Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 October 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Discovery Report: Understanding the staff experience in Hywel Dda University Health Board during the 2020-21 COVID-19 Pandemic
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Lisa Gostling, Director of Workforce & Organisational Development

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Subsequent to phase one of the COVID-19 pandemic, Hywel Dda University Health Board (HDdUHB) commissioned a Discovery report into the changes and innovations that had been made in response to the pandemic to enable us to respond to our patient and public needs. Rich evidence of service changes and innovations emerged with extensive changes undertaken across many areas, including working practices, workforce agility, and use of technology. This was important learning in order to support the recovery of services across HDdUHB, to build upon what worked well, and to work towards a 'new normal'.

The attached report captures the experiences of staff across HDdUHB and focuses on how HDdUHB can support them to recover. The report will inform us of what is important to staff, how they think we should approach their rest, recovery and recuperation and will inform the 'thank you offering'.

The report has been produced by the Organisational Development Team and coordinated by the West Wales Research, Innovation and Improvement Hub.

The findings of the report have been derived from:

- 105 staff interviews;
- 67 staff experience surveys;
- 65 manager surveys regarding their experiences of managing during a pandemic;
- 70 feedback reports from vaccinators;
- The analysis of 12 team of the month nominations;
- Responses derived from each of the service delivery groups across field hospitals, acute, community and primary care.

There is also on-going dialogue being undertaken with the Chairs of each of the County Partnership Forums.

Cefndir / Background

This pivotal piece of work was commissioned by the Chair and Chief Executive of HDdUHB and presented to Public Board on 30th September 2021. Our staff have been inspirational and worked tirelessly during the pandemic. This piece of work sought to capture their experiences of working during a global pandemic and to utilise these experiences to inform HDdUHB's recovery plan and culture moving forward.

It is important to note that HDdUHB is the first Health Board in Wales to undertake this level of engagement to capture the experiences of staff working during the pandemic. We have been approached by Welsh Government to share the outcomes of the report and to ensure that learning is disseminated widely.

On a national level, the Minister for Health and Social Care has recently launched her ministerial priorities for NHS Wales, with a strong focus on staff engagement and support. Her priority of recognising efforts made across all staff groups during the previous 16 months and understanding the needs of the workforce into the future are extremely relevant to this report, and include the following:

a. Robust workforce planning, informed by demand projections and service planning;
b. Continuing to recognise staff efforts;
c. Engaging the workforce, as well as wider stakeholders, in service change and transformation;
d. Encouraging local innovation and implementation of national programmes.

On a local level, staff have welcomed the opportunity to reflect and discuss their experiences and felt very positive that HDdUHB has an interest in learning from their views and ideas.

Against this context, the need to support our staff to rest, recover and recuperate is acknowledged.

Asesiad / Assessment

The attached report highlights the varied experiences faced by staff during the pandemic and has ensured that a number of different perspectives have been captured. A number of positive and innovative elements have been identified, which HDdUHB can feel extremely proud of and look to sustain, where possible. Equally, there are some challenges, which the People Organisational Development and Culture Committee (PODCC) is asked to consider.

The thematic analysis undertaken has been captured under the following themes:

• Leadership;
• Team working;
• Trust and autonomy;
• Impact, safety and support;
• Communications;
• Working environment.

The report includes recommendations relating to the following key areas:

1. **Enabling staff to be in the driving seat as we reset**
   The needs of our staff must move higher up the decision making framework and receive the same level of scrutiny and attention as patient needs. Let us focus on our people

and support each other through the recovery. Let us also involve staff in co-producing their working arrangements, priorities and frameworks.

2. **Creating work places that promote staff well-being by meeting their core basic needs**
   The ask from staff is simple:

   - *Give us the physical working environment and tools to do our job effectively;*
   - *Embed a system where the appropriate psychological support is available;*
   - *Build a culture of appreciation and value with visible and connected leadership.*

   Let us create a workplace which supports our staff to do their jobs as effectively as possible. Staff want us to get the basics right from a physical and also an emotional workspace perspective and it is imperative that we listen and respond.

3. **Trusting staff to get on with the job**

   Staff are eager to sustain the culture of trust and autonomy they felt was in place during the pandemic, and are pleading that the organisation does not return to the pre-pandemic ways of working. Staff liked the pace of change during the pandemic and wish for it to remain. Staff equally valued the fact that they were trusted to get on with their jobs and decisions were made quickly.

4. **Legitimising space and time for pause and reflect**

   HDdUHB needs to identify the areas where emotional and psychological support (e.g. respiratory, COVID-19 wards, ICU (intensive care unit)) are needed most and target them specifically to allow them to pause and reflect. Only by doing this can we expect staff to recover and regenerate. There is also a need to review intense working arrangements across clinical and administrative services by proactively encouraging breaks, taking time away from the ward / computer and give people the ability to review and action.

5. **Leading our people compassionately**

   Treating staff like equals, being inclusive and compassionate, giving feedback and thanking staff can all contribute to creating a positive culture - this is what is going to enable team spirit to thrive. Refocusing our efforts on how we manage our people and giving it the same focus as how we manage our services will go a long way in helping to create the positive working environment that staff are craving.

6. **Designing our working practices**

   As HDdUHB enters the recovery phase, we have to appreciate and understand that parts of our workforce are tired, depleted and in some cases, traumatised. We need to pay attention to how we design our working practices and place well-being at the heart of it. Reducing the intense working arrangements and co-producing an agile working approach that supports where, when and how we work that delivers the best value, impact and productivity, and also placing well-being at the heart of everything they do would support the recovery of staff going forward.

The above recommendations are being considered in the context of our service transformation strategy and our intention to develop a more positive working culture.

The next steps will include engaging with key groups to discuss the recommendations and co-design a way forward.
Argymhelliad / Recommendation • For PODCC to be further appraised of the workplan to address the recommendations in the report and to note that progress will be reported on a regular basis.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.5 Consider the second 'Discovery' phase of the pandemic learning that is conducted to understand more about staff experience in order that approaches to rest, recovery and recuperation can be shaped over the next 2 years including a 'thank you offering' to staff (PO 1H).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	To be confirmed
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	6.3 Listening and Learning from Feedback 7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Ongoing staff experience and thematic analysis.
Rhestr Termau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to the People, Organisational Development & Culture Committee:	HDdUHB Public Board September 2021.

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian:	Not applicable

Financial / Service:	
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not applicable
Gweithlu: **Workforce:**	Potential positive impact on staff morale and future engagement opportunities.
Risg: **Risk:**	Not applicable
Cyfreithiol: **Legal:**	Not applicable
Enw Da: **Reputational:**	Not applicable
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

Understanding the staff experience in Hywel Dda University Health Board during the 2020-2021 COVID 19 Pandemic.

A report to the Rest, Recovery and Recuperation Reference Group

Date: June 2021

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

1. Introduction

This report is about our brilliant people. During the past 18 months, they have responded to the needs of our population in dealing with the pandemic and have gone above and beyond the call of duty at every opportunity. They have at times compromised their own health and wellbeing and home and family life to support our patients and colleagues and have worked to ensure that appropriate 24/7 care has been available to meet patient needs across our three counties.

After phase one of the pandemic, the Board commissioned a Discovery report into what changes and innovations were made in response to the pandemic to enable us to respond to our patient and public needs. Rich evidence of service changes and innovations emerged with wide changes in working practices, workforce agility, and use of technology, to name but a few. This was important learning to support us to recover services, to build on what worked well, and work towards a 'new normal'.

It is therefore timely for us to listen to our staff's experiences and focus on how we can support them to recover. This report will tell us what is important to staff, how they feel we should approach their rest, recovery and recuperation and it will inform the 'Thank you offering'.

Throughout the pandemic, there has been a huge amount of change in the workspace, across a diverse range of teams and ways of working. The work force has expressed the need to 'breathe' to rest, regroup, recuperate and recover so that the organisation can meet its challenge to regenerate. Much as individuals need to stand back and look at self-care and personal support – so does the organisation as a whole, to quote a contributor to this study;

Yes, there is much to do and Yes, HDUHB will need to 'catch up' but in the light of joint and partnership working we do not have to 'go it alone'. There is so much potential for services to work together to bring about the vision of a Healthier Wales' (Nurse)

This report is categorised into the main themes that were important to staff throughout our conversations:

- Leadership
- Team working
- Trust and autonomy
- Impact, safety and support
- Communications
- Working environment

A case study has been included to illustrate the leadership approach that was embedded in a field hospital as there is rich learning that can be extracted and returned to our hospital settings. The report then lists staff suggestions about how we can better value and appreciate their work followed by some recommendations for the organisation to take forward.

2. What we did

The West Wales Research, Innovation and Improvement Hub led the discovery piece of work, with support from the organisational development team. During March, April and May 2021:

- 105 staff interviews were conducted;
- 67 members of staff completed a staff experience survey;
- 65 managers returned a survey on their experiences of managing during a pandemic;
- 70 feedback reports from vaccinators were considered;
- 12 Team of the month nominations were analysed;
- Responses were had from each of the service delivery groups across field, acute, community and primary care;

- Respondents were nurses (ICU, ward and community), domestic and hospitality services, estates, telephonists, mortuary staff, histopathology, pathology, respiratory, physiotherapy, occupational therapists, shielding staff, vaccinators, contact centre staff, volunteers, independent members, re recruited staff, frontline managers, workforce and OD, respiratory nurses, covid ward nurses, GPs, consultant doctors, porters, Health care support workers, recruiters, psychological services, pharmacy, deployed staff, field hospital staff, and overseas recruited staff.

Thank you to our inspirational staff for taking part in this pivotal piece of work. We have been overwhelmed by the number of people that wanted and appreciated the opportunity to give feedback, reflect on their experiences and inform how the Health Board moves forward. **This is a really important message in itself – staff want to be listened to and want to share their experiences in order to help services to improve.**

3. How do staff feel and what are the key things we can learn as an organisation?

a. Leadership

A repeated theme taken from the staff interviews is how vital visible, personable and compassionate leadership is to frontline care and non frontline staff working in corporate departments. Staff have felt a sense of belonging and inclusion in their teams during the pandemic and many participants remarked that there was a positive breakdown in hierarchical and structural working. People functioned as teams not as hierarchies and people felt supported by their peers and their immediate managers. Managers who engaged with staff in frontline care were respected. Managers were able to respond to issues as they arose and there was great personal satisfaction to seeing a job well done. A simple 'thank you', encouragement and constructive feedback made staff feel appreciated and valued.

What clearly was important to all staff was human contact and engagement from management. Although staff felt very supported and encouraged within their own teams, there were some instances where staff felt like they would have liked to have seen some level of engagement at the 'coal face' to at least feel that those in a position of leadership could identify with what they were going through. This was very apparent for some hospital wards feeling that they needed greater presence from hospital management and also for some community teams who felt very isolated at the start of the pandemic.

There was some recognition that a mitigating factor in all of this was the need to minimise the risk of Covid transmission and for all those involved to minimise non-essential points of contact. More creative forms of communication could have been sought to ensure that staff felt connected and supported

Staff want to feel valued and appreciated and leading with compassion, being present, visible and showing gratitude for the work that staff have put in are all very important to frontline staff.

'Everyone's anxiety levels were higher and a supportive approach was required. Changes to life outside of work caused a great deal of stress for some, especially those with child care issues. Leading the team required more diplomacy than usual.'
(Manager)

What worked well?

- Teams that were able to do their jobs with reduced bureaucracy functioned well;
- Local teams became closer and supported each other brilliantly and teams felt appreciated by their colleagues;
- Compassion shone through and leading with well-being at the forefront became the norm.

So how can the organisation learn from this?

- We need to close the gap between hierarchies so that front line staff feel supported and appreciated;
- It is important to capture, implement and upscale good, supportive practice to make compassionate leadership the norm and not the exception in HDUHB.
- Leadership ward rounds are essential as we recover. We need visible management paying attention to building trust, actively listening and supporting staff to regenerate.

b. Team working

A highlight from this piece of work is how people felt a strong spirit of camaraderie and a sense of belonging to their teams during the pandemic. Teams that worked well all mentioned a collegiate working environment and expressed how teams pulled and worked together well with the one shared focus on getting patients better and keeping each other safe. Colleagues were incredibly gracious and forgiving even when fatigue took hold and people became snappy, the teams supported each other without criticism or judgement.

All managers who responded to the manager questionnaire said that there was better team working during the pandemic and that they re-focused how they managed their teams, focusing more energy on being compassionate i.e. reassuring staff, checking staff well-being rather than focusing on system demands.

'On a personal level, staff are connecting with each other, they actually stop to say hello, and have a brief chat. Media platforms have also proven to be an effective method of communication' (Nurse)

Nurses and Doctors joined forces in a collegiate fashion and worked together valuing each other's contributions to manage patient care. Discharge planning was really effective, to avoid unnecessary exposure to contracting COVID. The cry from nursing staff was to keep the effective discharge practices in place as it reduced length of stays, they all stated they did not want to go back to the old normal and suggested the rehabilitation beds were much needed.

'We are not getting back to normal – thankfully, it's a good thing, we need a new normal and we're getting there. People have been very tolerant, waiting in cars, but it will not last forever, people are getting frustrated, we are awaiting for signs and new protocols or guidelines. We don't want to go back to working in unventilated waiting rooms that act as incubators.' (Nurse)

Staff are however feeling a sense of pressure regarding their experiences and trying to prepare for recovery as they haven't necessarily had the opportunity to reflect and recover before dealing with new challenges. There needs to be an understanding that staff are tired and some have had a very traumatic experience working during the pandemic. The Health Board has put in place a range of services to support staff well-being which are much appreciated by staff; however staff want to ensure that the camaraderie and collegiate team environment remains and continues to evolve.

'The team have upskilled themselves and been deployed into different areas to support the pandemic effort and have built relationships with colleagues in other departments which we wouldn't have needed to previously. To a large extent the team have supported each other during this time and have gone above and beyond for each other and for our patients. Although it's been incredibly hard at times it's made me very proud to be their leader.' (Manager)

What worked well?

- The bubble teams that were consistent across the year, where staff were involved in shift and rota planning;
- Teams had formed, stormed, normed and were performing;
- Teams worked with peoples strengths and supported each other in their vulnerabilities;
- Teams set up their own informal support mechanisms such as WhatsApp groups and social media pages and became a family lifeline for each other;
- Colleagues were more interested in understanding how people were coping and frequently asked the 'How are you?' question. A question we ask of our patients multiple times a day but rarely ask ourselves.

'My team have been absolutely amazing. They have pulled together and come through the most difficult of times. I feel that in some ways Covid has allowed us to set up support systems that were never in place before. I feel the team functions much more efficiently now.' (Manager)

How can the organisation learn from this?

- Focusing on people's wellbeing at work made people feel more appreciated and valued. Our culture during the pandemic became less hierarchical and we focused on a shared goal and achieving it. This, coupled with a focus on well-being, enabled the team spirit to thrive and staff want it to remain.
- Engage with front line staff to use their views to inform how we go forward as a daily thing
- Hierarchies removed, focus on getting the task done and decisions were able to made quickly
- Encourage all to look out for each other, not as a luxury but as an everyday occurrence

c. Trust & autonomy

The decision making processes were speeded up exponentially and safely through the gold, silver and bronze command system. The line of communication between initiation of innovative ways of working to approval and implementation were carried out smoothly, quickly and with maximum efficiency. There was a clear pathway of communication to access the command system and decisions were made quickly, which staff really valued and commended. The communication distance between the frontline and senior decision makers was reduced and seamless. i.e. the front door was said to be open with a welcome sign on it!

'As nurses, we have been governed by policies and procedures for years, so the process to learn to adapt to the new, was slow. Previously, it was difficult to motivate nurses to travel to other hospitals within the county, however, nurses are now accepting this willingly; due to the pandemic, we have learnt to adapt to change!' (Nurse)

'Decision making was simpler as there was less bureaucracy. We had to trust the people around us to make the correct choices and decisions' (Consultant)

'Knowing how to empower our staff to ensure they feel valued, not just by ward sisters but by hospital managers. Sending emails to staff thanking them is nice but showing a personal face helps' (Manager)

We need to be aware that there are different micro cultures operating across the Health Board – some are extremely positive and some need to improve considerably. Some staff who were redeployed were seeing a positive culture for the first time. Much of the work based stress was centred around a 'toxic culture problem' with some deployed staff fearful and anxious about returning to their substantive posts noting lack of management support, judgementalism, lack of appreciation, a 'them and us' culture and mistrust.

What worked well?

- During the pandemic, staff had the ability to select shift patterns and co-produce them as a team. Staff had to be flexible and respond quickly when other members of their teams were off sick or unavailable due to having to isolate and/or shield at short notice.
- Individuals felt able to practice their discipline and be medics, nurses, etc and enjoyed being focused and able to do what they were trained to do.
- When teams were able to make decisions, be creative, control their immediate environment to work safely both psychologically and physically they were less stressed.

What can the organisation learn from this?

- Let's promote local solutions that work for patient pathways in a local ecosystem. Setting a clear framework of intent that allows teams the freedom to self-organise and work with other teams to get things done would be welcome.
- We need to reduce and / or remove complexity within our decision making process to make our system easier to navigate;
- Co-production is a must! Involving staff at the start to develop and design services will make people feel empowered and trusted.

d. Impact, safety and support

At the start of the pandemic, the situation was unpredictable and chaotic. Anxiety was high with many reporting panic attacks on a regular basis and going home and crying not knowing if they were going to infect and kill their families. Newly recruited staff were not prepared to see so much death and some were unable to process their experience and for many the focal shift in practice from healing to dealing with death as a more frequent occurrence was traumatic.

'I know it happens – but no-one signed up for this, it's like a war zone, sometimes it is like fighting a losing battle. I've never felt pressure like this before, it is not short lived, it is relentless, it doesn't stop.' (Nurse)

Some staff reported working 12-14 hours straight, 7 days a week. These staff were broken, exhausted and very tearful. Approximately a quarter of all those interviewed became visibly distressed when recounting their lived experience, with some stating:

'The expectations of us were over and above anything we had prepared for.' (Nurse)

What was clear during this piece of work is that there are a complexity of emotions and a range of perspectives that need to be understood, depending on where people worked. We have to ensure that we value different team efforts, irrespective of where they are within the system. With the one shared common goal during the pandemic, all teams across the Health Board pulled together to ensure patients got the care they needed and that the organisation was well equipped to deal with the challenge. Individual staff members also felt a range of emotions at any one time, with one member of staff stating:

'I felt pride, pressured, respect, teamwork, patient care was at the forefront of everything we did, loyalty, guilt.' (Head, corporate departments)

However, there was a mixed reaction to those who were sent home to work, those that couldn't work and a level of understanding and acceptance for those shielding was counteracted by that fact that the shielders could at least be working from home. These comments were rooted in nursing staff being sent home and not having the facilities to work and contribute. Those at home expressed feelings of frustration and shame at not being able to engage and attention may need to be given to building up teams to develop a trusting and compassionate environment. Respecting each other's wellbeing was important and engaging with each other was necessary as colleagues drew closer to each other as they understood their shared experiences in a way that no one in their families could.

Some staff also felt guilt due to being redeployed and knowing their own department waiting lists and people needing care are being 'abandoned to their own fate' at some points there were more staff than patients on wards. Others felt de skilled where they had been sent to wards and given tasks to do that they did not feel competent to undertake and those isolated and working from home also expressed fear and vulnerability and potential social inadequacy around re-entering the physical work space.

'I have a tremendous sense of guilt as a leader because of the demands I have placed upon my team has been hard for me to bear. I have reneged on my duty of care toward them.' (Head, corporate departments)

Issues of safety are what presented the biggest response and where the potential biggest legacy for the organisation are.

In terms of physical safety, the lack of physical safety was felt unanimously whether interviewing frontline workers, domestics or office bound work force. Feeling unsafe in the workplace is the single largest work based stressor whether someone feels physically threatened or psychologically threatened the equal result is work based stress and the resultant absenteeism or presentism in its lesser form. Much rebuilding needs to be considered to allow people to feel safe once again in their work space.

'This is a small hospital, and space is an issue, our staff rooms are so small we are unable to socially distance whilst using the facilities for a break. Give us a small space in the grounds of the hospital - a garden with a bench to sit on or, a good size restroom'. (Nurse)

In terms of psychological safety, during the height of the pandemic, although staff felt physically unsafe many said they felt psychologically supported. Appreciation of the commitment staff gave to care during the first wave of the pandemic, with the clapping and food and wellbeing gifts was amazing and uplifiting and much appreciated. For those working 12-14 hours a day in procurement, IT and workforce who did not receive the level of appreciation as frontline staff, this has led to a mixed psychological state of knowing they have given to breaking point but not necessarily been appreciated to the same level.

What was also clear was that people made huge sacrifices to continue working safely and securely. Some of our nurses and frontline staff left their family homes to continue working; some lived in holiday homes or caravans isolated from their loved ones. The fear of infecting family and friends through cross infection was in some cases psychologically debilitating and staff only had each other to lean on. One nurse put on a full PPE suit, booties, gloves, viser and mask to visit her children in the garden of her family home as she had not seen them in weeks. Some staff also struggled with Covid19 on their own in isolation as they fought to recover and re-enter the work place to assist colleagues who were struggling with staff numbers.

One member of staff had Covid 19 and said her mum and family caught it too, and she is still feeling guilty. This same member of staff stated she was told off for ordering visers for staff to use on the ward. She felt let down and not well protected to the extent her family suffered as a result of her doing her job. Many respondents who had caught Covid19 also returned to work still feeling unwell, with shortness of breath, fatigue and brain fog. Everybody felt guilty when they weren't at work and when they weren't working they couldn't switch off, worrying about their colleagues, patients and what they were going to return to.

These feelings of fear, shame, guilt and loss of confidence were highlighted as a big concern and will need to be managed in the workspace. Many of the interviews were moving towards these emotional expressions, although many were remaining in the moment and just coping on adrenalin. Emotional safety may need to be addressed, not just individually but corporately to acknowledge that work will be a safe place and there is a need for non- judgemental spaces to express concerns. Trauma responses are already beginning to show. Some participants were beginning to move out of crisis management and into crisis reflection and move towards the 'what if' mode of negative reflection.

What worked well?

All respondents that had accessed the staff psychological well-being service praised its support. The availability of counsellors was considered imperative, and everybody was aware of the staff wellbeing resources and opportunities to meet with someone. Some engaged with the webinars, on line resources and self-help information and everybody was aware of the service and how to access it mainly because of the repeated presence on Global. People were quick to recommend the services but also expressed the fact that the service acted as a comfort and a security net knowing resources and the team were accessible virtually.

'Staff need to be trained to recognise and deal with and notice markers or indicators of any break down in personal resilience through self-awareness or awareness in others. Yes, we need mental health first aid in the work place'. (Nurse)

Managers spent more time checking in with their staff. Managers who invested in 1:1 contact time every week with frontline staff were ALL commended as being a lifeline to maintaining a level of functioning wellbeing.

'I feel very proud of the work me and my team have done during the pandemic, and continue to do – we did the best that we could have done. The important factors learned to carry through to the future: is to support each other, and to have embraced change, adapt to unexpected situations, and be resilient'. (Community nurse)

Staff felt more comfortable and open in showing emotional vulnerability which was accepted in a non-judgemental and unconditional way. More people talked about their feelings of anxiety, guilt and local, informal support systems developed between staff and teams which made staff feel supported, understood and valued.

What can the organisation learn from this?

The Health Board could provide staff with assurance that it honours the journey that ALL our staff have been on together and the differences in those journeys.

- Further embed the safety net of the staff psychological well-being support.
- Allow time to rest, reflect and recharge by legitimising space and time for teams to take time out and reflect on shared experiences and build new futures.
- It is important for staff wellbeing to feel valued and appreciated by others in the work space. This external validation of behaviour in the work place, builds confidence and self-esteem and improves performance. Frontline staff commented that seeing patients recover and patients expressing gratitude for their care are often enough to feel encouraged. Non-frontline staff working equally hard did not necessarily feel immediate gratification which can make it harder to build a sense of worth in the work place.
- It is 'now' that the Health Board needs to act to help combat and lessen the natural trauma responses by supporting people through this period of reflection to build resilience. This can be achieved by making coping strategies available and normalising a trauma response. Respondents were all open to accessing support either from family, friends, colleagues or the organisation. Staff Wellbeing are considering adopting a trauma response programme to build resilience and traumatic growth.

e. Communications

Much of the anxiety and frustration for many staff at the start of pandemic, was not understanding what the direction was, and although staff understood that this was a challenge for everyone, they felt like better communication was needed from hospital management. This feeling of uncertainty still exists in terms of recovering services and communication of a plan of action would help allay uncertainty.

Many participants talked about a 'them and us' culture that was widely expressed in this study between frontline care staff and administrative services/management. This dichotomy has been based on long held values that have been generated over time and concluded in the absence of accurate facts and information regarding peoples working practices. COVID has brought this simmering issue to the forefront.

MS Teams has undoubtedly enabled staff to remain engaged with each other, albeit remotely. Remote working has had its' own challenges, but work productivity has increased as well as connectivity. The phenomenal adoption, scaling up and spread of IT capability in Hywel Dda University Health Board is to be commended. The use of IT visual media through the TEAMs platform, sharepoint and office 365 is remarkable.

'…I think 70% of our consultations can now be undertaken virtually, using virtual platforms, we don't need to see as many one to one outpatient in clinics. Prior to the pandemic, I was seeing, in person, 60 patients a week' (Nurse)

There needs to be an understanding of how the pandemic had a different impact on different people. Most expressed and needed more clarity of information and consistent guidance from a higher level. Information and communication was lacking or given over the intranet or social media which many did not engage with. Some felt completely disengaged from senior management and felt 'let down' that they hadn't checked in with them during the pandemic, although recognising that it was difficult to do this due to the health and safety constraints during the pandemic. Some used language such as 'feeling abandoned' during the pandemic which highlights the need for heightened communication during tough times and probably is a part of the systems culture that needs consideration. The relationship between management and frontline staff could also do with some TLC so that there is an understanding and appreciation of all roles.

We also cannot underestimate the impact of the huge adaption that community teams had to make during this time. They were initially faced with a hugely minimised service in some cases which completely changed the type of service they could offer. Community teams are patient facing and are very hands on 'people type people' and having to then work from home and use a different skill set was very isolating for some.

'We became home based doing patient phone calls… not much to do at the start and lots threatened to leave during the year as they didn't want to do admin. It was quiet for them and it had a big impact on their well-being' (Community nurse)

'my assistant facilitates group sessions and is patient facing – this has been lost and she is struggling and frustrated at doing admin work. But I had to make sure she felt appreciated' (Community OT)

Having clear lines of communication is paramount in these teams. Some team leaders spoke of how much time they now invested in 'checking-in' with their junior staff, especially at the start of the pandemic when their workload was minimised and people were struggling with feelings of guilt, isolation and helplessness.

Some community teams felt that they had lost communication with management at the start of the pandemic, which was isolating when there was a lot of fear that needed to be dealt with. The team had now allocated 20 minutes each Monday morning to check-in and this was much valued.

'We felt like we lost contact with management at the start… it was hard not having that management support at the start of the pandemic. I had to do my own thing whilst not seeing anyone for ages….' (Community physiotherapist)

New covid recruits also felt uncertain about their contract terms, with contract end dates looming. There was a desperate need for people to know where they stood in order to plan their own lives. Again communication and how we communicate is key.

Positively, closer working arrangements and better communication developed between primary, secondary and community care during the pandemic.

'Different parts of the system started respecting the pressure on different services… it allowed secondary care to understand the pressures on primary care and vice versa and allowed us to challenge more effectively' (GP)

What worked well?

- Better communication between hospital sites e.g. covering on call duties, sharing staff on rotation, daily cross-hospital meetings (ICU)
- Teams that had good information and effective communication channels both vertically and horizontally performed well.
- Actual hospital sites feeling a lot closer as a hospital – sense of belonging, 'one team' ethos,
- Many teams moved from paper notes to electronic notes making referrals faster and more efficient;
- Some teams looking further afield for partnership e.g. one physician now looking to work with Cardiff and Vale to cover some of our clinics as they are now done virtually;
- Providing a blended approach to clinics – some prefer virtual and some don't need to come in which has provide to be much more efficient and frees up staff to deal with emails, calls and learning.
- There is now better access to training due to virtual training;
- Virtual MDTs has meant much improved working relationships between teams, hospitals, acute and community care/social services and primary and secondary care. Consult anywhere? Dr Doctor and e consult have changed the face of patient engagement. These platforms have allowed speed of response and shorter 'wait' times. MDTs have worked so much better as professionals are willing to engage because they do not have to travel between sites and lose valuable patient contact time.

What can we learn?

- There has been a great sense of momentum in breaking down barriers to get things done and staff want this to remain by increasing communication.
- A lack of communication often ends in misunderstanding and mistrust. We cannot over-communicate and thought needs to be given to how we can increase how we communicate messages across a large organisation that supports people to feel connected to the strategic direction of the organisation;
- We need to break down barriers between hierarches to support better communication and move away from a 'them and us' culture.
- Increase managerial presence to understand conditions and co-produce pathways of care by building vertical as well as horizontal teams.

f. Working environment

The working environment was cited as being a source of work based anxiety. This was mostly due to a lack of breaks but also a lack of anywhere to take a break also loomed large in the reports. Quite a few staff took their breaks sat in their cars in the car park eating sandwiches with a flask of coffee.

Staff reported not having enough adequate toilet facilities or donning and doffing areas. Along with the lack of side rooms and isolation rooms, unventilated waiting areas were among many things staff asked to consider when planning the new hospital in light of our recent experiences with a highly infectious virus.

Staff reported the need for basic facilities to help them cope with emotional stress and trauma, including places to rest and reflect or simply 'have a cry' when they needed to. Some staff reported that facilities were not available and that they would go to their cars to rest or to a cupboard under the stairs.

It was very worrying that nearly everybody measured people's commitment to the organisation and tackling of COVID 19 by the number of hours they worked. This is a wholly unsatisfactory value response. We should be considering the quality of the care NOT the quantity of care as a value. A value measure that burns out staff needs to be addressed.

'Giving people autonomy and control over their own working environment and health needs. Reduce the bureaucracy and give people the training and the responsibility to flourish within their roles. The best thing about the pandemic was how much more flexible and responsive we were able to be. That, unfortunately, does not seem to be continuing as we get back to "normality".' (Manager)

For home based staff, people are suffering with 'screen fatigue' with a culture of back to back meetings becoming the norm, with no opportunity to reflect and action after meetings. For those working at home, some stated the isolation leading to loneliness was awful. One person said ***'I am surviving, not thriving'*** and another commented ***'I am living at work, not working from home'***.

Although working remotely has been transformational in a positive way, the impact of working at such a pace and for long hours by both the frontline staff and supporting staff working in isolation at home, will need to be addressed.

The intense working arrangements cannot be sustained and are not a good thing for our long-term culture. People need a psychological break, they are working at intensity and surviving on adrenalin and it's hard to get down. The organisation needs to give people permission to slow down and this needs to be role-modelled by our leaders.

What worked well?

- Agile and flexible working practices have organically evolved and staff appreciate the ability to undertake their caring responsibilities as well as fulfil their work commitments;
- Remote working is delivering cost and service efficiencies and has enabled things to get done quickly

What can we learn from this?

- Evolving our working environment at such pace during the pandemic has now opened the door to redesigning our environment as we go forward. Can we transform the meaning of work in people's lives? If we can develop a way of working that enforces a sense of belonging and people feel cared about, coupled with providing flexibility and agility, we can start to build a different type work / life balance.
- Promote greater self-discipline around the use of virtual meetings and allow staff more time to action and reflect after meetings. Discourage the culture of 'back to back' meetings
- To build basic safety provisions in the work space, organisational/strategic aims needed to provide safe spaces and rebuild the foundations of work based needs.
- The global pandemic has highlighted the need to consider succession planning as a priority, and this needs to be an improvement that is taken forward as part of our recovery plan.
- Managing a fatigued workforce may require a different skill set and put more emphasis on leading compassionately with trust and empowerment. This needs to be role-modelled from the top and needs to inform our approach to organisational development.

'I commend the Boards strategy with Rest, Recovery and Recuperation but where does it presently sit with the Board strategy? Stepping-up with the Delayed Planned Care - as soon as the beds are emptied of Covid patients, we will be dealing with the mass backlog of patients requiring other treatments and operations – so when does the rest happen?' (Head, corporate departments)

4. THANK YOU!

We asked our staff how the Health Board could support their rest and recovery as we move out of the pandemic.

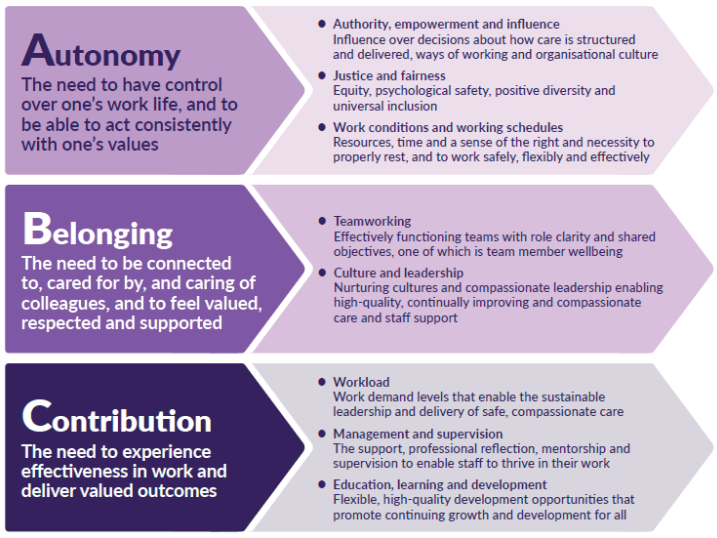
The overwhelming plea from staff was threefold:

- **Give us the physical working environment and tools to do our job effectively**
- **Embed a culture where the appropriate psychological support is available**
- **Build a culture of appreciation and value with visible and connected leadership**

Research shows that staff wellbeing significantly improves productivity, care quality, patient safety, patient satisfaction, financial performance and the sustainability of our health services. Investing in creating a working environment that puts staff well-being at the heart of everything we do is imperative to our recovery.

In line with the Kings Fund, to ensure wellbeing and motivation at work, and to minimise workplace stress, people have three core needs, as outlined in figure 1.

Figure 1: The ABC framework of nurses' and midwives' core work needs



Staff did not feel the need for a grand gesture or an offering but wanted the Health Board to focus on ensuring that they were equipped to do their jobs.

Staff also expressed how a personal 'thank you' is so powerful and much valued in the workplace. The blanket approach to show appreciation had mixed reactions e.g. Thank you card and whilst staff felt supported within their own local teams, they expressed a need for more positive feedback, appreciation and encouragement from management.

Staff did have some great ideas around supporting us to recover that focused on creating time and opportunity to reflect, pause, and subsequently recover, which are listed below:

- Provide a 'protected hour' once a week for front line staff to have time with a counsellor, have some fresh air and an opportunity to get off the ward. The focus of this protected hour will be to recover and focus on their well-being;
- Build indoor and outdoor break out spaces - having the psychological space to know that while you are away from the ward someone is covering your work for you and you are not burdening another member of staff with extra responsibility so you can take a guilt-free break 'it almost feels selfish to take a break'.
- Encourage and enable informal support mechanisms such as coffee and chat time, team treats etc that support that family approach.
- More opportunities for training and upskilling.
- Using a resilience questionnaire issued to staff before a PADR to act as an early warning system to note any reduction in personal resilience and if necessary access the self help resources or sign post to more in depth support.
- The HB could host a well-being course that managers have to put all their staff through in their work time so they don't have to pay the hours back. This could focus on relaxation techniques, yoga sessions, self-care tips and a chance to share feelings.

- Provide a competency / acknowledgement certificate that staff can use on their CVs which certifies what they achieved whilst working during the pandemic.
- Provide dedicated well-being reps on the wards
- Very few staff mentioned an extra day of annual leave on their birthday as most recognised they hadn't been able to take their current annual leave.

5. So what can we do?

The Board has shown an immense sense of courage in commissioning this honest and reflective piece of work. There will need to be on-going courage, transparency and accountability to take forward its recommendations. The recommendations included can inform a long-term commitment and plan from the board to continue listening to staff and working alongside them to lead our recovery.

Enable staff to be in the driving seat as we reset

The needs of our staff must move higher up the decision making framework and receive the same level of scrutiny and attention as patient needs. Let's focus on our people and support each other through the recovery.

It is imperative that we engage with staff to shape our future so that we do what's right for patients and staff, not what's right for the system. Where staff were involved in co-producing ideas and plans and they felt listened to, their morale and feedback was far more positive. Enabling staff to co-produce shift patterns, for example delivered so much value and appreciation and should become the norm.

To enable this co-productive culture, we need to value the skills and assets of all our staff. If we are to deliver successful services, we must understand the needs of our staff and engage them closely in the design and delivery of those services. This starts with continuously asking our staff how they're doing, what they think and what they'd like to see at work - all the time. Not via surveys and formal structures but in an open and honest way that it becomes the norm.

Create work places that promote staff well-being by meeting their core basic needs

The ask from staff is simple:

- Give us the physical working environment and tools to do our job effectively
- Embed a system where the appropriate psychological support is available
- Build a culture of appreciation and value with visible and connected leadership

Let's create a workplace which supports our staff to do their jobs as effectively as possible. Staff wants us to get the basics right from a physical and also an emotional workspace perspective and it's imperative that we listen and respond.

There is a need to focus on well-being in the workplace and staff well-being needs to be at the heart of everything we do. Irrespective of the pandemic, our front line staff deal with trauma and loss frequently. Staff felt that people were kinder and more interested in each other's well-being during the pandemic, and this compassionate camaraderie was valued and appreciated. We are used to asking patients how they are but need to get into the mindset of asking each other too. What staff valued during the pandemic was where colleagues showed personal appreciation and staff appreciated when they were thanked and valued for their commitment and achievements.

Let's trust staff to get on with the job

Too little trust in the workplace can often lead to a range of problems such as poor performance, high turnover, problem employees, tension between teams, burnout, stress and lack of commitment. On the flipside, a culture where staff feel trusted creates greater confidence and buy-in, with staff performing at a higher level.

From a culture perspective, we need to invite staff to share their thoughts on the culture within the organisation and what they would like to see going forward. Creating a more connected workforce is imperative to driving this forward so that different parts of our hierarchy start to understand each other's priorities and plans so that we can lead our staff through our recovery.

From a structural perspective, the Health Board needs to identify where we can reduce the red tape and give staff autonomy and trust to do their jobs effectively. Staff are so eager to sustain the culture where improvement and innovation can happen at pace and are pleading that the organisations does not return to the pre-pandemic ways of working. Staff liked the pace of change during the pandemic and want it to remain. Staff equally valued the fact that they were trusted to get on with their jobs and decisions were made quickly.

The Health Board may wish to consider how we build on the gold / silver / bronze command structure to inform autonomy and trust going forward which enables immediate decision-making and empowers people to make collective decisions in a safe space. A quote from a member of staff puts it into perspective: ***'if you can trust us during a pandemic, in the highest risk environment, then continue to trust us when things are 'normal'*** (Head, corporate departments).

'What would be good is changing service delivery, and to be able to keep decisions at local community levels, staff have proven we can undertake this effectively. To do away with the barriers that committees create and let us make decision at local level. I also hope we can maintain hospitals working independently, but continue to work together internally, and not as independent little unites working in isolation, we need to continue working collectively at local level' (Physician)

Allow people to pause and reflect

Providing mechanisms for reflection and safe listening spaces is vital in moving forward. Some staff felt like new demands and pressures were already being put on them without them having the time to recover. In particular, this is very important for staff who worked across respiratory, covid wards and ICU.

The Health Board needs to identify the areas where emotional and psychological support (e.g. respiratory, covid wards, ICU) are needed most and target them specifically to allow them to pause and reflect. Only by doing this can we expect staff to recover and regenerate.

There is also a need to review intense working arrangements, across clinical and administrative services by proactively encourage breaks, taking time away from the ward / computer and give people the ability to review and action. Whilst staff value the flexibility of home working and juggling care commitments, the amount of hours that people are putting in is exhausting our staff. If meetings are needed, they need to be concise, focused and achieve an outcome that people can take forward after the meeting. The culture of back to back meetings needs to be discouraged to allow staff to reflect and action after meetings. We need to give people the permission to breathe.

We need to adopt a learning culture and embrace opportunities to learn and improve. There is so much to learn across all parts of the system in how we dealt with the pandemic and we have to be open to understanding how this informs our future.

Question: 'What does a good leader look like?'

Being a good leader is about the behaviours and attitude you demonstrate rather than your ability to follow process and system. Leaders should be asking staff every day how they're doing - face to face or on the phone. Every leader can ask "How are you holding up? How are things going?" and listen and act on the feedback appropriately.

Treating staff like equals, being inclusive and compassionate, giving feedback and thanking staff can all contribute to creating a positive culture - this is what is going to enable that team spirit to thrive.

Refocusing and communicating our expectations of our leaders in terms of leadership style, attitude and behaviour will go a long way in helping to create the positive working environment that staff are craving.

Designing our working practices

We need to pay attention to how we design our working practices and put well-being at the heart of it. Reducing the intense working arrangements and co-producing an agile working approach that supports where, when and how we work that delivers the best value, impact and productivity but also put well-being at the heart of everything they do would support the recovery of staff going forward.

It was very worrying that nearly everybody measured people's commitment to the organisation and tackling of COVID 19 by the number of hours they worked. This is a wholly unsatisfactory value response. We should be considering the quality of the care NOT the quantity of care as a value. A value measure that burns out staff needs to be addressed.

As we enter the recovery phase, we have to appreciate and understand that parts of our workforce are tired, depleted and traumatised. The Health Board needs to equip its leaders with the right tools to manage a fatigued workforce and create the environment for staff to recover sensibly.

6. Next Steps

This report will now be considered by the Director of Workforce and Organisational Development, the Chief Executive and the Chair of the Health Board.