severe to healthy levels of functioning following the receipt of Counselling through the SPWBS.

Table 4

Percentage of clients in each CORE_OM distress category (n=338)

	CORE-OM Category	Score	Baseline %	Post %	% change
1	Healthy	1-20	6.6	47.7	+41.1
2	Low Level	21-33	8.3	19.8	+11.5
3	Mild	34-50	18.5	15.9	- 2.6
4	Moderate	51 - 67	25.4	8.4	- 17
5	Moderate - severe	68-84	23.8	4.5	- 19.3
6	Severe	85+	17.5	3.6	- 13.9

Phase Two: Cross-sectional online questionnaire survey

Design

This phase of the evaluation was an anonymous cross-sectional survey that was distributed online to facilitate access whilst ensuring the anonymity of responses and maintaining staff confidentiality. The survey was released and available for completion between 9th October 2019 and 3rd February 2020. Participants were asked to complete an online service evaluation survey created using Qualtrics software, Version [2019] (Qualtrics, Provo, UT). Participants were recruited across the health board using three facilitating methods; a survey invitation displayed on the home page of the localised SPWBS intranet webpage, recruitment posters displayed at individual departments across the health board and electronic invitations sent to staff e-mails via the heath board designated global e-mail system.

Sample

A total of 235 respondents provided valid data that could be analysed (45 datasets were removed due to being largely incomplete, with one additional dataset being removed due to not indicating whether they had engaged or not with the SPWBS). Of these, 98 staff (42%) identified as having had previously engaged with the SPWBS (engagers) and 136 staff (58%) stated that they had not done so (non-engagers). Whilst the survey was available in Welsh and English all recruited participants completed the English version of the survey.

Measures

Demographic and institutional characteristic information. All respondents completed questions capturing key demographic characteristics: age, gender identity, ethnic/racial identity and marital status. Institutional characteristics captured were staff group and the main county base for their role.

Awareness and engagement with SPWBS In order to identify those who had engaged with the SPWBS from those who had not, survey respondents were first asked to state whether they had used ever used any of the services provided by the SPWBS. If respondents stated that they had used these services before they were classified as

"engagers" and completed appropriate sections of the questionnaire. If respondents indicated that they had not used any of the services, they were classed as "non-engagers" and were directed to relevant sections of the questionnaire. All respondents were asked to complete two questions asking "Have you heard of any of the following services? (list of services provided)" and "Would you use any of the following services if needed?" (list of services and definitions provided).

Engagers wellbeing service perceptions: For those who had previously used the SPWBS, five items were used to capture staff perceptions of engaging with the service. These five items, measured on a 5-point Likert scale ranging from 1(strongly agree) to 5 (strongly disagree) were:

1. I think that using The Staff Psychological Wellbeing Service has improved my emotional wellbeing and psychological resilience.
2. I think that the department that I work for has helped in promoting an accepting environment during the time that I used The Staff Psychological Wellbeing Service
3. I was satisfied with the amount of information available about all aspects of The Staff Psychological Wellbeing Service offered through HDUHB.
4. I think that the information available about The Staff Psychological Wellbeing Service is clear.
5. To what extent would you agree with the following statement: "I have a substantially higher overall psychological resilience and emotional wellbeing because of The Staff Psychological Wellbeing Service provided through HDUHB"?

Respondents also had the option to add a free text comment in response to the following: "If there is anything else that you would like to add about the time that you used The Staff Psychological Wellbeing Service, please use the text box below".

Non-engagers wellbeing service perceptions: Respondents who indicated that they had not used the SPWBS were asked to answer 14 items (scored using a 5-point Likert scale ranging from 1(strongly agree) to 5 (strongly disagree), that attempted to capture a range of perceptions and potential barriers to engagement with the service. Example items included: " *I think that the SPWBS is readily available to all members of staff*", " *I think that it is important to have the SPWBS available to me at work*"; I *would feel confident in telling my co-workers and manager, if I ever need to use The Staff Psychological Wellbeing Service*" and "*I think that having support at work is important for my wellbeing".* Respondents were also asked to provide additional free text comments reflecting "what do you feel would help

you to engage with The Staff Psychological Wellbeing Service?" and any other comments they wished to make.

Ethical considerations

All procedures adhered to the British Psychological Society (BPS) Code of Human Research Ethics (2014); BPS Code of Ethics and Conduct (2017); BPS Ethics for Internet-mediated Research (2017); and the UWTSD Research Ethics and Integrity Code of Practice (2017-2020). Potential participants were made aware of the voluntary nature of the evaluation and were informed that closing the internet browser at any point before the end of the survey would cease participation. At the end of the survey participants were provided with a debrief page regarding the purposes of the evaluation and thanked for taking part in the survey. Respondents were also able to skip any questions that they felt uncomfortable answering.

Phase Two Results

Demographics and Occupational Profile of responders

Over 90% of respondents in each group classified themselves as either Welsh, English or British, with less than 5% of respondents stating that they were of mixed/Asian or black ethnicity. As shown in Table 5, the vast majority of respondents across both groups of respondents were aged between 30 and 60 years of age and were female, although a slightly higher proportion of non-engagers were males.

Table 5

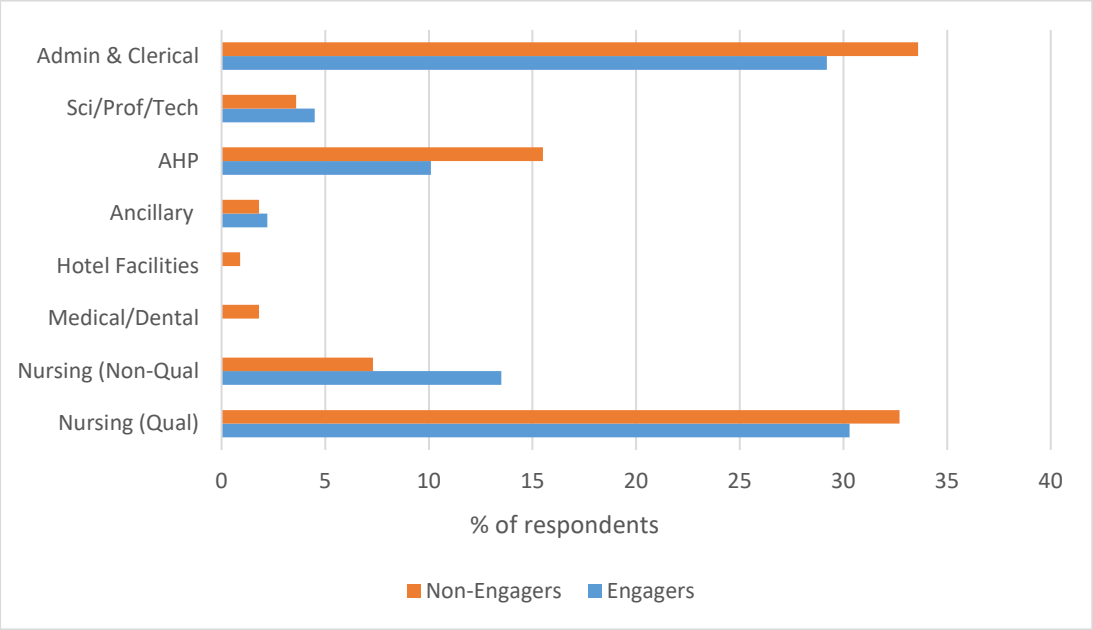
Demographic profile of respondents

	Engagers n (%) (total n = 98)	Non-Engagers (n%) (total n = 136)
Age		
18-30	7 (8.2%)	13 (12%)
31-40	18 (21.2%)	28 (25.9%)
40-60	55 (64.7%)	56 (59.3)
Over 60	5 (5.9%)	3 (2.8%)
Gender		
Male	5 (5.6%)	15 (13.6%)
Female	82 (92.1%)	92 (83.6%)
Other/Prefer not to day	2 (2.2%)	3 (2.7%)
Marital Status		
Single	14 (16.5%)	18 (16.7%)
Divorced/Separated	9 (9.2%)	11 (8.1%)
Married/Civil Partner/Partner	55 (56.1%)	73 (53.7%)
Widow	(2.4%	1 (0.9%)
Prefer not to say	5 (5.9%)	5 (4.6)
Main role location		
Carmarthenshire	30 (30.6%)	44 (32.4%)
Pembrokeshire	18 (18.4%)	24 (17.6%)
Ceredigion	11 (11.2%)	16 (11.8%)
More than one (HDUHB wide)	4 (4.0%)	4 (2.9%)
Wales wide	6 (6.1%)	4 (2.9%)

Responder's main role location data indicates that a similar proportion of staff across both groups who answered the survey were predominantly based in Carmarthenshire, followed by Pembrokeshire and Ceredigion. Figure 9 reports the percentage of response by staffing groups and clearly shows the largest proportion of responses amongst both engagers and non-engagers were for those in qualified nursing roles and administrative and clerical roles. Ancillary and Hotel Facilities staff groups were the least represented in responses.

Figure 9

Percentage of responses by staffing groups



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Levels of Awareness and perceived barriers in relation to accessing the SPWBS: comparison of engagers and non-engagers

Awareness of the SPWBS

Figure 10 indicates that a higher proportion of those who had engaged with SPWBS had heard about the range of services offered by the SPWBS compared to non-engagers. Less than half of non-engagers stated that they had heard about the Resource Appointments and Counselling offered by SPWBS compared to 88% of those who had engaged with the service. The highest level of awareness amongst those who had not engaged with any SPWBS services related to the wellbeing resources available on the HDUHB intranet (47.8%) followed by the Resource Appointments and Counselling (44.1%).The lowest levels of awareness for non-engagers was for advice on using the individual stress risk assessment (22.8% compared to 52% of engagers). Amongst those who had used the SPWBS, awareness of the range of services offered varied considerably, from 87.8% for the Resource Appointment to 39% for team support.

Figure 10

*Staff responses for question s1_1: "*Have you heard of any of the following services?

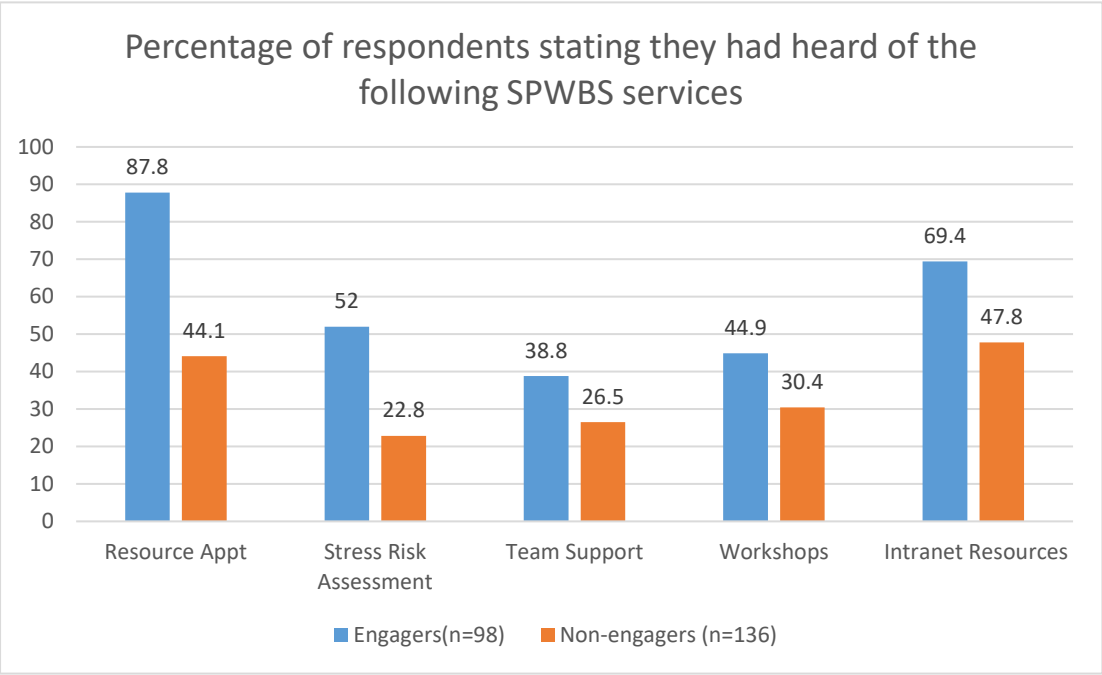
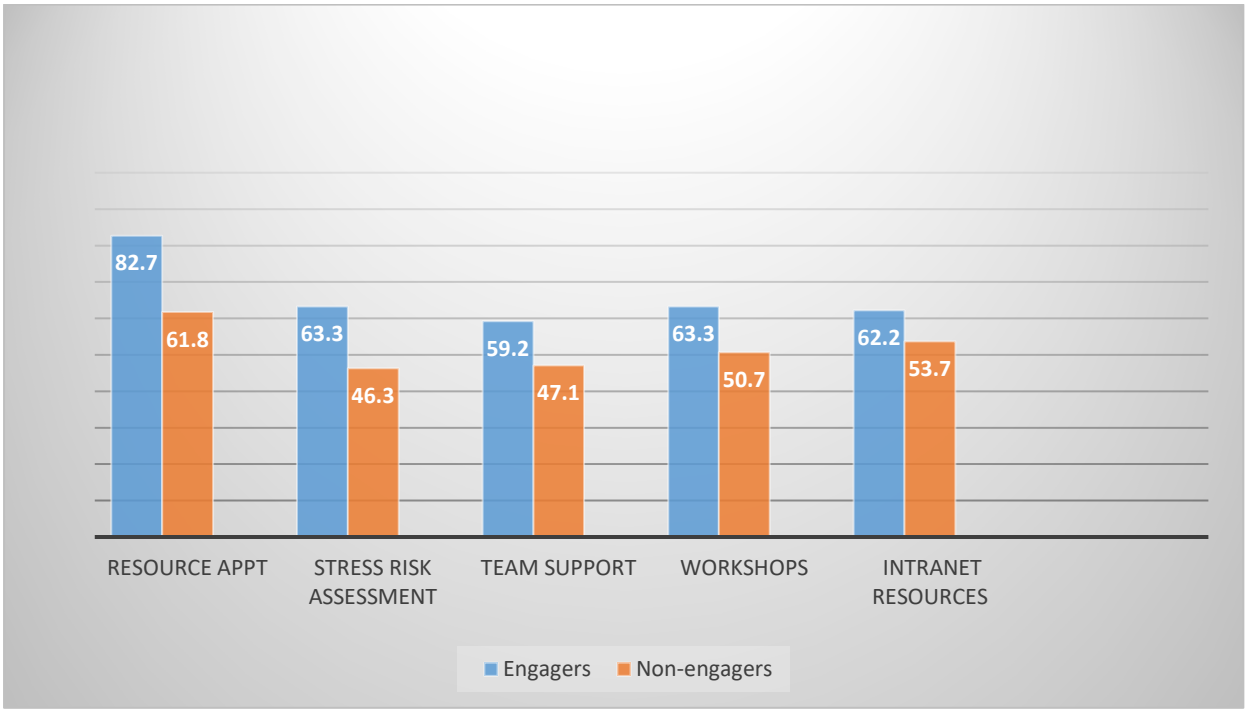


Figure 11

Percentage of respondents stating they would use service if needed

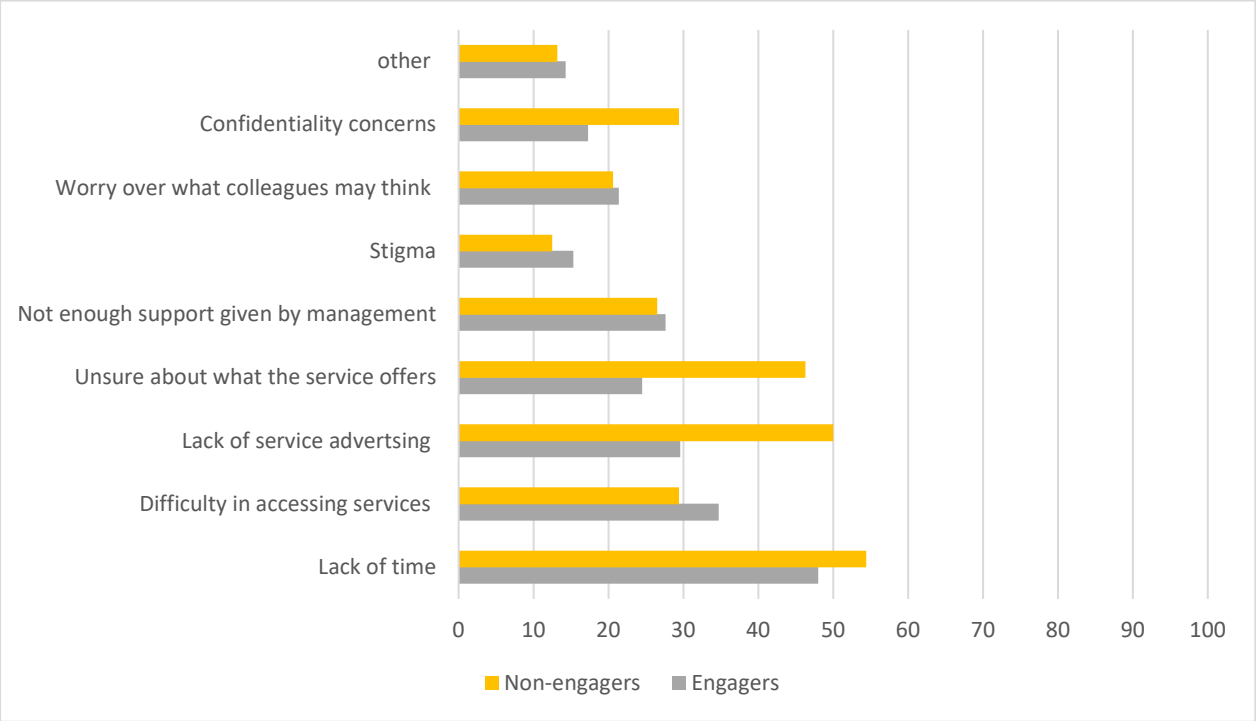


Perceived barriers in engagement with the SPWBS

Some interesting differences emerged between engagers and non-engagers in response to the question asking respondents to state which factors may prevent them from using the SPWBS services (Figure 12). A much higher proportion of non-engagers than engagers indicated concerns about confidentiality (29.4% V 17.3%), being unsure about what the service offered (46.3% V 24.5%), lack of service advertising (50% V 29.6%) as being barriers to accessing the services. An interesting trend emerging from this data is that over a third of respondents who had accessed the service reported difficulty in accessing the services as being a potential barrier to future use, with a quarter also reporting not being sure of what the service offered as being potential barriers to use. Finally, a similar proportion engagers and non-engagers stated that concerns over what colleagues may think and not having enough support from management as being barriers to engaging with the service, representing a fifth and just over a quarter of respondents respectively.

Figure 12

Percentage of respondents reporting each factor as being a potential barrier to engagement with SPWBS.



A small proportion (less than a fifth) of respondents also provided additional free text comments as part of the "other" option and additional opportunity to add further comments about level of awareness of SPWBS. Engagers who provided additional comments (n= 14, 14.3%) raised confidence issues (1), logistical issues such as parking difficulties or location (n=3), dislike of online services (1) and concerns about management support both in terms of accessing team support (1) and general perception of lack of support (2). Five respondents raised service specific issues including concerns about not meeting referral criteria (1), not having received a response from self-referral (1), knowing those providing the service (1), not able to offer the support required (2) and the servcie being understaffed (1). Respondents were also given oppotuntity to expand futher by providing any additional comments on their awareness of the SPWBS. For engagers, five respondents expanded upon concerns about poor accessibiity due to staffing issues and long waiting times "*when you really need the support, you can't access it which leads to more stress, anxiety. This has a major impact on your wellbeing"* and *"much needed service that appears to be under resourced therefore unable to give the support and training they wish to the wider service".* Two respondents raised concerns about a perceived lack of availability of services in one

particular county (Ceredigion) and two respondents suggested that greater proactive advertising was needed by the SPWBS. Finally one respondent commented that the service was "*Not clear enough what level of support can be given e.g. turned away as unable to provide and signposted to GP or other may be more of a hindrance than a help and make staff feel less supported especially if they are not seeking that level of expertise or support intensity".*

Non engagers who provided additional free text comments (n=16, 11.8%) reflected more personal concerns around trust, stigma, and confidentiality. Five respondents raised specific concerns about a fear of their managers or the Health Board holding it against them and associated concerns about stigma *"feel that asking for help is a sign of failure and I wouldn't want my managers to know".* Three respondents stated feeling anxious, nervous or unsure about the service and what it offered and other reasons given included concerns about waiting lists or the appointment system (suggesting that some had attempted to access services in the the past), concern over qualifications and a lack of awareness or time. For these non-engagers, additional comments again expanded on those made in relation to perceived barriers such as confidentiality concerns "*no confidence that my privacy would be maintained if my manager asked for information about m*e", staffing *"10,000 staff and the service has 3 or 4 people running it. The service is not resourced to support a workforce of 10,000 staff*" and need to raise awareness *"I have only seen one or two posters advertising the staff wellbeing service, I did not know the level of support they can offer, as all of these weren't advertised to me"*

Suggestions for raising awareness

The analysis identified twelve responses that explicitly suggested that awareness was a key factor linked to the engagement and if provisions are made to increase awareness, engagement would follow.

"More awareness of it perhaps and group activities to involve people" (non-engager)

"More awareness on what services are offered and how to access these" (non-engager)

" I have only seen one or two posters advertising the staff wellbeing service, I did not know the level of support they can offer, as all of these weren't advertised to me" (engager)

"easier access via email or phone" (non-engager)

Both engagers and non-engagers felt that targeting individual departments through visits and management training would also help to raise the SPWBS awareness profile and improve staff knowledge of the services available to them and how to access those services.

“For departments to be visited by the Psychological wellbeing service to make us aware of what is available to us and our rights to access such support” (non-engager)

“If management sees it as positive support then they would promote it. Senior Management need a range of training regularly” (engager)

“Might be worth the Staff Psychological Wellbeing Service proactively contacting departments and offering team wellbeing sessions, rather than waiting for teams to contact the service once there is a problem. I think that most teams would benefit from wellbeing advice, and this would be an opportunity to give information about the other services (online, resource appointments, etc) to individuals within the team to make it feel more accessible” (engager)

Overall, engagers felt that the services offered were vital to staff, but the number of staff available to support the whole Health Board and funding was recognised to be insufficient and this contributed towards staff engagement with the services.

“ The staff are great but service is limited due to funding and not having enough counsellors to support the increasing amount of staff that are needing to use the service” (engager)

“Much needed service that needs more staff to assist the needs of the Health Board as there is increased stress in the workplace”(engager)

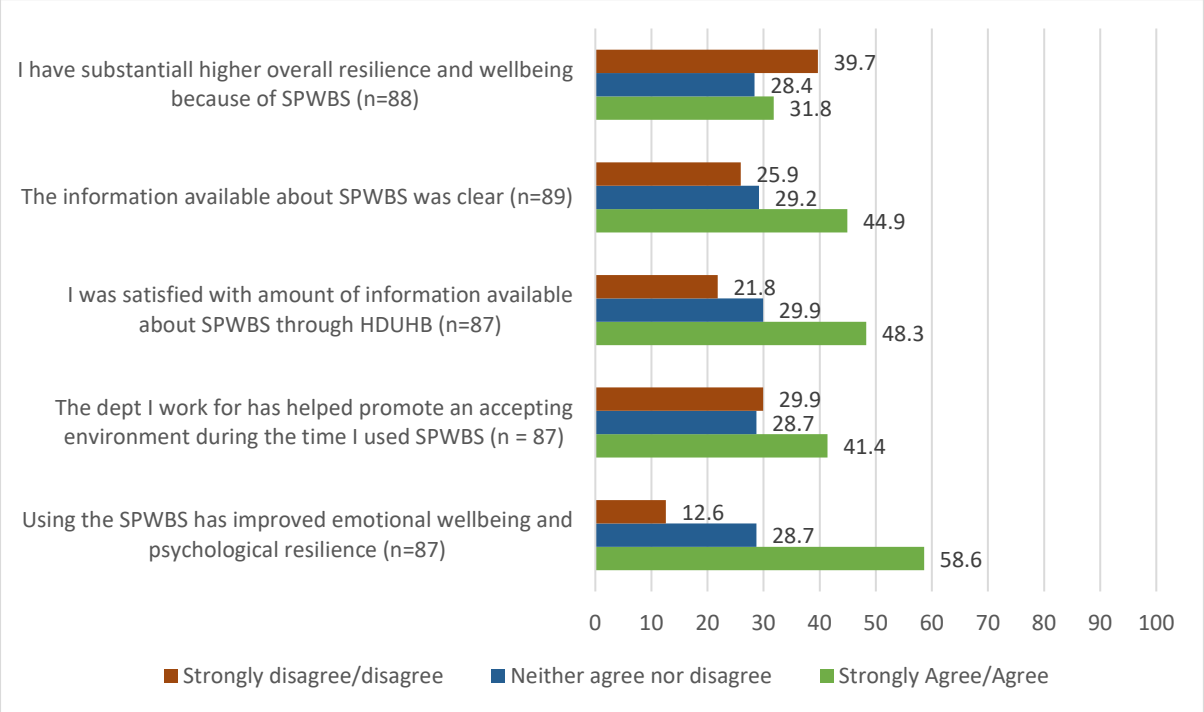
Perceived impact and value of engaging with SPWBS: Engagers only

Amongst the 98 respondents who stated that they had already engaged with the SPWBS, the vast majority (n=75, 76.5%) had used the Resource Appointments and Counselling service offered by the SPWBS. A much smaller proportion had made use of the other services offered, with 26.5% (n=26) having accessed wellbeing resources on the intranet, 22.4% (n=22) having attended workshops and seminars, 21.4% (n=21) having accessed individual stress management assessment and 8.2% (n=8) having made use of Team Support.

Respondents who had engaged with the SPWBS were asked to indicate the extent of their agreement with five statements capturing elements of perceived impact and value of using the SPWBS. As shown in Figure 13, the majority of respondents (58.6%) stated that the SPWBS had improved their emotional wellbeing and psychological resilience, with just under a third (31.8%) stating that they had *substantially* higher overall resilience and wellbeing because of their engagement with the service. Less than 50% of respondents stated that they agreed that the information about the service was clear or sufficient, with only just over a third of respondents stating that the department in which they worked had promoted an accepting environment during the time they had used the service.

Figure 13

Engagers' attitudes towards SPWBS (%)



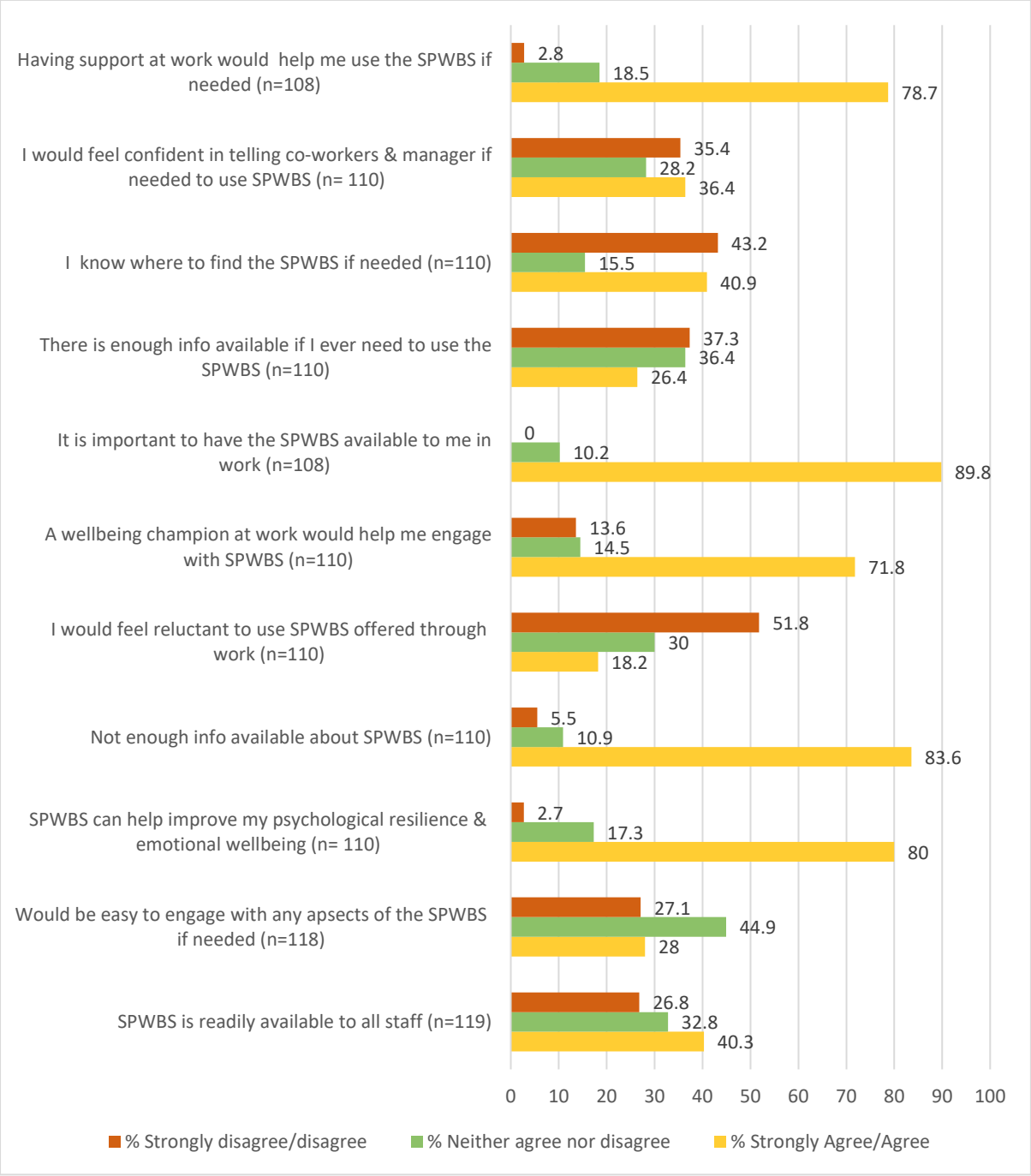
Additional comments reflected within this provided by 20 respondents demonstrated the perceived value of the service in terms of improving emotional wellbeing and resilience around a number of its services but also some frustrations again linked to a perception of not being able to access enough Counselling sessions. Positive comments were made by twelve respondents and included *"Excellent service and feel that managers would benefit from this service so that the way in which they deal with stress does not damage the staff they manage"; My counsellor was excellent"* and "*I was surprised & impressed how quickly I was booked in to see the counsellor after making initial contact with the service*". In contrast four respondents again raised issues around not offering enough Counselling sessions and recognition of staffing shortages impacting the service "*the staff are great but service is limited due to funding and not having enough counsellors to support the increasing amount of staff that are needing to use the service*". Further comments also reflected positive reactions to the receipt of other services offered by SPWBS including the ACT workshops *"I recently attended the ACT in the workplace training which has had a substantial positive, ongoing impact"*, stress workshops "*Having worked through a number of seminars/workshops with the Service a couple of years ago I was able to gain a better perspective on my role/workload and to be able to manage situations far better. I have recommended these sessions to a number of colleagues"* and the service as a whole *"Fantastic service - profile of the service and range of what they can offer (particularly team support and individual resource appointments) needs raising".*

Non engagers attitudes towards accessing Staff Psychological Wellbeing Service

Figure 14 shows responses to the questions capturing attitudes towards accessing the SPWBS. The vast majority of respondents show highly favourable attitudes towards the importance and potential value of the SPWBS. However, there was a clear perception that there was not enough information about the SPWBS, uncertainty about how to access the service and a strong level of agreement about the value of having support at work and/or a wellbeing champion to help raise awareness of the SPWBS.

Figure 14

Non-engagers attitudes towards SPWBS provision (%)



The data above are further supported by the fact that 100% of respondents (n=109) strongly agree with the statement “I think that it is important to look after my emotional, psychological and physical wellbeing” and 95.5% agreed that having support at work is important for wellbeing (n=110). When asked to provide further comments in relation to what would help respondents engage with the SPWBS, 21 respondents provided a range of suggestions that again mapped on to previous findings already emerging through this report. The main theme (n=12) was again the need for better advertising and awareness-raising of the range of services offered and how to access with specific suggestions including SPWBS going out to departments to raise awareness, offering training during team away days, and having visual information in coffee rooms/shops and on noticeboards. Additional themes included more availability of appointments/reduced waiting lists (n=5) which suggested that some non-engagers had attempted to access the SPWBS previously, and being easier to access across sites and through email/phone/one point of contact (n=4). Two respondents also indicated the need to assure about confidentiality and build trust in the service.

Conclusions & Recommendations

The triangulation of the available data sources reported here offers a detailed service evaluation of the perceived value and awareness of the services offered by the SPWBS. The combined data from the two phases of the evaluation have enabled an analysis on not only level of use and impact of the SPWBS on those using it but importantly also offers important insight into the level of awareness of the services across the wider Health Board and potential barriers to engagement. Whilst the data reported here only represents the views and experiences of those who have chosen to complete the surveys within phase one and/or phase two, this is critical data in the ongoing development and sustainability of the SPWBS. This evaluation clearly indicates that the Staff Psychological Wellbeing Service offers an important and valued resource to those employed by Hywel Dda University Health Board but that there is a need to raise awareness and ease of access to the services offered within the SPWBS with associated resource implications.

Whilst the phase one data did not capture evaluation data from other aspects of the SPWBS such as the workshops, data from both phases of the study suggest that the one-off resource appointment is a critical support and signposting feature for the SPWBS and plays an important role in referring those who need it for counselling. Amongst those who have made use of the SPWBS, the levels of reported satisfaction for both the Resource Appointment (offered to all clients on the point of referral) and those receiving Counselling are high, and engagement with these resources result in the vast majority of clients reporting

an improvement in their wellbeing. These are also the services which those who have not yet engaged with the SPWBS believe they would be most likely to make use of. However, the fact that less than half of the non-engagers in phase two had heard of either of these services (or any other of the services offered by SPWBS) clearly indicates a lack of awareness across the wider Health Board. This needs to be addressed as it is clear from the phase two data that a higher proportion of non-engagers stated they would make use of these services if they needed to, suggesting a need exists which is not currently being met due to lack of awareness of these services. Indeed, issues around not understanding what the SPWBS offered and/or how it was accessed, and a perceived lack of advertising were cited as barriers to engaging with the service by higher proportion of non-engagers compared to engagers.

Importantly, the benefit of the Counselling service is clear with clients reporting statistically significant reductions in psychological distress following the provision of Counselling. It is clear that the value of such services to HDUHB is in facilitating staff to feel supported and to enable staff to return to work with better levels of functioning. The role of the Counselling service appears to be a particularly important and valued service given the amount of clients reporting psychological difficulties having an impact on their ability to do their jobs well. The positive outcomes reported following the receipt of Counselling support the importance of the continued provision of such services in helping to develop coping strategies and resilience within the workplace and therefore remain in work. It is also important however that staff feel that they can access a confidential, non-judgemental and supportive service, with concerns about confidentiality, stigma and/or lack of support from management representing significant barriers to engaging with the service. Despite the clear benefits reported from engaging with Counselling, there appears to be a clear challenge in terms of resourcing of this service, with concerns about waiting times and time pressures within the service being noted by both those who had used the service and those who have not access it.

The data reported within this evaluation have identified a clear need to raise awareness about the broader functions of the SPWBS across the health board. In comparison to non-engagers, engagers were more aware of the individual services offered by the SPWBS. Supporting the quantitative data the thematic analysis identified that both engagers and non-engagers perceived awareness as an accessibility barrier that impacted engagement across the health board. Importantly, it is also clear that concerns about confidentiality, stigma and lack of support from management may create significant barriers for some individuals which needs to be addressed both within the SPWBS but also across the wider Health Board. There was also a perception of an under-staffed services which

occasionally struggled to meet demands in a timely fashion, although the level of satisfaction and psychological benefit reported by those receiving both the one-off resource appointment and counselling clearly demonstrate the value of these services, both for the individuals involved and for the health board in terms of keeping staff in work.

The evaluation aimed to capture data on the level of staff awareness across the health board relating to the SPWBS to identify potential underrepresented groups that do not engage with the services and explore potential perceived barriers to engagement. The SPWBS appears to be primarily used by nursing and healthcare staff and administrative staff, although the services offered are available to all staff and occupational groupings across the Health Board. Whilst there may appear to be disproportionate use of the service across some staff bands, for example, medical groups and ancillary staff, the data presented here suggest that level of awareness and engagement with the SPWBS are broadly representative of the proportion of staff in each of the staff groupings across HDUHB. There also appears to be proportionate representation of the main demographic groups across the data presented within this report. Overall, this suggests that whilst there is a need for the SPWBS to raise its profile across the health board given the low awareness levels reported in this evaluation, there is no indication that any one staffing or demographic are being unintentionally excluded from making use the SPWBS.

Whilst this service evaluation has produced a broad set of data, both quantitative and qualitative, that has provided a clear picture of the value of the SPWBS to the HDUHB and its staff, the service would benefit from establishing more robust audit and evaluation procedures to ensure that future data be collected efficiently. The need to ensure that response options are unambiguous and forms simplified in terms of the completion process should help both service staff and service users are able to complete the forms in a manner which provides consistent clear data. The issue of low response rates to satisfaction and evaluation questionnaires is one acknowledged across the sector and wider research community, but the increasing use of online survey tools and other strategies to simplify the completion process should encourage higher response rates and cleaner data moving forward. Finally, it is imperative that where possible the SPWBS maps the occupational and demographic data to the same categories and response options to enable more accurate analysis of representation data moving forwards. The continued collaboration between the authorship group of this report will take forward these recommendations and identify tangible action points to continue to support the SPWBS in managing its increasing workload and need to demonstrate its value to both staff and the wider HDUHB. It is clear, however, that with additional resources provided by HDUHB to continue to support the SPWBS this service

should promote itself further as a key wellbeing resource for staff across all staff groups and locations within HDUHB.