![GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board]

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PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE	

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 June 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce & Organisational Development Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Executive Director of Workforce & OD
SWYDDOG ADRODD: REPORTING OFFICER:	Lisa Gostling, Executive Director of Workforce & OD

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation   This report is to provide the People, Planning and Performance Assurance Committee (PPPAC) with an update around key Workforce & Organisational Development activities. The areas specifically covered in this report are: 1. Staff Psychological & Wellbeing Services   2. Recruitment   3. Workforce Information   4. Volunteering   5. Learning & Development   6. Trade Union Engagement   7. Staff Health
Cefndir / Background   **1. Staff Psychological & Wellbeing Services**   The Staff Psychological Wellbeing Plan was developed initially to respond to COVID-19 (end of March 2020) and approved at the Workforce Bronze Group. As the pandemic has progressed and we are learning from staff experiences, this plan was updated on 15th May 2020 and subsequently again on 8th June 2020 (Appendix 1).   **2. Recruitment**   A large scale recruitment campaign was initiated at the end of March 2020 to recruit Health Care Support Workers, Facilities staff i.e. Porters, Catering Assistants, Domestic Assistants, Laundry and Semi-Skilled staff. NHS Jobs and Social Media were used as advertising platforms.

3. Workforce Information

There is a need for a wider data set to be provided to PPPAC to provide assurance on a broader range of metrics than those included in the IPAR. It is anticipated that the new report will be available for the August 2020 PPPAC meeting.

4. Volunteering

Prior to COVID-19, 415 volunteers were on board. Initially 390 withdrew, leaving a capacity of 25, this has further reduced to 16. However, linked with COVID-19, the Health Board received an overwhelming number of individuals expressing an interest to volunteer within the services.

5. Learning & Development

Activity within the Learning and Development Department was altered from the delivery of standard training programmes to ones specifically linked to skilling the new and existing workforce for the roles they would need to undertake throughout COVID-19. In addition to a change in education requirements, there was also a need to change practice to reduce the risk of spreading the virus.

6. Trade Union Engagement

Prior to COVID-19, there was a Health Board Staff Partnership Forum held bi-monthly, with bi-monthly Local Partnership Forums also taking place. It was agreed that the Health Board-wide Staff Partnership Forum would be temporarily stood down, however Local Partnership Forum meetings should still take place.

7. Staff Health

The Occupational Health team have supported the workforce during this difficult period, in particular supporting individuals with regards to COVID-19 testing, pregnancy risk assessments and risk assessments for the BAME (Black, Asian & Minority Ethnic) workforce.

Asesiad / Assessment

1. STAFF PSYCHOLOGICAL WELLBEING SERVICE

The plan is fluid in nature to reflect how the pandemic is being experienced by our staff at work and also in response to new guidance impacting on working arrangements as and when this is issued from Welsh Government. Some examples of how the plan has evolved include:

- Increase in provision of counselling support as the first peak of COVID-19 was reached and then subsided. The 'ask' for counselling in the aftermath has increased.
- Further attention and consideration of the needs of staff adapting to the challenges of home working due to the implementation of social distancing requirements at work, for example; feelings of isolation and lack of social connection, frustrations with technology and pressures of managing home working and work demands.
- The increase of coaching provision for leaders as they cope with the uncertainty of the peaks and troughs of the pandemic, and the requirement to flex and mobilise service delivery and staff working patterns.

An ongoing staff experience and thematic analysis helps the Staff Psychological Well Being Team to adapt and respond appropriately to the emerging needs of the moment.

Staff Psychological Well Being messages are distributed twice weekly via Global E-mail and there is a dedicated COVID-19 page for Staff Psychological Well Being.

Wider discussions are currently underway to consider the learning from staff experience and staff welfare during this phase of the pandemic. This can then inform the development of our culture of compassion going forward and enable our staff welfare to be of paramount importance in our transformation.

2. RECRUITMENT

The response rate was extremely positive and interviews were conducted intensively by telephone over a period of 5 days. Whilst the process was not aligned to our traditional recruitment pathway, measures were taken to manage and mitigate risks appropriately. Managers are being supported locally by members of the Workforce Team to manage any issues arising post start date. The extent of the recruitment exercise was unprecedented in terms of numbers recruited and on-boarded, however it has positioned the Health Board well in terms of the support staff required to respond to the pandemic. In total, almost 1200 individuals were offered contracts of employment (part time or full time) or bank. 170 candidates have withdrawn so far which represents a withdrawal rate of 15%. The campaign has therefore proved extremely successful. The numbers recruited will help facilitate the UHB to be able to quickly respond to surges if and when we enter another peak in demand.

In addition, 26.87 wte Medical Students, 174.83 wte Nursing Students and 4.80 wte Midwives have been on-boarded into paid employment.   Discussions continue in relation to the placement of additional student cohorts i.e. Pharmacists, Allied Health Professionals and Healthcare Scientists.

The table below is accurate as at 31/05/2020:

Job Title	Increase in Supply FTE				
	Carmarthenshire		Pembrokeshire	Ceredigion	Total FTE
	Llanelli area	Carmarthen area			
HCSW - Mass recruitment	61.50	74.40	113.01	35.84	284.75
HCSW - Student Nurses	138.13		28.49	13.00	179.63
HCSW - Medical Students	8.07	11.00	2.00	5.80	26.87
Porters	24.63	29.56	46.01	8.93	109.13
Laundry	0.80	7.63	0.00	4.10	12.53
Catering	6.40	13.47	29.23	12.97	62.07
Domestics	29.81	62.33	100.24	33.50	225.88
Semi-Skilled	5.00	9.00	7.03	3.60	24.63
Total	**274.34**	**207.39**	**326.01**	**117.74**	**925.48**

In an attempt to manage the pressures in the Recruitment Function and improve our ability to recruit in the shortest time possible, it has been agreed that we manage recruitment activity over the next 6 months using three different approaches:
1) Use of the traditional process with some minor adjustments to reduce 'time to hire' with a focus on vacancies which are essential to COVID-19 being prioritised. *Approval level: Authorised via TRAC in the normal way*;

Managers are asked to take the following actions:

- Review vacancies ***currently in the TRAC system***. Consider whether they continue to be a priority in light of the operational plans being proposed for Q2. If they are not considered to be a priority, the vacancy is removed from TRAC;
- Prior to ***entering a new vacancy on TRAC,*** consider whether the vacancy is a priority in light of the operational plans being proposed for Q2. If they are not considered to be a priority, the vacancy will not be entered on TRAC;
- Rank which posts are the most urgent to progress in priority order.

2) Introduction of an 'Expressions of Interest' process. Only where it can be demonstrated that specific criteria can be met. *Approval level: Appointing Manager and member of County Workforce Team*;

3) Introduction of a 'Direct Hire' process. Only where it can be demonstrated that specific criteria can be met. *Approval level: Assistant Director or General Manager and Head of Workforce: Resourcing and Utilisation.*

It is fully anticipated that the majority of recruitment will follow the agreed traditional pathway. It is estimated that approximately 10% of vacancies may meet the Expressions of Interest criteria and a far lower average of 3% of vacancies may meet the Direct Hire criteria.

Temporary Re-Registrants

A number of previous registrants expressed an interest in registering on temporary registers of their professional bodies in order to support the NHS response to the increase in demand associated with COVID-19.

We are currently reviewing how many individuals have expressed an interest in returning, and in which areas they can best support in the coming months. This includes Nursing, Medical and GPs. The following summary represents the current position:

Nursing & Midwifery

	Number
Number on the temp register potentially interested in Hywel Dda area	65
Contacted and have confirmed they are interested – awaiting assessment against posts available led by Professional Lead	30
Contacted and confirmed either undecided or working for another NHS organisation – follow up conversation to be held	5
Contacted and confirmed not interested in working in Hywel Dda	20
Contacted and no response	6
Interviewed and offered	4

Medical and Dental

	Number
Number on the temp register potentially interested in Hywel Dda area	112
Contacted and have confirmed they are interested – awaiting assessment against posts available led by Professional Lead	24
Contacted and confirmed either undecided or working for another NHS organisation – follow up conversation to be held	8
Contacted and confirmed not interested in working in Hywel Dda	36
Contacted and no response	44

GPs

	Number
Number on the temp register potentially interested in Hywel Dda area	8
Number assessed against posts available led by Professional Lead but considered unsuitable due to length of time since lapse of registration	8
Number offered posts	0

3. WORKFORCE INFORMATION

The proposed Workforce Dashboard will help inform planning and decision making, and will include information on workforce demand and supply, starters and leavers, sickness absence, Learning and Development, Well-Being agenda activity and an oversight of the outcomes of risk assessments linked to COVID-19.

The following key performance indicators present a comparison of our performance in key areas in May 2019 and May 2020:

Measure	Performance May 2019	Performance May 2020	Improvement/ Deterioration
PADR	77.9%	67.4%	Deterioration
Core Training	77.8%	82.7%	Improvement
Dementia	84.6%	86.6%	Improvement
	April 2019	**April 2020**	
Sickness Absence (in month)	5.14%	6.24%	Deterioration

4. VOLUNTEERING

A robust risk assessment process was introduced to identify areas where it was appropriate to place volunteers and once this was completed the following took place:
- 471 interviews with potential volunteers were completed
- 146 were rejected
- 207 were offered places in the volunteer pool and invited for induction training
- 118 did not respond
- Of the 207 offered places, 124 have completed training with 83 still in the process.

Together with pre-COVID-19 volunteer capacity; this now takes the Health Boards volunteer pool to 140, with 57 of the pool currently deployed.

Roles for deployment include:
- Transporting equipment/staff
- Check and chat volunteers
- Gardeners
- Community response drivers.

Wave 2 (a potential further 120 volunteers) have been put on hold pending further clarification on the use of field hospitals. There is the potential to work with partners across Health and Social Care and Third Sectors in developing appropriate roles and deployment opportunities for volunteers.

5. LEARNING AND DEVELOPMENT

5.1 A Guide for social distancing requirements to support clinical skills training has been developed – see below:

Teaching of theory

To avoid classroom contact when resources are available, theory delivered sessions should be offered through e-learning. Knowledge will be assessed by either completing an e-learning assessment or completing a multiple-choice questionnaire.

Classroom sessions

Prior to attendance, all participants that present with any cold or flu like symptoms will be politely requested to leave the session.

Each current training venue has been risk assessed to identify the numbers appropriate to accommodate the social distancing rules (this number does not include the trainer). See below:

Site	Room	Maximum No
Bronglais	Postgraduate Classroom	8
	Moving and Handling University, Med Resus	8
Glangwili	Paxton	5
Prince Phillip	Parc y Scarlets - Phil Bennett Suite	20
Hafan Derwen	Moving and Handling	8
	PAMOVA classroom	4
	PAMOVA matted room	4
	Clinical Skills Room	8
	Room 3	8
Withybush	Moving and Handling	8
	Clinical Skills	5
	Resuscitation	6
	Auditorium	15
	Conference Centre	12

Hand sanitisers will be available in each classroom.

Interactive group discussions within the classroom

At present, these are delivered on all violence and aggression training, and the RRAILS section of the ILS.

These sessions are case based discussions where there is a requirement to assess the participants decision making skills.

Chairs must be kept 2 metres apart.

Practical training

Where there is a requirement to test competency, the following needs to be adhered to:

Instructor demonstration

To reduce the need for instructors to demonstrate, videos can be shown. This has to be balanced with the need of the instructors to maintain their own skills.

If the instructor demonstrates on a manikin, gloves must be worn. If a participant is requested to assist the demonstration, a fluid-resistant surgical mask and gloves must be worn by both.

Participant practise and subsequent assessment

All participants including the instructor must wear gloves and a fluid-resistant surgical mask when in close proximity to each other.
Participants are to:
- remain with the same training partner for the duration of the training to minimize risk.
- practice the technique the minimum amount of times required for trainers to be satisfied of their competence.

Consideration is to be given to having windows/doors open for good ventilation (dependent on the weather on the day of training).

Following training session

All manikins, equipment, tables used, chairs and desks will need to be wiped down with alcohol wipes.

5.2   Joint Induction Framework Update

The pilot for joint Health & Social Care delivery of the All Wales Induction Framework (AWIF) has a total of 87 candidates undertaking this across Carmarthenshire, Pembrokeshire and Ceredigion.
- Cohort 1 (2 groups in July and November 2019) = Carmarthenshire - 30 learners (10 health, 17 social care, 3 pre-employed)

- Cohort 2 (2 groups in October/November 2019) = Pembrokeshire – 33 learners (10 health, 17 social care, 6 pre-employed)

- Cohort 3 (2 groups in January/February 2020) = Ceredigion – 24 learners (0 health, 21 social care, 3 pre-employed)

The Programme delivery consisted of 5 days + 1 observation day run over 4 consecutive weeks. In addition, there are 3 support session days, aimed at preparing and supporting candidates with the Case Studies' to practice and Multiple Choice assessments (MCQ) as well as completion of workbooks.

Candidates are assessed as ready to sit the Controlled Assessments before completing them; assessment paperwork and learner journeys are prepared and completed for all candidates.

AWIF Cohort Statistics – C&G				
Cohorts & Groups	**Candidate Numbers**	**Already have level 2/3 Qualification**	**Started Core Qualifications**	**Withdrawals to date**
Carmarthen Group 1	**10**	2	6 (2)	2
Carmarthen Group 2	**20**	8	11	1
Pembrokeshire Group 1	**16**	0	11	5
Pembrokeshire Group 2	**17**	4	11	2

Ceredigion Group 1	**8**	0	7	1
Ceredigion Group 2	**16**	2	13(2)	1
Totals	**87**	**16**	**63 (-4)**	**12**

5.3   City and Guilds Update

HDdUHB had an extra External Quality Assessment (EQA) visit on the 6th of March 2020, which highlighted a number of issues that need addressing and updating in order to claim the completed candidates. We continue to work with the EQA to make sure that our Centre practice reflects the quality of work we do for our candidates. The candidates from Cohort 1 are now ready to be awarded together with a number from Pembrokeshire who have passed the core. The certification process has not been clear - with the EQA unable to advise the team. City & Guilds (C&G) have indicated that resources will be available from the 26th of May 2020 together with instructions to follow under the current climate.

5.4   COVID Update

Activities were suspended on the 13th March 2020 and all candidates were advised that due to the COVID-19 pandemic we would not be undertaking support sessions and assessment. Across the region, the local authority teams embarked on initiatives to create and deliver online/digital learning materials for the induction of care staff & volunteers working in care. The materials are accessible on websites and have been shared widely. Hywel Dda University Health Board has delivered a three day bespoke face-to-face training programme instead of the usual seven days. The training was delivered to large audiences in lecture theatres and multiple classrooms. Some were live streamed between classrooms. Social distancing guidelines were adhered to and the use of alcohol gel/hand sanitiser, wipes for cleaning and adequate PPE were provided when assessments were being undertaken. In April 2020, there was scope to start typing up the remaining learner journeys for Group 2 candidates – Ceredigion, and these have now been emailed to every candidate. Candidates have completed some of the workbooks and have posted them back for review. Contact has been maintained with most of the candidates for support, guidance and feedback. Candidates due to sit their MCQ have been advised of the potential for remote invigilation and will continue to be updated once the application has been undertaken and procedures clarified.

5.5   Resetting Services

In terms of plans on how we will support candidates to complete AWIF/Core Qualifications and undertake evaluation/research, there is still a commitment to continue the established partnership:

1. To mark and give feedback to candidates who have handed in their Workbooks.
2. To submit an application for Remote Invigilation and design a process.
3. Manage a digital process to support candidates with preparations for the MCQ.
4. Catch up with 2–3 candidates who need additional support (extended time needed).
5. Make plans to reset the programme in the current climate (digital delivery?).
6. Resetting the research & evaluation – to consider COVID-19 climate under which the candidates have been working.
7. What does the induction programme look like post COVID-19?
8. Lessons learned - developing education & jointly.

5.6   COVID-19 Training Numbers for Health Care Support Workers

Below are the additional figures for the HCSW and Skills 2 Care (approximate) training that has been undertaken:

- Carmarthenshire – 55
- Withybush General Hospital – 215
- Bronglais General Hospital – 175
- This contains the 141 staff that have undertaken the Skills 2 care in preparation for redeployment.
- Verification of death –
    - 67 – Carmarthenshire
    - 45 – Ceredigion
    - 21 – Pembrokeshire

Also included in Appendix 2 is an update of all training provided for registered nurses throughout the COVID-19 period.

6. TRADE UNION ENGAGEMENT

Since the necessary change in process, the Executive Director of Workforce & OD, the 3 County staff side chairs and the Trade Union I.M. have met twice weekly to update on issues impacting on the Health Board, to respond to queries and address issues for staff. In June 2020, it was agreed that a virtual Health Board Staff Partnership Forum would be held and following a successful meeting it was agreed that these would continue on a monthly basis to ensure all staff representatives are able to connect with the wider Workforce & OD team.

7. STAFF HEALTH

In June 2020, a new generic COVID-19 risk assessment was issued to all Health Boards in Wales. Due to increasing concerns around the impact of COVID-19 on our BAME workforce, the risk assessment was shared with all managers and staff for them to undertake the new risk assessment which included ethnicity in the risk assessment. To date, 32 managers out of 96 have returned outcomes for their workforce and therefore we are able to report that of the 82 staff who have undertaken the risk assessment, 69 have returned an outcome of low risk, 7 a moderate risk, 1 a high risk and 5 staff are already shielding.

8. WORKFORCE RISKS

A number of new risks have been identified which specifically relate to the challenges which COVID-19 have presented in terms of our workforce. These are in final draft format and due to be entered on Datix imminently. They will feature in greater detail in the report presented in August 2020 to PPPAC. The risks relate to the following areas:

- Mass Recruitment exercise;
- Availability of workforce to support increased demand and need for agile availability;
- Delay in employee relations activity;
- Risk assessments for staff who are risk assessed as being in one of the vulnerable groups including BAME staff;
- Capacity within the Occupational Health Service to meet the increase in demand for health clearance of new starters;
- Appropriate response during and after COVID-19 for the Staff Psychological Well Being Service;
- Ability to deliver training provision in a timely manner;

• Ability to effectively workforce plan during and after COVID-19.	

Argymhelliad / Recommendation

This report is presented to provide assurance to PPPAC that:

    a. Adequate Staff Psychological Well Being Support provision is being delivered for staff during these challenging times.

    b. Robust recruitment processes were put in place to manage COVID-19 temporary workforce and business as usual recruitment has now begun to return.

    c. Workforce information is being collected and refined and in August 2020, a new workforce dashboard will be submitted to PPPAC.

    d. Volunteering continues to be welcomed and supported in the workplace.

    e. Training and education has been adapted and continues to be undertaken including with social services colleagues.

    f. Trade union colleagues continue to be engaged with, and staff are supported via ongoing dialogue relating to difficult matters.

    g. Staff health remains of paramount importance and measures are in place to support our workforce.

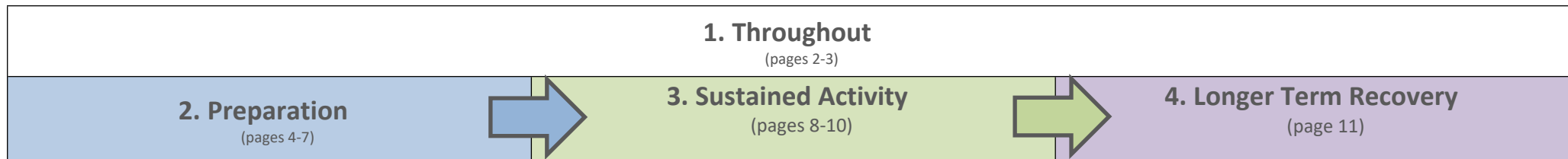| Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.3 Seek assurances that people and organisational development arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe services/programmes and functions across the whole of HDdUHB's activities.
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):	7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2019-19	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:	Included in report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	Workforce Bronze Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	Improved wellbeing
Risg: Risk:	N/A
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

Hywel Dda UHB Staff Psychological Wellbeing Plan: COVID-19 & Beyond 08/06/2020

This plan is based on a phased approach covering the following:

1. Throughout (pages 2-3)		
2. Preparation (pages 4-7)	3. Sustained Activity (pages 8-10)	4. Longer Term Recovery (page 11)

This plan has been revised to take into account the shift away from an anticipated singular acute peak phase to a sustained period in which there may be multiple (smaller) waves of infection, an ongoing need for a wide range of social and workplace control measures and organisational change. We have moved through the Preparation phase and are now considered to be in a period of Sustained Activity. This plan will be updated on an ongoing basis to show progress as well as to reflect how the pandemic and our organisational response evolves over time.

A structured and tiered approach to staff psychological wellbeing has been adopted, building on existing services, acknowledging normal resilience and not medicalising distress.
Graded levels of "intervention" must be available to all staff in a way that is accessible, well promoted, confidential and within a clear governance framework.

1. Throughout:

Primary stressors/demands	Mitigation plans	Lead Responsibility	Progress
1. Physical fatigue 2. Hunger & dehydration	Ensuring that all staff: a. Have regular breaks so they can rest, eat, drink b. Have access to appropriate Rest & Recovery areas c. Have access to PPE and areas for maintaining personal hygiene, dealing with uniforms etc. d. Managers to consider rotas, annual leave e. Managers to consider pre-existing physical and mental health needs of their staff, risk assess and deploy as appropriate	Unit/ward managers and leaders Workforce Leads Occupational Health Leads	• Guidance available for managers via the MH&WB resources under "Leaders & Managers" heading • Links sent out to managers through Leadership Programme networks • Guidance developed by Workforce teams and shared under the COVID Workforce section on the intranet

3. Personal hygiene & safety 4. Information / Communication			• Advice and support provided by the COVID Enquiry Hub, Workforce teams & Occupational Health teams
	f. Establishment of R&R areas at each site – including for Community staff	OD team/ Site management/Estates	• Rest areas have been set up at some sites with plans in place for additional facilities across sites • Charitable funds are available for resources (Nicola Llewellyn) • Task and Finish group set up to coordinate Rest & Recovery rooms across all sites (Rob Blake) • To look at drawing up guidance to promote consistency and maximise effectiveness
	g. Regularly review & update Information on intra/internet pages for staff psychological wellbeing	Suzanne Tarrant, Bethan Lloyd, Jackie Wright	• MH&WB Info Hub up and running with a range of resources available, regular review underway. • Traffic data to be provided by Comms on a weekly basis where possible • Analysis at 21st May shows a cumulative total of 2911 click thru's to the well-being intranet page and a total of 5073 click thru's to individual resources on the site
	h. Raising awareness of the central COVID-19 MH&WB Info Hub	Jackie Wright	• Global emails, posts on the staff Facebook page and staff bulletin Board sent out as part of the Wellbeing Resource of the Week, sign post staff to the main resource.
	i. Finding effective ways to "drip-feed" relevant bits of information on emotional health and self-care through operational teams		• Key messages shared by Chair in Staff Bulletins (weekly catch up meeting with Maria) • Resource packs have been created and material identified for each area

			of potential work – staff, managers, and patient resources
	j. Establishing a mechanism to understand staff experience, to ensure that needs are met appropriately	Suzanne Tarrant, Nicola Thomas, Bethan Lloyd	• Staff Experience spreadsheet set up and shared • Information is being collected across the various services, site meetings etc. and is being collated and analysed (Suzanne/ Nicola) • Liaison with acute and community leads to understand staff experience
	k. Ensuring good quality communication and accurate information updates are provided to all staff so they are best prepared for what they are going to face and what they may be asked to do		• Update briefings from Chief Exec and others • Updated guidance on the COVID 19 webpages

2. Preparation:

Primary stressors/demands	Mitigation plans	Lead Responsibility	Progress
1. High levels of uncertainty about what is to come – anticipatory anxiety 2. High levels of anxiety about risk to self and others 3. Increased pressure and stress around preparation, planning demands 4. Increased anxiety around role changes, different work deployments, feelings of lack of confidence, uncertainty, fear about making mistakes 5. Interruption of usual support mechanisms: at work through team changes and at home due to social distancing / shielding/isolation of self and/or family members 6. Increasing distress linked to exposure to	Supporting the continuation of compassionate leadership with regular updates and check-ins with teams: a. Providing daily briefings to staff on any changes occurring around the provision of care in their unit/ward – also letting staff know if no new information is available b. Ensuring that all staff working from home are kept in the loop with updates & regular communication c. Asking staff at the start and end of every shift how they are and listening to how they are feeling. If any members of staff are struggling, managers can signpost them to the support services available	Unit/ Ward managers Rob/Jackie/Catherine	• Guidance available in the MH&WB Info Hub • Access to an online course on Compassion at Work (cohort of 25) made available through the Managers Passport network – Remaining places have been made available via global email on 5th June • Guidance on How to Huddle shared via global/staff bulletin board and fb page •
	d. Ensuring that all staff deployed differently and new staff are adequately supported within their new team/role and have access to support services being offered – including an outline of what is available in an Induction Pack, consider mentoring or buddy relationships	Tracy Walmsley / Workforce teams/OD/Unit and Ward Managers	• Induction pack • Buddy systems are in place in many ward and services already – for existing, new and redeployed staff, further work can be done to share this more widely and support
	e. Consider resources/input to increase skills around Psychological First Aid	Suzanne, Bethan, Rob	• This will be integrated into a proposal to implement an organisation wide Trim-type scheme (Suzanne Tarrant)
	Establishing and promoting a range of appropriate and accessible psychological support services to meet the needs of staff	See section Leads below	• Details of all the support services for staff are available in the MH&WB Info Hub • A poster and business card have been distributed to all areas as well as staff at home (Catherine Rees)
	Staff Psychological Wellbeing Service: f. Increase capacity of the SPWBS to deliver psychological support to all staff g. Enabling the service to be offered remotely via phone or vc h. Set up the Manager's Check-In service i. Review 20 Minute Care Space model and offer to staff	Suzanne Tarrant / SPWBS	• Service model adapted to offer rapid access - same or next day appointments now available • Systems set in place to enable phone/virtual skype sessions • Shorter check in sessions (of 30 minutes each) now extended to include full hour

social media and public anxiety			- options as well as brief intervention model of up to 6 counselling sessions - Drop off in self-referrals over the initial 4 weeks is now picking up - Managers Check-In sessions available - Additional resources available from redeployed staff (Counsellors) - 20 Minute Care Space offered at WGH – to be run twice a week and reviewed - Weekly Senior Sisters Forum set up at WGH
	Clinical Health Psychology: j. Development of new operational procedures for a psychological support service for critical care staff k. Deployment of all Clinical Health Psychology staff to support Clinical Health Psychology Critical Care service to maintain wellbeing of staff in Critical Care and COVID wards l. Professional links with Psychology Intensive Care Network (PINC) who are taking the national lead on development of psychological resources and guidance for critical care m. Close liaison with critical care clinical leads regarding wellbeing of key clinical decision makers within the critical care pathway n. Development of staff/patient resource on managing/easing breathlessness and the impact of stress upon breathlessness – to upskill staff and provide education to patients	Bethan Lloyd / Clinical Health Psychologists	- New Operational Policy agreed - All staff (Clinical Psychologists) were deployed to focus on staff wellbeing in COVID facing areas but this has been revised to resume patient work on a phased and remote working basis. Services will be run in parallel - Resources on breathlessness finalised and shared on intranet, global email - Critical Care wellbeing posters for staff and leads disseminated to all sites - Supervision / consultation in place, or being offered to support staff who are supporting their own teams. Existing and new structures being utilised
	AMH and OPMH Psychology: o. Development of strategy and operational procedures to maintain resilience of staff in AMH and OPMH services (acute and community) p. Facilitate access to Psychology input within MH&LD teams to support patient care as well as staff wellbeing q. Routine and regular contact with mental health managers (acute and community). r. Redeployment of Psychology AMH staff to provide direct and immediate access to advice/ support	Nicola Thomas / Clinical & Counselling Psychologists in AMH	- New Operational Policy agreed - Support available for individuals, teams and managers in MH services with an identified lead (Clinical Psychologist) for each area - Resource pack developed for patient care as well as staff needs - Potential project being explored for one of the Clinical Psychology Trainees to help produce mini videos on different aspects

				of psychology and wellbeing which could be used for staff now and as a patient resource in the future (James Stroud)
	s.	Contracting EAP to provide additional support options for staff – raising awareness of support available on a 24/7 basis.	Suzanne Tarrant, Catherine Rees	• Care-First in place with details available in MH&WB Info Hub • Information on uptake available on a quarterly basis
	t.	Establish and raise awareness of the Coaching Network available to Senior Managers and Execs	Catherine Rees	• From the 25th March coaching sessions have been made available to our senior leaders across the HB • April 2020 has seen 11 sessions competed for 9 colleagues • May 2020 has seen 15 sessions completed for 13 colleagues • June has already had 6 sessions booked for 5 staff members • We have seen a 17.6% compliance rate for staff offered a coaching session
	u.	Refocus of staffing in Bereavement Support Service/Palliative Care to provide supervisory support to staff in specialist palliative care/ART leads	Julie Brennan, Gudrun Jones	• Bereavement Support service has been reconfigured to deliver support to staff • Details available on the MH&WB Info Hub on the intranet • Liaison across counties underway • Condolence card project underway – to enable staff to connect with families following loss • Bereavement support document is available for managers under COVID Workforce and new guidance from the BPS on supporting yourself and others through loss and grief will be made available in the Mental Health & Wellbeing information hub (Jackie Wright)

	v. Establishment of a Trauma Response Group to develop a plan for awareness raising, screening, support, signposting and establishment of referral pathways for psychological trauma	Suzanne Tarrant	• Trauma Response Group established • Linked in with MOD re the use of TRiM • Linked in with Cwm Taf and SBUHB re their strategies and discussion with March on Stress re train the trainer packages • Trauma Response Proposal to go to Bronze Group for decision (Suzanne Tarrant)
	w. Spiritual care available to staff	Euryl Howells	• Spiritual Care Team available with details in the MH&WB Info Hub • Light a candle at 12 midday initiative awaiting final sign off • Prayers offered daily at 8am and 8pm by the Chaplaincy Team
	x. Additional resources promoted	Jackie Wright	• Health for Health Professionals one to one support service now freely available to all frontline professional staff • Stress Control Course freely available to staff online – first series has been run and the second went live on 11/05/20 • NHS Employers helpline/online counselling available for all staff • All these resource have been promoted via the intranet and global emails

3. Sustained Activity:

This section starts with an outline of potential stressors across 3 main areas: Ways of Working, Nature of Work and Home Pressures. Examples of possible psychological responses are given in italics. Much of the work initiated in the Preparation phase will continue although under review and with amendments where necessary.

Primary stressors/demands	Mitigation plans	Lead Responsibility	Progress
Ways of working: 1. Being redeployed (*uncertainty, lack of confidence, disconnection from usual peers and team*) 2. Home working (*disconnection from peers, difficulty managing boundaries between home and work life, interruptions, lack of IT facilities /connectivity*) 3. Remote working and online meetings (*focus fatigue, lack of breaks, reduction in informal peer and social support*) 4. Continuing shielding (*feeling devalued, not feeling part of a team, not able to contribute, lacking purpose*) 5. Hot desking arrangements (*difficulties with social*	a. Ongoing emotional support for staff and line managers – Staff Support Services outlined above to continue based on assessment of need	SPWBS / Bethan Lloyd / Nicola Thomas / Julie Brennan / Euryl Howells	• Services are continuing, being reviewed and amended with data reporting to a Workforce Dashboard under consideration

	b. Provide specific guidance and support for staff who are:
	   ○ Deployed differently
	   ○ Home working
	   ○ Remote working
	   ○ Shielding
	   ○ Hot desking
	c. Provide clear guidance and support for managers who are managing staff in these situations
		Workforce teams, OD Team, SPWBS	• Command centre set up to take any COVID related enquiries from workforce
			• FAQs developed in line with Government guidance and updated regularly
			• 830 remote access tokens deployed, 400 smartphones, 400 headsets and 300 webcams
			• IT received 577 additional requests for soft tokens to process on top of 2126 hard/soft tokens in place across Heath Board
			• Microsoft Teams deployed to 6,283 devices with 454 Teams created
			• Homeworking guidance developed and available
			• Deployment process in place for staff

	d. Ensure that service changes are clearly communicated, involving staff where possible and that staff have the opportunity to raise queries and concerns	Service leads/ward managers	• Introduction of BAME risk assessments across organisations
	e. Consider a wide range of opportunities to retain existing peer support and/or to establish new mechanisms. Address the need for the space, time and permission for effective peer	Service leads/ward managers, OD Team, SPWBS Communications Team	• Consideration being given to setting up a platform for facilitated discussions (like the NHS Partnership

distancing, IP&C issues) 6. Changes in service provision (*uncertainty, changing goal posts, lack of clarity about roles and responsibilities*) 7. Fragmented teams (*lack of cohesion, loss of opportunities for peer support, increased interpersonal conflict and us & them divides*)	support to happen, for staff at every level and across all staff groups		Staff Common Room concept) – discussions with IT to identify a suitable platform (Rob and Suzanne) • 20 Minute Care Spaces started at WGH, plans to share model and a call for facilitators to go out to offer at other sites • Staff fb page set up • Information on peer support available online
	f. Provide guidance and support for managers who will be bringing teams back together to ensure successful reintegration, taking into account the diversity of experiences that team members will have had and the potential for conflict		• To be progressed
8. Re-integrated teams (conflict due to different recent experiences and lack of understanding or information about the reasons for different decisions) **Nature of the Work:** 9. Increased workload	g. Co-ordinate a group to identify and monitor developing physical and mental health needs of staff – to involve reps from SPWBS, OH, OD, MH etc.		• Psychological Wellbeing Group meets regularly • Consideration being given to how to share this more widely across the organisation • Global messaging of positive messaging on PADR/ regular performance conversations. • Encouraging workforce to take regular annual leave for rest and recuperation.
(*difficulty prioritising, working longer hours, not taking breaks*) 10. Increased exposure to the distress of others (*psychological burden of retaining a compassionate focus as well as managing own distress*)	h. Gather information on staff experience to better identify changes in need for psychological support	Bethan Lloyd, Suzanne Tarrant, Nicola Thomas, Julie Brennan, Euryl Howells, Vanessa Davies	• Staff Experience Spreadsheet set up to collect thematic data and track need • Data is coming in from a range of sources and collated into a central spreadsheet, analysis of the first 4 weeks has been undertaken and additional capacity to continue with this has been agreed (Suzanne & Nicola)

11. Requirement to make difficult decisions (*moral injury and distress*) **Home pressures:** 12. Risk of infection of self and loved ones (*anxiety, fear and distress*) 13. Experiences of loss of loved ones (*grief and loss and not able to rely on usual rituals of grieving*) 14. Not able to access usual support due to social restrictions or not living at home (*loneliness, feeling unsupported, isolation*) **15.** Increased tension and conflict in the home environment due to lockdown (*stress, lack of sleep, anxiety, potential for domestic abuse*)	i. Development of a phased Psychological Trauma Response Plan with implementation of initial phase to train a cohort of trainers who can deliver a one hour workshop to enable "psychologically savvy" conversations around resilience, mental health and trauma/ psychological first aid	Trauma Response Group	• Proposal in development adapting TRiM and incorporating psychological first aid

4. Longer Term Recovery

Primary stressors/demands	Mitigation plans	Lead Responsibility	Progress
1. All of the above 2. Exhaustion and exposure to feeling overwhelmed 3. Increased friction between individuals 4. Teams may fragment as the pressure eases and staff return to previous roles 5. Likely that incidence of PTSD will be higher than usual 6. Dealing with the longer term impact of grief and loss 7. Adapting to service/role changes, being with different teams, working in different ways	Implementation of further phases of the Psychological Trauma Response Plan to include: a. Training to deliver a half day workshop on enabling conversations around mental wellbeing, psychological first aid, identifying trauma etc. b. Training of TRiM Practitioners and coordinators and implementation of a TRiM programme across key areas c. Roll out of the programme more widely across the organisation	Suzanne Tarrant / Trauma Response Group All / Managers	
	a. Ongoing emotional support for staff and line managers – Staff Support Services outlined above to continue based on assessment of need	SPWBS / Bethan Lloyd / Nicola Thomas	
	b. Providing appreciation to staff to help them feel valued	Exec Team/Unit / Ward managers	
	c. Use Schwartz Rounds (or something similar) to facilitate emotional processing, learning, social connectedness – with hospital sites and community staff	SPWBS / OD Teams with support from other services	
	d. Staff to engage in service specific reflection activity to learn from experience	Unit / Ward managers	
	e. Mechanisms established to share the learning across the organisation	OD Team	

Reference documents:

1. COVID—19 NHS Wales Colleague Health and Wellbeing Strategy

2. The psychological needs of healthcare staff as a result of the Coronavirus pandemic (BPS Covid19 Staff Wellbeing Group) https://www.bps.org.uk/sites/www.bps.org.uk/files/News/News%20-%20Files/Psychological%20needs%20of%20healthcare%20staff.pdf

3. COVID Trauma Response Working Group (https://www.traumagroup.org/)

4. NHS Briefing paper for NHSEI and NHS Staff Wellbeing offer during COVID19 response, Dr Sonya Wallbank http://horizonsnhs.com/wp-content/uploads/2020/04/Briefing-Health-and-Wellbeing-of-NHS-Staff-during-COVID19.pdf

5. Recovery Phase briefing for Staff HWB during C19, Dr Sonya Wallbank, National Clinical Lead and Culture Lead, NHS http://horizonsnhs.com/wp-content/uploads/2020/04/Recover-phase-briefing.pdf

6. Staff Wellbeing during COVID19: A structured approach for healthcare organisations Dr Alys Cole-King, Dr Linda Dykes, Prof Neil Greenberg https://d29e30c9-ac68-433c-8256-f6f9c1d4a9ec.filesusr.com/ugd/bbd630_fc6de742af1442baada144de34343388.pdf

7. Optimising staff preparedness, wellbeing, and functioning during the COVID-19 pandemic response V1.02 Dr Alys Cole-King and Dr Linda Dykes https://d29e30c9-ac68-433c-8256-f6f9c1d4a9ec.filesusr.com/ugd/bbd630_48e96c3b5f394de89609c170ad4ec698.pdf

8. The Mental Health Commitment at Work for Employers, through a COVID-19 lens, BITC, https://www.bitc.org.uk/wp-content/uploads/2020/05/bitc-factsheet-wellbeing-thementalhealthatworkommitment-april2VE.pdf

Hywel Dda Health Board

Learning and Development: Overview of COVID-19 Training for Registered Nurses

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Training Programme for Registered Nurses
The following report is intended to provide an overview of the training programme for upskilling/refreshing skills for registered nurses (RNs) in Hywel Dda University Health Board. This training was undertaken by both RNs who have joined the Health Board on fixed term or bank contracts during the COVID-19 outbreak, and RNs already working for the Health Board in preparation for being redeployed to different roles or departments to provide support where needed. Learning and Development initially organised a bespoke 3 day programme of essential skills:

      Day 1 – Fundamentals of Care (FoC)
      Day 2 – Immediate Life Support, Fluids, and Observations (ILS)
      Day 3 – Medicines Management.

From this initial 3 day programme, they also arranged sessions covering:

      IV Drug Administration and Pumps
      Venepuncture and Cannulation
      Bespoke COVID-19 Skills 2 Care (for Health Care Support Workers)

Other training was also co-ordinated by other departments and teams covering:

      Verification of Deaths
      Oxygen Training
      Critical Care upskilling training (1 study and 2 shadow shifts on ITU ward) organised by Hywel Dda ITU staff
      Health Education and Improvement Wales (HEIW) also ran a training programme for both Hywel Dda and Swansea Bay Health Board Staff in partnership with the University of Swansea.
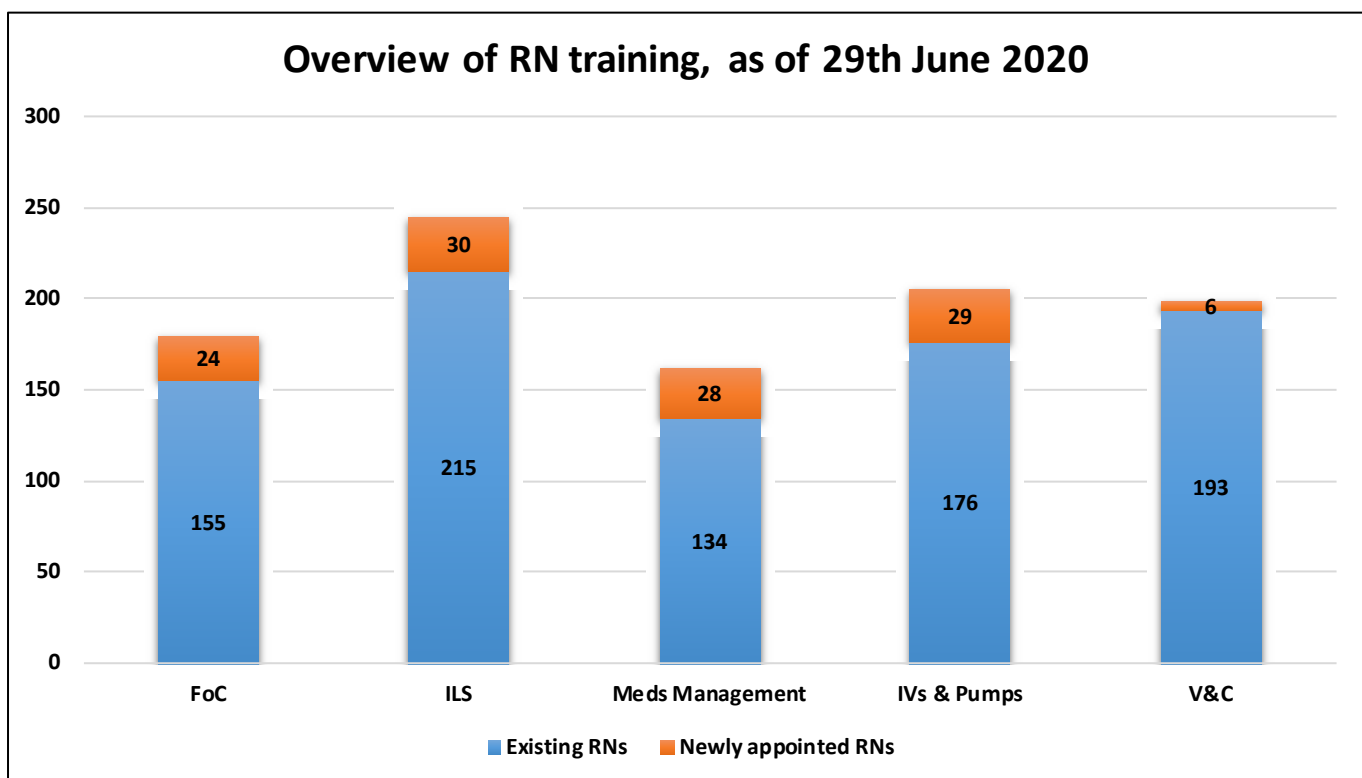
The training was made available to all RNs who felt that they would benefit from upskilling, and many RNs had the opportunity to update skills which they had not used for many years if they did not currently work in an acute setting. The training also enabled a wider spread of skills across the Health Board. For example, community nurses were upskilled by attending the Venepuncture & Cannulation training, a skill which was beneficial because during this time they did not have the support of clinical staff, such as junior doctors who are able to cannulate. By undergoing this training, community nurses could successfully cannulate thereby keeping very unwell patients at home and avoiding the risk of admitting them to hospital. RNs currently working in therapeutic specialities, such as Occupational Therapy, Dietetics, Physiotherapy, and Speech and Language Therapy were able to familiarise themselves with ward documentation, E-Documentation and Risk Assessments by attending the Fundamentals of Care course. The Immediate Life Support (ILS) training ran by the Resuscitation Team covered topics such as monitoring and escalation of a physically unwell patient, NEWS Scores and response to a cardiac arrest.

The data relates to training sessions which took place from 30th March 2020 up to and including the 29th June 2020 inclusive. Please note, these figures are accurate and up to date, **as of 5th June 2020**, but the training programme is ongoing for the time being.

More specific detail for this training including attendance registers is available from the Learning and Development Team. A questionnaire has also been produced to capture how attendees felt they have benefitted from the training and how they will use the skills in their current roles or redeployment roles.

By 29th June 2020:

- 584 staff will have attended 1 or more training sessions
- Of these 584 staff, 38 are newly appointed RNs recruited through the COVID-19 recruitment process. 546 are existing staff.
- 179 staff in total will have completed Fundamentals of Care.
- 245 staff in total will have completed ILS.
- 162 staff in total will have completed Meds Management.
- 205 staff in total will have completed IVs & Pumps.
- 199 staff in total will have completed Venepuncture & Cannulation (please note, some attended venepuncture only e.g HCSWs).

Overview of RN training, as of 29th June 2020

| Category	Existing RNs	Newly appointed RNs
FoC	155	24
ILS	215	30
Meds Management	134	28
IVs & Pumps	176	29
V&C	193	6

This chart provides an overview of the progression of the training sessions over a 14 week period, showing the number of sessions taking place each week for each study day. In recent weeks, the number of venepuncture & cannulation sessions have increased, as there has been a demand for this skill from community staff and staff undertaking antibody testing. An average of 9 sessions have taken place every week. All sessions had capacity limits in order to be compliant with safe social distancing for both the trainers and the learners. Although the majority of the training has been centralised in St David's Park, site specific training has been arranged where possible to reduce travelling for participants. Training has taken place at: School of Health Sciences on St David's Park, Carmarthen Leisure Centre Field Hospital, Parc y Scarlets Field Hospital, Bronglais Postgraduate Centre and Withybush Moving & Handling Room. Moving and Handling training took place on Alun Ward in St David's Park and Bro Cerwyn in Withybush Hospital.

Overview of number and type of training sessions taken place each week
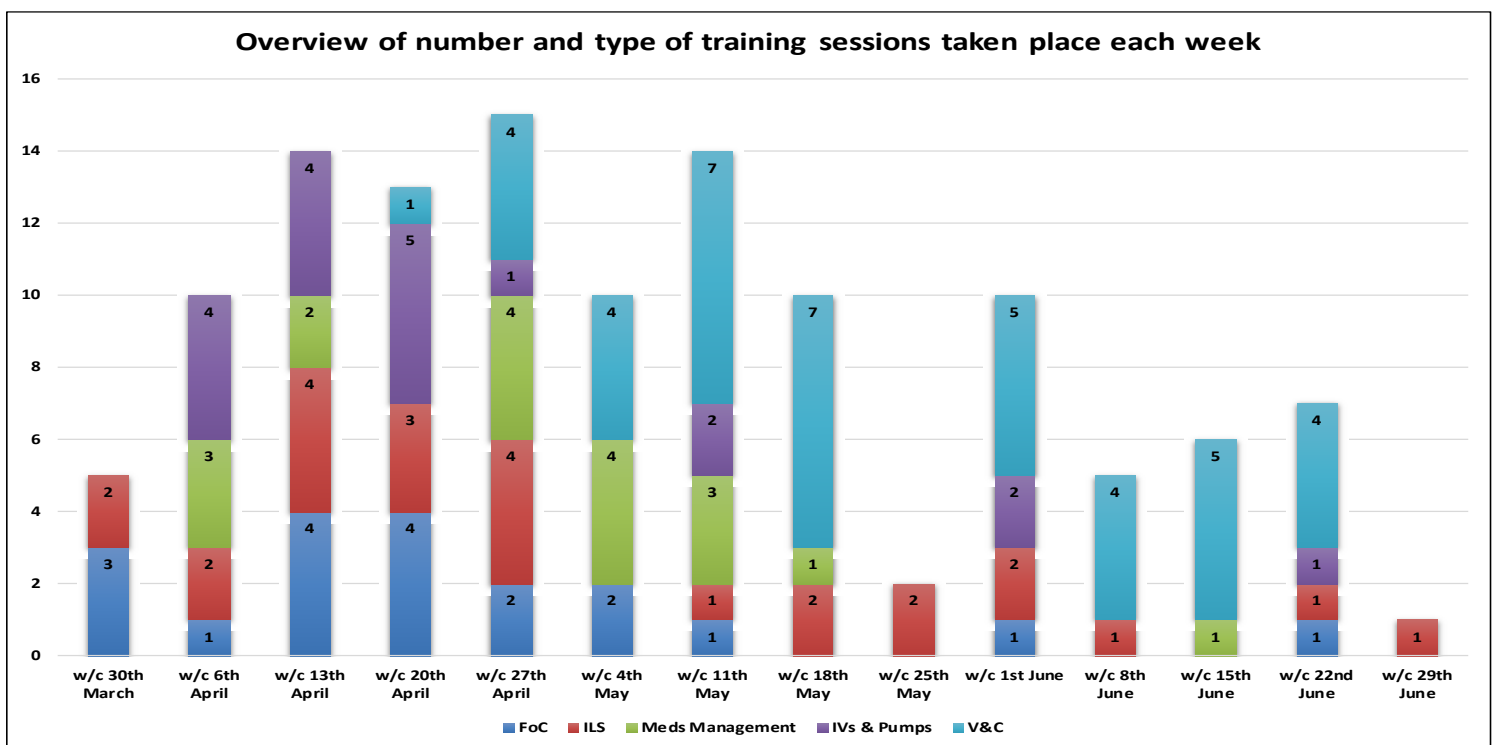
This chart shows the specialities/areas of staff who attended the COVID RN upskilling training:

-   10 Critical Care staff (ITU etc.)

Overview of specialities/areas of trained staff
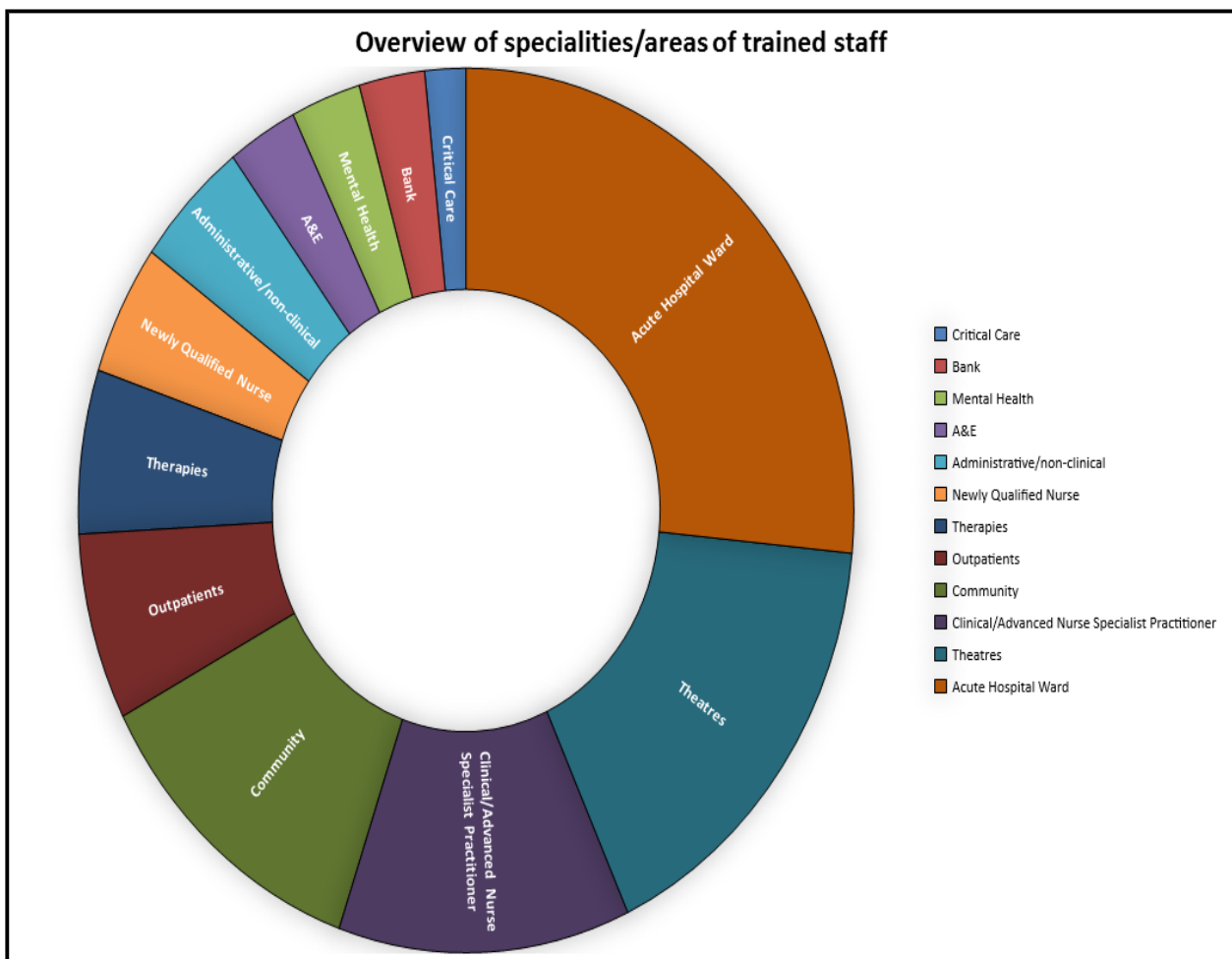
-   16 Bank staff (working bank shifts as-and-when across a range of areas)
-   17 Mental Health (both Mental Health Wards and Community MH)
-   17 A&E/Unscheduled staff
-   28 Nurses in non-clinical office based roles (including Safeguarding, Professional practice and Development Nurses, Quality & Governance etc.)
-   28 Newly Qualified/Return to Practice Nurses going through the preceptorship program

- 35 staff from Therapies (including physiotherapists, dieticians, occupational therapists etc.)
- 40 staff from Outpatients/Discharge Lounge Wards
- 70 staff from a Community setting (including Community Hospitals, District Nurses, Health Visitors, School Nurses, Long Term Care Team etc.)
- 71 nurses with a Clinical Nurse Specialist role (including McMillian CNS, Bladder & Bowel, Acute Pain, Gastroenterology, Rheumatology etc.)
- 97 nurses working within a Scheduled Care/Theatres setting (including Endoscopy, Day Surgery Units, Recovery, Anaesthetics, Surgery etc.)
- 155 ward-based staff from the 4 acute hospitals.

For the newly appointed COVID-19 nurses interviewed and appointed on fixed term or bank contracts:
- 13 are bank nurses
- 4 are newly qualified/return to practice nurses
- 5 have been deployed to a Community setting
- 9 have been deployed to Withybush General Hospital
- 1 has been deployed to Bronglais General Hospital
- 3 have been deployed to Prince Philip Hospital
- 3 have been deployed to Glangwili General Hospital
- 11 nurses who were offered a post have either withdrawn or are currently unable to start due to personal circumstances.