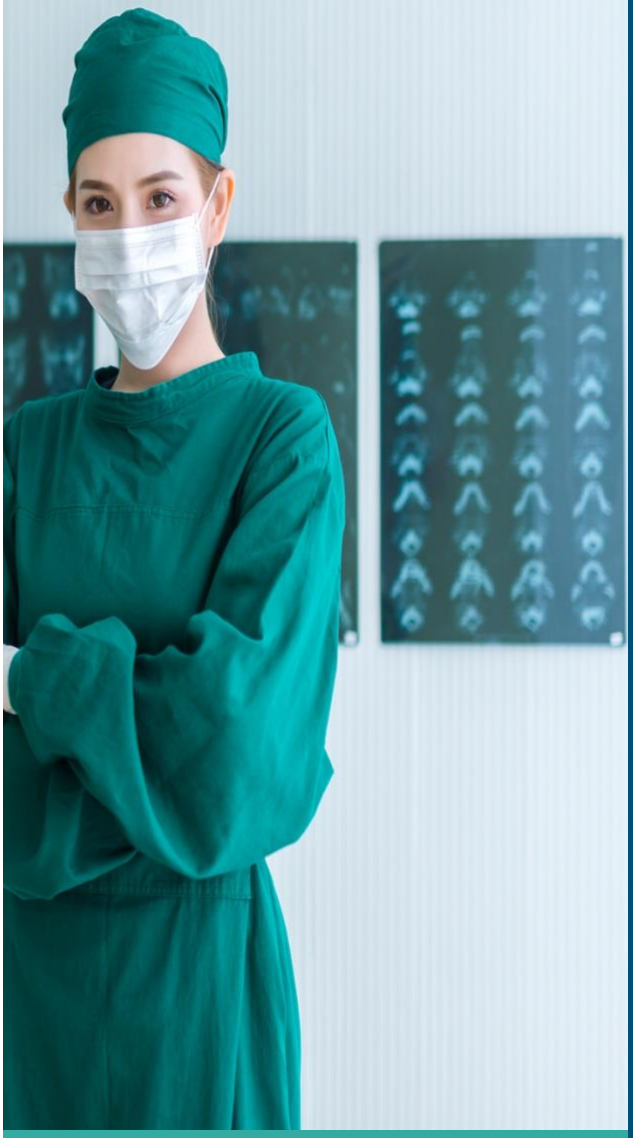
# Staff Health & Wellbeing Report 2021

*Health Intervention Team*



*November 2021*

**CARDIFF & VALE UNIVERSITY HEALTH BOARD**

Authored by: Health Intervention Team

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

# Foreword

## Croeso, from the Health Intervention Team

2020 was an unprecedented year for everyone across the globe as the COVID-19 pandemic dominated every aspect of life. It is no secret that the workforce across the NHS was hardest hit; staff were required to undertake duties unfamiliar to them and to do those duties with care and compassion for the greater good. The pressure placed upon the workforce was absorbed by the dedicated staff members; however, a crisis response will take its toll on the emotional, mental and physical wellbeing of the staff. The COVID-19 pandemic has led to many individuals, teams and departments to re-evaluate their priorities.

Whilst there has always been an underlying pressure on health care workers, the COVID-19 pandemic heightened this to an extraordinary level, calling for immediate action from the health board to support employees. The Cardiff and Vale University Health Board supported a proposal from the Employee Health and Wellbeing Service for a team to focus purely on the health and well-being of staff by identifying proactive interventions to support every individual of the circa 15,000 staff members. The posts were funded by the Cardiff and Vale Health Charity thanks to a generous donation from Gareth and Emma Bale.

The Health Intervention Team was created in April 2020 on a two-year fixed term basis to undertake research and consultation of staff and to thus generate a report of recommendations of the primary contributing factors to the wellbeing of staff across the UHB. This report aims to inform and highlight the key impacts on wellbeing specifically to CAV UHB, whilst drawing on external insight and data to support the findings.

May we take this opportunity to thank all individuals who have contributed to this report and who have given endless hours of their time, energy and soul to ensure that our NHS continues to operate and thrive even at the toughest of times.

***"We talk of the NHS as an organisation, a structure, a place, but it is not. It is a made up of wonderfully devoted human beings who dedicate their lives to helping others"***

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**Employee Health and Wellbeing Service: Our Vision…**

*"CAV UHB is an organisation that **enables** and encourages staff to be the **best version** of themselves in a place of contentment and balance"*

## Purpose of the Health Intervention Team

The Health Intervention Team is comprised of the following five roles:

- COVID-19 Employee Response Intervention Coordinator (1.0 FT 12-month fixed contract)
- Long Term Employee Health Intervention Coordinators (2.0 FT 24-month fixed contract)
- Project Officer (1.0 FT 24-month fixed contract)

This report will address some of the key learnings the HIT team have learned throughout staff engagement and will focus primarily on the long-term interventions that should be prioritised within the UHB over the next 24 months and beyond.

***"The role of the Health Intervention Team is to identify and embed proactive interventions with equal access across the CAV UHB to improve the health and wellbeing of employees"***

The team aimed to investigate all roles and demographics of staff within the UHB whilst drawing out honest reflections to understand the underlying factors that contribute to the wellbeing of staff. There is a whole range of reactive services available within the UHB, but there has not previously been a specific focus on identifying causes and triggers of contributing factors impacting on wellbeing which address the underlying cause rather than the subsequent problem.

***"Interventions will be insight led and designed to be sustainable and practical for all levels of the organisation, implemented by the relevant people across Clinical Boards and beyond"***

### What does wellbeing mean to the staff of CAV UHB?


Wellbeing is a unique word meaning different things to different people. Throughout consultation, the team explored what wellbeing means to the staff of CAV UHB and have synthesised a definition from a collation of responses:

***"Being at your best, your optimum; in a supportive, conducive environment"***

## Literature Review

The interest in workplace wellbeing has stemmed from Dame Carol Black's Working for a Healthier Tomorrow (2008). This review introduced the 'Fit for Work' concept; called for a greater knowledge base on workplace wellbeing initiatives and argued for occupational health services to be realigned into the mainstream health service, for its practitioners to have a wider remit and for the services to collaborate more. Interestingly, these recommendations echo the main sentiments of the review into Occupational Health Services within the 'Growing a Healthier Tomorrow' (2021) report.

The seminal report to address NHS workplace wellbeing was produced by Dr Steve Boorman in 2009. This report commissioned by NHS England concluded that patient satisfaction was higher in NHS Trust with the greatest workforce wellbeing (measured by injury rates, stress levels, job satisfaction and turnover intentions). The report also argues for the NHS to become an exemplar employer for workplace wellbeing.

**80% of staff in the Boorman report stated their health impacted on patient care**

In response to the Boorman review the English Department of Health produced the NHS Health & well-being Improvement Framework (2011). Whilst this document was promoted as developing the NHS England wellbeing agenda it largely focused on reducing sickness for financial gain; five impact changes were proposed in the document these were: -

1. Wellbeing initiatives should be visibly supported by the board
2. Develop & implement an evidence-based staff health & wellbeing improvement plan
3. Build capacity & capability for managers to improve their staff's health & wellbeing
4. Engage staff
5. Occupational health to offer targeted, proactive accredited support

The Work Foundation reviewed work-based health interventions in 2019; the review highlighted there is no one size fits all approach to interventions, the most successful interventions need employee and employer input and interventions need to target the individual and the organisation. Purely focusing upon the individual's responsibility will alienate the employee, thus a dual approach to facilitating change for workplace wellbeing is needed.

Rand Europe has published several reviews into NHS (England) workplace wellbeing and engagement. These reviews highlighted worrying levels of presenteeism, sickness absences are being used as a coping

strategy and suggests engagement in the organisation peaks in the first 2 years of employment, then declines for 12 years before rising again. The reports also contribute to the growing literature base on workplace wellbeing as an influence on organizational productivity; as demonstrated by figure 2.

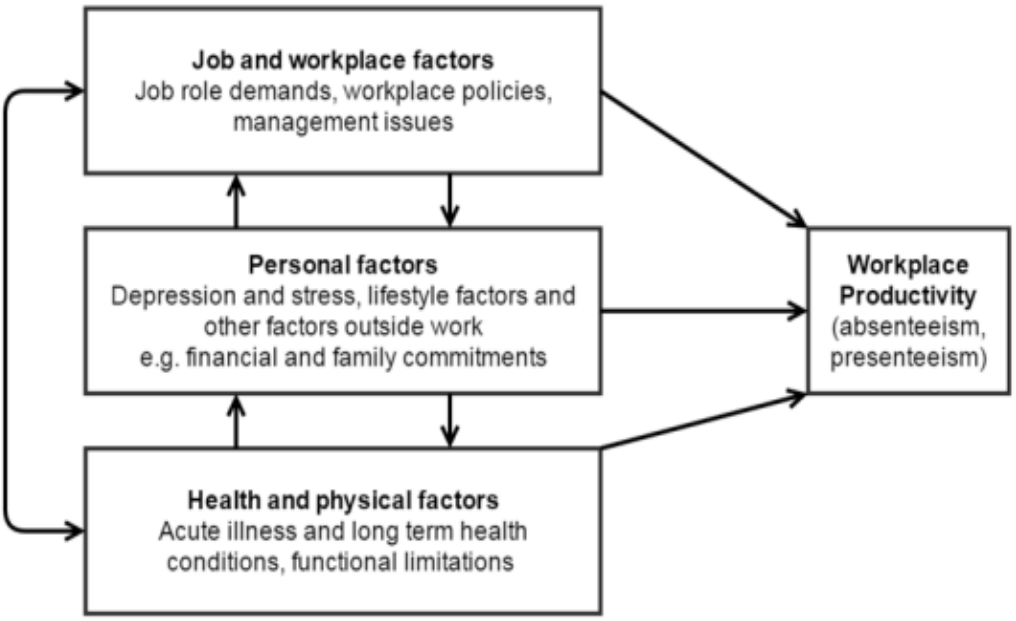



*Figure 1. Determinants of Workplace productivity (Rand Europe 2015)*

## CAV UHB Provisions, Profile and Challenges

### Workforce

The UHB's workforce is made up of 14,000 full time equivalents with nearly 16,000 individuals employed by the UHB. The staff largely live within the UHB's catchment area (70%). The workforce is dominated by females (78%) and there is an even split between full time and part time employment. In relation to female staffing, full time employment is highest in the 20 – 30 age bracket; between the 30 – 40 years age bracket part time working exceeds fulltime working by approximately 450 staff. Female full-time employment increases from its nadir in the late thirties until 50 years, however, part time working remains the dominant employment after the mid-thirties. Both employment categories drastically decrease from 60 years. The majority of men work full time; part time working only becomes the dominate employment practice for men in the over 60's.

The breakdown of staff groups can be seen in figure 3; when combining registered and unregistered nursing staff this accounts for over 40% of the staff. Medical staff are under-represented as Shared Services now act as a host employer for junior doctors.

Nearly 60% of staff work within the University Hospital of Wales. The University Hospital Llandough is the work location for approximately 20% of the UHB's staff. The remaining 20% of the staff are based at sites throughout the Cardiff & Vale Locality.

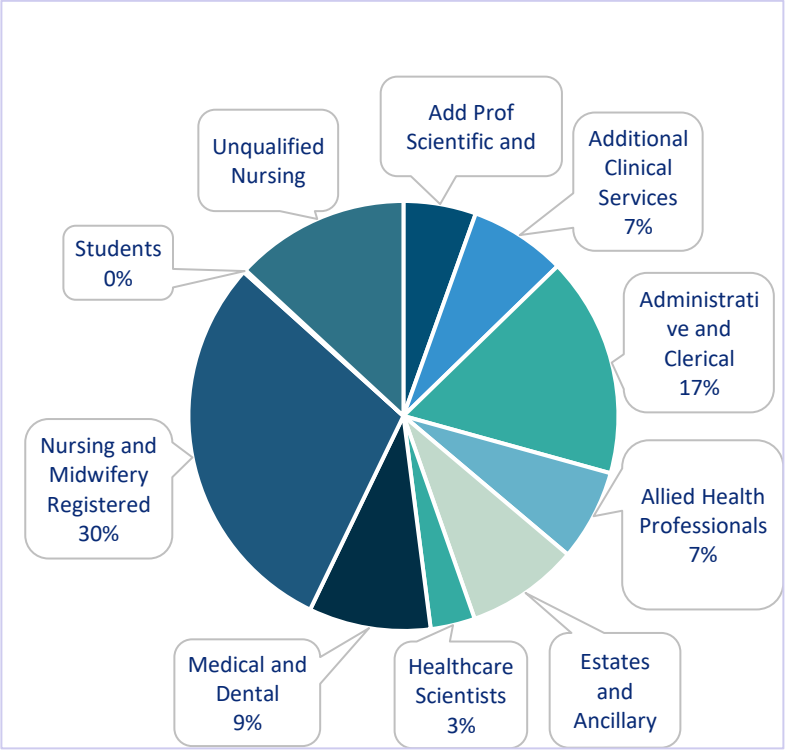



*Figure 2. Staff Groups*

## Generational Differences

The generational divide is apparent in the majority of workplaces today as teams are composed of **five** different generations. The Chartered Management Institute (2014) recognised that the hierarchical and formal management structures of organisations are not always conducive to Millennials as research indicates that their values and expectations demand more **autonomy**, flexibility and an opportunity to make a meaningful **impact**. This desire for a **flexible** approach to the workplace highlights that systems and structures which have been in place for a long time are not always effective for staff motivation and performance in today's modern world.

## Challenges within CAV UHB

| Staffing levels | Resources & sustained investment | External pressures e.g. patient experience & tangible targets | Complexity of service; devolved responsibility |
|---|---|---|---|

It is important to recognise the many external contributing factors on a local, organisational and national level which will affect staff health and wellbeing. The constant pressures on services put an additional strain on the workforce creating a conflicting environment of service needs versus staff wellbeing. Although staff wellbeing is being recognised as a vital component, it remains a secondary focus after patient care, budgets and staffing ratios.

## Covid-19 overview

The COVID-19 pandemic placed NHS staff under ever-changing and unknown pressures. Staff were stretched professionally and personally; professionally staff were required to work in rapidly changing environments and some staff took the difficult decision to isolate from their families to maintain a clinical service. To ensure patient safety, the organisation was required to move staff from their substantive roles into roles they have not worked in before. Many employees talk of their duty to 'play their part' when it came to deployments; their bravery and willingness to care for patients in difficult often catastrophic conditions is a commendation to their moral integrity and professionalism.

Many departments and clinical boards were required to work together for a shared goal, whilst it should be acknowledged the extreme pressure COVID-19 placed on the Medicine Clinical Board. Other clinical boards provided staff to assist in the staffing of wards, the deployment process was especially emotionally challenging for line managers to approach and select staff for deployments. The Learning and Education Department worked tirelessly to provide training for staff being deployed. The Chaplaincy and patient experience teams were crucial in maintaining staff moral and facilitating patient contact with loved ones, whilst the Employee Wellbeing Services turned to the use of digital platforms to offer counselling and support for staff.

The COVID-19 pandemic is yet to finish for many staff, deployments are still being undertaken and many staff are fearful of the winter ahead of them. The image below is taken from The Kingsfund's COVID-19 recovery and resilience report (2021), it highlights the stages following a traumatic event or disaster. It is important to recognise that we are currently in the disillusionment phase, the most sensitive phase of the process. The occupational health and wellbeing services are experiencing referral levels up to 45% higher than normal. To maintain a functioning workforce the UHB must insure support to these areas. The strength of our workforce should be commended, but not taken for granted.

## Method of Research

Below is an overview of the approach taken to understanding and identifying suitable interventions for the staff at CAV UHB. Consultation was the most important section of the process to ensure that employees had the opportunity to express both their experiences and recommendations for improving their wellbeing at work.

Stages of research:

1. Literature review
2. Consultation with staff and external organisations
3. Review findings
4. Produce report of recommendations
5. Board presentation & financial implications
6. Alignment to strategies & allocate roles
7. Commence implementation

| April 2021 | May-Aug | Sept-Dec | January 2022 |
|---|---|---|---|
| Team employed<br><br>Extensive literature review conducted<br><br>Informal consultation | Formal and informal consultation commenced<br><br>Staff survey released<br><br>External consultation<br><br>Regular dialogue with Executives | Analysed data & devised thematic focus groups<br><br>Recommendations identified & report generated<br><br>Present report to Board and Executives<br><br>Action plan devised & relevant personnel allocated | Report accessible to CAV UHB staff<br><br>Framework for delivery devised<br><br>Accountability group appointed<br><br>Implementation of objectives |

## Consultation process

### Staff Survey

An online staff survey was open and distributed across the UHB between 11th June – 17th September which received 1,077 responses. It was shared via email, social media, word of mouth and physical posters around the UHB with a QR code for ease of completion. It did not require an NHS email account to complete the survey and the average time of completion was 13 minutes.

### Interviews

Individual and group interviews were conducted across a range of departments within the UHB. The interviews ranged in format, but were always informal, optional and confidential. Some staff engaged with this process to provide feedback and focus areas for future interventions, whilst other staff used it as a chance to reflect on their experience throughout COVID-19 and to discuss further wellbeing support.

### Drop-in Sessions

In collaboration with the COVID Health Intervention Coordinator, a range of drop-in sessions have been hosted as both generic and specific sessions for staff across a variety of sites. Drop-ins were flexible with some departments and managers arranging them directly, whilst others were arranged to ensure a broad range of staff had the opportunity to speak with the team.

### Networks & Team Meetings

Existing networks, management and staff meetings have been utilised to engage with a large number of staff members in one go. The team have been able to share insight as it has emerged, consult on areas specific to their role and understand the demands on the workforce. The range of networks include Local Partnership Forums, Trade Union Staff Side Meetings, Departmental Senior Management meetings, on duty staff check ins and Town Hall meetings.

### Focus Groups

As the themes began emerging from the above methods of consultation, focus groups were established to interrogate and interpret the data to inform suitable actions. The focus groups included individuals who could contribute to the topic based on their own personal experience, their role within the organisation or their potential to influence future priorities. The focus groups all took place in person at UHW and UHL with strong levels of engagement and contribution to the plan.

### Confidentiality

All content collated from consultation has remained confidential. Where quotes have been used to highlight the narrative of a theme, details of the individual has been removed.

## Validity

Appendix A contains a list of departments, clinical boards and organisations who formed part of the consultation process. The broad range of roles, departments and demographics of staff ensures that the data is valid and relevant to the whole organisation.

## 6 months impact review

Although the Health Intervention Team have been identifying long term interventions, the impact they have had since commencing their role can be recognised below:

1. Raised awareness of the wellbeing services to staff across the UHB
2. Presented findings to Board of Executives
3. Encouraged collaboration and data sharing across teams to achieve shared outcome
4. Challenged the narrative surrounding wellbeing and its importance
5. Identifying hotspot areas that require specific support
6. Integrated wellbeing sessions to Health Care Support Worker Development Days and Newly Qualified Nurses Induction
7. Delivered outreach wellbeing support to localised areas and held central drop ins at UHL, UHW, CRI, Barry, Whitchurch, Rookwood and Butetown
8. Junior doctor drop ins organised and delivered with medical education

## Method of Data Interpretation

### Staff Survey

A mixed methods approach was applied to interpret the data as it was a blend of qualitative, quantitative and open-ended question allowing for individual responses as well as measurable, quantifiable responses.

### Consultation

The broad range of consultation conducted enabled the team to identify both broad and specific themes which emerged from the insight. A thematic analysis was utilised in the main, though in order to prioritise and focus on the areas, the most prominent areas uncovered were identified and subsequently formed the 6 key focus areas of this report.

### Aligning Insight

Insight has been collected from a range of teams and individuals, thus it has been beneficial to align data and insight to specific areas or departments. In some instances this has created opportunities for pilot projects to take place in particular clinical boards according to the staff needs.

### Anecdotal feedback

There is a range of insight that has been shared directly, indirectly and observed throughout the UHB which has added value and context to the data captured through consultation. Every measure has been taken to remain impartial, open and transparent in this research.

# Findings

## Staff Survey Insight

The survey had 1,077 responses, which represents 6.7% of the staff in post (01/04/2021). 58.4% of the total responses were from staff employed at Band 5-7 of the AFC Wales Pay scale. 88% of the respondents said to have access to an NHS email and access to a UHB computer; 9% stated access to an NHS email but limited access to a work computer; 3% had no access to either NHS email or to a work computer.

In the scope of health and wellbeing, it was asked of the respondents to rate their current happiness. On the graph below it shows that 44% are either somewhat happy or very happy, 23% is neither happy or unhappy and 33% is either somewhat unhappy or very unhappy. On average, employees can be described as somewhat happy.

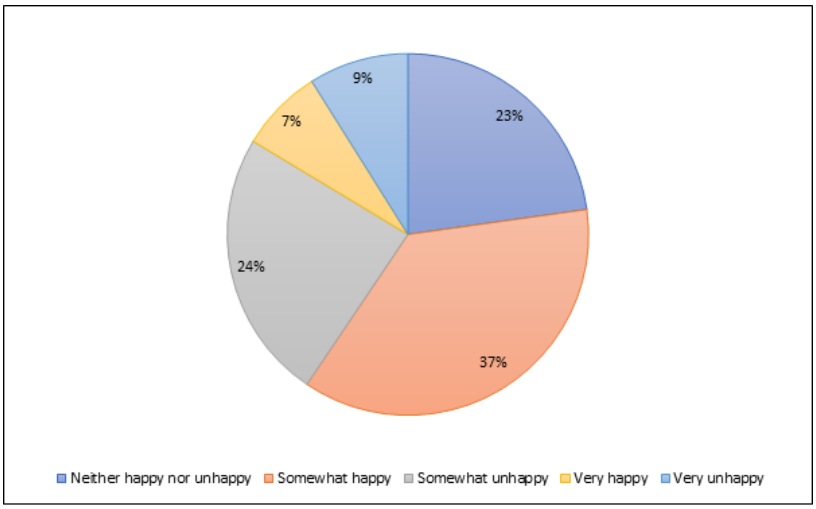



*Figure 3. – Employee Happiness Levels, CAV UHB Wellbeing Survey 2021*

In the same ambit, staff were asked to rate their physical health and mental health. On average the respondents rated their physical health 3.8 out of 5 and their mental health 3.4 out of 5. The survey also enquired about their job satisfaction, where on average the participants have rated the satisfaction in work as 3.1 out of 5.

Respondents were asked to use a word to describe their team. The most common used in a positive way were supportive and hardworking; and the most used in a negative manner were dysfunctional, stressed and exhausted. 63% of the respondents said that they socialise with their team from time to time and 16% said they have never socialised with their team.

On average the participants have rated 3.5 out of 5 on how respected they feel in work. The question expanded, where staff explained what makes them feel respected and disrespected, summarised on the table below with responses listed in no particular order.

| Staff feel respected by: | Staff feel disrespected by: |
|---|---|
| Being included in the team, regardless of banding or profession<br>Being involved in changes<br>Being listened to<br>Feeling supported<br>Being thanked personally<br>Being part of a team<br>Being greeted<br>Being valued<br>Having opportunities for development and training | Lack of communication<br>Not being greeted<br>Being treated differently according to banding<br>Being treated differently according to professions. i.e., admin/clinical, nurses/doctors, nurses/therapists<br>Not being listened to<br>Opportunities of training and development<br>Being verbal abused by colleagues and patients<br>Not being supported when raising any concerns |

Respondents were also asked to list who they feel valued by in work. Most respondents felt valued by their colleagues, representing 27%. Only 2% has stated feeling valued by Executives and 7% by the Senior manager. On the table below is listed what makes them feel valued and under-valued.

| Staff feel valued by: | Staff feel unvalued by: |
|---|---|
| • Being thanked and acknowledged by the work they've done, by colleagues, management and patients<br>• Opportunities for training<br>• Being supported and encouraged to develop<br>• Having the time and space to discuss ideas and/or concerns with management<br>• Having regular feedback, that is constructive<br>• Managers prioritizing time for their appraisal, conducted appropriately<br>• Helping others<br>• Feeling useful and part of a team and service<br>• Clear communication throughout the organisation | • Lack of investment on staff's facilities & IT equipment<br>• Lack of communication from management<br>• Being verbal abused by colleagues and patients<br>• Empty promises<br>• Not being listened to<br>• Not recognising the value of every post<br>• Work not acknowledged or thanked<br>• Concerns not addressed<br>• Impersonalised thanks<br>• Lack of clarity on the challenges to succeed with solutions |

Respondents were asked to list how they would like to be recognised for their work. Development opportunities, a thank you from management, annual Leave/ flexibility in work and increased level of respect were the most voted choices. Participants were also asked to vote on what they would change in the workplace, in which physical environment was the most voted option, followed by gratitude from management and development opportunities.

Respondents were enquired about their access to Health and wellbeing services, where 38% have stated they have accessed internal services and 38% said they haven't, however they may in the future. They were asked to choose which services they were aware of, where the most knew about Occupational Health, Physiotherapy and counselling, though just approximately 5% knew about Wellbeing champions. When asked what activities they would be interested to take part in, the respondents voted highly on Physical Activities and Wellbeing activities, as presented on graph 2.

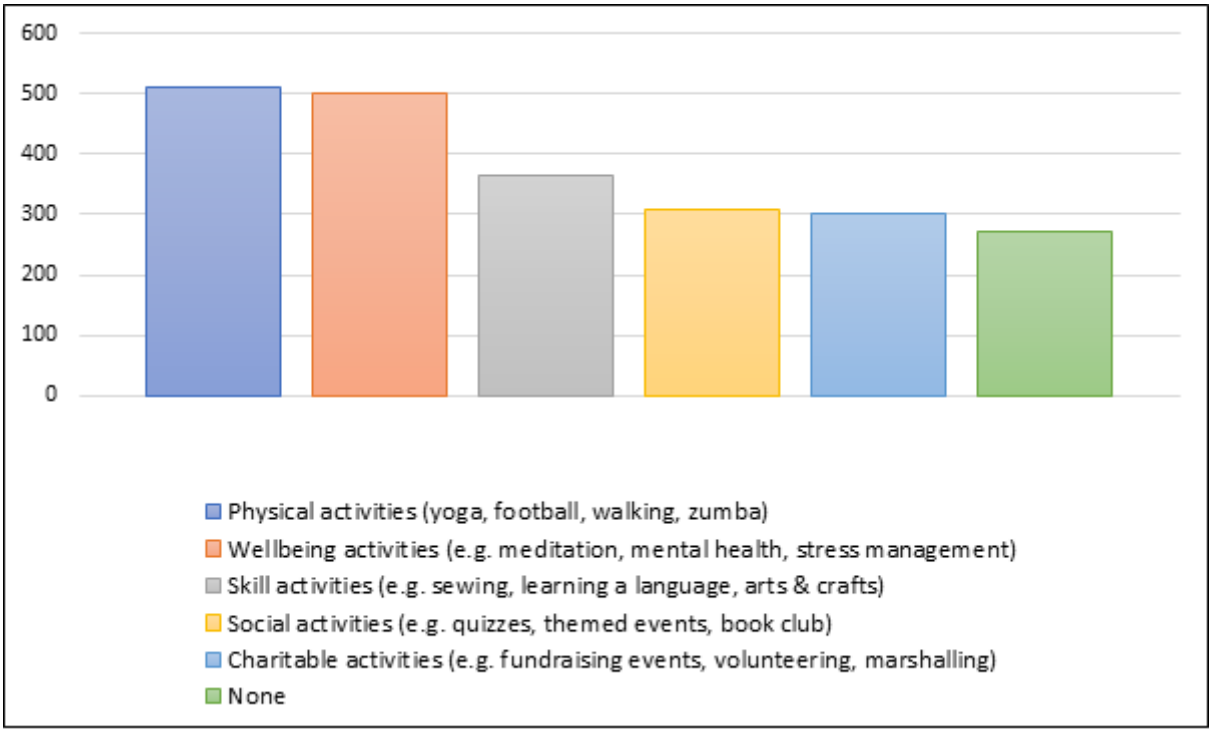



*Figure 4. Employee responses to potential participation activities, CAV UHB Wellbeing Survey 2021*

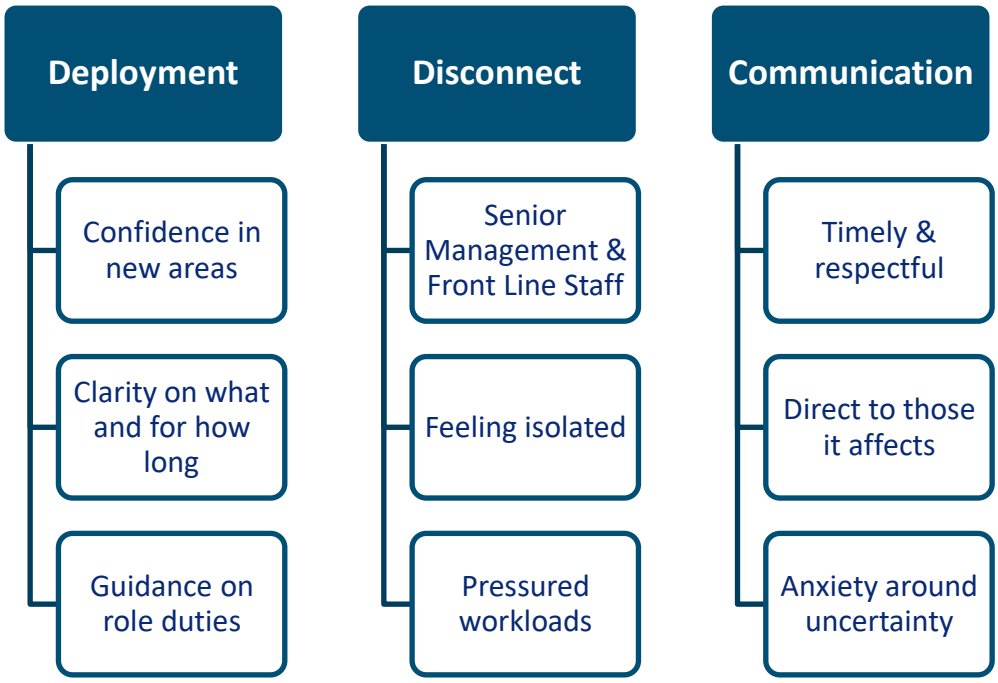
## Staff Survey Summary

On average, the workforce can be described as somewhat happy. However, it is also important to highlight that 9% have stated that they are very unhappy and 24% are somewhat unhappy. The awareness of wellbeing champions is somewhat low, thus could benefit from an increase in communication of role purpose. Only 7% has stated feeling valued by the Senior management and this strongly indicates that work needs to be done in these areas.

## COVID-19 Key Learnings

It was highlighted in the Kings Fund Recovery and Resilience report (2021) that hope, resilience and a community network were the key contributing factors of those staff that coped during the pandemic. Insight showed that those who were optimistic and were positive about things getting better at some point in the future, coupled with having strong connections to a community network, whether this was in or outside of work tended to have higher resilience to cope with the extraordinary difficulties during the pandemic.

As part of the HIT Team's work into exploring the wellbeing impact of COVID-19 several recurring themes emerged - Deployment, Disconnect and Communication. These areas are being highlighted as an opportunity to learn from the pandemic and improve the staff experience.




### Deployment

Whilst deployments were a necessary action to ensure patient safety, it has had a lasting impact on some of the staff who have been deployed to new areas. Many staff felt that they needed to play their part and do their bit when it came to deployments, but often felt out of their depth in new areas. Due to deployments happening very quickly with often little notice, there was limited support, guidance or introduction to ward areas, increasing the anxiety and uncertainty around the role.

Best practice guidelines on deployments were not available for managers and staff during the peaks of the COVID-19 pandemic; managers were trying to balance staffing numbers against fluctuating

sickness, bank/agency usage and annual leave. Both managers and staff suffered severe emotional distress to ensure patient safety. The HIT team and HR have since developed guidance for managers to use when faced with deployments to ensure best practice occurs for ease of transition for the employee and the managers.

## Disconnect between workforce

To prevent the spread of COVID-19, wards and departments were 'zoned'. The process of zoning stopped staff from entering zones different from their own status (negative areas shouldn't mix with positive areas). Many felt the new working environment reduced sources of support (managerial and colleagues) and impacted on their ability to recuperate from stressful situations. The introduction of hybrid and home working also lead to a disconnect between staff members, some staff felt abandoned by their managers; others felt the preferential treatment was given to others; those working from home lost essential social interactions required for healthy wellbeing.

The final element of disconnection overlaps with communication; some staff felt a sense of abandonment from their management. During a deeply stressful and emotional time, staff members wanted regular communication, support and reassurance from their senior managers. One set of staff spoke with pride and enthusiasm at seeing their Director of Nursing wearing full PPE to enter a COVID-19 zone and speaking to staff; unfortunately, not all UHB staff experienced support of this kind. Although COVID-19 has shone a light on these challenges, they are not new to the UHB.

## Communication

Staff vocalised a sense of frustration that focused on inconsistent communication. The frequency of guideline changes highlighted the organisational deficit in communication strategies. Staff felt frustrated that procedures were changed without explanation. Whilst the introduction of the 'staff connect' application was applauded, there were difficulties in gaining access and finding resources. The application further emphasised a digital inequality amongst the staff; with those without digital access being unaware of the app and reinforcing a sense of negative citizenship.

## Summary

Many staff have spoken of wanting to know the 'bigger picture'; they are fearful of the winter and want to know the possibilities of further deployments and reduced services. Staff would be reassured if management provided context or communicated the uncertainty they are facing; it appears a sense of distrust has grown from an absence of information. Although the pressures during COVID-19 were outside of the UHB's control, the way in which messages were communicated and situations dealt with could be controlled internally, it is recommended that consideration is given to the individuals that will be affected by any changes and there is a two-way dialogue as early as possible.

## Emergent Themes – Long Term Findings

The insight from staff was often specific to the pressures of their individual work area whilst being broad in nature, therefore could be categorised into one of the following six key themes. Below are the individual focus areas supported by the vision for each theme.

**Wellbeing**
*Integrated, accessible & normalised*

**Respect**
*Multidirectional & embedded*

**Training & Education**
*Prepare, develop, accessible*

**Management & Leadership**
*Supported, effective & visible*

**Physical Environment & Facilities**
*Modern & fit for purpose*

**IT & Communication**
*Clear, fair & consistent*

### NICE recommendations

In 2016, NICE recommended 10 domains of workplace health, found in figure 5 below. NICE recommendations largely complement the findings from the Health Intervention Team; the only area not directly mirrored is 'Respect', however fairness, justice, participation & trust are recommended by NICE and these concepts could be viewed as constituents of respect. NICE have defined wellbeing as a "subjective state of being health, happy contented, comfortable and satisfied with one's quality of life".


*Figure 5. NICE 10 domains of workplace health (2016)*

## Individual Themes

### Wellbeing

The existing provision for staff wellbeing is well equipped with reactive services, including:

1. Occupational Health – informal and formal advice service for staff and managers
2. Employee Wellbeing Service – including counselling, guided self-help, foundation level counselling sessions and signposting
3. Physiotherapy – services provided to support injuries sustained in and outside of work
4. Trauma service – fast track access to service for isolated incidents

These services are considered an integral part of the UHB's services to employees with core funding aligned to the majority of departments, though increasing pressures on the services are not reflected in resource alignment. For example, the Employee Wellbeing Service is primarily funded by short term grants from the Health Charity, resulting in uncertain, short term fixed contracts. 100% of the Assistant Psychologist Therapists and 50% of the counsellors are funded via the charity with the posts ending in February 2022, bringing about huge concern and uncertainty for the service.

The pressure on these services remains high with the demand increasing through Covid coupled with a constant focus on reducing waiting times. There are pockets of proactive provision in place, however often coming secondary to the reactive services, they are heavily reliant on short term funding and are not considered an integral part of the UHB's services. The following services are examples of proactive services available to all staff within the UHB:

1. Wellbeing Champions
2. Monthly workshops on mental health
3. Staff access to the dietetics team
4. Individual interventions per clinical board

The wellbeing of staff is complex and personal. The UHB has a duty to enable and encourage a workplace environment that allows individuals to be well and stay well whilst at work. At present there is infrequent proactive services that address the underlying causes of staff wellbeing. This report highlights recommendations which would both address some of the major implications on wellbeing whilst educating and equipping employees with the knowledge and tools to care for themselves and their colleagues.

It is strongly believed that the recommendations within this report will have the biggest impact on staff wellbeing, and although clinical boards and departments should explore the introduction of wellbeing days and social activities, the everyday factors affecting our staff should be the priority as outlined in the recommendations section.

## Best practice examples

Mental Health Clinical Board have a strong clinical supervision structure for all nurses within the service. All nurses are encouraged to participate in supervision whilst the clinical board continue to promote the service with the aim of reaching all eligible staff.

CDT Clinical Board commissioned Afta Thought to develop an informative video on mental health and wellbeing within the workplace including signs, behaviours and how attitudes can help or hinder a colleague's wellbeing.

## Respect

Respect is a difficult value to measure, but a value that every member of our workforce can display to one another. The pressures of the services can result in colleagues disregarding each other's' presence, work or contribution to the team, for the fast-paced pressured environment they are working in. There is a sense that respect increases with the length of service or level of role one holds within the organisation. CAV UHB needs to work towards an environment that respects every member of the workforce, regardless of their demographic or job role.

Respect features as one of the UHB's core values and is integrated into the new values-based recruitment and appraisals, however the transition from paper to practice still remains subjective and interpretative. Practical solutions outlined in this report aims to address some of the accepted norms and behaviours across the organisation and to start challenging the culture of one-directional respect and ensure every employee feels respected and valued.

### Best practice examples

Capital Estates and Facilities have created name badges for the housekeeping staff so when they are on wards they can be recognised and acknowledged for their presence and contribution to the work area.

A ward within Children and Women Clinical Board developed a 'Staff Shout out' board for colleagues to recognise and value each other's contribution. This is visible within the department and is a simple way of demonstrating respect for all roles.

## Training & Education

Having access to suitable development opportunities was the highest ranked method to feeling valued reported by employees on the CAV UHB wellbeing survey. The Learning and Education team have a suite of courses and training available to staff, yet there appears a disconnect between awareness and access to appropriate training at all levels of the organisation. For example, those employees wishing to remain in their existing post will often still have the desire to improve and develop, but may have no ambition to become a manager. These people need to be supported and upskilled to remain motivated and valued in the workplace.

The pressures on workforce, particularly those in a clinical role means that the ability to attend training can be hugely affected with the need of the ward taking priority. The organisation should look to integrate continued professional development as part of departmental priorities and included within the rota of shifts to ensure our workforce are both performing and motivated. Patient safety is the priority of the health board but with many employees not accessing specific and diverse training, it begs the question as to how we can pride ourselves on high quality care if staff are not upskilling and developing.

### Best practice examples

Medicine Clinical Board deliver a range of development study days for Health Care Support Workers to attend including role specific updates in addition to health and wellbeing support. It has raised awareness of the employee services available to staff.

A ward manager in Mental Health allocates training and education provision within the rota of staff to ensure that time is protected for staff to attend courses without the disruption of ward pressures preventing them from attending.

## Management & Leadership

Management across the UHB is diverse and ever-changing, particularly in a world of staff shortages, a large number of vacancies and the highest demand on our services the NHS has ever witnessed. The language we use in the UHB to determine a 'manager' or a 'staff member' heightens the gap between different levels within the organisation, but with this comes a disparity amongst Clinical Boards to determine a manager. Within Capital Estates and Facilities there are Band 2 Supervisors with managerial status, whereas in Medicine, management responsibilities do not occur until Band 6 at Ward Manager level. This large-scale difference causes employees to experience different models of leadership, thus a quality assurance framework for managers should be devised and implemented to support aspiring, new and existing managers.

### Best practice examples

PCIC have commenced 'why you've stayed' discussions with staff to identify what's working well and what could be improved in a bid to reduce staff turnover and proactively seek potential causes before it's too late.

Surgery Clinical Board run Ward and Deputy Manager Development Days to create a network of support for managers whilst upskilling and providing guidance on role specific duties.

## Physical Environment & Facilities

The environment people work in has been highlighted as one of the key contributing factors to employee wellbeing. Facilities across the UHB vary in quality and safety, with some locality facilities having no WiFi, vandalised exterior, unsafe car parks, poor heating and inadequate basic facilities. In some of the larger facilities, there is varied access to natural light, changing facilities, rest facilities and water. The Health Charity in collaboration with Workforce and Organisational Development have implemented water stations in key areas to ensure staff have access to water. Any future development should have strategic influence from wellbeing to ensure staff are considered in the layout and design of facilities in accordance to their wellbeing and practicalities of undertaking their roles.

### Best practice examples

Capital Estates and Facilities introduced a Click and Collect service at UHL after feedback from staff, particularly in Covid-19 areas were finding it difficult to access food at lunchtime due to lengthy queues and restrictions on zones.

The Health Charity and Employee Health and Wellbeing Service worked to identify Staff Havens on UHL and UHW for staff to relax, reenergise and reflect in a private space away from the public.

## IT & Communication

There is an inequality between different roles and bandings within the organisation, with a digital and communication disparity evident throughout COVID-19. As an organisation, we are reliant on managers disseminating information to their teams either verbally or by printing documents as a large proportion of the organisation do not have a UHB email address, nor the equipment to access it on site. Staff groups such as Healthcare Support Workers, Caters, Porters and Housekeepers should be prioritised when considering how to communicate information in the most efficient and effective way.

**Best practice examples**

Medicine Clinical Board hold Town Hall meetings open to all staff within the directorate with updates, opportunities for Q&As as well as guest speakers to provide a consistent method of communication to all staff that choose to attend.

All Wales Genomics Service identified a need for increased staff wellbeing support during Covid-19, therefore devised a survey to find out what support staff would benefit from across the services.

## Recommendations

Below is the list of recommendations under the headings of the six themes. A detailed operational plan will be devised to address each area with relevant personnel, timelines and actions identified specifically for each recommendation and will form part of the People and Culture Plan. Where there are UHB wide recommendations, it will be imperative that each Clinical Board and/or department are empowered to embed it in the most suitable and effective way to suit their staff needs.

## Wellbeing

*CAV UHB is an organisation that enables individuals to be their best selves with wellbeing services integrated, accessible and normalised in day-to-day conversations in the workplace.*

**RECOMMENDATIONS**

***This section will be developed and closely aligned to the EHWS, LED & Clinical Boards***

1. Wellbeing information provided at induction and a wellbeing discussion to be held within the first 6 months into the role
2. Explore opportunities to provide outreach services e.g. facilitating team reflections, resilience and difficult experiences
3. Wellbeing champion programme to be expanded and developed
4. Equality Health Impact Assessments to be conducted ahead of any changes to services/roles that will impact staff in that area
5. Introduction of reflective rounds/sessions to facilitate staff and patient safety
6. Utilise Staff Havens as a collaborative space for wellbeing services e.g., chaplaincy, wellbeing services, occupational health, external providers
7. Simplified route to access wellbeing support online and via services e.g. streamlined website, simplified referrals to OH and wellbeing services
8. Increased visibility on social media of wellbeing conversations via CAV UHB channels
9. Minimum operating standards of wellbeing check ins and check outs on shift
10. Greater emphasis on Mental Health knowledge within Occupational Health & wellbeing services inc. introduction of managerial mental health training
11. Suitable sleep policy consistent and understood across the UHB
12. Wellbeing officers placed in clinical board to report and monitor on staff wellbeing
13. Greater use of e-rostering to facilitate a work-life balance
14. Introduction of Wellbeing KPIs for clinical board quality & safety reports
15. Annual staff wellbeing conference in collaboration with range of departments and services
16. Support the roll out of psychologically safe environments and compassionate leadership
17. Piloting UHB based physical exercise initiatives
18. Raise awareness of the effects of menopause on female workforce by including information on training and education, increased information shared across the UHB and normalising conversations

## Respect

*CAV UHB is a place where every individual feels valued and whereby respect is multidirectional across the whole organisation, regardless of your job role.*

**RECOMMENDATIONS**

***This section will be closely linked to HR and the Equality Team***

1. Freedom to speak up campaign to become more accessible, utilised and used to inform better practice with F2SU guardians
2. When referring to staff groups, roles are to be used in place of banding level e.g. Health Care Support Worker, Qualified Nurse, Deputy Manager in place of Band 2, 5 and 6 respectively
3. Centralised calendar of religious festivals, events and campaigns throughout the year shared with departments and raised awareness
4. NHS Staff Survey responses addressed and communicated to staff
5. Individualised gratitude to staff from management in departments
6. Basic level of respect embedded across the UHB to include acknowledging any colleagues on shift or in communal area
7. Campaign to bring CAV UHB values to life e.g. CDT mental health videos to shift from words on a page to living our values; utilise within Training and Education resources and courses
8. All clinical boards to host annual localised awards ceremonies with UHB hosting overarching ceremony for Clinical Board winners
9. Walk a day in my shoes campaign – shadow HCSW, caterers, housekeepers and porters to increase level of respect of job roles; profile different job roles internally to highlight demand and pressures in varying roles
10. Call it out campaign – all staff encouraged to address poor practice and examples of lack of respect in the workplace

## Training and Education

*Staff have access to appropriate development opportunities to both prepare them for their next step and to develop them during their career grade so they feel motivated and supported to perform at their best.*

**RECOMMENDATIONS**

***This section will be closely linked to and led by LED***

1. Career clinic developed to include career grade development and promotional development for roles within the UHB
2. Career advisor appointed to lead career clinic
3. Training and Education embedded within shift rotas to protect study time, with flexibility to complete training remotely as part of catch up hours
4. Enhance link with the Recovery College to strengthen course provision and support to staff
5. Team building course developed and offered as a module for teams to receive to enhance team cohesion, understanding differences and having difficult conversations
6. Clinical supervision model developed for all clinical based staff – link with All Wales development work (Lisa Franklin)
7. LED to continue developing bite-sized modules appropriate for organisational wide use e.g. utilising suitable nurse education training content for other roles
8. Increased wellbeing and occupational health content in LED delivered education
9. Nurse training and education to be expanded to all clinical and non-clinical departments
10. iPads available on wards for staff to complete training courses
11. Training provided outreach to groups or teams – pilot in Capital Estates and Facilities
12. Work-based mentoring and training schemes to embed into daily practices

## Management and Leadership

*CAV UHB has a quality assurance framework which supports managers on their journey through leadership to be effective, approachable and visible to their staff teams.*

**RECOMMENDATIONS**

***This section will be closely linked to and led by LED***

1. Compassionate Leadership principles embedded into management training
2. Informal buddy system introduced utilising networks e.g. Ward Manager Network
3. Ward Manager Development Days, including broader impact of a managers' role on staff wellbeing and performance
4. Introduction of Manager Passport to include modules and training to prepare for role
5. Manager Training refreshed and relaunched – compulsory modules to complete prior to promotion, upon starting and during role. Content to include scenario, OSCEs on difficult conversions, mental health, self-awareness and emotional intelligence
6. Wellbeing KPIs integrated into Managers' remit – monitor and report on staff wellbeing at clinical board level
7. Managers to allocate two days a year for wellbeing initiatives / time away from role as a team or small groups
8. Quality assurance framework developed to guide managers on embedding values and behaviours into practice
9. Equitable access to training opportunities with feedback provided to unsuccessful applicants
10. Senior staff embed physical presence in departments into schedule to be visible and approachable
11. Senior staff to role model best practice behaviours and values e.g. acknowledging staff, providing context to situations, considering impact on staff
12. Managers to role model best practice e.g. taking a lunch break, respecting other people's time, using positive language
13. Succession planning for suitable recruitment of management based on leadership qualities and experience
14. Introduction of streamlined management expectations with a minimum banding level introduced for management
15. Holistic training and education approach with other teams e.g. patient experience inputting into management training around safety culture
16. Coaching model for ward managers being introduced – upscale and roll out organisation wide

## Physical Environment and Facilities

*Staff have access to modern and fit for purpose facilities which enhance job performance and provide spaces to reflect, reenergise and relax.*

**RECOMMENDATIONS**

***This section will be closely aligned to Capital Estates & Facilities***

1. Strategic wellbeing influence on any future physical development e.g. UHW2
2. Relevant departmental input into any future physical developments e.g. floor materials appropriate for cleaning, floor layout of clinical areas
3. Staff Havens promoted and access provided via staff ID badges to all employees
4. Community staff facilities reviewed and upgraded – toilet access, Wi-Fi, natural light, car park safety, leak-free
5. Appropriate and accessible mess/rest facilities available nearby workstations for all staff within the UHB (BMA, Fatigue & Facilities Charter)
6. Fit for purpose changing rooms, staff rooms, toilets and lockers accessible to staff on all UHB sites
7. All sites to have outdoor seating or suitable outdoor grounds accessible to staff
8. Artist Programme - Staff to request artists / paint work areas via Health Charity
9. Heating controls to reflect temperature on wards – wider discussion with CEF team around practicalities of timers / controls
10. Clinical space to reflect patient flow – e.g. minors unit in A&E overrun
11. Development of 'how to guide' for teams to utilise when requesting to upgrade changing, rest or staff room facilities

## IT and Communication

*Communication across CAV UHB is clear and consistent for all staff members. Staff have access to appropriate IT facilities to remain connected and informed of UHB wide developments.*

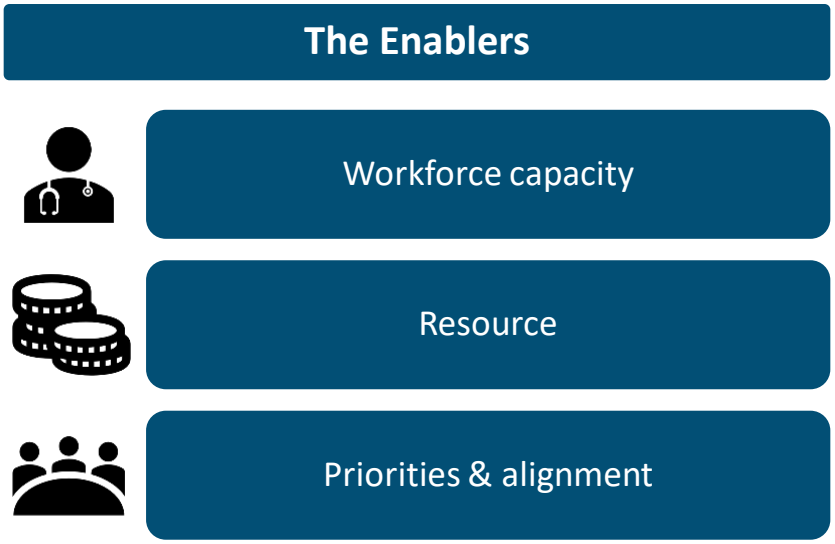
**RECOMMENDATIONS**

***This section will work closely with IT, Communications & Digital Teams***

1. Open and timely communication from senior management on relevant updates that affect staff through face to face or online updates e.g. medicine town halls
2. Help and support to access ESR and training modules to improve IT skills across the UHB staff
3. Internal communication policy and guidance for staff - emails, WhatsApp +/-'s
4. Investment into IT Facilities e.g. ward based computers, e-prescribing, e-documenting, e-filing/archives fit for purpose for services
5. Improve Night staff access to wellbeing services, training and education, management, refreshments & comms – schedule comms to go out during nightshift, actively promote external night-time services
6. Revamp CAV UHB website to streamline resources, support and content available to staff on wellbeing
7. All staff members to gain access to CAV UHB emails; cost to be funded centrally
8. Modern clinical equipment flagged as priority in underspend / capital investment
9. Method of communication – (language / body language / attitude / rapport) included on training courses
10. CAV UHB to promote and utilise one primary communication platform accessible to all staff
11. Staff Connect to be actively promoted and targeted at staff with limited access to emails
12. Encourgae individuals to take responsibility for finding out information and updating themselves and their colleagues (living our values – personal responsibility)
13. Clinical Boards to appoint a Digital Coordinator to liaise with the Digital Engagement Team and implement relevant improvements

## Enablers

These recommendations cannot happen without the appropriate investment both in workforce and capital. All NHS departments are stretched and under resourced, though we cannot expect our workforce to keep operating whilst their health and wellbeing is not being prioritised. It will require exceptional role modelling from senior management to embed the behaviours within their teams, whilst health and wellbeing needs to be at the top of all agendas above aspects such as budgets and sickness reporting.




## People & Culture Plan

The actions that will be developed from this report of recommendations will feature as part of the CAV UHB's People and Culture Plan 2021-2023 and will be accountable to the Health and Wellbeing Group for the UHB. In order to deliver on these findings, the team will need to be integrated and supported by other departments and groups across the UHB.

## References


British Medical Association. (2018). Fatigue and Facilities Charter. https://www.bma.org.uk/media/1076/bma-fatigue-and-facilities-charter_july2018.pdf

Black, C. (2008) Working for a healthier tomorrow. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf

Chartered Management Institute. (2014). Management 2020: Leadership to unlock long-term growth: https://www.managers.org.uk/~/media/Angela-Media-Library/pdfs/HE/Marketing-Toolkit/Research/Management-2020---Leadership-to-unlock-long-term-growth---full-report---July-2014.pdf

Department of Health (Boorman review) (2009) NHS Health & Wellbeing. https://webarchive.nationalarchives.gov.uk/ukgwa/20130103004910/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108799

Department of Health (2011) Health & Wellbeing Improvement Framework. Department of Health: Leeds

Kings Fund. (2021). COVID-19 Recovery and Resilience: what can health and care learn from other disasters? Covid-19 recovery and resilience: what can health and care learn from other disasters? (kingsfund.org.uk)

NHS Health at work (2021). Growing a healthier tomorrow. NHS England: Leeds

National Institute for health and Care Excellence (NICE) (2016). Workplace health: management practices [Guideline 13]. https://www.nice.org.uk/guidance/ng13

Rand Europe (2018) Employee engagement in the NHS: A secondary data analysis of the NHS health Workforce. https://www.rand.org/pubs/periodicals/health-quarterly/issues/v9/n1/03.html

Rand Europe (2015) Health wellbeing and productivity in the workplace https://www.rand.org/content/dam/rand/pubs/research_reports/RR1000/RR1084/RAND_RR1084.pdf

The Work foundation (2019) Workplace health interventions and accreditation Schemes. https://www.lancaster.ac.uk/work-foundation/publications/workplace-health-interventions-and-accreditation-scheme

# Appendix A

**Areas of Consultation internal and external to CAV UHB**

**Internal**

- A&E
- All Wales Genomics Service
- Barry Hospital
- CAMHS St David's
- Capital Estates & Facilities
- Children & Women
- Children's Hospital
- CDT Clinical Board
- Cardiff Royal Infirmary
- Corporate Executives
- Hafan Y Coed
- Healthcare Support Worker Development Days
- Housekeeping & catering
- Junior doctors UHW & UHL
- Lakeside
- Laboratories
- Learning & Education Department
- Locality Community Teams
- Medicine Clinical Board
- Mental Health Clinical Board
- NQN induction days
- Outpatients
- Preoperative drop-in
- Primary & Intermediate Care
- Rookwood
- Surgery Clinical Board
- Specialist Services
- St David's Hospital
- Surgery Ward Deputies
- Theatres
- Trade Unions
- University Hospital Llandough
- University Hospital Wales
- Workforce & Organisational Development

**External**

- Betsi Cadwaladr Health Board
- Cardiff Metropolitan University
- Cwm Taff Health Board
- Hywel Dda Health Board
- Public Health Wales
- Royal United Hospitals, Bath
- Swansea Bay Health Board