

Meeting:	Grampian NHS Board
Meeting date:	2 December 2021
Item Number:	5.5
Title:	Operation Iris – Staff Wellbeing
Responsible Executive/Non-Executive:	Tom Power – Director People & Culture
Report Author:	Tom Power – Director People & Culture Dr Emma Hepburn – We Care Programme Lead

1 Purpose

This is presented to the Board for:

- Assurance
- Endorsement

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Our aim throughout the pandemic has been to keep our staff safe and maximise their wellbeing. This has not changed for Operation Iris, but the context has evolved from an anticipated process of recovery during 2021 to one of a continued need to respond to the pressures of both the direct and collateral impacts of Covid-19. Whilst being highly commended in November 2021 by our internal auditors, who recognised a number of areas of best practice, our support for staff health and wellbeing, provided under the banner of 'We Care' and involving a range of services and stakeholders, must adapt to reflect this. We must also attend to other factors that lie beyond the parameters of direct support for staff health, and wellbeing interventions. This is necessary to mitigate the pressures we face during Operation Iris, to support recovery from the winter ahead, and to deliver our strategic change ambitions.

2.2 Background

Formation of a bronze control group for staff health, safety and wellbeing in Operation Rainbow, during the first wave of the pandemic in early 2020, reflected the importance of ensuring the additional workplace measures required to keep staff safe were delivered, and of attending to additional psychological wellbeing needs. The latter was achieved through: enhancements made to the existing Occupational Health Service (OHS) to meet additional demand; extra capacity via the Grampian Psychological Resilience Hub; and the availability of a wide range of wellbeing resources via the online 'Promis' National Wellbeing Hub commissioned by Scottish Government. All of these remain in place, and have been further developed during 2021.

Whilst the first wave saw the most significant levels of Covid-related staff absences (Appendix 1) and placed additional physical and psychological strain on our workforce, the positive impact of the above, plus the benefits of having retracted to protected and critical services, and the presence of over 1,000 additional staff due to the early introduction of clinical graduate and postgraduate students, and the return of retirees and previously registered staff, was reflected in the national Everyone Matters Wellbeing survey result. Completed by over 40% of staff in September 2020, this saw NHS Grampian record the highest index score of the mainland health boards.

Entering in to winter 2020-21 and the second wave of the pandemic, our targeted support for staff wellbeing was one of four Operation Snowdrop priorities for the whole system. Our support focussed on six key areas:

- Supporting staff resilience
- Remote and home working
- Psychology support
- Healthy lifestyle
- Break and rest areas
- PPE use and supply

These work streams were accompanied by further enhancements to the OHS Wellbeing and Counselling Hub - made possible by contingent national funding for additional psychologist capacity allocated to March 2023 – and the provision of a person-centred approach, guidance, and advice for those deployed to unfamiliar areas and services, those managing them and their colleagues (Appendix 2).

From this work, during Operation Snowdrop a support service for staff called 'We Care' was developed by those with expertise in and / or a passion for supporting staff wellbeing, and was launched in March 2021. Reflecting what was understood about the economic, social and third wave psychological harms of the pandemic, and the recovery needs of teams and individuals, its objectives were to:

- Align, improve access to and enhance existing support for staff resilience

- Provide equitable access to key resources and support re: wider determinants of health
- Support those working remotely / from home to do so safely and help them keep well

These were to be delivered through four distinct areas of support for:

- Personal resilience and mental health
- Team recovery and recuperation
- Remote, home and hybrid working
- Healthy lifestyle and wider determinants of health

After Operation Snowdrop was stepped down in April 2021, we agreed that the provision of enhanced break and rest areas, and PPE use and supply would be progressed and assured through other routes reflecting their links to the Safer Workplaces programme, and Infection, Protection and Control.

The context for the remaining four areas above being the focus of We Care, led during 2021-22 by a programme team funded using additional Covid-19 monies, was an anticipated “recovery informed remobilisation” of services from the scaled back provision of our first, and to a lesser degree second, wave pandemic responses. It was expected that teams could be supported with their recovery needs at scale, and autumn 2021 may allow for a return to the workplace, and new ways of working for individuals and teams that supported enhanced work-life balance.

Our experience of the period since April 2021 has been markedly different. Whilst there has been remobilisation of clinical services, a third wave of Coronavirus cases coinciding with the start of the School summer holidays in late June saw significant levels of staff absence. These were layered on top of underlying vacancies, and came at a point where the cumulative impact of the previous 16 months had significantly weakened staff resilience levels. This made providing our teams with dedicated time to support their recovery almost impossible, and necessitated an extension of the recommendation for office based staff to continue working from home at a time when a number of our public sector partners were adopting a different approach.

2.3 Assessment

The net effect on staff wellbeing has been captured and understood via a range of channels. These include our quarterly We Care Pulse Surveys of April and July 2021, staff engagement activities and an anonymous feedback mailbox; “readiness to remobilise” templates issued to teams in Spring 2021; and feedback from staff side representatives gathered by the Employee Director and shared in September 2021, with discussion at the Grampian Area Partnership Forum (GAPF) in October.

As well as positive feedback on the support we seek to provide for staff, these channels identified important signals of the distress that some colleagues are experiencing. Our findings illustrate the impact of: the elongated period of pressure and uncertainty in people’s work and personal lives; shifts in what services or activities

are deemed protected, critical or urgent arising from the duration of the pandemic; and ongoing fluctuations in already challenged staffing levels. They are observed in the following symptoms: Low mood; Fatigue; Burnout; Anxiety; Stress; Overwork.

These symptoms reflect wider research in to the impacts of the pandemic on health and care staff. Further analysis of the data reveals that, beyond the obvious impacts of the pandemic, there are a number of root causes:

- Uncertainty about scale of system transformation required
- Anxiety about change, and whether temporary or permanent
- Variable standards of people management practice
- Relentless workloads, and 'moral injury' from "recovery deficit"
- Concern about organisational capacity to respond to health issues
- Inconsistent and unclear communication

Research suggests that the significance of these factors is likely to be amplified by the impact of the past 18 months on workforce resilience, already subject to significant levels of pressure in the pre-pandemic period. They are also likely to be exacerbated during the winter ahead by concerns about further derogations from optimal nurse to patient ratios and changes to bed spacing requirements.

This illustrates that our support for staff wellbeing during Operation Iris and beyond cannot sit in isolation from other activities shaping workplace experience. Resourcing the organisation, and supporting effective leadership, people management, and our organisational culture also have an important role to play. Our approach to each during Operation Iris is as follows.

A. Health, Wellbeing and Safety Supports

Whilst the core work streams of We Care remain relevant, the findings of our analysis and subsequent staff engagement highlight the need for:

- i. Focussing **team recovery** work on support for team cohesion, recognising the need to respond before recovering for many services given current pressures.
- ii. Continuing to provide **support for home and remote working**, linking to our Smarter Working programme to help staff shape what the post pandemic workplace looks like.
- iii. Ensuring ease of access to a range of resources to support **healthy lifestyle**, including the wider determinants of health such as financial wellbeing.

There is also a need for (iv) a broader support for **mental wellbeing**, including peer or pastoral support and assistance for moral injury. The focus will therefore be on:

- Providing a full suite of training to support personal mental wellbeing and self-care, with clear links national sources of support
- Piloting a model of peer support, which research suggests can help to mitigate the mental health impacts for many staff

- Identifying gaps in respect of real time / drop in support for staff in high risk areas and determining how these can be addressed

A1. Revisions to the We Care programme

At the time of writing, following inclusion of these aims in Remobilisation Plan 4 (RMP4), revised objectives for each work-stream are being finalised with the Cells that support them. These are presented in draft at Appendix 3.

Notable projects already being progressed include:

- With Psychology colleagues, the resumption of an on-site support service on the Foresterhill site for staff who wish to access personalised support. This is with the aim of being operational before Christmas, subject to the availability of appropriately skilled capacity, both from NHS and external providers, including the third sector.
- With our NMAHP Leadership Council, commissioning support from Horseback UK in response to evidence of moral injury and the impact on leadership teams of the pandemic. This build on a positive experience of this approach to enhancing coping skills and coming to terms with stressful experiences amongst Primary Care Teams and Care Workers in Aberdeenshire.

A2. Support for health and wellbeing concerns

Local support for individuals is also available via OHS, through the aforementioned Wellbeing and Counselling Hub, which includes psychologist support. OHS are also able to refer staff on to external providers where this is felt in their best interests. This support is aligned to and links with the Grampian Psychological Resilience Hub, which also remains available as a source of support, currently until the end of January 2022.

OHS has also issued in October an open invitation to test a new online tool for managers that will support faster response times for the most urgent referrals, or guide them to other sources of support where appropriate. The tool will supplement the existing focus on supporting long-term management referrals, based on the evidence that these have the greatest mutual benefit for employees and the organisation by helping people to safely return to and stay in work longer.

A3. Ensuring Non-Covid Health and Safety

Throughout the pandemic, we have sought to maintain a focus on non-Covid workplace health and safety, recognising its importance to the sense of wellbeing staff have at work. During Operation Iris, we will continue to focus on three key areas:

- Ensuring appropriate risk assessments of derogations from normal practice, to ensure and reassure around staff and patient safety.
- Implementing recommendations in an August 2021 report analysing the prevalence and causes of violence and aggression towards staff.
- Progressing actions in a September 2021 audit of thermal comfort issues, to address heat stress risks exacerbated by Covid restrictions.

This is in addition to continuing to focus on preparations for a scheduled inspection by the Health & Safety Executive in early 2022, for which preparations, overseen by the Chief Executive Team, are ongoing.

A4. Possible further developments – NHS Charities Together

Finally, as described in RMP4, subject to the outcome of a bid to NHS Charities Together for 2 years' "Captain Tom" funding to support staff wellbeing and recovery endorsed by the Grampian Endowment's Committee in September, we also hope to:

- Extend the Trauma Response (TRIM) support available for staff experiencing significant adverse events
- Strengthen Long Covid rehabilitation support provided by OHS and Occupational Therapy to support return to work
- Extend the Values Based Reflective Practice model led by the Spiritual Care team to enhance access for teams
- Introduce Mindfulness Based Stress Reduction as a form of support for self-care by staff.
- Increase the availability of locally based coaching for wellbeing support for managers and staff

Whilst this funding, if secured, will be welcomed, it also highlights the importance of identifying a source of revenue funding for the core We Care programme infrastructure and offer beyond March 2022. This is expanded on in 2.3.3 and 2.3.4 below.

B. Resourcing the organisation

As the underlying causes of staff wellbeing concerns illustrate, a significant source of the pressure that staff feel in NHS Grampian relates to the availability of staffing. More specifically, long standing workforce shortages exacerbated by increased levels of demand and / or absence levels.

Whilst there has been planning since the summer for staffing winter pressures, with steps taken to offer places to all newly qualified nurses graduating from local HEIs, a number of factors are leading us to take steps to rapidly increase the number of temporary and permanent hospital, community and social care staff, namely:

- extra clinical and care demands of the autumn, described above
- increased competition for available staff from a recovering economy
- social / community care roles being portrayed as unattractive
- a late summer spike in nursing staff attrition levels

B1. Winter pressures recruitment and onboarding

In response, a cross-system winter pressures recruitment group was formed in September 2021, with the intention of ensuring the capacity to recruit and on-board at pace was expanded to a level that would meet known and anticipated demand. As well as our established recruitment for Medical Workforce, Registered Nurse (RN) and Healthcare Support Worker (HCSW) vacancies, as described in RMP4, this includes:

- Support for NMAHP Bank in expanding numbers and converting approx. 80 x Bank staff to fixed term contracts for added stability.

- Joint marketing and recruitment with Local Authority partners of up to 300 community and social care roles identified by HSCPs
- A 97 post share of additional investment from Scottish Government for 1,000 Band 2-4 multi-disciplinary team staff during winter
- 170 applications from internationally based RNs, incl. 12 for which Scottish Government are covering direct recruitment costs
- Over 200 applications from undergraduate nursing students for part time work as HCSWs.

Currently, we estimate this will amount to 200 - 300 new recruits to on-board each month to February 2022, with subsequent processing workload for Payroll and Rostering teams above the existing additional work relating to the 20% added to NHS Grampian's headcount since April 2019 as a result of creating new Test and Protect and Vaccinations services.

As with the dedicated We Care team for wellbeing, there is a risk to delivery of these in-year objectives if funding for a continuation in 2022/23 of enhanced recruitment support, and additional payroll processing capacity cannot be confirmed prior to Scottish Government advising of budget allocations. This is expanded on in 2.3.3 and 2.3.4 below.

B2. Reducing retention risks – Pensions changes

Alongside attracting new entrants, it is also vital to retain the existing workforce, many of whom are close to retirement age. A related corporate risk has been identified of staff misunderstanding the impact of changes to the national pension scheme on accrued benefits, leading some to believe they need to retire in March 2022. Pending national communications, steps have been taken locally by the Head of Payroll Services, who is a member of the National Pensions Advisory Board group working on these, to explain the inaccuracy of this position via the daily brief and through GAPF.

B3. Temporary policy direction – Annual Leave buy back

A final consideration affecting resourcing during Operation Iris is a temporary provision for the buy-back of up to 10 days accrued annual leave at enhanced rates where service pressures will make it difficult to take within 2021/22. The option of buy-back is accompanied by an option to carry the leave forward to 2022/23. However, this may be less helpful for some staff than receiving remuneration for accrued leave whilst taking that to which they are legally entitled within the leave year.

A number of outstanding queries have been put to Scottish Government's pay, Terms and Conditions team require to be addressed before the directive can be enacted. Further, given the risk of a perceived inconsistency between this provision, and NHS Grampian's stated position that taking leave should be prioritised, this will be discussed with GAPF and BMA Local Negotiating Committee in November before being implemented.

C. Supportive leadership, management and culture

As the Board is aware, our decision to progress Operation Iris without recourse to the “command and control” infrastructure associated with declaration of a major incident is in part based on the value we place in the system leadership capability developed in NHS Grampian over the past five years. We not only view this distributed approach to leadership with a focus on empowering others as essential to the future strategic direction of the organisation, but also vital to addressing the challenges of managing a complex system of inter-dependent parts during a period of exceptional pressure.

C1. Developing leadership capability

As described in RMP4, we have engaged the King’s Fund, a healthcare research Charity as a technical partner to help us continue to build the system thinking capacity and capability required. This includes:

- System Leadership skills development for 96 clinical and operational leaders, taking the total with a common frame to 240
- Thinking Partner and Coaching support for Portfolio Leads developing integrated system responses
- Learning capture and review to ensure that NHS Grampian is working towards being a learning healthcare organisation

We are already seeing the benefits of this approach in the way that leaders from across our system are connecting through daily huddles, seven days a week, and weekly meetings, to find ways of addressing the impacts of current system pressures. This included exploration by the System Connect Group of 60 in September of the findings from the analysis of factors impacting staff wellbeing referenced in the introduction to this section.

C2. Supporting People Managers

The impact of this activity can most clearly be seen in the development of a Toolkit during October 2021 for people managers at all levels (Appendix 4). This resource, which will be disseminated in hard copy format as well as digitally by December, is designed to give them the confidence to focus on three key elements of their role over the coming months in support of staff resilience and wellbeing:

- prioritising people, including their own self-care;
- providing clarity, including communicating well;
- being visible, for teams and individuals

Rather than as an additional activity for already stretched managers to take on, the toolkit is being positioned as something to incorporate in to existing activities, such as 1:1s, team meetings, iMatter action planning and appraisal. Reflecting the generally positive ratings for those components relating to the direct line manager in our 2021 iMatter board report for NHS Grampian, these are identified as practices to maintain or build on, taking an assets rather than deficit based approach. Ongoing activities listed in RMP4 that we will seek to sustain over the next six months in support of effective people management are:

- Full roll out of our new Line Manager's induction, building on the successful testing of a dedicated Microsoft Sway site.
- Providing access for 300 managers to the successfully evaluated online programme for middle managers development
- Completing a refresh of our leadership and management pathway, preparing for a relaunch of blended delivery in 2022.

C3. Nurturing our Culture

A further element of RMP4 that has significant implications for staff wellbeing is our work on developing the right culture. Whilst there is much to celebrate about our culture, which has been a driving force behind the exceptional resilience our staff have demonstrated over the past 18 months in particular, the signals of distress highlighted above indicate that elements require attention. However, during Operation Rainbow and Operation Snowdrop, this was agreed less of a priority than the other elements of our response in Section 2.2 above.

As we now understand better the implications of living with Covid, continuing to adopt this position is not an option if we want to create the conditions for staff to thrive at work as part of a sustainable recovery. Work in this area can offer staff an important source of hope for the future, boosting their mental wellbeing. It will also act as a catalyst, both through supporting our pursuit of Magnet recognition for Nursing and Midwifery, and initiatives that support enhanced experience for other staff groups, for improved attraction and retention.

Enthusiasm for this work is evident in the interest shown in a new monthly Open Forum starting in October 2021. The Culture Cabinet, modelled on our fortnightly Clinical Board, attracted 70 participants to its first meeting, with over 100 expressions of interest, and similar numbers confirmed for the second session at the end of November. Participants, who are encouraged from every level of the organisation, can help shape, and deliver work to develop, nurture and boost our culture, ensuring that the NHS Grampian values of caring, listening and improving are more consistently understood and experienced by staff and patients across our system.

This work will include delivery of the Best Practice Australia (BPA) Culture Survey in February and March 2022 for Nursing and Midwifery, and Estates and Facilities staff, plus colleagues working in Moray HSCP. As with the other elements of this paper, sustaining it in 2022/23 will require a degree of investment. This is expanded on in 2.3.3 and 2.3.4 below.

2.3.1 Quality/ Patient Care

Whilst the work described in this paper does not contribute directly to patient care, there is much evidence, both in research and policy terms that the three elements described above have a direct correlation – through the experience of staff – to the quality of care provided for patients.

2.3.2 Workforce

All of the work described in this paper is intended to impact positively on the workforce. We will track this across the three headings described above by:

A. Staff health and wellbeing supports

- Regular evaluation of agreed KPIs for the Grampian Occupational health Service, and monitoring impact of new online manager referral tool.
- Analysing and share results from the quarterly We Care Pulse Surveys, staff engagement sessions and feedback mailbox.
- Monthly review of absence data to understand trends in both Covid and non-Covid related absences and their impact.

B. Resourcing the organisation

- Tracking the progress of fast track recruitment activity in to priority role type and areas, considering this alongside system performance.
- Monitoring the use of annual leave across the organisation, and take up of provisions such as annual leave buy-back.
- Monitoring number and spread of adverse staffing reports on the Datix system via weekly Clinical Risk Management reports.

C. Leadership, Management and Culture

- Use of the People Manager's Toolkit, measured via the number of hits QR codes for additional resources receive.
- Feedback from the Culture Cabinet, and more specifically those staff groups and areas participating in the BPA Culture Survey.
- Data on participation in and experience of the leadership and management development programmes listed.

It is also of note that the national iMatter survey conducted in August 2021 generated a similar response rate and Employee Engagement Index (EEI) to the last run in 2019. During Operation iris we will look to understand the significance, or otherwise, of any differences in the component scores, using these to inform discussion with system leaders and the Culture Cabinet about the further work required to sustain and improve staff experience.

2.3.3 Financial

In addition to the use of existing capacity within specialist teams, all of the strands of our response described above have benefitted from additional Covid specific funding. This is summarised as follows:

A. Staff Health and Wellbeing Supports

- £300k in year funding from the Scottish Government to support Covid response, used for We Care Programme team 2021/22
- £200k in year funding from the Scottish Government to support Covid response, available for Team Recovery support in 2021/22
- £186k In year funding October 2021 from the Scottish Government in support of staff breaks, rest and recuperation
- £350k over 2 years funding from NHS Charities Together for extra initiatives to support staff recovery and recuperation (tbc Nov 2021)

B. Resourcing the Organisation

- £282k in year funding from the Scottish Government to support Covid response, used for extra Payroll and Rostering to March 2022
- Up to £1.46m in year funding from the Scottish Government for additional 97 MDT posts at Bands 2-4 for winter 2021/22.
- £95k in year funding from the Scottish Government to support winter recruitment and on boarding capacity to March 2022
- £85k recurrent funding from the Scottish Government for international recruitment admin, potentially with NoS Boards from April 2022

C. Leadership, Management and Culture

- £140k in year funding from NHS Grampian Transformation funds to contract King's Fund as technical partner June 2021 - March 2022.

2.3.4 Risk Assessment/Management

The biggest risk associated with delivery of the priorities described above during Operation Iris is the impact of funding uncertainty beyond March 2022 on the retention of staff involved in the respective teams, and the MDT posts. This impacts our ability to secure new recruits to increase capacity in 2021/22 where required, given the status of short-term contracts in a competitive jobs marketplace.

Bids for staffing infrastructure in all three areas have been submitted as part of the revenue budget setting process for 2022/23. There is a reasonably high degree of confidence that Scottish Government will focus further funding support on health and wellbeing interventions in 2022/23. However, the picture is less certain for recruitment, on-boarding and payroll / rostering capacity. Therefore, it has been agreed to raise the potential of early allocation of funding in these areas, to mitigate the above risks at the November 2021 budget setting group meeting.

A full "Bow Tie" assessment of longer term hazards relating to poor or deteriorating staff wellbeing has been developed by the People & Culture Performance, Assurance, Improvement and Risk (PAIR) Group. (The bow tie methodology is described in more detail in Appendix 3 to paper 5.3 G-OPES on this agenda.) An initial assessment of the current effectiveness of the barriers in it has been undertaken by the PAIR group

with input from the Health & Safety and Health & Wellbeing Expert Groups on 9th November 2021. Once finalised, this assessment will be used to ensure the robustness of the approaches described above and inform prioritisation. It will be shared with the Staff Governance Committee at its November meeting.

2.3.5 Equality and Diversity, including health inequalities

The focus of We Care has been on supporting equitable access to health and wellbeing support, recognising the impact of the pandemic on all staff groups and the importance of the wider determinants of health.

Recruitment in to both Multidisciplinary Team and infrastructure support roles presents entry level opportunities for employment. This is conducted in line with equality and diversity best practice in recruitment.

Our work on leadership, management and culture is designed to support the development of a whole systems mind set, which supports people-powered health and care and the involvement of disadvantaged groups.

An EQIA has not been completed for the programmes described here because specific elements of the programmes of work may be subject to Equality Impact Assessment, on advice of the Equality and Diversity Manager. However, the overall approach, which reflects existing policy where necessary, does not require to be.

2.3.6 Other impacts

Not applicable

2.3.7 Communication, involvement, engagement and consultation

The provisions of this paper relate to staff wellbeing, and are therefore not the focus of external stakeholder engagement at this stage.

2.3.8 Route to the Meeting

This paper builds on and reflects the structure and coverage of an Appendix to the Operation Iris Board paper endorsed on 4th November 2021.

Whilst it has not been developed in group meetings, this paper reflects work done by and outputs from our:

- System Connect Critical Thinking – 29th September 2021
- Health and Wellbeing Expert Group – November 2021

- People & Culture PAIR Group – 9th November 2021
- Winter Recruitment Pressures SLWG – 29th October 2021
- Chief Executive Team – 9th November 2021
- People Manager’s Toolkit SLWG – 10th November 2021
- Culture Cabinet Open Forum – 24th October 2021
- Comms & Engagement Paper SLWG – 11th November 2021

2.4 Recommendation

The Board is asked to:

- **Assurance** –review and scrutinise the information provided in this paper and confirm that it provides assurance that
 - the policies, processes and supports necessary to support staff wellbeing during Operation Iris are in place and are robust
 - improvements to policies, processes and supports are being made and appropriate evidence of these has been provided to the Board’s satisfaction
- **Endorsement** – endorse the proposals contained in this paper.

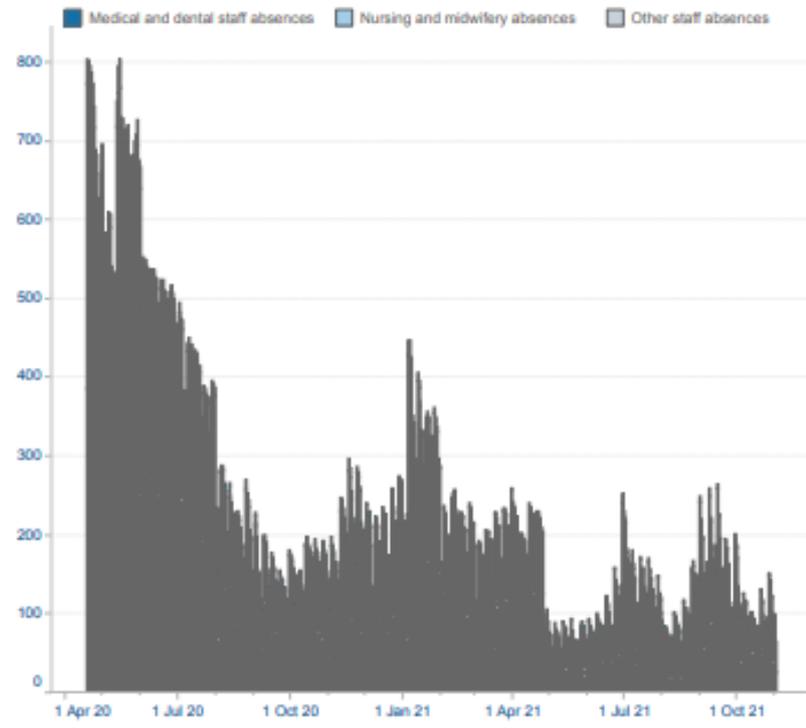
3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Covid related staff absence during the pandemic and other absences during 2021
- Appendix 2 – Guidance on the person centred temporary deployment of staff developed during Operation Snowdrop
- Appendix 3 – Draft objectives for re-aligned We Care programme during Operation Iris, to March 2022
- Appendix 4 – Resource to support people management practice that aids staff health and wellbeing

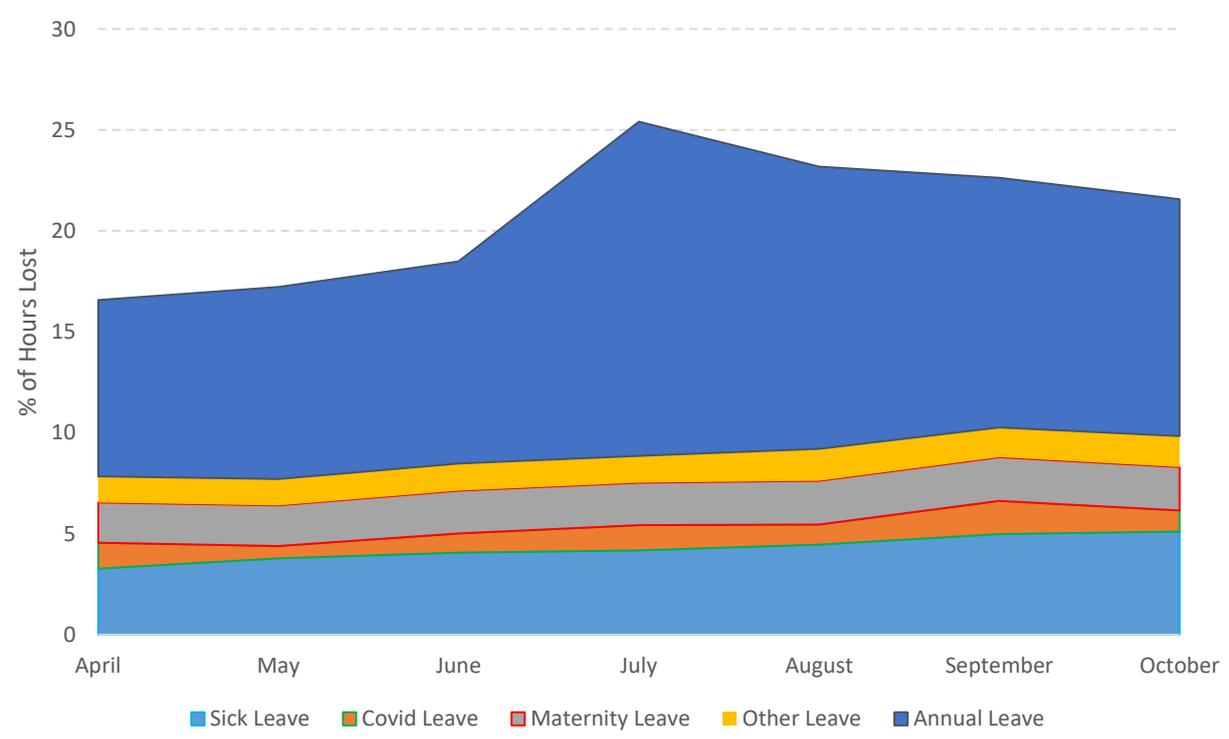
Appendix 1 - Covid related staff absence during the pandemic, and other absences during 2021

Number of NHS staff reporting as absent due to Covid-19



	Medical and dental staff absences	Nursing and midwifery absences	Other staff absences
02 November	0	40	25
01 November	0	51	34
31 October	0	60	39
30 October	0	61	39
29 October	1	68	53
28 October	3	79	61
27 October	2	76	73
26 October	2	44	41
25 October	5	49	42
24 October	2	51	37
23 October	1	53	37
22 October	2	49	48
21 October	4	61	53
20 October	3	72	57

TOTAL ABSENCES AS A PERCENTAGE OF WORKING HOURS 2021



Appendix 2 - Guidance on the person centred temporary deployment of staff developed during Operation Snowdrop

COVID-19 Deployment Considerations



All staff in the NHS are currently under extreme pressure.
The following considerations may help you adjust to the change in situation.

You have been deployed	You have a deployee in your team	Someone you line manage has been deployed	You are receiving a deployed member of staff
<p>How you might feel</p> <p>You may feel anxious and concerned for a number of reasons. We are all connected to our teams, roles and responsibilities and build routines around these to make our lives easier. You will be competent in your current role, moving to a new role and responsibilities may be unsettling.</p>	<p>How you might feel</p> <p>You may already feel overwhelmed, things are changing daily, the workload is increasing and you may have limited numbers of staff in your team due to illness, self-isolation and inability to work. Your time may be stretched and limited. However any extra support will be valued.</p>	<p>How you might feel</p> <p>When members of your team are deployed to other areas you may feel a loss of control, it is challenging line managing someone, when you have no control over their role and responsibilities. However as their line manager you are still concerned about them and their wellbeing.</p>	<p>How you might feel</p> <p>As members of staff are deployed to your busy area and you may already feel overwhelmed, things are changing daily and you may have limited numbers of staff in your team due to illness, self-isolation and inability to work. Your time may be stretched and limited. However any extra support will be valued</p>
<p>Useful Tips</p> <ul style="list-style-type: none"> Your induction to the role and responsibilities may be brief – ask a lot of questions upfront. Remember no question is a silly question. Ask for a buddy, someone who can help answer the big and small questions. Use your initiative, don't be frightened of making suggestions to your new manager who should listen to your suggestions and/or concerns. Things might not always be 100% clear – we are in unprecedented times of change – be patient? Keep in regular contact with your line manager and your substantive team. Relearning takes a lot of energy, be kind to yourself. 	<p>Useful Tips</p> <ul style="list-style-type: none"> Make the deployee feel welcome and involved. Recognise they may be anxious or concerned and give them as much time upfront as possible. Support and listen to any concerns. Buddy them up with someone in your team, someone who can answer their questions. Clear, timely communication is key - be approachable. Ensure there are clear roles and responsibilities. Remember they are learning. You can also learn from them too. Be open minded to ideas and suggestions. Be kind to yourself and encourage all of your colleagues to do the same. 	<p>Useful Tips</p> <ul style="list-style-type: none"> Keep in regular contact, arrange how and when you will check in with them. Know your team member's strengths as you may be able to impact where they are deployed to and where they could add value. Listen to concerns and anxieties and reassure them. Find out as much as you can about the redeployment so that you can support them. Make sure the basics are covered and agreed e.g. annual leave & expenses. Communicate openly, let them know you will be accessible if needed and be ready to listen. Be kind to yourself and encourage all of your team to do the same. 	<p>Useful Tips</p> <ul style="list-style-type: none"> Make them feel welcome and involved. Recognise they may be anxious or concerned and give them as much time upfront as possible. Support and listen to any concerns. Buddy them up with someone in your team, someone who can answer their questions. Clear, timely communication is key - be approachable. Ensure there are clear roles and responsibilities. Remember the deployed staff are learning. Be kind to yourself and encourage all of your team to do the same.
<p>Positive Thinking</p> <p>You will have exposure to new teams, colleagues and ways of working. Make positive connections, you never know where they may take you in the future. You will make a positive difference wherever you are and whatever you are doing.</p>	<p>Positive Thinking</p> <p>Fresh eyes are always useful for feedback and ideas for improvement. You might also find a spark of talent who could be an asset to your team in the future.</p>	<p>Positive Thinking</p> <p>Your team member is making connections with other teams that could lead to collaboration in the future. They may develop new skills that will support your team and also their own career development.</p>	<p>Positive Thinking</p> <p>Fresh eyes are always useful for feedback and ideas for improvement. You might also find a spark of talent who could be an asset to your team in the future.</p>

Appendix 3 – Draft objectives for re-aligned We Care support to March 2022

Priorities for the group to March 2022

Personal Resilience and Mental Health Cell: Training subgroup

- To ensure all courses are accessible and equitable to all staff
- Gather data on course usage and attendance
- Develop consistent evaluation and quality assurance process
- Identification of gaps in need and development/ sourcing of appropriate resources

Personal Resilience and Mental Health Cell: Peer support subgroup

- Pilot a peer support system across ED/ Radiology
- Evaluate the peer support system

Personal Resilience and Mental Health Cell: Individual and pastoral support support subgroup

- Provide clear and accessible information on resources available to staff
- Engage with staff to understand needs and identify gaps in provision
- Ongoing monitoring of resources and development/sourcing of additional resources when required

Personal Resilience and Mental Health Cell: Leadership and management support subgroup

- Provide clear and accessible information on resources available to managers
- Engage with managers to understand needs and identify gaps in needs
- Ongoing monitoring of resources and development/sourcing of additional resources when required

Team support and recovery cell

- Identification of team resources and communication of resources to staff
- Pilot an aligned system for staff to access team support that meets teams needs
- Develop consistent evaluation and data monitoring system
- Identification of gaps in need and development/ sourcing of appropriate resources
- Support teams to integrate a culture of wellbeing into their workplace/ staff groups/ teams

Remote and Hybrid work

- Support for staff with long-covid/ high risk groups (previously shielding groups)
- Advice for managers/ staff
- Promote work/ life balance for those WFH/ Hybrid working

Healthy Lifestyle support

- Financial wellbeing
- Caring responsibilities
- Healthy eating
- Alcohol consumption
- Physical Activity
- Menopause

Communication and staff engagement

- Ensure communication is regular, clear, accurate and consistent
- Communicate and engage with staff at all levels
- Engage with staff across the system to ensure We Care is aligned with their needs, identify gaps and inform developments of the We Care programme

Measuring Wellbeing

- Measure staff wellbeing on a regular basis
- Feedback results to all staff
- Monitor any issues that arise with measurement process and develop as appropriate



Three things we need from all our people managers

A resource to help you maintain a focus on the fundamentals if you manage or supervise others

Things to practice or to continue doing

<p>Prioritising People Including own self-care</p>	<ul style="list-style-type: none"> • Have I been getting alongside my team, whether virtually or in person, to understand the challenges they face and explore solutions with them? • Am I managing up, managing myself, and enabling others to manage my expectations, in ways that create time and space to breathe? • Do I protect time for contact with my team away from the task, in order to have meaningful conversations about the here and now and the future?
<p>Being Visible For individuals and teams</p>	<ul style="list-style-type: none"> • Am I having regular meetings with the people I manage, individually and collectively, to hear from them, provide information and understand their experience? • Do I adapt my own approach to connecting with others in ways that suit them, and enable us to have meaningful contact? • How much focus am I placing on building relationships with the people I manage rather than the task or issues of the day?
<p>Providing Clarity Communicating Well</p>	<ul style="list-style-type: none"> • Do I take time to check in with / ask what matters to the people I manage, to find out what is going on for them, and do I respond empathetically? • What steps do I take to seek out clarity, and provide it for others, recognising and acknowledging uncertainty where it exists? • How do I ensure that positive feedback is provided regularly, and in ways that support both individual and team effectiveness?

How to use this resource

You may find it helpful to start with some **self-reflection** using these prompts.
How familiar are these activities? How confident are you in using them?

You could then discuss it - as part of existing processes such as 1:1s, Team Meetings, iMatter Action Planning – or over a cuppie with any or all of



Your team



Your manager



Your peers

If you would like any **help or support** or have any worries or concerns, you might find it useful to speak to a colleague with people management / team leader experience.

Further resources to help you develop your approach to managing others and leading your team can be found in our [OD Toolkit for Managers](#) on the Intranet.

