



**Scottish
Ambulance
Service**

University National NHS Board



Freedom of Information Request

15th October 2024

Question

I am a 3rd year student working with YAS and for my final submission for university I am looking into the affects of stress and burnout alongside back pain within pre-hospital clinical staff. I would like to request information on the following If possible. note - for the purpose of this request the term clinician is for the role of - ECAs, ASWs, A/EMTs, NQP, Paramedic, SPUC, CCP. 1. Total number of clinicians (as noted above) employed by your trust and the splits of different clinical grades 2. Total number of clinical staff currently off the road with back pain/ back problems only. 3. Front line operational working hours lost last year (Jan 2023 to end Dec 2023) to back pain 4. Total number of clinical staff currently off the road with stress or burnout only. 5. Front line operational working hours lost last year (Jan 2023 to end Dec 2023) to stress and or burn out. 6. Years of service of the clinical staff currently off the road with stress or burnout only. Categorised as - NQPs. etc - years service. 7. Total number of clinical staff currently off the road with back pain/ back problems and stress combined. 8. What facility the trust has in place to support clinical staff with back problems, how do they access this and is it a reactive service or proactive? 9. What facility the trust has in place to support clinical staff with stress and or burnout, how do they access this and is it a reactive service or proactive? 10. Is the trust developing any strategies to combat back pain? And if so what are they. 11. Is the trust developing any further strategy to combat stress and or burnout? And if so what are they

Answer

1. Total number of clinicians (as noted above) employed by your trust and the splits of different clinical grades

Please see the attached sheet detailing the headcount of employed clinicians within the Scottish Ambulance Service broken down by band grades. For the given data, you will see that some of the figures are shown as less than five, please note that this figure has been suppressed because the statistical value is less than five. The Scottish Ambulance service has a duty, under the Data Protection Act to avoid directly or indirectly revealing any personal details. It is therefore widely understood that provision of statistics on small numbers, five or less are statistically suppressed upon disclosure.

2. Total number of clinical staff currently off the road with back pain/ back problems only.

We have applied section 17 of the Freedom of Information Scotland Act 2002, this is information not held. This has been applied because although we can only report of chief absence reasons. We have a chief reason of Musculoskeletal problems which includes back pain but are unable to break this down further to report on capture back pain/back problems only.



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3. Front line operational working hours lost last year (Jan 2023 to end Dec 2023) to back pain

We have applied section 17 of the Freedom of Information Scotland Act 2002, this is information not held. This has been applied because although we can only report of chief absence reasons. We have a chief reason of Musculoskeletal problems which includes back pain but are unable to break this down further to report on capture back pain/back problems only.

4. Total number of clinical staff currently off the road with stress or burnout only.

We have applied section 17 of the Freedom of Information Scotland Act 2002, this is information not held. This has been applied because although we can only report of chief absence reasons. We have a chief reason of anxiety, stress or depression which includes stress but are unable to break this down further to report on capture stress or burnout only.

5. Front line operational working hours lost last year (Jan 2023 to end Dec 2023) to stress and or burn out.

We have applied section 17 of the Freedom of Information Scotland Act 2002, this is information not held. This has been applied because although we can only report of chief absence reasons. We have a chief reason of anxiety, stress or depression which includes stress but are unable to break this down further to report on capture stress or burnout only.

6. Years of service of the clinical staff currently off the road with stress or burnout only. Catogrised as - NQPs. etc - years service.

We have applied section 17 of the Freedom of Information Scotland Act 2002, this is information not held. This has been applied because although we can only report of chief absence reasons. We have a chief reason of anxiety, stress or depression which includes stress but are unable to break this down further to report on capture stress or burnout only.

7. Total number of clinical staff currently off the road with back pain/ back problems and stress combined.

We have applied section 17 of the Freedom of Information Scotland Act 2002, this is information not held. This has been applied because although we can only report of chief absence reasons. We have a chief reason of anxiety, stress or depression which includes stress but are unable to break this down further to report on capture stress or burnout only.

8. What facility the trust has in place to support clinical staff with back problems, how do they access this and is it a reactive service or proactive?

10. Is the trust developing any strategies to combat back pain? And if so what are they.

SAS Staff physiotherapy is via an external company called Injury Prevention Rehabilitation Services (IPRS) which works with local private physiotherapists. Physiotherapy can take a while through NHS, so we provide support whilst staff are awaiting treatment. This can either prevent absence from work or reduce the recovery time and help return to work sooner. IPRS have a very user-friendly website linked from our internal intranet that offers a whole range of health advice and exercises to complete, you click on the part of the body that you have the issues with, and the advice is in the form of videos and or photos/explanations of what to do. So, this is both proactive and re active. Physiotherapy is accessible to all employees not just clinical, who are unable to carry out a full range of duties, because of musculoskeletal problems caused or aggravated by work. The condition must be having an adverse impact on their ability to do their day-to-day job. Staff should still refer to NHS physiotherapy as IPRS physio sessions are limited in number. (normally 4 and any additional sessions would be based on clinical judgement)



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We also have a Musculoskeletal Lead employed within the service that works both pro-actively and re-actively. Pro-actively ensuring all manual and patient handling training is appropriate, working with suppliers to ensure that correct equipment is available to reduce efforts for manual and patient handling and re-actively working with staff who identify an issue/ or are coming back to work perhaps on things like phased return, light duties, or need further advice after completion of their IPRS treatment.

8. What facility the trust has in place to support clinical staff with stress and or burnout, how do they access this and is it a reactive service or proactive?

We aim to take a proactive approach to preventing stress and burnout in our staff but signpost to appropriate help and support as required when our staff are experiencing stress and burnout. We have the following support in place that is available to all staff, whether in clinical or non-clinical roles: • We have developed a comprehensive 'Wellbeing & Support' section on our intranet site with a specific section on managing stress that all our staff can access. This includes information on what stress is and how to spot the signs and symptoms as well as active steps to combat it i.e. steps for stress podcasts, one day at a time wellness challenge, stress busters and quick guides to managing stress and Be mindful and Feeling Good apps - we have provided a variety of options for staff, bearing in mind that one size does not fit all. • We promote national campaigns to raise awareness of stress and burnout e.g. Stress Awareness Month. • We promote the mental health continuum and had several thousand printed into credit card size that was distributed to all our locations for managers to have discussions with their staff, staff to have discussions with each other for peer support and staff to have discussions with students. • We promote and signpost to help such as employee counselling, help lines and crisis lines. • We offer training sessions, currently delivered by our partner Lifelines regarding 'Understanding resilience', 'Supporting your colleagues' and 'Post trauma support' with sessions also delivered to students at University and Newly Qualified Paramedics. • We have a network of TRiM assessors who offer and conduct TRiM assessments following potentially traumatic incidents. Staff can also self-refer or be referred by their line manager. • We have an Occupational Health Service that staff can be referred to for more specialist support. • The Organisational Development & Wellbeing Team conduct station visits that are open to all staff to attend to discuss any wellbeing issues affecting them with any actions taken as appropriate.

11. Is the trust developing any further strategy to combat stress and or burnout? And if so what are they?

Combating stress and burnout is part of our Healthy Mind element within our newly published Health & Wellbeing Strategy 2024-27. We continuously look for ways to keep improving how we support our employees' health and wellbeing so we periodically review and evaluate what is working well and what can be improved within our existing provision, as well as exploring what else we could introduce. We regularly link with our colleagues in other Trusts across the UK to discuss this. An ongoing strategy is raising awareness of all the help and support available to staff, providing opportunities for staff to have a chat about their health and wellbeing and fora for them to express their views and ideas e.g. staff networks, staff engagement sessions, station visits.