

Draft Swansea Bay University Health Board DRAFT Post-Covid 19 Staff Wellbeing Strategy

Introduction

This strategy document seeks to establish key actions taken from the current evidence base related to staff wellbeing and to identify the organisational, clinical and operational interventions and support required during the post-Covid recovery/reconstruction phases in order to maximise staff wellbeing and organisational resilience. Interwoven throughout the emerging themes and recommendations are the Health Board's values of 'Caring for Each Other, Working Together and Always Improving'.

During the Covid-19 pandemic, the health and wellbeing of staff has been recognised as integral not only to providing quality patient care but also to ensuring individuals and their teams are as resilient as possible to manage the professional and personal impacts of the pandemic. Within 'A Healthier Wales' (Welsh Government, 2018) it is well documented that successful organisations recognise that good staff health and wellbeing is a key enabler to good business and in the NHS there is a direct correlation between staff wellbeing, adaptive team functioning and quality patient experience and outcomes. The health, safety and wellbeing of staff directly contributes to organisational success and poor workforce health has a high cost for individuals, teams and patients.

Embedding health and wellbeing

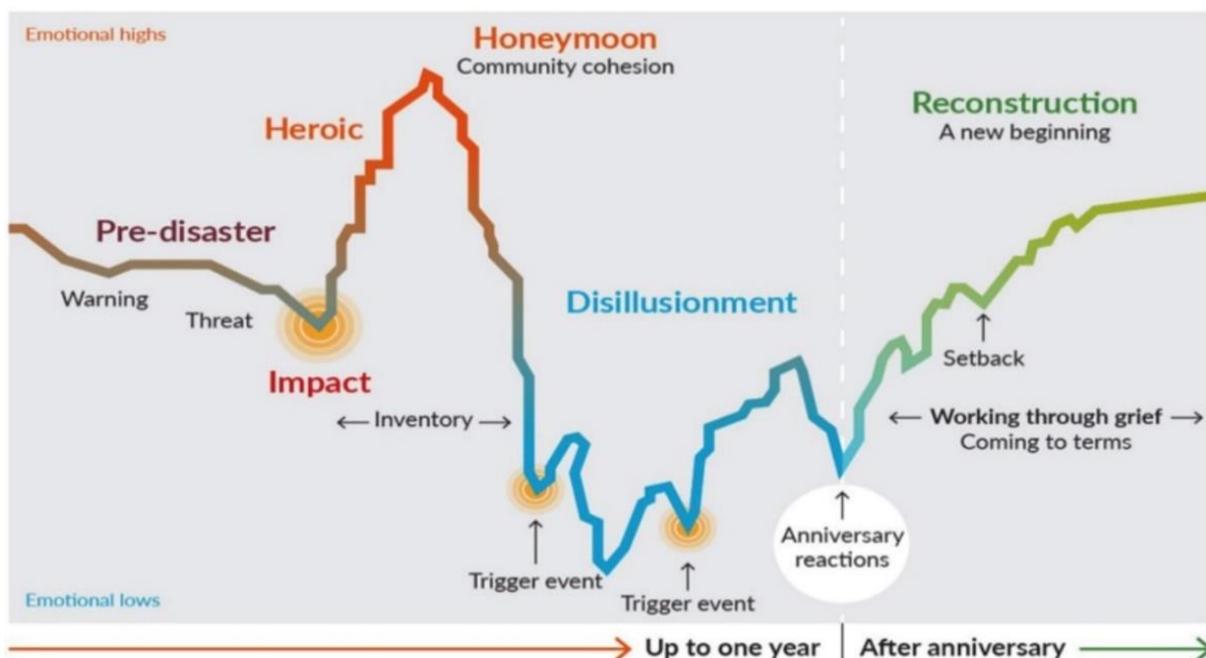
Along with staff experience colleagues, it is the intention to consult with a wide range of stakeholders to further identify additional areas where the Health Board can support the health and wellbeing of its staff. Current engagement includes;

- Leadership and representation at Executive and Board level
- Engagement with WF&OD Committee, providing regular updates
- Staff side engagement via Local Partnership Forum

- Engagement with the 400+ Wellbeing Champion Network
- Consultations with staff via National and local surveys
- A contemporaneous intranet promoting health and wellbeing and staff resources
- Regularly updated social media communication including Twitter and YouTube
- Individual/Line manager support - health and wellbeing as part of the PADR process

Appendix One highlights the current evidence base related to post-pandemic staff recovery. One of the main themes highlighted includes the non-linear path to recovery. The Kings Fund (2021) have researched the learning from previous disasters and pandemics to identify the lessons learnt that can be applied to the recovery and resilience of staff during and after the Covid-19 experience. They highlight that recovery will be a 'long haul' potentially taking several years for some individual's and that progress will not be linear (see Figure 1 below).

Figure 1. The road to recovery is not linear and people experience a range of emotional responses at different phases of a disaster (Kings Fund, 2021)



Support for mental health and wellbeing is essential to successful recovery. In the aftermath of any disaster, large numbers of people will experience some form of psychosocial distress. For most people, the issues they experience will often be characterised by short-lived anxiety or sleeplessness; an ordinary response to an extraordinary situation and something from which, with the right support, they can recover. Professional bodies and groups are beginning to publicise the effects of the pandemic on their members and the Royal College of Surgeons in England in Wales recognises that the pandemic has left NHS staff from a wide range of roles exhausted, burnt-out and traumatised adding that over the coming months, it will be important to continue to be prepared for an unstable workforce related to fatigue, illness or social issues (Royal College of Surgeons in England (2021)).

However, during the early months of recovery most will not seek formal help and many will generally not reach the threshold for accessing specialist mental health services, leaving some people at significant risk of not getting the support they need. In the long term, if left unaddressed, these anxieties can escalate into more serious situations requiring specialist support and significantly increase demand for mental health services. There is therefore a need for an easily accessible, responsive staff wellbeing service with a focus on normalising mental health experiences and providing evidence based support for staff who have lived through distressing, anxiety provoking and traumatic experiences.

The role of leaders has been identified as pivotal to successful recovery plans and therefore leadership at every level that recognises and prioritises psychosocial support is key. This means putting mental health and wellbeing at the heart of conversations about recovery at every level of the organisation. There have been a number of research papers and articles recently published (for example, Greenberg et al 2020 and Tracy et al 2020) that reinforce the importance of a staff recovery programme. It confirms that programmes need to incorporate training for managers on talking about mental health with their staff, and recognising when additional support is needed. It must include an opportunity for staff to reflect on their own personal experiences and share this with others. The programme should also recognise the importance of valuing the contribution that staff have made both personally and professionally during

the pandemic. A programme of recovery may take some months or years and as such the research recognises the importance of ongoing access to evidence based services and supporting staff and managers in managing their own mental health and wellbeing (Greenberg, 2020).

Evidence from international disasters shows that, along with access to mental health support, staff need to be given the time, space and resources to recover, which might include adequate breaks and time off following intense periods, a supportive work environment and access to training and education programmes. Leaders at all levels need to recognise the importance and value of supporting the workforce and to consider their role in helping staff to recover from such a significant and prolonged event (Kings Fund 2021).

Wellbeing support from the COVID-19 Wellbeing and Working from Home Survey 2020

A number of Wellbeing related initiatives were highlighted in the above staff surveys, some of which are currently in various degrees of development through several multi-disciplinary planning groups. These include;

- Charitable funds support for staff wellbeing and the commemorative project, established to create permanent focal points on the different Health Board sites.
- Work is being undertaken in partnership with Biophilic Wales and the Royal Botanical gardens to develop spaces across the Health Board into green spaces where staff and patients can connect with nature to enhance wellbeing.
- A request for additional secure cycling storage facilities is currently being progressed in collaboration with the Estates Department to improve facilities for cyclists funded through Charitable funds.

- Additional requests include adequate changing and showering facilities to enable increased ability for staff to cycle and run to work and permanent staff 'rest and recover' facilities which were developed temporarily during the pandemic and highly valued by staff as a place to 'chill out' before, during or after work.

These larger projects identified by staff are beyond the reach of this strategy and will require continued engagement, planning and financial consideration to be fully realised.

Implications for Swansea Bay UHB Staff Wellbeing

The following Health Board Post-Covid Staff Wellbeing Strategy is based on the identified themes within the literature and will support the organisation in ensuring that staff have access to evidence based interventions during the ongoing pandemic/recovery and reconstruction phases. Along with wider Health Board support and interventions, this should ensure we are supporting staff to thrive within an environment where as both individual's and team members, they are engaged, supported and enabled to use their skills and abilities to maximise safe and high quality patient care.

Post Covid Staff Wellbeing Strategy Plan

Identified Issues	Goal	Actions/ Expected date of completion	Perceived Outcome	Responsibility/
Increased exposure to trauma and the potential for development of mental health difficulties	To ensure staff have access to a peer support programme using TRiM approach to identify early signs of trauma and deteriorating mental health	<p>Recruit TRiM coordinator and support staff – May 2021</p> <p>Develop delivery plan with timescales and steering group – June 2021</p> <p>Roll out TRiM – July 2021-March 2022</p>	<p>Increased awareness of signs of trauma and signposting for early support</p> <p>Reduced sickness absence</p> <p>Increased psychologically minded workforce</p>	Staff Wellbeing service/Senior manager's/Line managers
Reluctance of some staff to seek help for mental health issues, in part due to perceived or actual stigma and discrimination	Increase awareness of support available and reduce stigma and discrimination related to mental health at work/wider.	<p>Work with 'Time to Change Wales' to develop resources and communication to support the message that accessing mental health support is okay – ongoing 2021/22</p> <p>Increase awareness of support via Time to Change Wales – July 21</p>	<p>Increased willingness to seek support for mental health</p> <p>Increased ability of line managers to support staff mental health</p> <p>Early intervention for staff to reduce potential for sickness absence</p>	Staff Wellbeing service

Identified Issues	Goal	Action	Perceived Outcome	Responsibility
<p>The need for a robust staff wellbeing service with a focus on evidence based mental health interventions for anxiety, trauma and bereavement, situational awareness and a multi-method communication strategy to ensure staff know how to access support</p>	<p>Ensure the staff wellbeing service is appropriately resourced to meet staff mental health and related social issues.</p> <p>Increase awareness of Wellbeing support via Comms strategy including Wellbeing Champions to signpost for support</p>	<p>Develop 2020/21 Staff Wellbeing Improvement Plan – April 2021</p> <p>Review skills and identify relevant training to enhance clinical skills, particularly related to anxiety, trauma and bereavement – April-September 2021</p> <p>Continue partnership working with WB Champions, Union Partner Colleagues, Chaplaincy & MH&LD colleagues to enhance resources</p> <p>Develop Wellbeing Comms Strategy – June 2021</p>	<p>Early intervention for staff with mild-moderate mental health and MSK concerns</p> <p>Timely, specialist support for trauma and bereavement related issues</p> <p>Increased awareness of support available across the organisation</p> <p>Reduced presenteeism and sickness absence</p>	<p>Staff Wellbeing service</p> <p>Wellbeing Champion Network</p>
<p>The need for timely and evidence based Occupational Health Support</p>	<p>To ensure that staff have access to timely Occupational Health where physical and psychological health status and related risks are assessed and reasonable adjustments</p>	<p>Develop 2020/21 Occupational Health Improvement plan – April 2021</p> <p>Work with All Wales colleagues to develop e-based processes – ongoing.</p>	<p>Reduced waiting times for management referrals, reports and pre-employment clearances</p> <p>Efficient e-based processes that can be audited</p> <p>Robust, resilient OH Nursing, Medical and MDT teams</p>	<p>Occupational Health Service</p>

	recommended to enable safe working.	Develop sustainable, prudent OH Nursing, Medical and MDT team – review regularly.	Reduced sickness absence	
Identified Issues	Goal	Action	Perceived Outcome	Responsibility
Supporting the physical health of staff including homeworking	To maximise the physical health of staff and provide timely support for mild-moderate muscular-skeletal (MSk) conditions	Develop prudent, early intervention staff Physiotherapy service – September 21	Timely access for Physiotherapy advice and support Reduced sickness absence related to MSk conditions	Staff Wellbeing Physiotherapists
The potential for the occurrence of moral distress and its potential impact on staff health and wellbeing	Multi-method awareness raising of moral distress and morally injurious experiences across the organisation commencing with higher risk areas	Development of resources - virtual and face to face to raise awareness of moral injury – June 2021	Increased awareness of moral injury and the ability to manage impact on health Reduced presenteeism and sickness absence	Staff Wellbeing team Senior managers Line managers
The impact of long Covid on staff wellbeing/sickness absence	To reduce the impact of Long Covid on staff wellbeing and facilitate	Develop staff Long Covid support service – April 2021	Reduced sickness absence related to Long Covid Contribute to WG Post-Covid Rehabilitation evaluation	Occupational Health/Staff Wellbeing

	return to work/sustained work return	Liaise with other developing services to share best practice – May 2021 onwards		
Identified Issues	Goal	Action	Perceived Outcome	Responsibility
Initiatives highlighted in recent staff surveys that support the wellbeing of staff	Continued and ongoing support of multidisciplinary working to develop and action Health board wide Wellbeing related initiatives and projects. To improve communication and increase access for all staff to Wellbeing support/services	Collaborate with Charitable Funds team, L&D and Service Groups to support initiatives that benefit staff wellbeing – April 21 onwards Consider suggestions from staff engagement to improve communication; external WB website, increased use of social media and explore Comms role – April 2021 onwards.	Improved facilities and services for staff that promote wellbeing and staff experience. Increased awareness of how to gain support Increased prevention/early intervention approach to staff wellbeing Reduced sickness absence	Charitable Funds/Staff Wellbeing service/Execs/ Line Managers/Union Partner Colleagues Staff Wellbeing/Comms team

Appendix One - Evidence Review

Some occupational groups within the NHS have been found to be at greater risk of developing mental health problems and a study undertaken in summer 2020 (Greenberg et al, 2021) found that among more than 700 healthcare workers in nine ICUs across England, 45% met the threshold for probable clinical significance for at least one of three serious mental health disorders: severe depression (6%), PTSD (40%), severe anxiety (11%) plus problem drinking (7%). More worryingly, the researchers said that more than one in eight of those in the study reported frequent self-harming or suicidal thoughts - such as thinking of being better off dead, or of hurting themselves in the previous two weeks. In most staff, signs of PTSD will rapidly self-resolve, and the National Institute for Health and Care Excellence (NICE) recommends 'active monitoring' without instigating treatment in most cases. The findings, 'highlight the potential profound impact that COVID-19 has had on the mental health of frontline UK staff and demonstrate the need to provide evidence-based well-being and mental health support for front-line clinical staff managing the COVID-19 pandemic who are at risk of moral injury and mental illness.'

Work to identify higher risk groups has been carried out by NHS England and such groups include:

- Staff members bereaved by COVID 19;
- those in an already disadvantage groups e.g. BAME colleagues
- those who lack social support/who are away from usual forms of support e.g. isolating or shielding away from family or apart from family for work
- those who have returned to practice;
- the youngest and least experienced staff members taking account of any mismatch between their usual experience and the role they performed
- those who have a pre-existing mental health condition

- proximity to the delivery of care on COVID-19 wards especially where this is not someone's usual place of work
- staff members who have been interacting with distressed or challenging members of the public; i.e. those individuals who experienced difficult or challenging relationships within their team during the crisis or as they return to more usual practice
- staff who belong to the more hidden functions within an organisation e.g. porter services, mortuary attendants, reception/telephony staff
- staff who have been unable to provide the support/care they would have liked to because of them being shielded or living with someone who was being shielded or in a higher risk group.

People in higher risk groups should have access to all the usual support options available to other members of staff but extra effort should be made to ensure that support plans are tailored towards their particular needs. Such tailoring may be done at individual or group levels and 'wellbeing action plans' can be considered as an intervention across all staff groups to support wellbeing at work.

Moral Injury

The construct of 'moral injury', which is derived from military settings, is described when facing overwhelming demands for which one feels unprepared and where actions or inactions challenge an ethical code (Derek, K, et al 2020). It is associated

with negative emotions such as shame or guilt, and can contribute to the development of mental illnesses such as depression and post-traumatic stress disorder (PTSD). Whether moral injury is of itself a subset of PTSD remains an area of debate and contention. Staff who have treated patients with COVID-19 are a risk for moral injury along with staff who have seen their services cancelled and the subsequent consequences to patient care along with staff who have been working

from home and not able to provide the care or support they would normally undertake. Professional codes teach staff to provide care only when we feel adequately trained, experienced and equipped to do so. Many healthcare staff may perceive that they are/have been insufficiently prepared or equipped for their work during the pandemic.

Whether individuals experience moral injury or professional and personal growth as a result of their experiences during the pandemic will be influenced by support received during and after this time. Although not directly causative of moral injury, institutions and services have key roles in mitigating against the likelihood of adverse outcomes. However, to date there have been no explicit evidence-based practical plans published to guide staff and service providers. A tiered approach to anticipating, recognising and managing moral injury or the early signs of mental illness should be taken. Notably, emerging research shows that moral injury can contribute to mental disorders, including PTSD and depression as well as suicidality in a minority. There is therefore a need to increase awareness and educate the organisation on moral injury and discuss the related ethical issues and protections required for staff disclosing serious concerns, as fears of negative consequences (loss of professional registration or job loss) may prevent staff disclosing their difficult experiences and ‘suffer in silence,’ potentially exacerbating poor mental health (Derek et al 2020).

Identifying early signs of deteriorating mental health and supporting the impact of exposure to trauma

Commonly, people developing mental health difficulties fail to seek help. Secondary preventive measures require supervisors/line managers and trained peers to be alert for early signs of distress. Leaders should ensure that supervisors can have psychologically informed, supportive conversations as evidence shows this leads to teams performing better and taking less sick leave (Greenberg, 2020). Many staff feel more comfortable sharing concerns with their peers; indeed, such concerns may relate to their managers. Peer-supporters, properly trained and supervised, can help maintain staff resilience; one example is the ‘TRiM’ (Trauma Risk Management)

programme developed by the UK military and now used within the NHS. While not 'penicillin for trauma', it is evidenced to support traumatised staff, reduce sickness and facilitate access to professional care. Leaders should thus ensure that structured peer support is available for staff while noting that organisational mental health screening programmes are not effective (Greenberg, 2020). There are many reasons for this, including concerns about being labelled as weak, having a negative impact on one's career and perceiving support as a tick-box exercise.

Overcoming Stigma

Stigma is not a new barrier to NHS staff seeking support and many staff work in a pressurised, high expectation environment that can contribute to cultures where mental health problems can be seen as a sign of weakness, linked to letting colleagues and patients down. Recent research by the BMA and MIND (BMA/MIND 2020) highlights that stigma has been compounded during Covid-19 by the ongoing 'hero narrative' which was intended to communicate the value with which society holds health care professionals but which may have unintentionally added to the pressure individuals have felt to rise to the Covid-19 challenge, potentially going above and beyond their duty of care and putting their mental health at risk.

"Mental health still seems to be something that is not openly discussed given the requirement for being strong in our roles" is how one participant in the BMA research voiced their perception. The role of leadership in promoting an inclusive working environment and supporting staff to openly discuss mental health concerns was highlighted in the research.

The NHS and the Health Board therefore play an essential role in reducing mental health stigma and creating cultures where reaching out for support is encouraged and welcomed. The Health Board has been engaged with the 'Time to Change Wales' campaign for several years and there is an opportunity to revitalise this

partnership to develop communication and campaign materials aimed at overcoming stigma and discrimination related to mental health during the Covid recovery phase.

Post Covid Syndrome and support for staff

Emerging evidence and patient testimony is showing a growing number of people who contract COVID-19 cannot shake off the effects of the virus months after initially falling ill. Symptoms are wide-ranging and fluctuating, and can include breathlessness, chronic fatigue, “brain fog”, anxiety and stress. NICE guidance defines post-COVID syndrome as signs and symptoms that develop during or following an infection consistent with COVID-19 which continue for more than 12 weeks and are not explained by an alternative diagnosis. The definition says the condition usually presents with clusters of symptoms, often overlapping, which may change over time and can affect any system within the body. It also notes that many people with post-COVID syndrome can also experience generalised pain, fatigue, persisting high temperature and psychiatric problems. ONS data released in December 2020 (ONS, 2020) suggests that 1 in 10 people infected may have symptoms lasting for more than 12 weeks. Given the disproportionate impact of Covid-19 on health care workers, Post Covid Syndrome will have a significant impact on staff health and wellbeing and the BMA have requested that staff are supported by their organisation when they have been impacted by Long Covid (BMA, 2021).

Home working and impacts on physical health

Since the initial lockdown during March 2020, there has been a dramatic increase in home working. Pre COVID-19 approximately 5% of the working population worked from home (ONS, 2020); interim results from the Institute of Employment Studies (IES) Homeworker Wellbeing survey report that figure is now 71%. For the majority, working from home would have resulted in a change to normal working practice whether that be the working environment, job tasks or reduced activity. This has been reflected within SBU HB, with a significant increase in the number of staff

working from home since the start of the pandemic. With this comes a change in reported physical health. The IES Homeworker Wellbeing survey, launched in March 2020, has shared interim results on the first 500 respondents with the following findings:

- Significant decline in musculoskeletal health, in particular backs (55%), necks (58%) and shoulders (56%)
- 60% worry they are taking less exercise
- 75% report their employers have not carried out a homeworking H&S assessment.

These findings are also supported by a recent survey completed by the Institute of Healthcare Studies (Webber, 2020). Over 1000 UK workers who worked remotely during the initial lockdown were surveyed and it was identified that poor home working set-ups could be causing thousands of workers discomfort, with four in five who began working remotely in lockdown developing some form of musculoskeletal pain. Lower back pain was the most common complaint identified by the survey, with 50% of respondents reporting this, followed by neck pain (36%) and shoulder pain (28%). In addition, months of working from home and reduced activity levels will have had a serious deconditioning effect on the workforce.

There are a number of factors that can contribute to the decline in musculoskeletal health, however ergonomics and physical activity can significantly enhance wellbeing in this area. Ergonomics involves humans and machines working well together to minimise strain on body parts. Using the HSE Display screen workstation checklist (HSE, 2013) may help to establish trends and identify what additional intervention is required. Many ergonomic solutions can be achieved through simple changes or equipment. Completing the DSE checklist will also help direct what funding should be spent if new or additional equipment is required.

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