Meeting Date	**14 June 2022**	**Agenda Item**	**3.4**
Report Title	Update on Management of Attendance at Work including Wellbeing and Occupational Health interventions		
Report Author(s)	Guy Holt, Associate Head of HR Paul Dunning, Professional Head of Staff Health and Wellbeing		
Report Sponsor	Debbie Eyitayo, Director of Workforce and OD		
Presented by	Debbie Eyitayo, Director of Workforce and OD		
Freedom of Information	Open		
Purpose of the Report	To provide an update to the committee on Swansea Bay's sickness absence performance and actions taken to increase attendance at work whilst still dealing with the effect of the Covid-19 pandemic.		
Key Issues	In March 22, in month absence increased by 0.44% to 8.27%. In comparison to March 21 this is an overall decline of 2.46%. Absence due to anxiety/stress related reasons was 25.60% representing one of the lowest months for this absence reason in the last two years. Mental Health and LD was the clinical group with the highest in month absence in March 22 at 8.90% an increase of 0.45% on the previous month and Estates were the highest non-clinical group at 13.70%, which was an increase 1.43% on the previous month. Short-term sickness for March 22 was 3.89%, an increase of 0.42% on the previous months reported STS. Long-term sickness decreased in month by 0.24% compared to previous months reported LTS to 4.38%. Occupational Health and Wellbeing services continue to provide a number of interventions aimed at supporting staff through stressful and traumatic events. Additionally, work has continued in making the provision of OH services more efficient, with overall waiting times continuing to improve and is captured in the full end of year report contained within this paper.		
	Information	**Discussion**	**Assurance**	**Approval**

Specific Action Required ***(please choose one only)***	☐	☐	☒	☐
Recommendations	Members are asked to: **RECEIVE** the update contained in this paper and **ENDORSE** the actions that have been taken especially throughout the Covid-19 pandemic as well as the actions we are taking in relation to supporting sickness absence reduction across the Health Board.			

UPDATE ON MANAGEMENT OF ATTENDANCE AT WORK INCLUDING WELLBEING AND OCCUPATIONAL HEALTH INTERVENTIONS

1. INTRODUCTION

The purpose of this report is to provide assurance to the Workforce & OD Committee on current performance and actions taken to increase attendance rates, providing an update on performance throughout the Covid 19 pandemic, the impact this has had on attendance performance and current/future plans to support staff wellbeing and maximise attendance at work.

2. BACKGROUND

2.1 Previous Performance

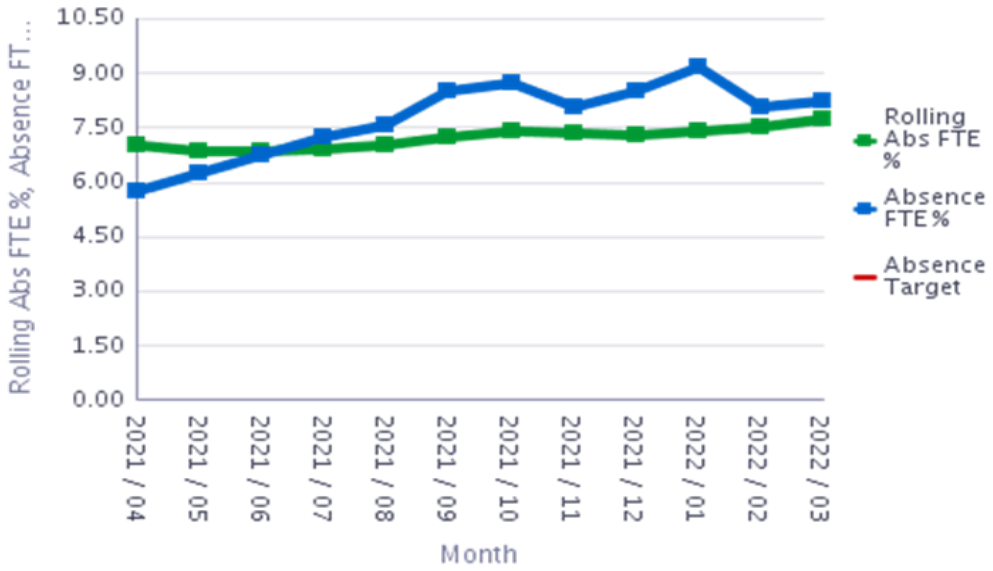
Throughout the autumn of 2019 and early winter, we had experienced a gradual increase in sickness absence rates up to 6.9 in December 19. This increase was mainly in short term absence whilst long term absence (LTA) remained broadly stable; indicating that the focus we had placed on improving LTA was having an effect. In February 20, we saw an overall improvement of absence to 6.37%, which was the best monthly performance for a number of months. In March 20, the Covid pandemic started which has continued to have a substantial impact on our sickness absence levels.

2.2 Analysis of Current Performance

2.2.1 Sickness absence March 22 performance

The latest confirmed in month absence performance, (March 22) saw an increase of 0.44% on the previous month to 8.27%. Compared to the previous March, this is a decline of 2.46%. The 12-month rolling performance to the end of March 22 was 7.75%, a decline of 0.24% on the previous month (see Graph 1). This represents an overall decline in cumulative performance of 0.37% in the 12 months to end March 22.

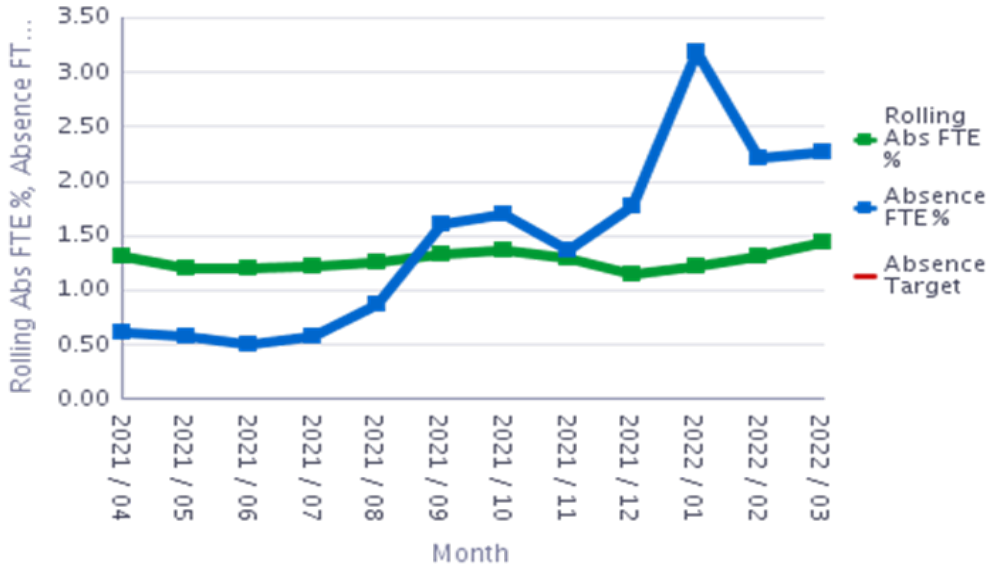
Graph 1: Swansea Bay absence rate percentage April 21 – Mar 22



2.2.2 Effect of Covid 19

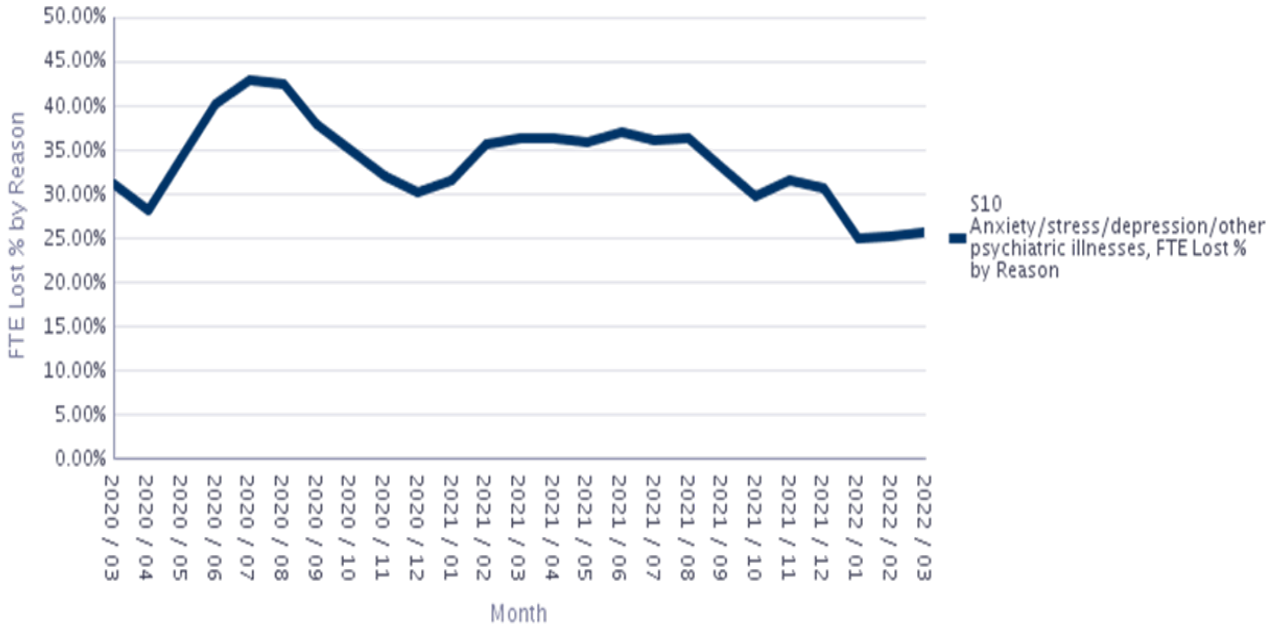
At the peak of the first wave of the Covid 19 pandemic in April 20, 2.68% of the monthly absence was atributable to Covid reasons. This reduced to a low of 0.35% by August 20 but throughout the preceeding months increased to a peak in the second wave of 3.55% by December 20. We had seen a decrease in these rates in the first half of 2021, however in second half of 2021 Covid related absence increased from 0.50% in June 21 to 1.78% in December 21. In Jan 22 we experienced a further peak in Covid related absence to 3.30%. In March 22 it stood at 2.27%, a slight increase of 0.06% on the previous month. If we discount Covid related reasons from March's overall absence performance we see an absence percentage of 6.0% for the month. Compared to March 21 (not including Covid absence) this would represent an overall increase of 0.96%

Graph 2; Covid 19 related absence Apr 21 to Mar 22



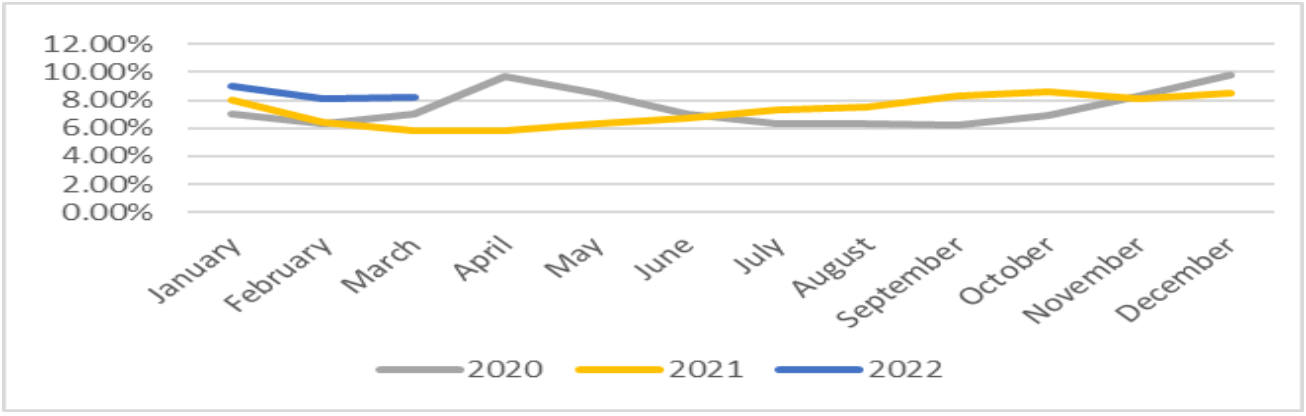
This however does not provide a full picture of the effect of Covid 19 on our attendance performance, particularly on the phycological effect on our workforce. To put this into context stress related absence at the end of March 20 made up 31.3% of our total absence, in March 22 this stood at 25.6%, one of our best months for this absence reason in the last two years and is highlighted in Graph 3 below. To put this into context in the initial wave of the pandemic when at the height of the pandemic in April 20 stress absence reduced, however four months later by August 20 when the pressures due to Covid were at their lowest, stress absence had increased significantly. Whilst it was reasonable to assume stress related absence following the second wave would increase we did not see such a sharp increase in this type of absence as we did following the first wave and since August 21 we have seen a general decrease in absence for stress reasons. As previously reported this may suggest that overall our staff have become more resiliant to pressures throughout the pandemic and that the support initiatives developed and implemented have had the desired effect in supporting staff in work. This clearly is an area we will need to closely monitor in the coming months in order to ensure we don't experience a repeated increase in stress related absence as staff deal with multiple pressures from legacy Covid issues and the impact of recovery and service change pressures.

Graph 3: Anxiety/Stress/Depression absence trend Mar 20 – Mar 22



The current position is further highlighted in Graph 4 below when comparing the last 3 years absence trend on a month by month basis. Since the first wave of the effect of Covid passed we saw five continuous months of improvement in attendance, however due to the second wave in the prevalence of Covid 19 this increased again and peaked in December 20 to between 3.53% and 2.86% above the levels of absence that we had seen in December 2018 and 2019. We had seen absence generally reduce in the first four months of 2021 however, since this time we have seen a general upwards trend in our monthly absence performance. Currently overall absence levels (inc Covid reasons) are 1.29% above levels seen in 2020 (with Covid absence accounting for 2.27%) and are also circa 2.46% higher compared to that seen in March 21.

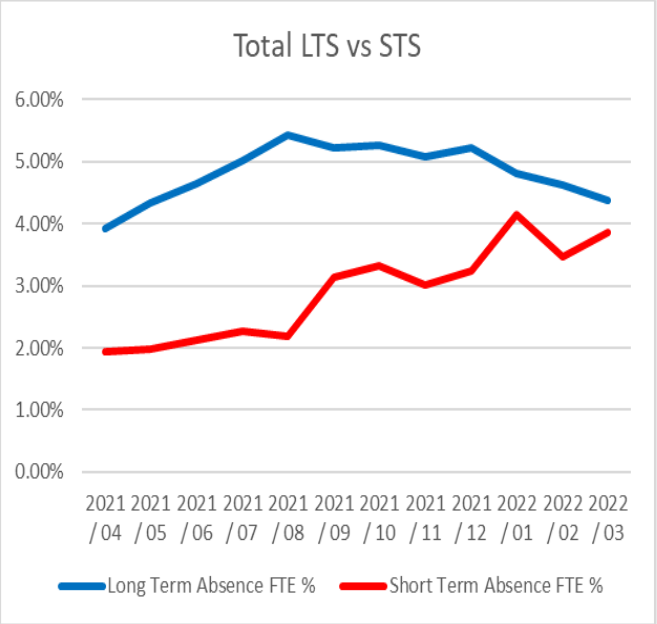
Graph 4: 3 year monthly absence trend

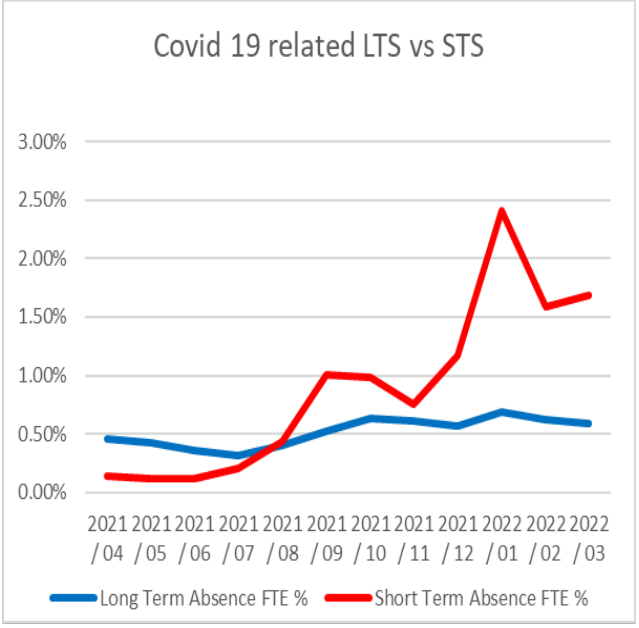


2.2.3 Short-term & Long-term Performance

In month, short-term sickness for March 22 was 3.89%, which is an increase of 0.42% on the previous months reported STS. However, on the latest figures, long-term sickness has decreased in month by 0.24% compared to last months reported LTS to 4.38%. The three highest reason increases in March 22 compared to the previous month were – Infectious Diseases up by 2.07%, Gastrointestinal problems up by 0.38% and Anxiety / stress / depression / other psychiatric illnesses up by 0.23%.

Graph 5: Long-term & short-term absence to March 22





2.2.4 Absence occurrence by length

Table 1 below reports length of absence occurrences banded into days for both the last twelve months to the end of March 22 and the twelve months prior to this, both of these periods now Covid19 absence in them for the whole periods. Comparing these two periods show that in the latest period, length of occurrences of >12months and 6 – 12 months have improved the most by 28% and 26% respectively. The biggest increases have been in the 2 day occurrence which increased by 66% and the 0-1 day occurrences, which increased by 59%. This is also evidenced in the LTS v STS data above where LT has generally decreased over the last six months and ST has increased.

Table 1: Length of Absence Occurrences

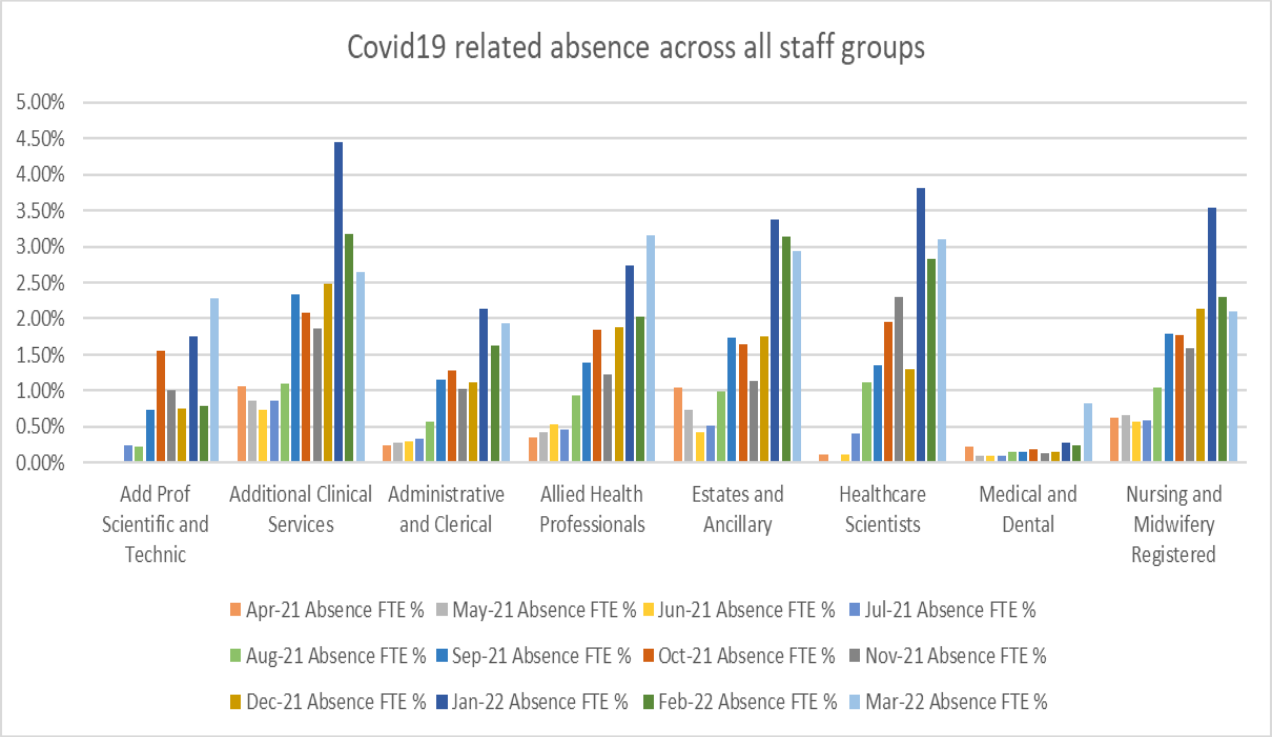
Absence Band (Days)	# Absence Occurrences Apr 20 - Mar 21	# Absence Occurrences Apr 21 - Mar 22
0-1	2,573	4,099
2	1,927	3,213
3	1,543	2,219
4	1,132	1,494
5	985	1,502
6	664	928
7	1,225	1,497
8-14	2,745	3,563
15-21	1,374	1,336
22-27	606	561
28 Days-6 Months	3,632	3,652
6 Months-12 Months	265	197
>12 Months	54	39

2.2.5 Staff Group Absence

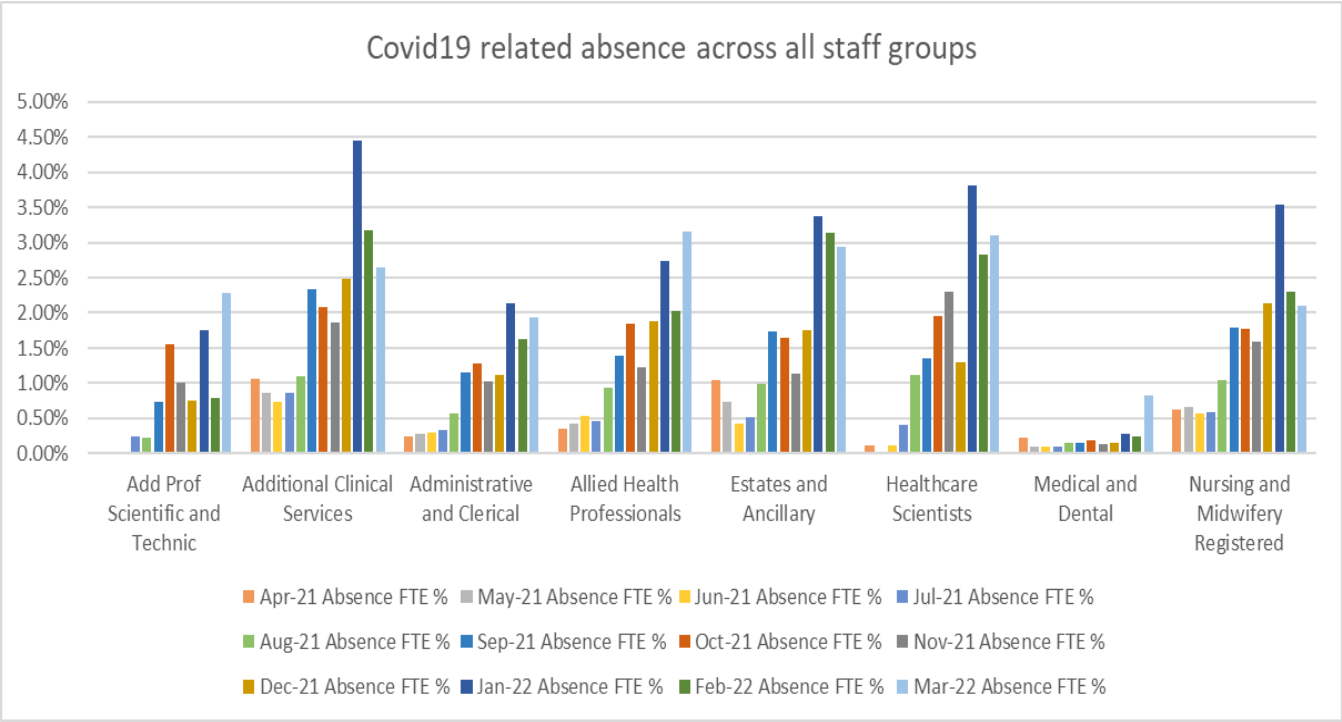
Graph 6 below highlights the overall monthly absence levels across each of the staff groups for the last 12 months to the end of March 22 and also a comparison to Jan 20 pre Covid (shown in orange on the left of each block of bars). Throughout this period the highest levels of absence have been in the three groups that normally have the highest levels of absence, these being, Additional Clinical Services (ACS), Estates and Ancillary (E&A) and Nursing and Midwifery (N&M). As at March 21, ACS and E&A staff groups had both seen a small decrease in absence rates compared to the previous month, of 0.44%, 0.18% respectively. Whilst N&M saw a minor 0.06% increase. All staff groups in March 22 apart from Admin and Clerical (A&C) are above pre-pandemic rates (Jan 20) by between 3.75% and 0.52%. Whilst A&C is the only group that is below pre pandemic rates in March 22 by 0.54% it's absence rate in this month increased by over 1% compared to the previous month.

Graph 7 below shows the level of monthly Covid related absence reported across each staff group between April 21 and March 22. This shows a similar picture as above in that ACS, E&A and N&M are the three staff groups that generally experience the highest rates of Covid related absence. However in the March 22 we have seen a spike in absence from other staff groups, particularly Prof Scientific and Technical and Allied Health Professionals (AHP) staff groups up by 1.48% and 1.13% respectively compared to the previous month. In addition, AHP and Healthcare Scientist staff group has maintained a higher rate of Covid related absence compared to their "norm" in the three months to March 22 compared to previous months.

Graph 6: Comparison of absence levels across staff groups



Graph 7: Covid related absence across staff groups to Apr 21 – Mar 22



2.2.6 Service Group and Directorate Performance

The following section has corporate directorates included as a separate group however; Estates and Facilities whilst part of Corporate have been reported as individual groups to avoid any potential distortion in the data.

In March 22 all but one of the seven groups saw their in month performance decline compared to the previous month, with Estates, NPTS and Corporate seeing the biggest declines of 1.43%, 0.81% and 0.53% respectively. Cumulative performance also saw all seven decline in performance in March 22 compared to the previous month with Estates seeing the highest decline of 0.77%. It is also worth highlighting that compared to other groups absence performance' Estates has declined significantly since April 21 when their in month performance was 5.71% and cumulative performance was 5.48%.

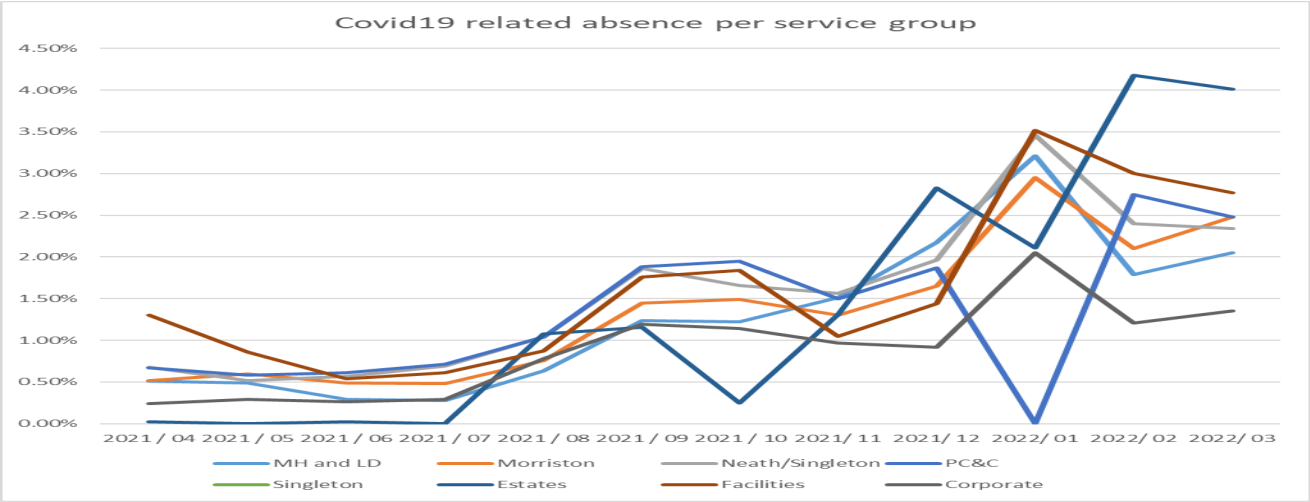
Table 2: Service Groups and Directorate Performance March 2022 in Month & Cumulative position.

	In month %	+/- on previous month	Cumulative	+/- on previous month
Mental Health and LD	8.90%	0.45%	8.33%	0.26%
Morriston	8.17%	0.45%	8.02%	0.23%
Neath Port Talbot Singleton	8.80%	0.81%	7.65%	0.30%
PCC	7.41%	0.16%	7.18%	0.24%
Estates	13.70%	1.43%	8.74%	0.77%
Facilities	12.71%	0.07%	11.77%	0.17%
Corporate exc Estates & Facilities	5.10%	0.53%	4.97%	0.21%

2.2.7 Covid related absence across Groups and Directorates

The effect of Covid related absence on individual groups is shown in Graph 8 below. As at March 22, four of the current seven groups had decreases in Covid absence levels compared to the previous month of between 0.23% (Facilities) and 0.06% (NPTS). Morriston and MH&LD had the highest increases in month of 0.38% and 0.26% respectively. In addition, Estates has the highest rate of Covid related absence in March 22 of 4.01% which is almost 1.30% higher than the next highest group.

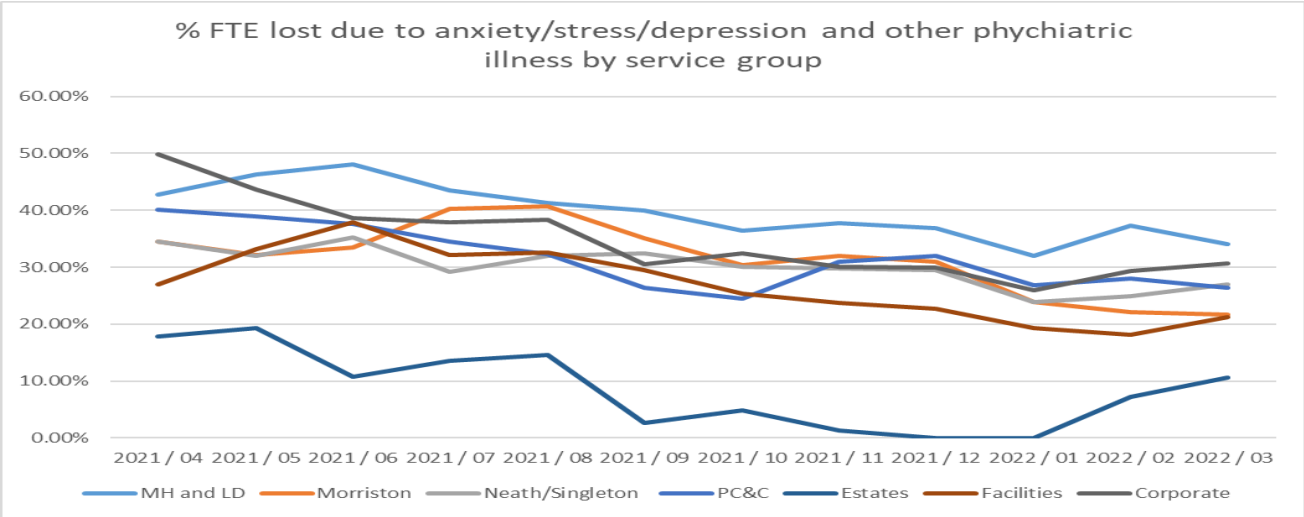
Graph 8: Covid related absence across groups and directorates Apr 21 – Mar 22



2.2.8 Stress related absence across Service Groups and Directorates

As stated above stress related absence has generally decreased over the last number of months. This is further evidenced in Graph 9 below, which highlights the trend of stress related absence across the service groups and directorates in the last 12 months. This shows in March 22, MH&LD, Corporate and NPTS had the highest levels of stress related absence at 34.08%, 30.72% and 26.92% respectively. Highest in month increases compared to the previous month were seen in Estates, Facilities and NPTS groups at 3.47% and 3.07% and 2.03% respectively, whilst the biggest in month improvements were in MH&LD and PC&C at 3.30% and 1.49%.

Graph 9: Stress related absence trend across delivery units Apr 21 – Mar 22



2.2.9 Swansea Bay performance against other Health Boards in Wales

Since the outbreak of the Covid 19 pandemic, the Data Monitoring group that produces comparative sickness absence data across Wales has been stood down. The only comparative data therefore that exists is data published on the Welsh Government site Stats Wales. This data is published in quarters and the most recent quarter available is for the third quarter of 2021/22 and is shown in Table 2 below. This shows that in this quarter our absence performance declined by 0.67% compared to the previous

quarter. In addition, our overall performance in comparison to the other Health Boards declined in that we became the worst performing in this latest quarter performance.

Table 2: NHS Wales Health Board sickness absence performance Oct 21 – Dec 21

	Jul - Sep 2021 (5)	Oct 2021	Nov 2021	Dec 2021	Oct - Dec 2021
Betsi Cadwaladr University LHB	6.16	6.98	6.83	6.95	6.92
Hywel Dda University LHB	6.04	6.70	6.49	6.65	6.61
Swansea Bay University LHB (1)	7.77	8.73	8.06	8.51	8.44
Cwm Taf Morgannwg University LHB (1)	7.81	8.22	7.53	8.24	8.00
Aneurin Bevan University LHB	6.51	7.35	6.94	7.24	7.18
Cardiff & Vale University LHB	6.96	7.81	7.39	7.52	7.57

2.3. Workforce and OD Actions

2.3.1 Previous plans

Prior to the Covid-19 pandemic, we had completed and committed to a number of actions in order to assist in the reduction in sickness absence levels. These included:

- Development of a new cultural audit tool with audits planned in a selected number of high absence areas.
- Confirm and Challenge panels set up in each delivery unit.
- Training plan developed and training being rolled out in relation to the all Wales Managing Attendance at Work Policy.
- Implementation of an Occupational Health (OH) improvement plan including increasing capacity for management referrals.
- Delivery of Mental Health awareness training sessions.
- Delivery of Work Related Stress risk assessment training.
- Focus of operational HR resource on supporting absences between 3 – 6 months in length in order to improve long-term sickness.

2.3.2 Covid-19 response and current actions

The outbreak of the Covid 19 pandemic meant that from the outset of the pandemic much of our HR and OH/Wellbeing resources have been utilised in different ways meaning that focus was diverted away from providing support to “normal” activity. This has included:

- Supporting Covid specific recruitment activity across the health board including:
    - Assisting with the recruitment and on boarding of over 1400 additional staff. This has included development of recruitment campaigns

    - Sifting of mass applications
    - Supporting the on boarding of our Medical and Clinical students who were recruited into paid employment to assist in the Covid response
    - Providing interview support
    - Support with completion of pre-employment checks
    - Provision and organisation of induction and mandatory training
    - Data collation and production
    - Development and support of the Covid19 vaccination recruitment strategy
- The setting up of a HR specific helpline to deal with Covid related queries from staff and managers alike.
- Staff deployment support
- Specific workforce planning support in the development of our Field Hospitals
- Specific workforce planning support in the setting up the Track and Trace system and Community Testing and Antibody facilities.

As services plan to return to 'normal' activity there has been a focus on not just supporting service groups and services with managing absence, but also on engagement, training and development and well-being of managers and employees.

Managing absence

- A focus on the reduction of LTS and STS with an expectation that sickness reduces and remains below 6%.
- All service groups sickness absence performance being monitored via established grip and control meetings
- All service groups now have a full action plan which focuses on rolling hot spots with targeted approach to improve performance and a heavy focus on well-being, as well as ensuring cases are managed accordingly to policy.
- A full action plan has been developed for Facilities where sickness absence remains higher than other groups
- A full action plan has been developed for Theatres where sickness absence is high and impacting on service delivery.
- Workforce support continues at monthly group roster review meetings focusing on staff unavailability, including overtime hours assigned, bank and agency, working time regulations and annual leave arrangements.
- Deep dive/sickness audits planned in areas with high sickness levels.
- Hotspot absence areas identified and workforce are meeting with relevant managers to discuss absence management strategies, long term sickness and support required.
- Additional absence management workshops are being provided by HR Operational team and Business Partner team.
- On-going review of Long Term COVID absences in line with the Welsh Government Risk Assessment Tool and the ceasing of full pay for long term COVID Sick in June.
- On-going review and support to clinically vulnerable employees to support their return to work as soon as possible in line with the Welsh Government Risk Assessment Tool and advice.

- On-going review of employee relation cases, to reduce impact on staff well-being and absence from work.
- Review of workforce sickness absence data and processes currently available and the access managers have to this information through the development of workforce share point sites.
- Workforce currently in discussion with the Health Board regarding securing additional resource through short term funds to dedicate to sickness absence in priority areas such as Theatres.
- The Occupational Health Service is developing increased access to Case Conferences to support areas with high levels of sickness absence. It is anticipated this approach will help to alleviate some of the barriers that may exist in long term sickness absence cases and expedite a return to work.

Engagement and Well-being

- Utilising Learning and Development targeted support within service groups for team development and managing change.
- Rollout out of exit interview process within service groups.
- Exploring the development of a Disability staff support network in addition to the other established staff networks such as BAME, Calon and Well-being champions.
- Successfully launched Pulse surveys in Morriston service group for areas with high absence rates in areas to obtain local feedback from staff. Improvement plans are being created with managers and staff communication sessions held.
- Organisational Development interventions being delivered alongside sickness absence management support, such as restorative culture approaches, healthy working relationships and compassionate leadership. To improve culture in work areas in line with our values and behaviours.

Training & Policy

- Monthly on-going Managing Attendance at Work training rolled out to support managers to manage sickness absence in line with the policy and procedures.
- Signposting the management and leadership training and support available for managers through courses such as Bridges, Footprints, Courageous Conversations, IMPACT, Workforce planning and Managers Pathway.
- Focussed change management sessions to support employees and managers who are managing or subject to organisational change.
- Review of the Agile Working framework to support employees to work more flexibly, where appropriate.
- Roll out of Respect and Resolution policy training following the changes to the grievance and dignity at work policy and procedures.

These areas of focus continue to be reviewed and adapted to ensure that our focus continues to be in the correct areas based on the most up to date data and fit for purpose in the current situation.

2.3.3 Staff Health and Wellbeing services

Occupational Health and Staff Health & Wellbeing services

Staff Wellbeing Services
The Business Case for additional investment in the Staff Health and Wellbeing Service was approved by Management Board in March 2022. This recurrent resource will help sustain service developments undertaken during the Covid-19 pandemic including helping to meet the annual 18% increase in service demand, particularly for mental health and individual trauma related support. Evaluation of service provision during the past twelve months is highlighted later in this report.

Occupational Health (OH) Medical Provision
The OH Speciality Doctor has now successfully passed his CESR Consultant exams and it is anticipated that he will qualify as a Consultant in November 2022. Conversations are currently taking place with Cwm Taff UHB to determine the level of Consultant support required after April 2023 when their current Consultant retires.
A local GP who is interested in developing her career within Occupational Health has recently gained a Health Board contract to commence shadowing the Speciality Doctor in order to gain experience within the field and she plans to undertake the Diploma in Occupational Health later this year. If successful, it is hoped that this will provide additional Medical support to the service into the future.

Procurement of Database/software
The procurement exercise for the all Wales Occupational Health database/software is currently underway. The current contract expires at the end of October 2022. Supplier days were held in March where five suppliers undertook presentations/demonstrations. The tender document detailing the specification requirement for the system has been finalised and has been issued to the market. Responses will be evaluated and scored at the end of June 2022 and the three year contract awarded soon after.

Occupational Health support for staff with Long Covid
Welsh Government's recent announcement of £5 million to maintain support for Long Covid has enabled the continued secondment of the Band 7 Occupational Therapist (OT) to Occupational Health to support this work. The evaluation of the OT staff support within the Health Board has been accepted as an AHP exemplar model within the Society of Occupational Medicine's position paper - 'Long Covid and Return to Work - What Works?' to be published late June.

Additionally, the Occupational Health Service is developing increased access to Case Conferences to support areas with high levels of sickness absence. It is anticipated this approach will help to alleviate some of the barriers that may exist in long term sickness absence cases and expedite a return to work.

Occupational Health Income Generation
Meetings have taken place with NHS Occupational Health providers in England and Scotland who have developed income generation services to inform SBU's plans. Guiding principles to steer these developments have been established and include

ensuring that there is no detriment to Health Board staff as a result of increasing income generation.
The team are currently working with a local marketing service to develop branding, logo and marketing products to support this work. The service is also looking to gain the OH quality standard developed by the Faculty of Occupational Medicine - 'SEQOHS' (Safe, Effective, Quality Occupational Health Service). Plans have been developed to gather the required evidence for submission and arrangements for the formal assessment by SEQOHS will be made later in the year.

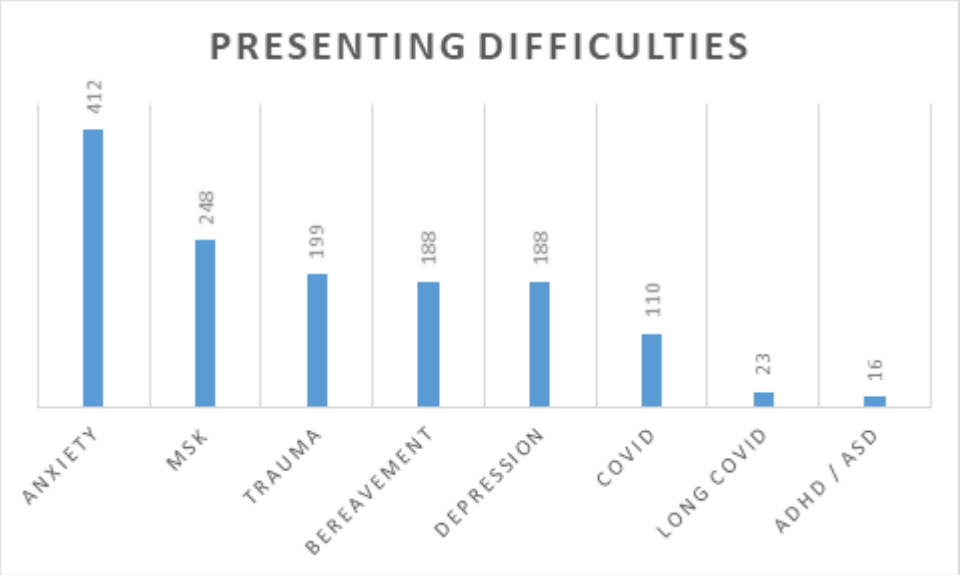
One Wales Occupational Health Proposal
Welsh Government colleagues have made a commitment to addressing the Occupational Health workforce challenges, particularly related to the Medical workforce and have re-established the One Wales approach to Occupational Health Service delivery. The Welsh government Programme Lead has met with key stakeholders and along with data from a national Health Board OH survey, developed a set of draft proposals that include developing and sustaining an All Wales Centre of Occupational Health Excellence. This could act as the focus and catalyst for supporting and developing NHS OH services across all sectors in Wales. The draft proposals have recently been shared with the Workforce Director's and the wider OH community for comment.

European Social Funding (ESF) 'In Work Support' Service
Welsh Government has announced future funding for the In Work Support Service from January 2023 (see link below) and it is anticipated that this will be for two years when current funding ends in December 2022. Welsh Government colleagues have indicated that a tender process will commence September across regional areas in Wales, with the contract awarded in November 2022. It is anticipated that the Health Board will bid for the local tender as this will enable the current team to continue delivering the service to local employees of small-medium enterprises, along with supporting enterprises with work based health programmes.
It is also anticipated that this two-year funding will present income generation opportunities for the Health Board. Planning has commenced to support the 'worst case scenario' – should the contract not be awarded to the Health Board then redeployment opportunities will be sought for the team. Additionally, Welsh Government colleagues have been asked to provide information regarding the funding for potential redundancies.
Nearly £8m in funding to extend employment support services | GOV.WALES

Evaluation of Wellbeing Services April 22 - April 23
The Wellbeing Service Psychology Assistants have produced a comprehensive evaluation report of the various services delivered within Staff Wellbeing and the information below highlights the efficacy of these services delivered over the past twelve months.

Table 1 below demonstrates presenting difficulties at referral of the 1,378 staff who accessed the service April 21-April 22. Anxiety issues represented 30% of referrals to the service.

Table 1 – Presenting difficulties of referring staff



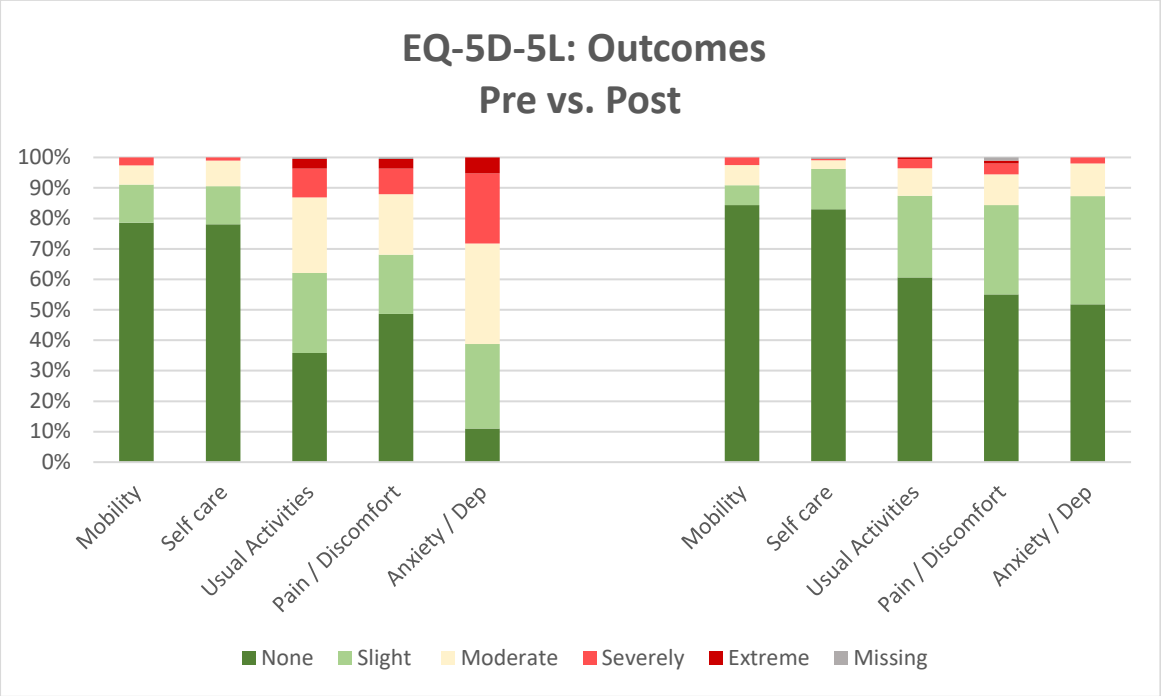
EQ-ED-5L Outcome Data to evaluate outcomes of staff who have received 1:1 support

The EQ-5D-5L is a health outcome measure for describing and evaluating health status and is used in a variety of clinical and setting settings. It describes health in terms of five dimensions:

- Mobility
- Self-care
- Usual Activities
- Pain/discomfort
- Anxiety/depression

The table below demonstrates improvements in all domains with the greatest clinical improvements in the 'Usual Activities,' 'Pain and Discomfort' and 'Anxiety/Depression' scores, demonstrating improvements in mental health, increased engagement in valued activities and reduced pain.

Table 2 EQ-5D-5L outcomes. n=197

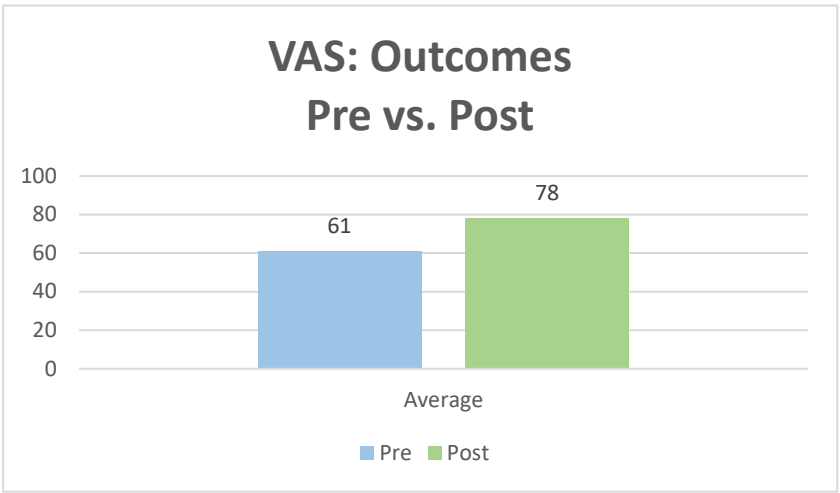


Visual Analogue Scales (VAS)

The EQ-5D-5L also includes a visual analogue score that records the individual's self-rated health on a vertical visual analogue scale where the endpoints are labelled, 'The best health you can imagine' and 'The worst health you can imagine'. The VAS can be used as a quantitative measure of health outcome that reflects the patient's own judgement of their health.

The scores below demonstrate clinical improvements in staff's perception of their health at the conclusion of Wellbeing interventions.

Table 3 – VAS Scores n=197



TRiM (Trauma Risk Management)
REACTMH® was introduced into Swansea Bay by the Staff Wellbeing team as a response to the Covid-19 pandemic. REACT is a tool developed by March on Stress which aims to help staff have psychologically informed and supportive conversations with each other about their mental health. REACT is an acronym, which provides a framework for the conversation; Recognise, Engage, Actively Listen, Check risk and Talk about specific actions.

To date, 22 staff have been supported to deliver the training and over 1550 members of staff have been trained in REACT.

The evaluation of the REACT training programme demonstrated significant changes between pre and post-training measures with regards to confidence in having psychologically informed conversations in the work place.

- There was a significant increase in the level of confidence staff felt in opening and carrying out a conversation about mental health with a colleague.
- Attendee knowledge and understanding of mental health and it's potential impacts increased significantly.

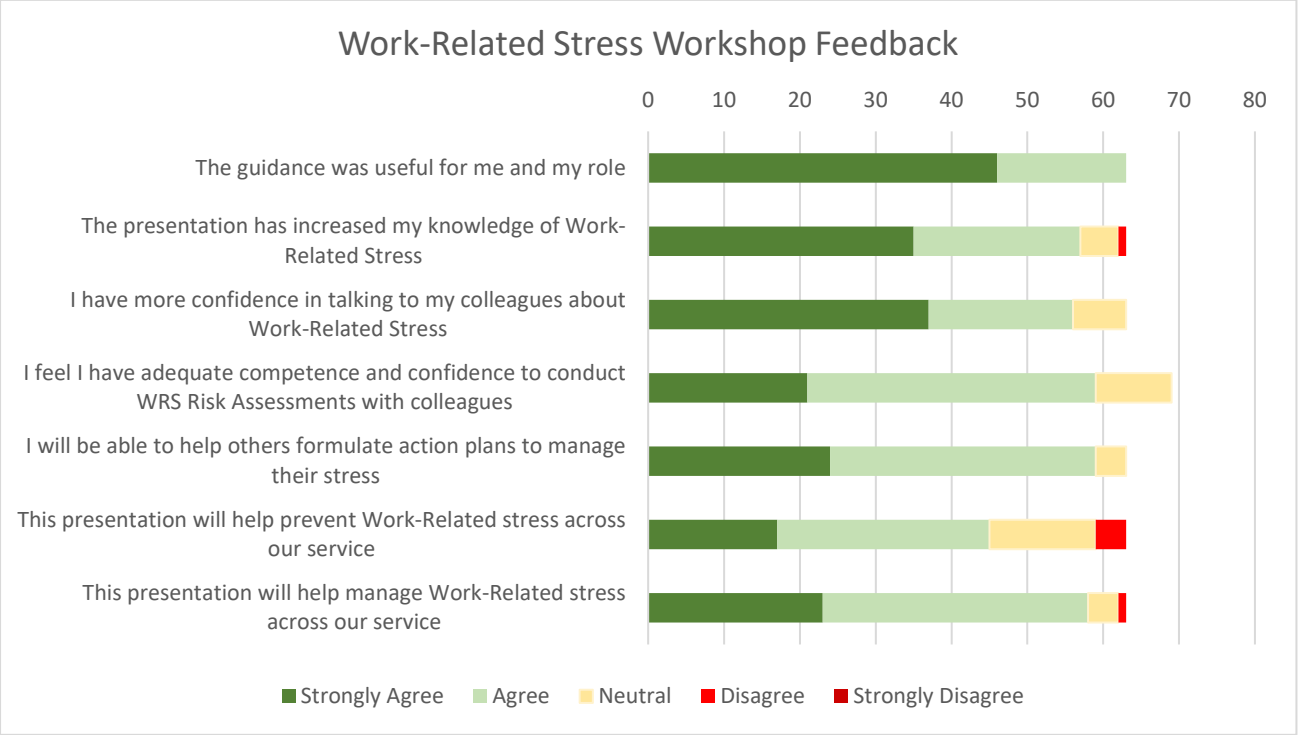
Despite the fact that some staff had only recently completed the training, evaluation demonstrated that:

- 91% of respondents wanted to see REACT training continue in the Health Board.
- 59% had already used REACT in the work place in some capacity
- The training content was helpful in facilitating psychologically informed conversations
- The training supported staff's confidence in initiating and having wellbeing conversations in practice

This demonstrates that staff are already using the REACT skill-set, are more informed about mental health issues and more confident in supporting each other in the workplace.

Training & Courses Delivered by the Wellbeing Service
Work-Related Stress Training Workshop for Managers
This training provides managers/supervisor's with knowledge of work related stress and the work-related stress assessment devised using related HSE standards. From the 63 respondents who returned evaluation data, the feedback in table 4 was gained.

Table 4 - Work Related Stress Training Feedback

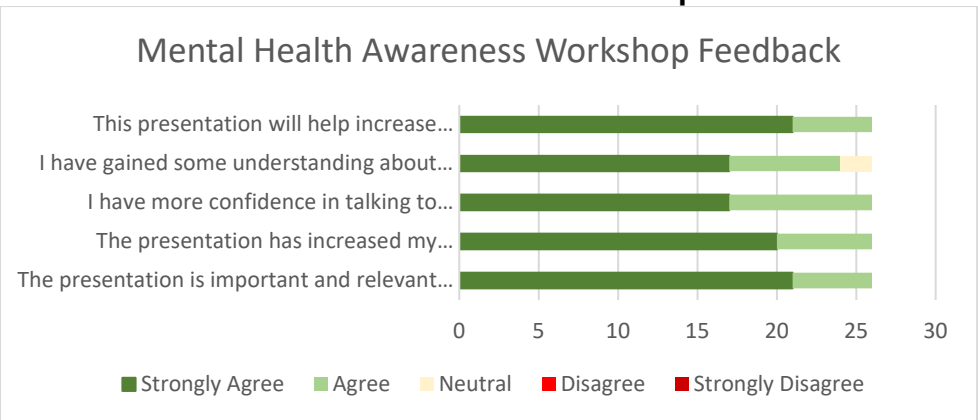


Of the 63 respondents who completed the evaluation, 73% stated the training was excellent, 25% that the training was good and 2% felt it was average.
Feedback from one participant - "I feel the risk assessment tool provides a positive platform to address WRS if you identify it but for me personally it will allow opportunity to evaluate staff and make positive changes in the workplace hopefully before any WRS issues are identified. I also feel it is positive to leave a training session where you have something structured to use immediately."

Mental Health Awareness Training Workshop for Managers

This training provides managers with an overview of mental health problems, how staff may present with related difficulties and how to support and signpost for treatment/professional support. Table 5 demonstrates participant feedback.

Table 5 – Mental Health Awareness Workshop Feedback



Of the 26 respondents, 81% felt the overall training was excellent and the remaining 19% felt the training was good.

Participant feedback - “I feel more confident in knowing how to deal with certain situations, I feel now I would be more aware for signs of concern and a better understanding of where to sign post for help”

Compassion Rounds

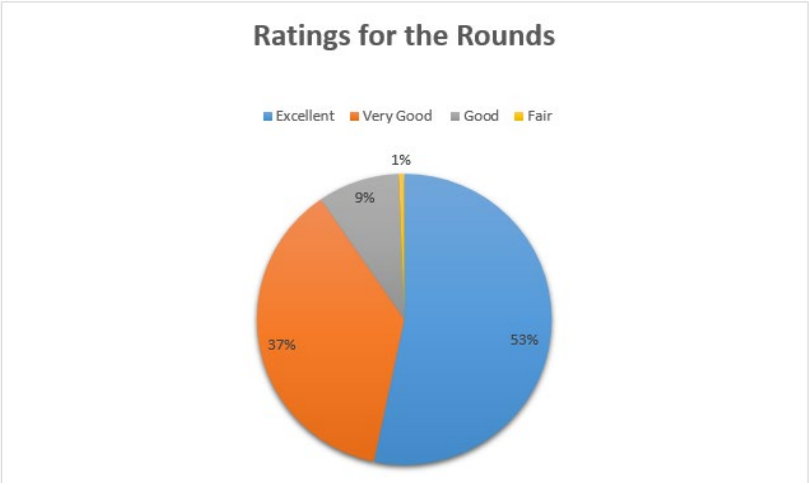
Compassion Rounds (recently renamed from ‘Taking Care Giving Care’ Rounds are an adapted and abbreviated 30 minute version of an hour long Round that has been used in Aneurin Bevan University Health Board for the last six years as part of thier employee wellbeing strategy. They are based on Compassion Circles, developed by Andy Bradley.

Compassion Rounds enable staff from different areas (or whole teams) to focus specifically on the flow of compassion, where there is consideration of compassion to self and receiving compassion from others before offering compassion to others. This is done in a structured and fully facilitated manner where staff are asked to revisit their values and to think about how they can take better care of themselves. As an organisation which strives to provide compassionate leadership, the Compassion Rounds model compliments this well. The rounds can be delivered as a one-off practice or can be repeated in the same or modified format for the same group of staff. There are a number of studies evidencing that caring for others in a compassionate way has a direct impact on positive healthcare outcomes such as patients’ survival and readmission rates (e.g., Trzeciak & Mazzarelli, 2019).

The Rounds have been delivered virtually and face to face and 144 staff members have participated in facilitators’ training.

Table 6 highlights the feedback of 522 staff members regarding their experiences of Compassion Rounds with 90% of staff stating that they found them ‘excellent’ or ‘good’.

Table 6 – Compassion Rounds feedback



Mindful and Meaning Value Based Living (MML) Course

The MML course is a skills training course which is based on the principles of Acceptance and Commitment Therapy. The aim is to provide people with tools and strategies to manage stress and worry. The sessions are designed to enhance

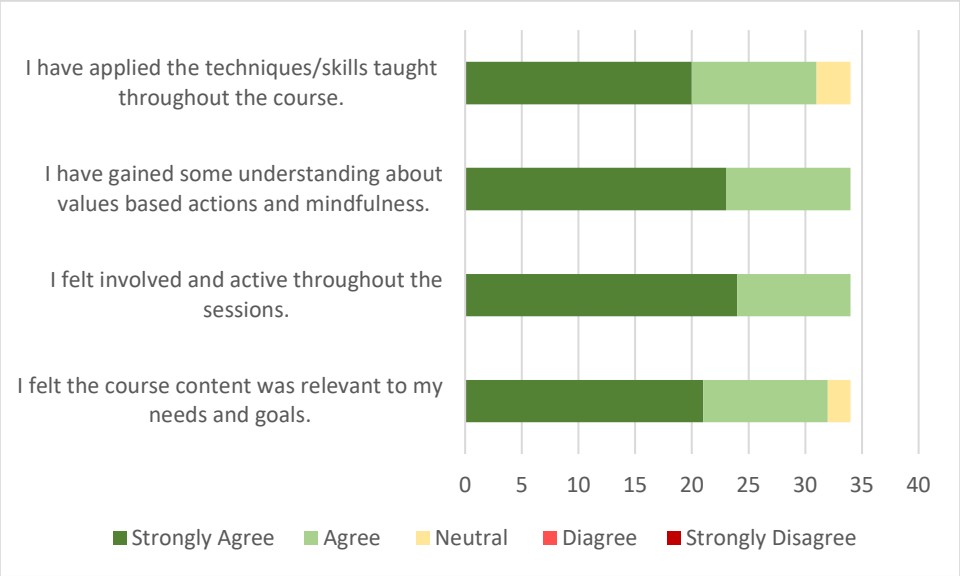
psychological health, personal resilience and effectiveness through Mindfulness and realigning to personal values/what is most important in life.

Research shows that the training can help people to:

- Build personal resilience, enabling an alternative response to stressful situations
- Improve the ability to live in the present moment (rather than being excessively consumed in thoughts about the past or future)

The course is delivered over 5 sessions via Microsoft Teams with each session being 2 ½ hours. Table 7 demonstrates that of the 34 respondents, 82% felt the course was excellent, and the remaining 18% felt the training was good.

Table 7 – Mindful and Meaning Value Based Living



Participant feedback includes - “I enjoyed the course a great deal and took more than I thought I would from it. I have gained knowledge and skills. Tools I will and have been using in my everyday life at home and at work. This course is well worth doing. The delivery was relaxed and professional.”
“Just a big thank you!! Wonderful course, should be mandatory to all NHS staff!”

Additional service evaluation

The service has adopted MS Forms to undertake additional service evaluation and the data below captures this information. Future, additional data will enable the service to demonstrate its contribution more robustly, in enabling staff to remain in work whilst managing their health condition and/or the contribution made in supporting a return to work.

Table 7 – work status upon referral

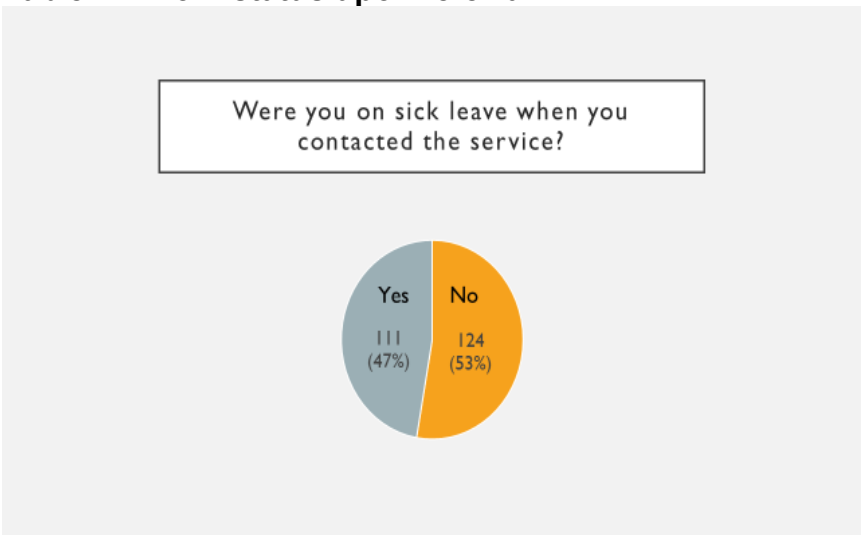


Table 8 – work outcomes at discharge of absentee's

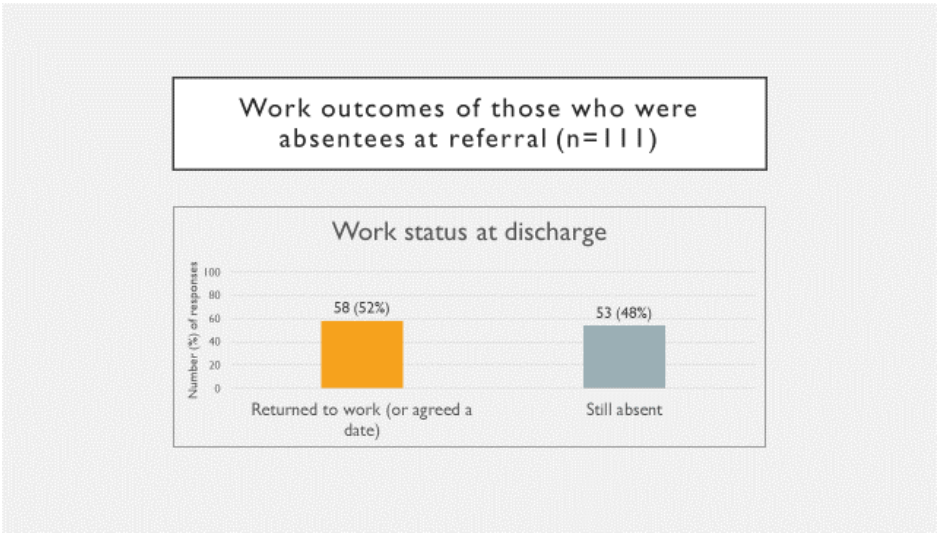


Table 9 – Impact on absentees who had returned to work

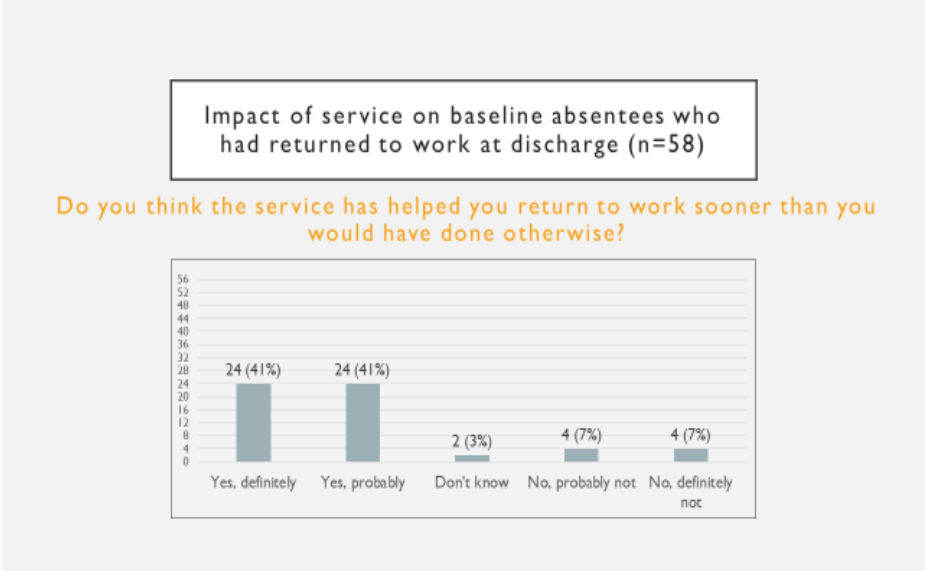


Table 10 – Impact on moving closer to work

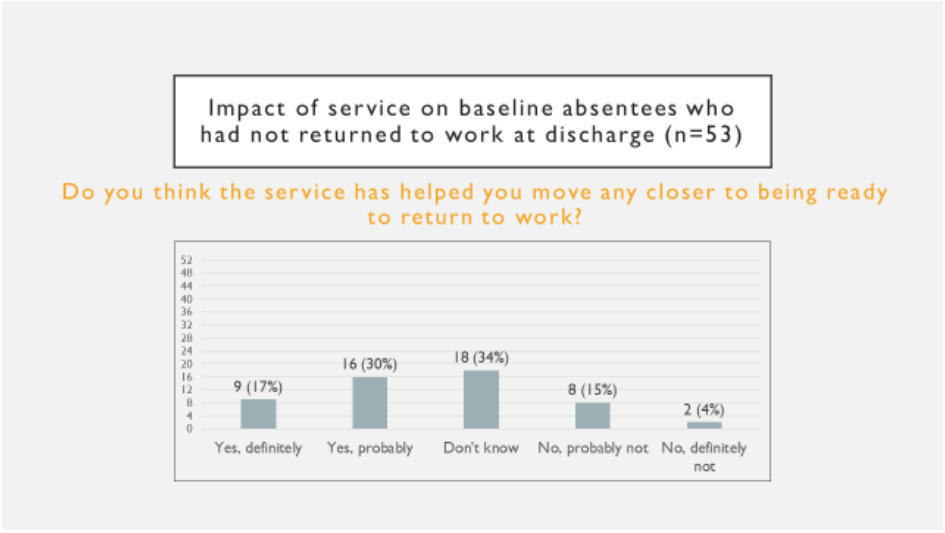


Table 11 – Impact of support to remain in work

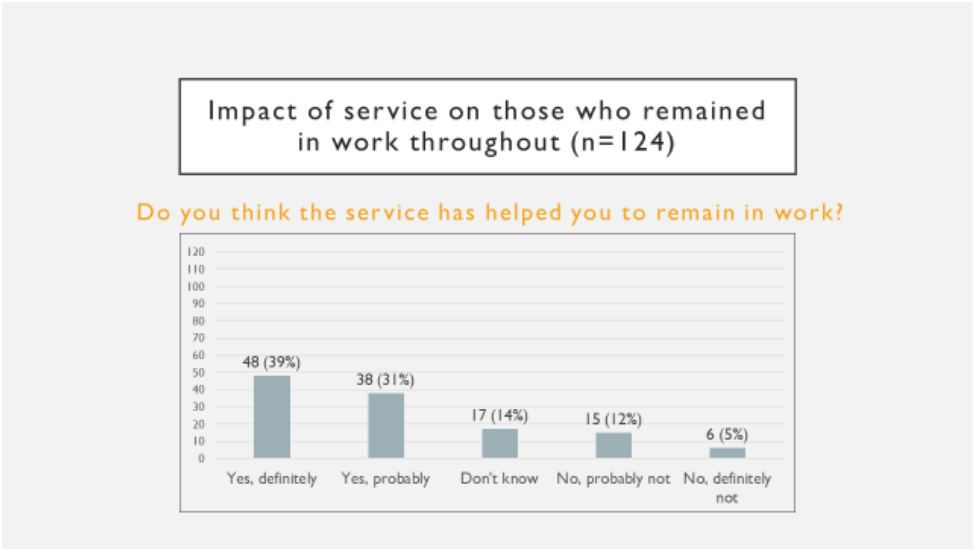
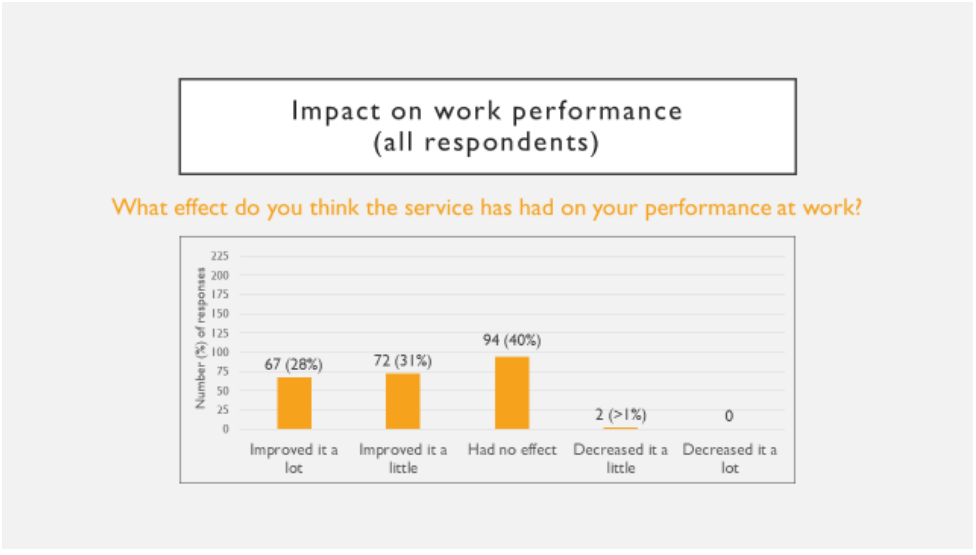


Table 12 – Impact on work performance



Award submissions
Living Our Values (LOV) Awards
In April 2022, a submission was made to this year's LOV award by Team TRiM. The submission was made to the "Working Together to Support Each Other" category to reflect the collaboration of staff across the health board to provide a supportive response when staff experience a traumatic event at work. The submission has been shortlisted for the award.

HPMA Awards
In May 2022, a submission was made to the Healthcare People Management Association Awards (HPMA) on behalf of the Staff Wellbeing Team in the category of, "NHS Employers award for wellbeing." This recognises the work the team have undertaken to create a Traumatic Stress Pathway for staff. We are awaiting results of the shortlisting.

3. GOVERNANCE AND RISK ISSUES
Actions identified within this paper are in line and support the objectives of the all Wales Managing Attendance at Work policy, which has been through an equality impact assessment.

The risks of not taking appropriate actions to improve attendance at work include:

- Failure to maintain continued focus on sickness absence performance may lead to levels increasing.
- Singular focus on sickness management without measured attention on supporting staff attendance through health and wellbeing interventions congruent with our organisational values.
- Direct effect on costs in terms of bank, agency and overtime.
- Increasing levels of sick absence increases pressure on those staff who remain at work.
- Levels of service change likely to affect health and wellbeing with most likely impact on mental health and stress related sickness.

4. FINANCIAL IMPLICATIONS
There are no financial implications associated with this report.

5. RECOMMENDATION
Members are asked to:

RECEIVE the update contained in this paper
ENDORSE the actions that have been taken especially throughout the Covid-19 pandemic as well as the actions we are taking in relation to supporting sickness absence reduction across the Health Board.

Governance and Assurance		
Link to Enabling Objectives *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☐
	Partnerships for Care	☐
	Excellent Staff	☒
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☐
	Effective Care	☐
	Dignified Care	☐
	Timely Care	☐
	Individual Care	☐
	Staff and Resources	☒

Quality, Safety and Patient Experience

Plan detailed in report comply with the MAAW policy principles and incorporate the "Healthier Wales Quadruple Aim" outlined in policy. All proposed actions are objectified to enhance the health and wellbeing of Swansea Bay staff and promote attendance at work.

Financial Implications

Many of the actions identified are behaviour-related and do not have cost implications

Legal Implications (including equality and diversity assessment)

Ensure compliance with GDPR Regulations and Equality Act 2010.

Staffing Implications

Additional supportive measure put in place for staff with effective communication applied.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

Actions outlined in report promote "A Healthier Wales Quadruple Aim" these being:

- Improved population health & wellbeing
- Better quality & more accessible health & social care services
- Motivated & sustainable health & social care workforce

Report History	
Appendices	**Appendix 1** Draft Staff Post-Covid Wellbeing Strategy Draft Post Covid Staff WB Strategy as **Appendix 2**

	Occupational Health Improvement Plan FINAL 2021 Occupational Health I **Appendix 3** Staff Wellbeing Improvement Plan Improvement Plan Staff Wellbeing Impr **Appendix 4** June 2021 Evaluation of Taking Care Giving Care Rounds to support staff and team wellbeing. TCGC June 2021 Report.docx

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

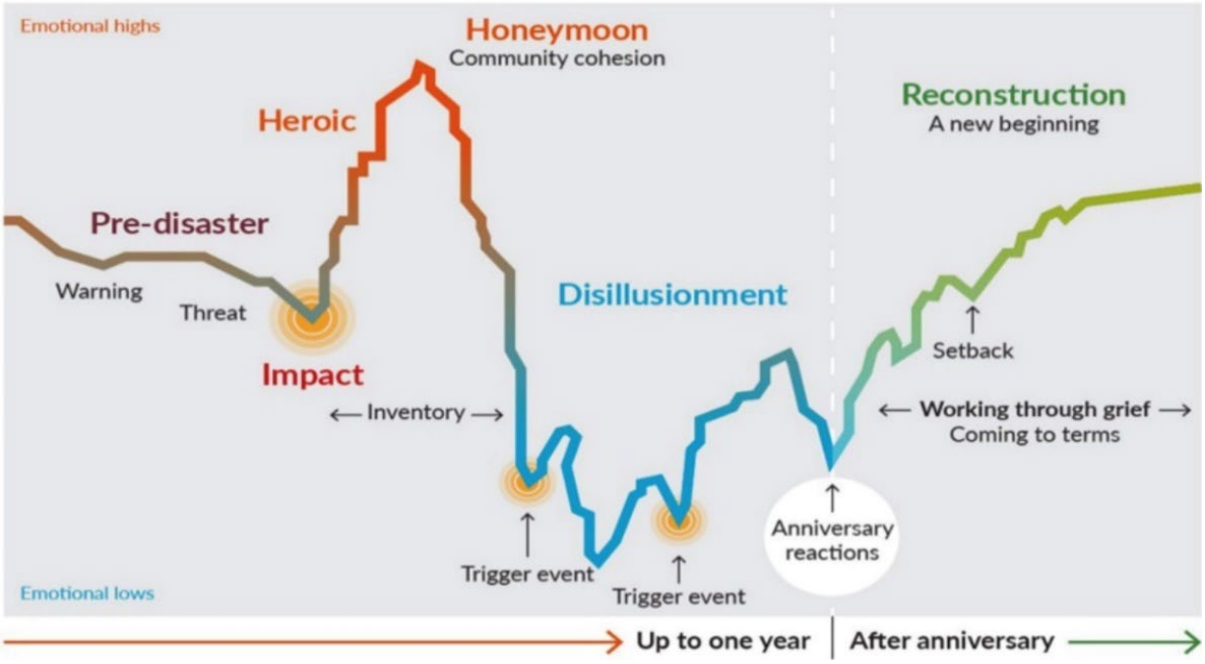
Along with staff experience colleagues, it is the intention to consult with a wide range of stakeholders to further identify additional areas where the Health Board can support the health and wellbeing of its staff. Current engagement includes;

- 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 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	Recruit TRiM coordinator and support staff – May 2021 Develop delivery plan with timescales and steering group – June 2021 Roll out TRiM – July 2021-March 2022	Increased awareness of signs of trauma and signposting for early support Reduced sickness absence Increased psychologically minded workforce	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.	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 Increase awareness of support via Time to Change Wales – July 21	Increased willingness to seek support for mental health Increased ability of line managers to support staff mental health Early intervention for staff to reduce potential for sickness absence	Staff Wellbeing service

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

	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 mangers
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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Lles Gweithwyr Employee Wellbeing

GIG CYMRU NHS WALES
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Swansea Bay University Health Board

caring for each other working together always improving

OH IMPROVEMENT PLAN 2021

V2 24/05/2021

Goal	Action	Outcome	Named Lead	RAG RATING	Updates	Expected date of completion
To reduce Pre-Employment check waiting times	• Implement Duty Nurse role to ensure same day triage of Health Declarations	• Reduced waiting times • More efficient clearance process	SD			May 2021
	• Provide Pre Employment Telephone Consultation clinic appointments as demand requires	• Reduced waiting times • More efficient clearance process	SD			
	• For admin team to escalate any appointments that cannot be booked within 5 days of receipt.	• Reduced waiting times • More efficient clearance process	SD			
	• To ensure adequate Blood Test Clinics for EPP Workers to be offered an appointment within 5 days of receipt of Health Declaration	• Reduced waiting times • More efficient clearance process	SD			
	• To contact PHW Labs to discuss more streamlined process for accessing blood results	• Reduced waiting times • More efficient clearance process	SD		14/06/21- Labs Contacted	
To Implement E-Pre-Employment Process	• Utilise Employment Plus on COHORT and implement e-pre-employment process initially with employees who are not recruited via ESR	• Reduce waiting times • Reduce risk of paper forms being lost • Reduce admin time scanning paper forms	SD/JL			July 2021
	• To write to all Employees outstanding Immunisation.	• Reduce appointment wastage	SD			September 2021

To reduce immunisation appointment DNA's	• To implement My COHORT self-booking appointment system to allow employees to self-book slots	• Reduce appointment wastage	SD			
To reduce Immunisation Backlog	• To implement additional vaccine clinic sessions	• Reduce Waiting Times • Employees up to date with Immunisations	SD			September 2021
	• To Train additional Nurses in undertaking Immunisations	• Reduce Waiting Times • Employees up to date with Immunisations	SD			
To reduce Management Referral waiting Times	• Implement Duty Nurse role to ensure Daily Triage of Referrals	• Reduce waiting times • Timely advice to managers and support for employees	SD			September 2021
	• To Book Nurse MR Appointments within 10 days of receipt of referral.					
	• To work towards a goal of MR Received to 1st Offered appointment of 5 days.					
	• To provide training and Guidance to OHA's in report writing for reports to be sent same day.					
	• To Update triage matrix to include additional guidance to support triage process					
To implement E-Management Referral process	• Utilise Management Referral Plus on COHORT	• Reduce waiting times • Reduce risk of paper forms being lost • Reduce admin time scanning paper forms • Provide timely advice to managers	SD/JL/MT		07/06/2021- T&F Group in Wales ongoing. Large project to roll out- awaiting all Wales sign-off.	October 2021

To ensure all Nurse/ COVID Queries/ Inoculation Injuries are dealt with on the day they contact OH Service	• Implement Duty Nurse role • Provide support and training to OH Nursing Team to gain confidence in dealing with queries	• Reduce waiting times • More efficient service to managers and employees	SD			June 2021
To implement Health Promotion Programme	• To research and develop Health Promotion Programme • To liaise with relevant departments to develop referral pathways • To re-start Health promotion topic of the month	• Proactive service for staff • Encourage staff to improve wellbeing	SD/CD			December 2021
To Implement Skin Surveillance Programme	• To work with Health and Safety and Unit Directors to implement skin surveillance programme • To provide adequate training dates for responsible persons to be trained	• Meet HSE Requirements • Reduce work-related Dermatitis	SD/CD			June 2021
To Implement Respiratory Surveillance programme including re-call system	• To work with Health and Safety and Infection control Colleagues to identify areas where Health Surveillance Required. • To utilise SHS to send questionnaires and set up re-call system	• Meet HSE Requirements • Identify employees at risk of developing work-related respiratory issues	SD			July 2021

Ionising Radiation Medicals	•	•				
MSK Health Surveillance	•	•				
To Complete and Update all SOP'S	• Complete and Update the following SOP's • Health Clearance • Inoculation Injuries • Nurse Queries • Infectious Diseases • COVID-19 • Management/ Self-Referral Triage • Health Promotion • Health Surveillance	• To ensure team have Standard Operating procedures to follow ensuring prudent working and following national guidance	SD			August 2021
To work toward SEQOHS Accreditation	• Register with SEQOHS • Undertake SEQOHS Training	• To gain formal recognition for the OH Service	SD/JL			December 2021
To implement Electronic Consent forms	• Set up immunisation Consent forms on SHS on COHORT	• To reduce paper use	SD			June 2021
To provide robust training programme for OH Nurses	• Provide weekly training for OH Nurses • Fortnightly OH Nurse Meetings • Fortnightly OHA/SOHA Meetings to include case review • Weekly training for OHA/SOHA's	• To ensure team have up to date knowledge to develop within their role and ensure knowledge of national guidelines	SD			June 2021
To implement Electronic Night	• Set up forms on SHS on COHORT	• To reduce paper use	SD			June 2021

Workers/ Allergy Questionnaire Forms		• To ensure all processes are E-Based				
To utilise COHORT for sending reports/ clearance letters to non NHS Email accounts	• Contact IG to discuss process meets IG Guidelines • To implement sending Clearance letters via COHORT • To implement sending MR Reports via COHORT	• To reduce printing/ posting • To enable more timely receipt of correspondence	SD/JL		14/06/2021- To ensure all clinicians are generating reports via COHORT	July 2021
To prevent inappropriate/ Incomplete Management Referrals	• Training to be 're-designed' to meet changing needs of the organisation. • To provide training sessions for managers to attend	• To provide managers with knowledge in supporting employees and completing robust OH referrals	SD/JL/BL			July 2021
Gain external recognition of OH Service	• Consider applications for external awards (HPMA, Nursing Times)	• Wider recognition • Increased team morale	SD/JL/MT			August 2021
To maximise OH resource and reduce inefficiencies/waste	• Regularly review at OH Meeting with related data • Meet with HR BP's for discussion of DNA data, MR process, use of wider policy • Review Triage process • Review MR process and follow-up appointments • Maximise use of Cohort and e-records including Cohort MR and PE modules	• Increased attendance, • Reduced DNA rates, • Increased speed of report to LM's, • Contributing to reduced sickness absence	PD			Dec '21 and review
Screen out/redirect referrals at point of triage.	• Allocated time and person on a daily basis to complete this work. • Reduce unnecessary referrals and wasted appointments.	• Reduce waiting times/less appointments allocated	MT			July 2021

		• Reduction in wasted appointments/DNA's				
a) Develop and implement all Wales Management Referral Form. b) Utilise Cohort Management Referral Plus	• Involvement in All Wales task and Finish Group. • Communication within OH team and wider HB • Streamline MR process • Consistent process 'All Wales' • Stop accepting paper referrals • Stop accepting 'old' MR forms	• More streamlined approach. • Quicker appointment/report turnaround time • Reduction in administrative tasks required. • Consistent 'All Wales' process •	MT/JL/SD			To be discussed
Ongoing integration/prudent working with Staff Health and Wellbeing.	• Regular communication • Reducing duplication • Utilising cross referrals • Maximising resources • Shared learning – CPD • ? Staff Wellbeing to begin using Cohort	• Improved staff experience • Reduced duplication, more streamline • OH/Wellbeing team have a greater understanding of both services. • Support by the 'right person, at the right time'	MT/BL/DRA			December 2021
Streamline Work Place assessment process	• Introduce new process the management and self-referrals requesting a WPA. • All referrals to come via OH and record to be kept on Cohort.	• Reduce numbers of WPA's completed. • Streamline process with a reduction in duplication.	MT/Ruth Davies			May 2021

Stage 2 – larger procurement/H&S exercise to be discussed and confirmed.	• Increase use of signposting/online DSE checklist • Additional health promotional/preventative/proactive resources	• More proactive/preventative approach instead of the existing reactive process. • Central record on Cohort				
Regular combined CPD activity, involving OH and Staff Wellbeing Services Clinical Teams.	• CPD Planning group established • Annual/Biannual internal CPD events • CPD SharePoint Resource • First CPD day scheduled August 2021	• Ensure regular CPD activity across services • Central resource of CPD materials • Closer/shared working between OH and Staff Wellbeing	MT			May 2021
Promotion of MH crisis / suicide prevention information	• Incorporated within OH referral management training sessions. • Formalising service protocols for OH & WB Team staff to manage such calls & for those clinicians dealing with such presentations.	• To improve managers knowledge & support of their staff, as well as completing appropriate OH referrals. • To reduce ad hoc “drop-ins” or crisis calls to the dept. • To increase OH & WB admin & clinical staff skills in managing these scenarios.	DR-A			July 2021
Ensure OH team aware of range of psychological interventions on	• Communicate information to colleagues via meetings, presentations & CPD events.	• Better cross working between OH & WB services. • Appropriate direction of referrals for	DR-A			August 2021

offer within the integrated service (e.g. TRiM, Moral Distress, G-TEP).		psychological treatment to WB team. • Improved awareness of when external referral is required.				
Pilot psychological approaches with staff experiencing persistent pain.	• Liaison with colleagues in Persistent Pain Service • Share resources amongst team; skill up specific practitioners to use resources.	• OH & WB colleagues to have awareness of resources; know what to use & when specialist service is required.	DR-A			Dec 2021
Support Medical Clinical Governance	• Re-establish 3 monthly medical team meetings with support to arrange this from OH Admin • Fixed agenda of quality improvement measures including case based discussion, audit, evidence based practice updates • Contribute towards medical appraisal and revalidation	• Improve quality in medical team practice • Provide evidence for medical appraisal and revalidation	AS/AA/JL			Review December 2021
Develop Occupational Medical Workforce Strategy	• Review and agree future Occupational Medical Workforce needs	• Sustainable Occupational Medical provision	MT/AS/AA/PD			Review December 2021
Undertake audit of archived files	• Work through archived files to identify those that could be destroyed	• Reduced archiving costs	JL/SD			Review December 2021
Refresh and restart Health Promotion	• Update Health Promotion videos	•	JL/SD			Review September 2021

Videos in reception in Morriston						
Improve working environment in NPTH	• New carpets • Decoration	• Nicer work environment	JL/SD			Review December 2021

STAFF WELLBEING IMPROVEMENT PLAN 2021/22

Goal	Action	Outcome	Named Lead	Expected date of completion	RAG Rating
Gain external recognition of Wellbeing Service.	• Consider applications for external and internal awards (HPMA, Advancing Health Care) • Promotion of services through use of external websites and social media	• Wider recognition • Increased team morale • Increased awareness of the service	All All	Ongoing Ongoing	
Ongoing integration/prudent working with Occupational Health	• Regular communication • Reducing duplication • Clarity of roles/service function • Utilising cross referrals • Maximising resources • Shared learning – CPD	• Improved staff experience • Reduced duplication. • OH/Wellbeing team have a greater understanding of both services. • Support by the 'right person, at the right time'	DR-A/ MT/BL/AA	December 2021	
Integration of Staff Wellbeing and OH systems	• Staff Wellbeing to begin using Cohort/develop clinical record keeping systems and data storage.	• A comprehensive record of the client's pathway • Improved access to data for reporting	MT/BL/DR-A/ AA/JL/SD	December 2022	

		• Improved communication across services			
Streamline Workplace assessment process Stage 2 – larger procurement/H&S exercise to be discussed and confirmed.	• Introduce new process the management and self-referrals requesting a WPA. • All referrals to come via OH and record to be kept on Cohort. • Increase use of signposting/online DSE checklist. • Additional health promotional/preventative/proactive resources	• Reduce numbers of WPA's completed. • Streamline process with a reduction in duplication. • More proactive/preventative approach instead of the existing reactive process. • Central record on Cohort	MT/RD	May 2021	
Regular combined CPD activity, involving OH and Staff Wellbeing Services Clinical Teams.	• CPD Planning group established • Annual/Biannual internal CPD events • CPD SharePoint Resource • First CPD day scheduled August 2021	• Ensure regular CPD activity across services • Central resource of CPD materials • Closer/shared working between OH and Staff Wellbeing	AS/MT/CD/AA	May 2021	
Improved process for expediting staff members with MSK problems.	• Introduce new process for clinicians and admin. • Admin to put proposals of process to clinical teams for feedback. • Clinicians to complete standard referral in email signature • Admin to forward email to appropriate Teams. • Develop a system to record all requests. • Develop a system to obtain feedback from staff regarding their requests.	• Ensure consistency of requests to each service. • Improve information given and increased likelihood of request being accepted. • Better working relationships with consultants' teams • Reduced number of requests being rejected/returned.	RD/RE	Aug 2021	

		• Improved data for monitoring and reporting. • Intelligence on effectiveness of the system.			
Improved MSK and MH health at work awareness within the Health Board	• Create and upload new easily accessible information on managing MSK/MH health at work to Staff Health and wellbeing pages • Additional health promotional/preventative/proactive resources for MSK/MH health at work • Increase use of signposting. • Increased use of Champion network to share MSK/MH health information	• Improve staff experience • Improved awareness of Staff Health and Wellbeing MSK/MH service • More effective/ efficient and consistent signposting	RD/AA	August 2021 and ongoing	
Increase social media presence for Staff Health and Wellbeing through use of appropriate social media platforms and Office 365 resources (e.g. Twitter)	• More frequent use of Specific Health Awareness days planned in line with the National Health awareness days Calendar. • Sharing from each discipline to promote the service from a Counselling/OT/MSK perspective • To manage the use of social media through planning in advance appropriate posts *(In line with all appropriate NHS Wales & SBUHB Polices)* • Use of Wellbeing Champion Network to share information. • Developing internal and external networks/contacts • To work closely with Welsh Translation team to provide Welsh	• Increase awareness of MSK and physical Health and Mental health within the Health Board. • Increase profile of Staff Health and Wellbeing • Increased networking with key stakeholders including staff members/volunteers and HB/Non-HB services • Regular presence on social media • Highlight relevant health issues within the Health Board and available support	RQ/AA/RD	April 2021 and ongoing	

	posts/communication in line with Welsh Language Policy	• Increased accessibility of promoted resources/techniques • Aspirational aim of supporting/developing an upskilled/more resilient workforce			
Improving communication about the Staff health and wellbeing service and ease of access to resources for staff	• Development of intranet site/ external internet site/ SharePoint - potential 'resource hub' access area • Explore different methods of communication to staff without intranet/internet access. e.g. apps • Explore option of YouTube channel. • Clarity and continuity of the role of Staff Wellbeing services (e.g. using one name – lots of versions of SWB name flying around on documentation/social media)	• Increased awareness of service • Improved access to information for staff • Clarity of SWB purpose/provision • Reduced inappropriate referrals.	AA/RQ/RD/BL	ongoing	
Move to an all-electronic clinical notes system.	• Work with Admin, I.T. and Information Governance on development of robust systems of work and secure clinical notes storage. • Explore the opportunity to use the COHORT/appropriate electronic storage systems in Staff Health and Wellbeing. • Discuss regularly progress, changes on implementation of new systems from all disciplines perspectives.	• Improve consistency across the service. • Enable efficient and effective data collection. • Ensure compliance with information governance and professional bodies. • Improve quality of service. • Reduce potential of Data breach/incidents.	RQ/RD/AA/CE/RE	Start April and ongoing	

Recommence Work Related Stress Risk Assessment training and Mental Health Awareness Managers training.	• Update both packages • Train Assistant Psychologist in the delivery of packages • Communicate dates for workshops & re-set booking system. • Aim to restart sessions by Sept 2021.	• Wider understanding & prevention of work-related stress & MH issues staff. • Increased use of WRS assessment tool. • Positive impact on attendance at work.	DR-A / HL	Ongoing – Autumn 2021	
Conducting post-Covid service evaluation in line with WG framework.	• Documenting pathway of clinical inputs in 1 central point / CMP / all offered / attended or not. • Development of feedback / evaluation forms • Obtain data on outcomes & satisfaction of Service users.	• Monitor performance re outcomes, ability to report to HB & WG senior management.	JB	Start beginning of May & ongoing.	
Wellbeing Champions - continue to increase the membership, especially in areas under-represented.	• Liaise with HR Business Partners • Promotion of the Champions network through social media / office 365 platforms	• Increased membership • Increased Staff support within local teams.	BL/RQ/AA	Ongoing	
Building relationships with staff side colleagues	• Request a nominated representative from each of the three main unions (Unite, Unison & RCN) to be the contact to communicate information to the other TU	• Improved partnership working	BL	May 2021	

	Reps, including all the other staff side associations.				
Connecting & building relationships with HR Business Partners.	• Quarterly meetings, including OH.	• Improved working relationships	MT/BL/SD/JL/PD/ DR-A	Dec 2021	
Maintenance of professional peer relationships for knowledge & support across whole service.	• Each professional group to maintain links with professional peer groups and specialist interest areas (within HB & externally). • Each discipline links to their all Wales Network/specialist area of work	• Awareness of developments & updates across HB & NHS Wales. • Ongoing development of CPD opportunities and resource sharing.	All	Mar 2022	
TRIM	• Implement project and to have in place three trainers to deliver the training across the HB	• Maximise staff wellbeing and resilience and use the TRiM framework to create and grow a culture where it is okay to talk openly about the emotional impact of work and the potential to identify early signs of trauma.	PD/BL/LB	March 2022	
Resilience Days	• Continue to support these days and evaluate the impact of them. • Continue to advertise these sessions including participant feedback and what to expect. • Continue to develop easy access routes for staff to attend these sessions.	• Improved Accessibility • Improved communication • Resources available for staff	BL	Ongoing during 2021	

Charities / external services	• To continue to develop networks with local and national charities and services. • (E.G., TtCW, Bioiphic Project, 2 Wish Upon a Star)	• Awareness of wider external support available for Staff/Volunteers	RQ/BL	Ongoing	
Cycle for Health Scheme	• Deliver the scheme for staff.	• Enable staff to purchase cycles and improve health & wellbeing	PD/BL	September 2021	
Cycle Storage Facilities	• Improvement & installation of secure cycle storage facilities, working with representatives from Estates and HB Charity.	• Encourage staff to cycle to work.	BL/PD	March 2022	
Support the development of outdoor spaces	• Work with colleagues (Estates, Staff Experience, Chaplaincy and external partners) to improve outdoor spaces	• Improved facilities for staff, and improved wellbeing	BL	Ongoing	
Working with staff networks & minority groups (e.g. BAME & CALON)	• Continue to support, advocate for and increase awareness of Minority support groups.	• Contributing to the wider agenda/aspiration of reducing stigma and isolation, promoting healthy behaviours / positive mental health	All	Mar 2022	
Promote & embed TCGC/compassion mini rounds across HB	• Continue to work with MH Psychology & L&D colleagues to embed the TCGC model. • Establish & communicate regular list of remote mini rounds.	• Promote compassionate culture in organisation. Aids self-care, staff relationships & benefits patient outcomes.	BL / DR-A	Ongoing	

Collaboration L&D & Staff Experience colleagues	• Sharing of intelligence and resources	• Working together and delivery of appropriate support, avoiding duplication	DR-A/BL	Ongoing	
Manager's Pathway / Training	• Support the programme by delivering OH/Wellbeing Training.	• Improved and appropriate referrals to OH & Wellbeing	BL/SD	Ongoing	
To have regular MML psychological skills courses available: goal of 14 courses in 12 months.	• Ensure enough facilitators trained within SC. • Plan calendar for the year • Communicate dates as appropriate. • Evaluate course outcomes.	• Promote psychological resiliency within the workforce.	DR-A / HL	Mar 2022.	
To improve awareness and accessibility of the Managing Your Wellbeing course	• To share course information/updates with the wider SWB team to increase awareness of support provided through this OT intervention • To have open communication channels to discuss someone's suitability for the MYWB Course and subsequent referral to OT for assessment/suitability.	• Accessibility • Awareness and efficient/effective use of SWB Resources	RQ/AKJ	Mar 2022	
Promotion of MH crisis / suicide prevention information	• Incorporated with Staff Stress & EWB Policy. • Incorporated within OH referral management training sessions. • Include within MHA for Managers sessions. • Formalising service protocols for OH & WB Team staff to manage such calls & for those clinicians dealing with such presentations.	• To improve managers knowledge & support of their staff, as well as completing appropriate OH referrals. • To reduce ad hoc "drop-ins" or crisis calls to the dept. • To increase OH & WB admin & clinical staff skills	DR-A RQ/AA	July 2021	

		in managing these scenarios.			
Ensure OH team aware of range of psychological interventions on offer within the integrated service (e.g., TRiM, Moral Distress, G-TEP).	• Communicate information to colleagues via meetings, presentations & CPD events.	• Better cross working between OH & WB services. • Appropriate direction of referrals for psychological treatment to WB team. • Improved awareness of when external referral is required.	DR-A	August 2021	
Pilot psychological approaches with staff experiencing persistent pain.	• Liaison with colleagues in Persistent Pain Service • Share resources amongst team; skill up specific practitioners to use resources. • Engage in regular team discussion to evaluate the use of these approaches and make improvements/adjustments as required.	• OH & WB colleagues to have awareness of resources; know what to use & when specialist service is required.	DR-A / RQ/ RD	Dec 2021	

21.6.21 First review, Mat & Beth

28.6.21 2nd review in MDT

5.7.21 3rd review, Mat and Beth