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## Looking after ourselves, looking after others - Our COVID-19 Health and Wellbeing approach

Presented by	Pat Campbell, Director of HR		
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Lead Director	Pat Campbell, Director of HR		
Purpose of the paper	To provide an update on our COVID-19 Health and Wellbeing approach		
Key control	Supporting the health and wellbeing of our staff is key to our People Strategy		
Action required	To note		
Previously discussed at/ informed by	Our wellbeing approach has been informed by discussions at HR SLT, Silver Command discussions, the Workforce Work stream and the Communications Work stream.		
Previously approved at:	Committee/Group	Date NA	
	NA		

### Key Options, Issues and Risks

Preserving and protecting the health, safety and wellbeing of staff is critical for NHS organisations as we respond to the COVID-19 outbreak. It is essential we support the physical and mental wellbeing of our workforce, to enable them to stay healthy and protect themselves, colleagues, patients and families as we continue to deliver services through this challenging period.

We are all working very differently, and combined with the additional pressures of looking after families and anxiety about the future, this is a huge psychological shift.

This paper provides an overview of our Trust's approach to Health and Wellbeing (HWB) in response to the COVID-19 pandemic. It sets out what we are doing now and our longer term plans as we move into the 'recovery phase'. It includes an overview of the services that are being offered; our approach to risk assessments and information about COVID related absence.

We now have a comprehensive package of emotional, psychological and practical support that combines our local and national support. This support is continually developing as we get local and national feedback from staff and the HR, OD, Occupational Health, Psychology and Wellbeing professional networks.

The local support includes offer includes an HR and Occupational Health helpline; a Psychology support helpline; a Listening service, a confidential safe space for staff to talk; support provided by our Chaplaincy Service, Staff Advocates and Staff Networks and Freedom to Speak up Guardians. There are also HR and OH FAQs, guidance and checklists covering a range of subjects including Ramadan, risk assessments and recording absence. Practical guidance and support for staff and managers includes Booking Accommodation; local information on child care; family wellbeing; free parking; guidance and tips for those working remotely and information about staff discounts and benefits. Wobble rooms – a safe space to 'have a wobble' have been widely used on wards across the Trust.

There is a wide range of support available nationally through the Supporting our People Our NHS People website. It currently includes: the NHS and the Samaritans helpline, open seven days a week; a text line helpline service open 24/7; a Bereavement support line; resources and guides on a range of subjects so staff can develop new skills; support for leaders including tips on looking after yourself and your teams and access to free wellbeing apps to improve mental health and wellbeing.

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A Supporting our People app if also available so all resources can be accessed on a smart phone, even when offline.

Our Wellbeing offer is widely communicated and promoted in a range of ways, aiming to make sure all staff are aware of what support is available and how they can access it as detailed in the paper.

### Analysis

Our HWB approach is inclusive and holistic, with support and resources developed locally and nationally, by a team of health and wellbeing, psychology and organisational development experts, representing best practice, in particularly in supporting wellbeing during a crisis. It focuses on all areas of life, care, and work. It recognises that we are all individuals and may require different support at different times.

Feedback on our wellbeing offer and how it is communicated overall is positive however we recognise there is more work to do - as the situation evolves, so will the support that is needed. We have gathered initial feedback from key stakeholders; carried out a communications survey (a key element of staff engagement and wellbeing); a specific wellbeing survey in ICU and have plans to roll this out across the Trust. Feedback has influenced our approach as we are now doing more 'outreach' work though this is limited and more challenging due to the restrictions around COVID-19. Our overall approach is flexible to make sure we are meeting the wellbeing needs of our staff. We now also have initial data on numbers accessing services which will help us with this.

The key message from the national 'Supporting our People' Our NHS People work is that we should support our teams and individuals to be the best that they can be, through Compassionate and inclusive leadership - how we support our staff during COVID-19 will leave a legacy; not 'rushing in with Psychological intervention. On average 70% of people recover without the need for intervention given the right support. (Dr Sonya Wallbank, Clinical Health and Wellbeing Lead) – social and peer support play a critical role and focusing on teams – resilience doesn't lie within individuals but between individuals. We need to support staff to function well as a team. This is at the heart of We are Bradford and Work as One has proved we can pull together and work as one team.

Our HWB offer takes this into account and focuses on all areas of life, care, and work. It recognises that we are all individuals and may require different support at different times.

We are currently developing our longer term approach, based on the national research about phases of support needed, using the 'CARE model for recovery', which underpins the national health and wellbeing offer. This provides a useful framework and we are currently using this to assess our local offer and identify what further support will be needed, particularly in the recovery phase.

We are also reviewing research, evidence and guidance from other areas including the Intensive Care Society; COVID Trauma response working group; Guidance for psychological professionals during the Covid-19 pandemic and the British Psychological Society Covid19 Staff Wellbeing Group.

Our focus going forward includes developing teams, leaders and our managers; team resilience and our continued work on compassionate and inclusive leadership. This work involves engaging staff and leaders, to make sure we provide the right support for our staff now and in the future.

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### Recommendation

For the Board to note:

- The ongoing work on Health and Wellbeing.
- That this work will continue to develop and be shaped by national guidance, latest thinking and research and local needs.
- Our approach to risk assessments.
- Progress is monitored by the Workforce Work stream with consideration being given to the benefits and value of formalising the COVID-19 'Wellbeing response group', which currently works informally.

### Appendices:

Appendix 1 – Examples of staff wellbeing posters (see attached).

Appendix 2 – Phases of support and CARE recovery plan which underpins the national HWB offer.

### Risk assessment

Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

<b>Benchmarking implications (see section 4 for details)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Is there Model Hospital data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement: (please tick those that are relevant)</b> <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain: Well Led</b>
<b>Care Quality Commission Fundamental Standard: Staffing</b>
<b>NHS Improvement Effective Use of Resources: People</b>
<b>Other (please state):</b>

Relevance to other Board of Director's Committee: (please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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## 1 PURPOSE

This paper provides an overview of our Trust's approach to Health and Wellbeing (HWB) in response to the COVID-19 pandemic. It sets out what we are doing now and our longer term plans as we move into the 'recovery phase'.

## 2 BACKGROUND

Preserving and protecting the health, safety and wellbeing of staff is critical for NHS organisations as we respond to the COVID-19 outbreak. It is essential we support the physical and mental wellbeing of our workforce, to enable them to stay healthy and protect themselves, colleagues, patients and families as we continue to deliver services through this challenging period.

We are all working very differently, and combined with the additional pressures of looking after families and anxiety about the future, this is a huge psychological shift.

Putting together the wellbeing support that we now have in place has taken time; initially we developed and relied on local interventions and support, responding to the immediate needs of the Trust. We recognised that people have different needs so it was important to provide a range of support interventions that staff could access. National support in the form of helplines, guidance and virtual sessions followed. We now have a comprehensive package of emotional, psychological and practical support that combines our local and national support.

This support is continually developing as we get local and national feedback from staff and the HR, OD, Occupational Health, Psychology and Wellbeing professional networks.

## 3 OUR HEALTH AND WELLBEING APPROACH

Our HWB approach is inclusive and holistic, with support and resources developed locally and nationally, by a team of health and wellbeing, psychology and organisational development experts, representing best practice, in particular in supporting wellbeing during a crisis.

The key message from the national 'Supporting our People' Our NHS People work is that we should support our teams and individuals to be the best that they can be, through:

- **Compassionate and inclusive leadership.** How we support our staff during COVID-19 will leave a legacy. It is important that we provide development and training for our leaders and managers, particularly around supporting our most vulnerable staff and supporting the mental health of their teams. Compassionate and inclusive leadership is already at the heart of our leadership development work.
- **Not 'rushing in with Psychological intervention.** On average 70% of people recover without the need for intervention given the right support. (Dr Sonya Wallbank, Clinical Health and Wellbeing Lead). Social and peer support play a critical role.

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- **Focusing on teams** – resilience doesn't lie within individuals but between individuals. We need to support staff to function well as a team. This is at the heart of We are Bradford and Work as One has proved we can pull together and work as one team.

Our HWB offer takes this into account and focuses on all areas of life, care, and work. It recognises that we are all individuals and may require different support at different times.

Our holistic approach means considering a wide number of areas, to make sure we fully support the wellbeing of our workforce and provide a comprehensive support package; this includes:

- **Staff wellbeing** – covering all aspects including mental and physical wellbeing; financial wellbeing and bereavement support. This also considers support for those who are carers and those who may be suffering domestic violence or abuse.
- **Occupational health support** – considering what services may have to 'pause' and what new services may be needed now and in the future.
- **Sickness absence** – our approach to recording and reporting COVID-19 related sickness absence including self-isolation alongside how we manage cases of COVID related absence.
- **Supporting our most vulnerable staff** - those with underlying health conditions and who are in higher-risk groups, including Black and Asian Minority Ethnic staff (BAME) and pregnant staff.
- **Risk assessments** – linked to above, our approach to undertaking risk assessments particularly for vulnerable groups, to understand the specific risks staff members face from exposure to COVID-19 and actions which we need to take to keep staff safe.
- **Enabling and supporting staff working from home** – this is a different way of working for many and the impact this has on individuals who may no longer feel part of a team or feel a sense of isolation cannot be underestimated. Often this group includes those who are most vulnerable; who are shielded; who are self-isolating; those who may be suffering domestic violence or abuse.
- **Practical support** – the basic things that will help staff including information about things like childcare, hotel accommodation, public transport and parking.
- **Staff benefits and discounts** – this includes an ever growing number of charitable donations and discounts from wide range of national and local companies. It also includes things like offering free hospital car parking for staff.
- **Staff terms and conditions** – keeping up to date with national changes that may impact on HWB and also making sure our local policies are reviewed if needed, in particular policies around sickness absence and leave and reminding staff about these, for example, the importance of staff taking annual leave, to have a break from work.
- **Staff engagement and communication** – the importance of communicating our wellbeing offer and ways we can engage staff differently, given social distancing and different ways of working.

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- **Personal protective equipment (PPE) and infection control** including guidance and procedures, so staff feel safe.

#### 4 WELLBEING SUPPORT

Our wellbeing offer includes local and national support, resources and guidance, covering all aspects of wellbeing: Mental and emotional wellbeing; physical wellbeing and staying healthy; financial wellbeing and bereavement support as well as support for those who are carers and those who may be suffering domestic violence or abuse.

It provides access to information about practical support such as childcare, accommodation and parking; staff benefits and discounts and staff recognition – opportunities for staff to share messages of thanks and support to their colleagues.

All the information is available on our [Wellbeing hub](#) on the COVID-19 intranet page, which brings together all our HWB support in one place, with signposts to the national [Our NHS People](#) Supporting our People website ([www.people.nhs.uk](http://www.people.nhs.uk))

The **local wellbeing support** offer includes:

- HR and Occupational Health helpline, open seven days a week.
- CIC (Confidential Care Employee Assistance) for counselling advice and support.
- Psychology support helpline with access seven days a week.
- A Listening service, a confidential safe space for staff to talk provided by a team of volunteers from across the Trust. This is a collaborative project working with the Bradford Institute for Health Research and the Improvement Academy.
- Support provided by our Chaplaincy Service, Staff Advocates and Staff Networks.
- Freedom to Speak up Guardians.
- HR and OH FAQs, guidance and checklists covering a range of subjects including Ramadan, risk assessments, recording absence etc.
- Practical guidance and support for staff and managers including Booking Accommodation; local information on child care; family wellbeing; free parking.
- Guidance and tips for those working remotely.
- Information about staff discounts and benefits.
- Working with Charities, distributing donations and accessing charitable funds.
- Signposting to support provided in the Bradford District for example, Staying Put (Bradford) a domestic violence and sexual abuse charity.
- Saying 'Thank you' to colleagues – staff have access to cards to write personal messages, or can email the OD team; messages appear on the Thank You intranet page and in the Let's Talk newsletter.
- Wobble rooms – a safe space to 'have a wobble', on wards across the Trust.

Some of the interventions have come from ideas from staff such as Wobble Rooms an idea that started in our Trust and has now been adopted by Trusts across the UK. Other initiatives include 'virtual tea breaks' and 'coffee roulette'.



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Other work in progress includes:

- Empowering managers to support the mental health and wellbeing of staff through piloting the national REACT training.
- Resilience sessions for teams, run 'virtually' by the OD and Psychology team.
- Virtual 'Let's Talk Live' interactive events with the Chief Executive.
- Support for leaders and managers, exploring alternative ways of providing 'virtual' support and development sessions.
- Virtual Schwartz rounds; the first session is being developed.
- More 'outreach' work and exploring how we can do this safely.
- Raising awareness through briefings and huddles.

The **national support** can be accessed through the Supporting our People website and is signposted from our Wellbeing hub. It currently includes:

- The NHS and the Samaritans helpline, open seven days a week.
- A text line helpline service open 24/7.
- A Bereavement support line open seven days a week.
- A new Bereavement and trauma support line for our Filipino colleagues, supported by a team of fully qualified and trained Tagalog speakers.
- Resources and guides on a range of subjects so staff can develop new skills.
- Support for leaders including tips on looking after yourself and your teams.
- Access to free wellbeing apps to improve mental health and wellbeing through reducing stress, building resilience and aiding better sleep, such as Headspace; Unmind; Sleepio; Silvercloud.
- Staff common rooms - an opportunity for our NHS people to come together virtually and support each other.
- Online group sessions and webinar events.
- A Supporting our People app so all resources can be accessed on a smart phone, even when offline.

The national offer is continually developing with new tool, guidance and support being made available on a regular basis and new things are picked up by the OD team and publicised.

## 5 OCCUPATIONAL HEALTH SUPPORT

The OH work is heavily influenced by national guidance and the team keep up to date with latest Public Health England, Department of Health, Government and NHS Health@Work Network guidance, amending local procedures and guidance (frequently) to reflect this and make sure it is communicated across the Trust.

The volume of OH work as part of the COVID-19 response has meant some changes to the OH provision and we have increased staffing to meet demand and expanded opening hours to operate over seven days:

- Immunisation programmes have been revised to ensure communicable disease protection reflects Covid19 risk assessment processes.



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- Risk assessment guidance and templates have been developed to support managers to assess staff within vulnerable groups – this is regularly updated as national guidance changes and new information about COVID-19 emerges.
- Fitness advice is provided on temporary redeployment of staff.
- Advice provided to managers/staff who have concerns about their vulnerabilities often following risk assessments.
- Advice provided to managers/staff who raise concerns about their mental health.
- Communicating staff testing results and return to work advice provided to managers following staff testing, isolation or illness.
- OH advice is given on the management of exposed healthcare staff.
- Feedback is provided to the Trust via Workforce Work stream on high occurrence issues from managers/staff in relation to the pandemic.
- Assistance and advice is provided with RIDDOR reporting responsibilities and investigation.

CiC our confidential staff assistance programme and Remploy can still be accessed and staff are also signposted to the wider local and national resources and support available.

<b>6</b>	<b>COVID-19 SICKNESS ABSENCE</b>
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	<b>March 2020</b>	<b>April 2020</b>
COVID-19 related sickness absence	1.31%	3.1%
Staff on self-isolation	3.2%	5.4%

Further analysis shows that COVID-19 related sickness absence for BAME staff shows higher rates than white staff at 3.14% compared to 1.81%, with male staff showing a lower sickness absence rate than female staff, 1.89% compared to 2.38%.

Staff on sickness or self-isolating do not have their absence counted towards their Bradford Factor Score and periods of COVID-19 related sickness do not count towards normal sickness entitlements.

All staff are encouraged to be tested between days 1-3 and up to day 5 as per current guidance with all in-house results being reported to Occupational Health. Managers are encouraged to keep in touch with staff as per reporting procedures and the HR/Occupational Health helpdesk will signpost staff for further support if they need it.

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7	<b>RISK ASSESSMENTS</b>
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The Trust developed risk assessment guidance at the beginning of the pandemic to support staff groups who are at increased risk from COVID-19. This has been revised as national guidance and specific guidance eg Royal College of Obstetricians & Gynaecologists (RCOG) have revised their advice.

Given the emerging evidence being reviewed by Public Health England (PHE) that BAME communities are disproportionately affected by COVID-19 we took the decision following NHSE/I advice on a precautionary basis to prioritise a risk assessment discussion for BAME staff. We have developed a Risk Assessment Checklist which will be used to enable a sensitive and comprehensive conversation with each member of staff and which will help in identifying any underlying health condition that may increase the risk in staff undertaking a front line role and will involve referral on to Occupational Health as necessary. The conversations are intended to focus on well being, safety and mental health. A Risk Reduction Framework for NHS staff at risk of COVID-19 infection has now been published by the Faculty of Occupational Medicine to better inform our risk assessment process. We will continue to review our processes to ensure that we comply with best practise. Our template checklist can be used for any member of staff who is feeling anxious and wants assurance and we intend to engage regularly with employees who are deemed to be at higher risk. We will continue to engage with the staff Networks and Trade Union colleagues on issues that emerge from the discussions. A recording system has been set up via ESR/OLM and as at 20 May the risk assessment discussion has been had with 846 staff. Most staff are welcoming the opportunity to have the discussion, and whilst individual issues are being addressed common themes are being collated so the necessary action can be taken.

8	<b>NATIONAL, REGIONAL AND PLACED-BASED SYSTEM WORK</b>
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There is a lot of work taking place at a national level which influences our wellbeing approach, the main sources are:

**NHS England and Improvement Wellbeing Webinars**, which are held every Wednesday for anyone who has a role in workforce, occupational health, organisational development, leadership, trade union support or other area that is supporting the wellbeing of our NHS people during and following the Covid-19 response. These national webinars, hosted by Horizon, cover a range of topics and over the weeks the webinars have launched the national wellbeing offers, held live group chats and presented a COVID-19 HWB Recovery Plan for staff (appendix one). We take part in the webinars which can also be viewed on the national Our NHS People site after the event, along with relevant resources.

**NHS Employers Health and Wellbeing network 'virtual meeting'**, held every Thursday, hosted by the NHS Employers Health and Wellbeing team. This group shares latest national guidance, updates members on the Wellbeing Webinars and provides the opportunity for sharing ideas and good practice.

**NHS Employers COVID-19 guidance for NHS workforce leaders**, which is continually updated, with changes fed into the Trust Workforce Work stream and HR SLT meetings.

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**National guidance.** We also take into account the latest Coronavirus (COVID-19) guidance, advice and support published by the Government; guidance from NHS England and Improvement and Public Health England.

**West Yorkshire and Harrogate Health and Care Partnership** work includes the development of a dedicated webpage, accessible to all health and care staff, recognising that staff in primary care and social care may not have the range of support available to some of their NHS colleagues. This webpage, which aims to go live week of the 18 May, signposts to the national resources identified in the weekly webinars and meetings above and place based support.

WYHCP are also piloting the REACT training at a system level, opening this up to staff in the wider system, rather than just NHS staff.

**Bradford and Craven District** place-based system wide work is led by the System Development network group. The first phase was capturing information on the range of HWB offers across the district to identify what could be 'scaled up' and any gaps. The priority is developing an offer for all staff (rather than focusing on just managers) around having 'Better Conversations'. This work began pre-Covid so the offers that were in development or available are being reviewed to see which could translate from face-to face delivery to online or virtual delivery.

Work is continually developing and in some cases changing. The Head of Organisational Development works with the Head of Occupational Health and Wellbeing and Clinical Lead and Head of Psychology, linking in with relevant national, regional and local networks, to make sure our offer and approach reflects national guidance and good practice, while making sure it meets the need of our Trust.

<b>9</b>	<b>COMMUNICATION</b>
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Our HWB offer is communicated and promoted in a range of ways, aiming to make sure all staff are aware of what support is available and how they can access it. This includes:

- The [Wellbeing intranet hub](#) on the COVID-19 intranet site – the main source of all wellbeing information bringing local and national support and resources together in one place.
- A 'Supporting our staff' section in the daily Global email update (a hard copy of the bulletin goes to the wards) highlighting any new or changes to existing guidance; new resources; signposting free apps or online resources and reminding staff of key messages.
- A Wellbeing Wednesday bulletin, which goes out weekly via a standalone Global email (a hard copy goes to the wards) and used in huddles.
- The Let's Talk newsletter.
- In the HR and OHS FAQs on the intranet.
- Signposting by the HR and OHS Helpline team; Psychology team; Listening Service volunteers; Staff Advocates and OH team.
- Wellbeing section in Induction for all new starters together with a resource pack.

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- Posters and flyers covering a range of topics (hard copies and downloadable through the intranet) see appendix two for examples.
- Wellbeing 'cards' – small cards with top tips, which are really popular with staff.
- Screensavers on computers and in the concourse.
- Chief Executive and Chief Nurse Video diaries and blogs.
- Twitter and WhatsApp groups.
- Messages as needed via Silver, Gold or through other Work streams.
- Overview of national support available sent to all agency staff.

<b>10</b>	<b>FEEDBACK ON WELLBEING OFFER AND AWARENESS OF SUPPORT</b>
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We have been gathering feedback from staff and managers about the wellbeing offer through conversations with staff and managers; feedback from the Helpline and OH staff; feedback through the Quality Improvement team, Chief Nurse team, Associate Directors of Nursing and Directors of Operation, as well as the Psychology team and Listening Service.

Feedback on the communication of wellbeing support and the wellbeing offer itself has overall been positive, with staff being aware of the offers though there is also feedback that they feel there is an overwhelming amount of information and that in dealing with the day to day tasks, staff do not have time to access it. There are mixed views about the wobble rooms; some seeing it as a great idea and others not using it as they are worried it can be perceived as a weakness.

There have been some challenges in making sure all staff can access information; this has been raised through Silver Command and the Workforce and Communications work streams, particularly for staff working from home and bank staff. Staff can now access their work emails through Webmail.

The Wellbeing Wednesday bulletin was introduced providing a weekly update of the latest news which can be accessed remotely using Webmail. All staff can see what support and resources are available and email the OD team for further information if needed. This has proved popular with frontline and corporate staff with positive feedback received. Copies of this are printed off and circulated for areas that do not have or have limited access to IT.

During April, a survey about our wellbeing offer and how it was being used was carried out in ICU and ward 31. There were responses from Junior Doctors, ICU nurses, Theatre staff/recovery nurses, Healthcare assistants and ODP staff. The majority of those who took part said they were aware of the wellbeing support including the Wellbeing hub and wobbles rooms, though at that time, very few had accessed the support. They had read the communications via the Daily Covid and Wellbeing Wednesday Global email bulletins and felt this was the best way (via email) to communicate during this time. Interestingly, in the same survey they said they felt overwhelmed by emails. Use of handovers, huddles and management conversations were cited as ways of improving communication of the wellbeing offer.

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We are working with Bradford University and the Comms team to pilot the use of a survey function in the new intranet to carry out a wider survey of staff. This will help us to identify any gaps and make sure we are offering the right support.

We are also exploring the possible use of a COVID-19 Staff Friends and Family Test that is being considered in some Trusts within WYATT that use Capita as their survey provider.

The Psychology team helpline took 27 calls between 2 April to 19 May. There is a sense it is picking up this week, with a review of the service planned for the end of May. The team has started to do more 'outreach' work, visiting wards and talking to staff, which is proving beneficial.

The numbers for the Listening Service are low, with five calls/visits since the launch at the end of April however this was expected in the early stages. The Listening Service are adopting an 'outreach' approach too using the Listener volunteers to promote the service in their areas.

The OD team is working with both services to explore how we can do more outreach work as having conversations with staff is the best way to get a sense of how they feel and what support may be needed.

The launch of the national Our NHS People site and helpline mid-April has made sure that staff can access support, resources and guidance 24/7; the site can be accessed at home or work and there is an app available meaning resources can be accessed even when there is no signal. The site has been promoted widely through our internal communications and nationally.

Feedback is also gathered nationally through the weekly webinars and network discussions which feed into our work.

Our wellbeing approach and offer is flexible and responsive to the feedback and will continue to develop to make sure that staff have the support they need.

## 11 | NEXT STEPS – LONG TERM APPROACH

We are currently developing our longer term approach, based on the national research about phases of support needed, using the 'CARE model for recovery', which underpins the national health and wellbeing offer and was launched 22 April (see appendix three for details).

This provides a useful framework and we are currently using this to assess our local offer and identify what further support will be needed, particularly in the recovery phase. It will also help inform the Management of Stress policy which is currently being reviewed.

We are also reviewing research, evidence and guidance from other areas including the Intensive Care Society; COVID Trauma response working group; Guidance for psychological professionals during the Covid-19 pandemic and the British Psychological Society Covid19 Staff Wellbeing Group.

At the moment, we are focusing on more 'outreach' work and raising awareness, exploring how we can do this safely, using the volunteers from the Listening service, working in their clinical or non-clinical areas; the Psychology team and how other networks e.g. Chaplaincy service, Staff Advocates and network group can help raise awareness and have conversations with staff.



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Our focus going forward includes developing teams, leaders and our managers; team resilience and our continued work on compassionate and inclusive leadership. This work involves engaging staff and leaders, to make sure we provide the right support for our staff now and in the future.

## 12 RECOMMENDATIONS

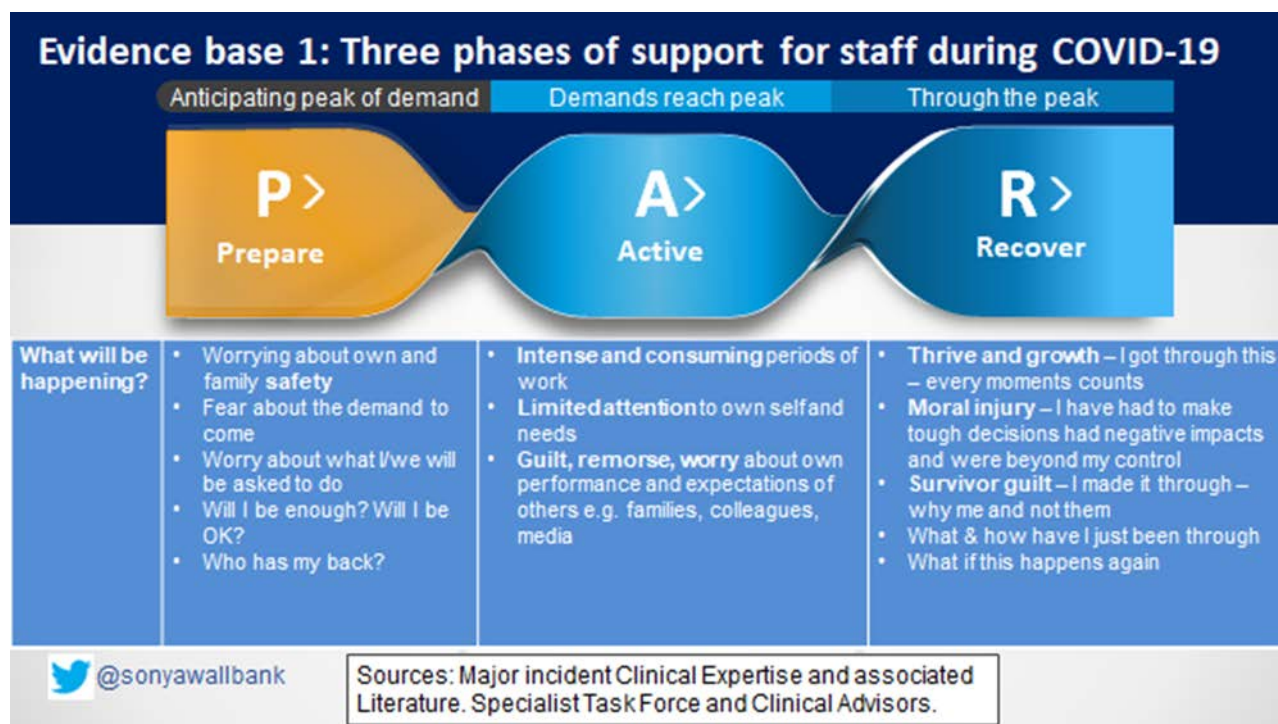
For the Board to note:

- The ongoing work on Health and Wellbeing.
- That this work will continue to develop and be shaped by national guidance, latest thinking and research and local needs.
- Our approach to Risk Assessments.
- Progress is monitored by the Workforce Work stream with consideration being given to the benefits and value of formalising the COVID-19 'Wellbeing response group', which currently works informally.

## 13 APPENDICES

Appendix 1 – Examples of staff wellbeing posters (see attached)

Appendix 2 – Phases of support and CARE recovery plan which underpins the national HWB offer



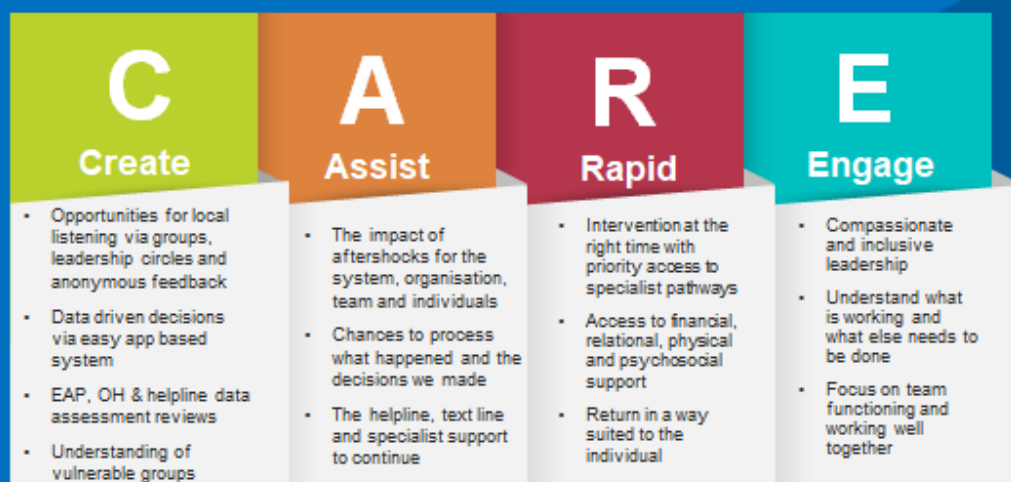
Meeting Title	Board of Directors		
Date	27.05.20	Agenda item	Bo.5.20.21

## Evidence base 2: What we need to be doing during the phases

Do not rush in with Psychological intervention – on average 70% of people recover without the need for intervention given the right support

Phase	Prepare	Active	Recover
<b>What support we will need to offer</b>  <i>The range of support offered will consider the promotional, access or workplace inclusivity requirements of all staff – including those with protected characteristics</i>	<ol style="list-style-type: none"> <li>1. <b>Collective messaging is key</b> – 'we' are here, together and behind you</li> <li>2. <b>Enhanced</b> line management support – we will make collective decisions – I have your back</li> <li>3. <b>Safety provision</b>, honest, open and transparent messaging about how we will keep front line workers safe</li> <li>4. <b>Expectation</b> – preparing people for what is to come and how we will support them</li> <li>5. Line managers trained and ready to have <b>psychologically informed conversations</b></li> <li>6. <b>Teams</b> who understand what is expected of them and how to work together well</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Physical</b> provisions, prompts and messaging to support care of basic needs</li> <li>2. Places to <b>decompress</b> – even if not frequently used – serves to emotionally contain and demonstrate "we are here together"</li> <li>3. Clear protocols for <b>normalising</b> stress response, opportunities for debrief and networks of support within the workplace</li> <li>4. Anonymous opportunities for discussions</li> <li>5. <b>Line managers trained</b> in signs of stress and trauma – specialist psychological services equipped to respond</li> </ol>	<ol style="list-style-type: none"> <li>1. 12-24 months post active period</li> <li>2. Can take a while to seek help and <b>triggered</b> by other non-related events</li> <li>3. <b>Services</b> in place to support the range of presenting conditions e.g. anxiety, depression through to PTSD and complex grief</li> <li>4. <b>Line managers</b> who know what to look out for and how to manage discussions</li> <li>5. <b>Fast access</b> for staff to mental health services where complex treatment required</li> <li>6. Return to work strategies which may require short term redeployment</li> </ol>

## HWB Recovery plan for staff – COVID 19



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