Tackling Poverty Locally Online Directory

Staff Crisis Fund
How-to Guide

This guide offers more detailed information and advice for those who may be interested in adopting or adapting the initiative in their local area.

This document comprises the following sections (click hyperlink to skip to that section)

Title	Staff Crisis Fund
Organisation	NHS Greater Glasgow and Clyde
Category	Emerging Practice
Poverty Impact	Mitigation
Introduction to the Project	
NHSGGC initiated, multi partner agency pilot staff health improvement project. The programme offers targeted poverty mitigation support, advice, and guidance to NHS secondary care staff within NHSGGC health board boundaries.	

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Initial Idea

Who had the initial idea?
Gillian Harvey
How did the idea for the project come about?
Cost-of-living legacy project developed from secondary care staff feedback.
Did you draw on any published reports / papers / research evidence or practice you had seen elsewhere to inform your plans?   *If so, please add details to the box below.*
Yes. Publicly available wider population reports from within and out with the NHSGGC board.
Who was involved in developing the initial idea of the project?
Gillian Harvey, SIS team members, and Greater Glasgow and Clyde Health Board.
Were those with lived experience of poverty involved in developing the initial idea of the project?
Yes, through staff feedback.
What funding was used, if any, to support the development of the initial idea of the project?
NHSGGC internal Endowment Funding

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What in-kind resources were needed when developing the initial idea of the project?	
Facilities	Inhouse existing facilities.
Equipment	Inhouse existing structure.
Local Knowledge	Staff and inhouse departmental knowledge.
Food and Drink	N/A
What, if any, barriers did you have to overcome when developing the initial idea of the project?	
None.	
What, if anything, was helpful when developing the initial idea of the project?	
Existing structural, economic, and staff capacity.	
What was the timeline between the initial idea and the start of the project?	
Not applicable, project is still in pilot stage.	

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Who made the decision to introduce the project?
Gillian Harvey.

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Early Development of the Project

Did you run a pilot project or carry out a feasibility study?
Yes, ongoing (in summer 2023).
What did you do? Please describe the pilot project or feasibility study.
Developed a sustainable model for delivery, review, analysis and implementation of project which is still being tested.
How, if at all, were those with lived experience of poverty involved in the pilot of the project or feasibility study?
NHSGGC SIS Team.
What funding was used, if any, for the pilot of the project or feasibility study?
NHSGGC internal Endowment Funding.
What in-kind resources were used for the pilot of the project or feasibility study?

Facilities	Existing NHS offices and hospitals.
Equipment	Existing inhouse equipment.
Local Knowledge	Staff knowledge of lived experiences of poverty and knowledge on NHSGGC structural capacity to deliver such a project.
Food and Drink	N.A.

Was the pilot project or feasibility study evaluated? *If yes, please provide details*
No, but will be when the pilot is finished (still ongoing in summer 2023).
What evidence, if any, from the pilot project was used to confirm that it was working?
Statistical information is being collated to support project viability

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Who made the decision to continue with the project beyond the pilot or feasibility study?
Not applicable
How did the pilot or feasibility study inform the final design of the project?
Not applicable

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Accessing the Service and Engaging with Service Users

Is there a referral process? If yes, how does the referral process work (self-referral, referred by other agencies, identified from an existing database)
Yes, self-referral.
How are potential clients made aware of the project?
Not applicable.
How do you keep in touch with service users? Do your service users have a preferred method of contact?
Further contact is at the discretion of the service user.

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Working with People with Lived Experience of Poverty

Are those with lived experience of poverty involved in <u>delivering</u> the project? *If so, please describe below.*
Unknown.
Are people with lived experience of poverty involved in <u>managing</u> the project or project governance? *If so, please describe below*.
Unknown.
Are people with lived experience of poverty involved <u>in any other aspect</u> of the project? *If so, please describe below*.
Provision of case study material.

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Leadership, Governance and Partnership Working

Who is responsible for managing the project?
Gillian Harvey.
Is this the only responsibility of the person managing the project? *If not please describe the manager's wider roles and responsibilities.*
No. Wider Public Health remits involving sitting on various public health steering groups, attending conferences, planning, overseeing various NHSGGC projects, liaising with third party partner agencies, sitting on NHSGGC Health Board, and securing funding for projects.
Is there a Project Steering Group? *If yes, who is involved in this and how does it work.*
Yes, but no specifics are provided.
If there is no Steering Group, what governance arrangements are in place to review strategy and performance?
No.

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Links to Wider Policies, Strategies and Statutory Requirements

Is the project part of a wider anti-poverty strategy? *If so, please give details.*
No.
Is the project part of any other strategy? *If so, please give details.*
No, although project does appear to tie in with current NHSGG strategies inclusive of: Internal Communications and Employee Engagement Strategy 2022-2025; Workforce Strategy 2021-2025; Staff Health Strategy 2021-2023; Public Health Strategy 2018-2028; Equalities Strategy: A Fairer NHSGGC 2020-2024.
Is the project delivering a service that is a statutory commitment. *If so, please give details.*
No.

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Funding

Who funds the project? *Please give details.*
NHSGCC (Internal NHS Endowment Fund)
How much does the project cost?
Not provided: Budget/cost of delivery is absorbed into overall NHSGSS board budget.
Is future funding based on pre-agreed outcomes or outputs being delivered?
Yes. As the project is publicly funded it is subject to scrutiny from the NHSGGC SIS board that require regular reporting. The Endowments Committee receives regular reports of the project as well to ensure the project is in line with the targets set out in the funding bid.

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Staffing and Resources

Which paid staff are involved in delivering the project?	
Yes, three full time members staff. Part time staff numbers change dependent on service need (zero hours bank staff).	
Are volunteers involved in delivering the project? *Please describe their role and their contribution.*	
No	
What in-kind resources do you need to deliver your project?	
Facilities	Existing NHS office and hub space.
Equipment	Existing Office and IT equipment.
Local Knowledge	Subject specific knowledgeable of NHS and external partner agency NHS acute staff issues. NHS staff with lived experiences of poverty.
Food and Drink	N/A
For each of the in-kind resources listed above, who provides it?	
Facilities	NHSGGC .
Equipment	NHSGGC.
Local Knowledge	NHSGGC staff and advice antipoverty partner agencies inclusive of Money Advice and CAB.
Food and Drink	N/A

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Did you have to buy or develop new IT systems, software (databases, apps) or technology to deliver your project? *Please describe below.*
No.
Was additional staff training required to deliver your project? *If so, please describe.*
Yes. The whole team (SIS) have their personal development plans for the NHS. Depending on the project there might be a need for some additional awareness or expertise training.

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Monitoring and Evaluation

What information, if any, do you collect about your project?	
Number of users	Yes.
Profile of users	Not reported.
Experience of users	Yes (case study information with consent).
Anything else	No.
How often is data collected? Who collects the data?	
SIS staff collect the data. Reports will be drafted quarterly by Gillian Harvey.	
Do you have baseline data on what things were like before the start of the project or before users started the project? *Please describe the type of baseline data that you have.*	
No	
Do you produce an annual report? *Please provide details of what this includes.*	
Yes	
In what ways, if at all, do you use the data that you collect to adapt the service that you provide?	
N/A. Still at pilot stage.	
Have you employed an external organisation to formally evaluate your project? *If yes, please provide details.*	
No	

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Do you intend to employ an external organisation to evaluate the service that you provide in the future? *If yes, please provide details*.

Not planned.

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Reach and Impact

What difference has the project made?
Not yet known.
How do you know this? What evidence demonstrates impact (metrics, interviews, feedback)?
N/A
To what extent have the aims of the project been achieved?
Not yet evaluated
How, if at all, have conditions changed since the project was introduced?
N/A.
If yes, has the project had the capacity to meet these changing conditions and demand? *Please describe and explain below.*
Yes, at present in Scotland but not outwith.
Has the project had any unexpected or unintended outcomes? *If so, whether positive or negative, please describe.*
Unknown yet due to infancy of pilot project.
In your opinion, is the project having an impact on tackling child poverty? If so, please describe in what ways.
Yes, as we're picking up the long-term referrals of the staff engaging with the project (such as financial inclusion referrals and carers referrals).

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Learning from Experience

What is working well?
Not yet evaluated
What, if anything, is working less well?
Not yet evaluated
What are the key learning points that you'd like to share with other practitioners? For example, is there anything that you would do differently?
Still to be identified.
What plans do you have to develop or expand the project in the future?
Expand it out with NHSGGC by provision of a sustainable good practice model which other NHS boards may utilise.
How easily do you think your project could be replicated in another setting?
Replicable if funding is prioritised for it and existing infrastructures has the capacity to cope with potential demand.

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