

Staff Health and Wellbeing Strategy

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Strategy

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To be read in conjunction with any policies listed in Trust Associated Documents.

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1 Introduction

1.1 The World Health Organisation's (WHO) declaration that the COVID-19 outbreak was "characterised as a pandemic" on 11th March 2020 (WHO, 2020) was arguably a catalyst for change to public perception of healthcare service providers that will see lasting effects for many years.

1.2 Whilst the negative human effects of Covid-19 are undeniable in terms of loss of life (Institute for Healthcare Improvement, 2020), emotional distress (Mental Health Foundation, 2020), psychological impact (Blake et al., 2020) and social impact (Office for National Statistics, 2020), a positive aspect of the pandemic has been on the reputation of the NHS, demonstrated by the "Clap for Carers" initiative, likely to become a regular national event of public appreciation for the service in the UK (BBC, 2020). NHS Confederation guidance for boards (NHSC, 2009) suggests retention, morale and acceptance of change are positively impacted by paying attention to managing reputation amongst staff. Management response to COVID-19 in this context continues to present opportunities for MFT to address issues it currently faces in terms of the health and well-being, morale and engagement of staff.

1.3 "The speed of change and constant mental and emotional recalibration is exhausting. Yet there is a feeling of exhilaration in the possibility of resetting some of the ways we work. There is an opportunity now to propel health and wellbeing, equality, diversity, and inclusion into the foreground of how we plan and prioritise our workforce agendas. This is our chance to tackle a long-standing acceptance of stress, burnout and trauma as somehow 'part of the job'. We have a call to action to challenge inequity of opportunity, health outcomes and life chances.

We must acknowledge the pain and hurt that has been caused by this pandemic. Then, with hope and humanity, we can make the NHS and wider health and care system better than it was before. Our patients, our citizens and our people deserve no less." (SE Health and Well-being Community, Jul 2020).

1.4 Greenberg et al. (2020), in their analysis of managing mental health challenges faced by staff during the pandemic, concluded:

1.4.1 "Healthcare staff are at increased risk of moral injury and mental health problems when dealing with challenges of the COVID-19 pandemic

1.4.2 Healthcare managers need to proactively take steps to protect the mental wellbeing of staff

1.4.3 Managers must be frank about the situations staff are likely to face

1.4.4 Staff can be supported by reinforcing teams and providing regular contact to discuss decisions and check on wellbeing

1.4.5 Once the crisis begins to recede, staff must be actively monitored, supported, and, where necessary, provided with evidence based treatments"

1.5 A study of healthcare workers treating patients with COVID-19 in China found that

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of 1257 respondents there was a “high prevalence of mental health symptoms” reported. Overall, 50.4%, 44.6%, 34.0%, and 71.5% of participants reported symptoms of depression, anxiety, insomnia, and distress, respectively, with increased symptoms found in women, nurses and front line staff (Lai et al., 2020; Xiao et al., 2020).

- 1.6 The NHS People Plan (NHS England, 2020) defines a number of requirements of Providers:
 - 1.6.1 Rest and respite: Employers should make sure their people have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way.
 - 1.6.2 Safe spaces for staff to rest and recuperate: Employers should make sure that staff have safe rest spaces to manage and process the physical and psychological demands of the work, on their own or with colleagues.
 - 1.6.3 Psychological support and treatment: Employers should ensure that all their people have access to psychological support. NHS England and NHS Improvement will continue to provide and evaluate the national health and wellbeing programme developed throughout the COVID-19 response.
 NHS England and NHS Improvement will continue to provide and evaluate the national health and wellbeing programme developed throughout the COVID-19 response. It will also pilot an approach to improving staff mental health by establishing resilience hubs working in partnership with occupational health programmes to undertake proactive outreach and assessment, and co-ordinate referrals to appropriate treatment and support for a range of needs.
 - 1.6.4 Physically healthy work environments: Employers should ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day – especially where their roles are more sedentary.
 - 1.6.5 Support to switch off from work: Employers should make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout. To do this, they must make sure staff understand that they are expected to take breaks, manage their work demands together and take regular time away from the workplace. Leaders should role model this behaviour.
- 1.7 MFT’s People Strategy (MFT, 2019) highlights the desire to develop a belief in staff they feel integral to creating a culture of openness, transparency, collaboration and positivity that enables them to bring the best of themselves to work to “deliver the best of care to our patients”. By working in partnership with our staff the aim is to improve morale and staff engagement.
- 1.8 Our Staff Health and Wellbeing Strategy aims to build on the development of appropriate provision and support to our workforce in recent years, and use the learning and increasing evidence of the impact of COVID-19 to ensure our staff feel genuinely supported now and in the coming months and years.

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- 1.9 This two year strategy aligns itself to our People Strategy (MFT, 2019) and the NHS People Plan (NHSE, 2020) with the intention of improving morale, engagement, organisational resilience and individual wellbeing, ensuring appropriate and sufficient resources are in place. It aims to be entirely inclusive, considering the health and wellbeing needs of all staff, treating everyone as individuals.

2 Current Position

- 2.1 NHS staff survey results (NHS England, 2020), illustrate improvement year on year for the themes of health and well-being, morale and staff engagement (see figure 1), on a scale of 0-10. However, benchmarking scores against 84 other acute Trusts show MFT is behind both the best and the average.

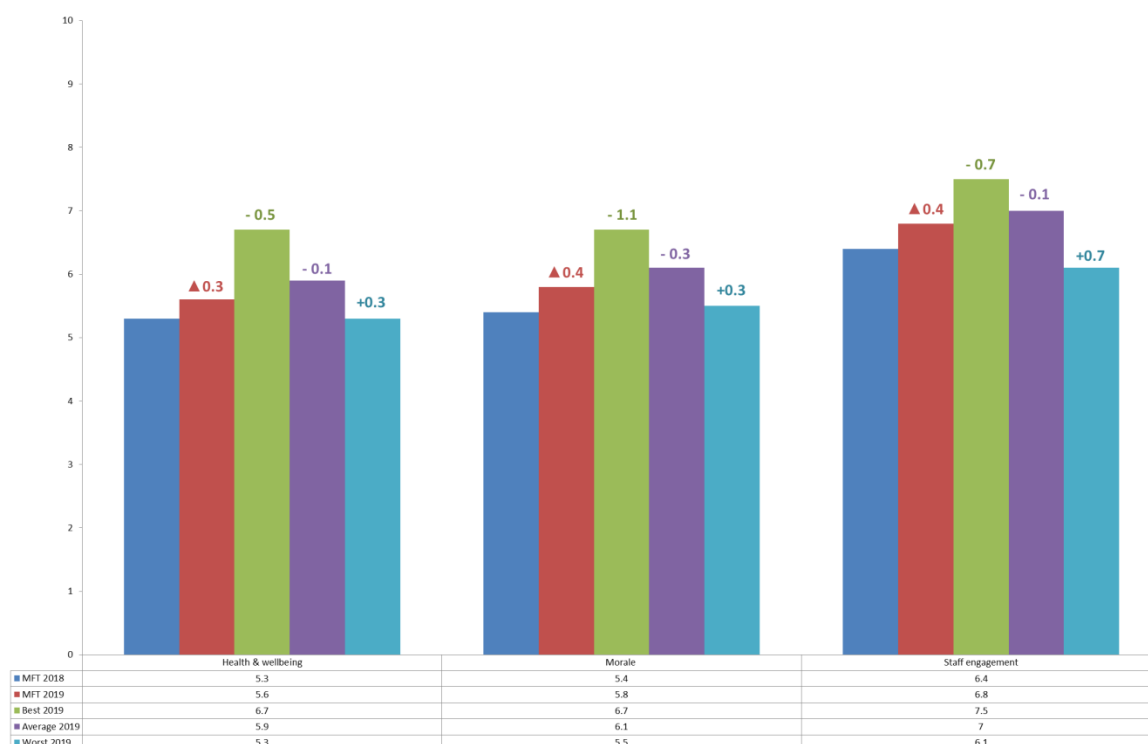


Figure 1: NHS Staff Survey results 2019 (MFT selected themes)

- 2.2 Whilst there has been a range of well-being resources and support in place for some time that have continuously been developed to support improved access and appropriateness, the pandemic has heightened the awareness of the need to ensure the well-being of all our staff both now and for the future.
- 2.3 Throughout the pandemic we have built on the existing support and developed a wide range of resources available to staff at every level of the organisation.
- 2.4 To date we have aimed to:
- 2.4.1 Build on the health and wellbeing support that already existed
 - 2.4.2 Take advantage of a vast array of regional and national support (SE HWB)

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catalogue has 176 different types of support resources).

- 2.4.3 Focused on three key areas of work:
- supporting all staff
 - supporting leaders to support themselves and their staff
 - ensuring access to professional psychological support where required
- 2.4.4 More recently ensuring alignment of the strategic direction with the NHS People Plan
- 2.4.5 Build resilience in the organisation
- 2.4.6 Build leadership capability to create a compassionate and inclusive culture where well-being is a priority and we take care of all of us
- 2.4.7 Working collaboratively with systems colleagues
- 2.4.8 Rolling out Leadership Support Circles across the region
- 2.5 We have improved our ability to support staff at a local level and, recognising the importance of providing resources that enable anonymity, emphasised access to an ever increasing range of national support and resources.
- 2.6 Whilst the list is not exhaustive, current health and wellbeing support for staff is summarised as:

Source	For the individual
National programme: https://people.nhs.uk https://people.nhs.uk/help/ https://people.nhs.uk/support-for-leaders/ https://people.nhs.uk/pathways/ https://people.nhs.uk/events/	Emotional support by telephone or text; suite of self-help guides; access to well-being apps; online events; staff common rooms; bereavement support line; coaching and mentoring for leaders; leadership support circles; Mental Health REACT training; support for team leaders, mid-level leaders and executive leaders; support when working in a clinical environment
Local programme: https://intranet.medway.nhs.uk/intranet-news-and-events/covid-19-information-for-staff/wellbeing-options/ https://view.pagetiger.com/MFTBenefits/Covid-Support	EAP via Care First (counselling); Health and wellbeing hub; Reflective practice sessions; Incident debriefing sessions; Listening ear service; Coaching and mentoring; Resilience building and managing stress at work training; Individual health and wellbeing conversations; Schwartz Rounds; SE Health and Wellbeing Community HWB support and resources; Guidance for staff and managers from KMPT
https://www.practitionerhealth.nhs.uk/	Resource for practitioners that often find it difficult to access mainstream mental health or addictions services due to fears that they will not receive a truly confidential service.

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https://www.futurelearn.com/courses/psychological-first-aid-covid-19	Psychological First Aid training
https://www.england.nhs.uk/coronavirus/nhs-staff-offers/	A range of offers including supermarkets, food, transport, accommodation and other businesses.
https://www.kentcht.nhs.uk/service/one-you-kent/looking-after-your-health-and-wellbeing/	Guidance, advice, links and access to a variety of resources for the general population.

Table 1: Summary of Health and Wellbeing resources and support

- 2.7 The support available can be confusing and is not fully understood by all staff, in part because of the variety of sources of information being provided and also due to the increased volume of communications, particularly by email.
- 2.8 A communications plan is in place which aims to simplify the messaging and ensure staff awareness of health and wellbeing support available. The plan includes branding, i.e. “Your Wellbeing”, along with consistent and regular messages via the CEO and senior leadership team, COVID-19 bulletins, staff briefings, intranet and other online platforms, printed material, listening events, corporate induction and targeted communications at those in leadership roles.
- 2.9 Local data are limited as a result of the deliberate intent to encourage use of evidence based national resources and minimise duplication of effort locally. Evaluation of the national offer (NHS, November 2020) illustrates 155,823 app downloads, 365,772 website sessions from 322,993 users, 9,002 contacts with dedicated support lines, 2,686 leadership circle, 1,240 coaching and mentoring, and 1,244 REACT participants.
- 2.9.1 High level feedback on HWB support show:
- 90% satisfied or very satisfied with HWB support guides, 87% would definitely or probably put the guides to use
 - 95% found the SilverCloud online mental health programmes helpful
 - Unmind user score 3.9/5, 93% of users indicating a positive experience said it helped them
 - 92% of respondents to Shout helpline survey found the call helpful
 - 99% said leadership circles have been beneficial, 90% said they are helpful in generating insights and 96% of respondents would recommend
- 2.9.2 Initial programme findings state:
- The offer for psychological, emotional and mental health support has been accessed by and valued by NHS staff
 - The uptake of HWB offers indicates a need for this kind of support offer nationally, in addition to any local or regional support available

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- There is evidence that the programme is helping workforce health and wellbeing through: access to self-help; supporting resilience and reflection; supporting leaders and managers; helping staff to support colleagues
 - Support is also available for, and is being accessed by, staff experiencing mental health concerns and, for a smaller number, crisis support.
- 2.9.3 Barriers to accessing HWB support for the national offer, which is reflective of themes derived from listening events held locally during the pandemic, were found to be:
- Time – staff not having / being given / feeling they don't have time to access support
 - Awareness – a significant number of respondents reported that they weren't aware of the national offer
 - Lack of trust – feeling it would get back to their manager and be used against them, general lack of trust
 - Feeling too tired/overwhelmed to even think about what support might help them
 - Not wanting to admit they need help
 - Issues with IT/access/signing up for apps
 - The offer was overwhelming and not sure what support is right for them
 - Staff not feeling they need to access HWB support – don't need or have other sources of support (e.g. family)
 - 'No barriers' – a number of staff responded 'no', indicating they are comfortable accessing HWB support

3 The Vision

- 3.1 The NHS People Plan (NHSE, 2020) recognises the need for looking after our people, keeping them safe, health and well, both physically and psychologically. We aim to create an environment where staff thrive in a compassionate and inclusive culture, they feel valued and cared for, have a sense of belonging, are engaged, motivated and morale is high.
- 3.2 In their Stress and Resilience Framework, the National Workforce Skills and Development Unit (NWSDU, 2019) concluded the organisation has a “substantial role to play in supporting the workforce” in the context of psychological wellbeing and this impacts on patient care and staff retention. They noted the traditional approach is to promote individual resilience and whilst there is a need for personal resilience, organisations and the wider system have a “duty to support people who are doing very difficult jobs in challenging circumstances” maintaining a culture

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where the need is minimised.

- 3.3 Our vision, aligned to the Best Culture pillar of the Trust Improvement Plan (MFT, 2020), the People Strategy (MFT, 2019) and the NHS People Plan (2020) is to:
- 3.3.1 provide a climate of trust and respect where people feel valued, their psychological wellbeing is prioritised by management and the support and resources are in place to meet the needs of all staff beyond simply developing personal resilience,
 - 3.3.2 develop the knowledge, skills and behaviours of all staff to create an environment where accessing support and resources to ensure continued wellbeing is considered the norm to prevent issues arising rather than an intervention to resolve a problem.

4 Sustainability

- 4.1 The pandemic has impacted in a variety of ways including:
- 4.2 **Trauma and loss**
- 4.2.1 Past and present colleagues have sadly died as a result of COVID19 impacting significantly on all MFT staff and particularly those that worked alongside these valued staff.
 - 4.2.2 National and Trust experience and evidence points to staff experiencing significant trauma, exhaustion and stress during the period of the pandemic.
 - 4.2.3 This is likely to require many years of active and expert support for staff to ensure the impact of these losses and trauma are managed and people's mental and physical health is supported.
- 4.3 **Risk**
- 4.3.1 It has introduced an increased level of actual and perceived personal risk in attending work and caring for patients, representing a potentially significant shift in the psychological contract between MFT and its people and the patients it serves.
 - 4.3.2 It has led to a range of conversations, concerns and disagreements amongst staff about when and why people should or should not come to work.
- 4.4 **Impact on BAME Staff**
- 4.4.1 The pandemic has disproportionately impacted BAME staff which has led to the need to particularly address, speak to and risk assess those staff (as well as all other staff).
- 4.5 **Isolation and working from home**
- 4.5.1 It has required many to isolate at home through shielding or risk assessments.

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- 4.5.2 It has resulted in a proportion of people working from home for some, or all, of the time while others have been required to attend work throughout.
 - 4.5.3 This has led to some issues of perceived unfairness and inequity of some staff working from home when others wish to and are unable to or perceived service needs prevented them from doing so.
- 4.6 Redeployment**
- 4.6.1 Many staff have been asked to redeploy to alternative roles during the pandemic at short notice – often to essential services including ICU.
 - 4.6.2 Some people, teams or departments felt unable to be redeployed .
 - 4.6.3 This has led to some incidences and issues of perceived unfairness and inequity amongst managers and people who did redeploy, those who felt unable to and those that were not asked.
- 4.7 Research shows the psychological impact of COVID-19 will be seen for months and possibly years to come and without continued focus on the health and wellbeing of staff, morale, engagement and retention will all be negatively affected.
- 4.8 The intention behind the Health and Wellbeing strategy is to create sustainability for the long term. MFT has strived to ensure the appropriate and sufficient provision of health and wellbeing support prior to and during the pandemic.
- 4.9 Sustaining the focus and ensuring the most appropriate local provision to meet the needs of all staff for the long term, while developing a compassionate and inclusive culture that fosters an environment of genuine care for each other, requires further resourcing and a continued effort to equip leaders with appropriate skills to both support their staff and look after themselves.

5 Improving Quality and Outcomes

- 5.1 Walton et al (2020) outline a number of organisational actions to support staff. This includes the provision of psychological support that should include: psychoeducation, rapid access to counselling and psychiatry, drop in psychological sessions, and remote psychological support where appropriate.
- 5.2 South East Regional Mental Health and Wellbeing Hub**
- 5.3 Working in partnership with system colleagues a model has been developed to enhance the psychological support available (see figure 2). Tier 1 and Tier 2 is already being provided at MFT and Tier 3 will be provided by a specialist regional team through the South East Regional Mental Health and Wellbeing Hub.

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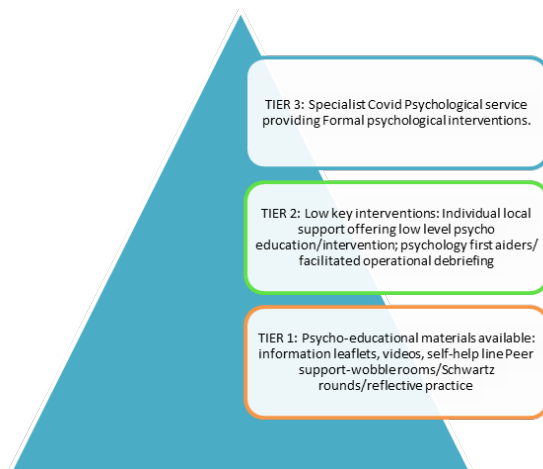


Figure 2: Levels of psychological support (source: NHS/Healthcare Psychological Support Group, October 2020)

5.3.1 Key functions of the hub include (NHSEI, 2020):

- **Deliver proactive outreach and engagement** – working in partnership with Occupational Health teams to deliver a positive health and wellbeing service to staff. Proactive outreach is key to highlight the value of mental health and wellbeing services to health and social care workforce and helping to overcome stigma and barriers to access. This includes establishing and promoting referral pathways with local key stakeholders.
- **Build capacity in local employer organisations or teams via training** – support employers/managers/teams to improve and normalise help-seeking behaviours for professional groups. This will need to target culture and behaviours of the organisation, including line management capacity for supporting staff.
- **Provide rapid clinical assessment** – for self-referrals, and referrals from other sources e.g. Occupational health, GPs etc, to identify where further support is required. This assessment should ideally be multidisciplinary.
- **Provide onwards referral and care co-ordination to deliver rapid access to mental health services and support** - to ensure staff access relevant NICE recommended and evidence based psychosocial interventions and treatment. Hubs should also monitor the staff's progress through the system to ensure good outcomes.

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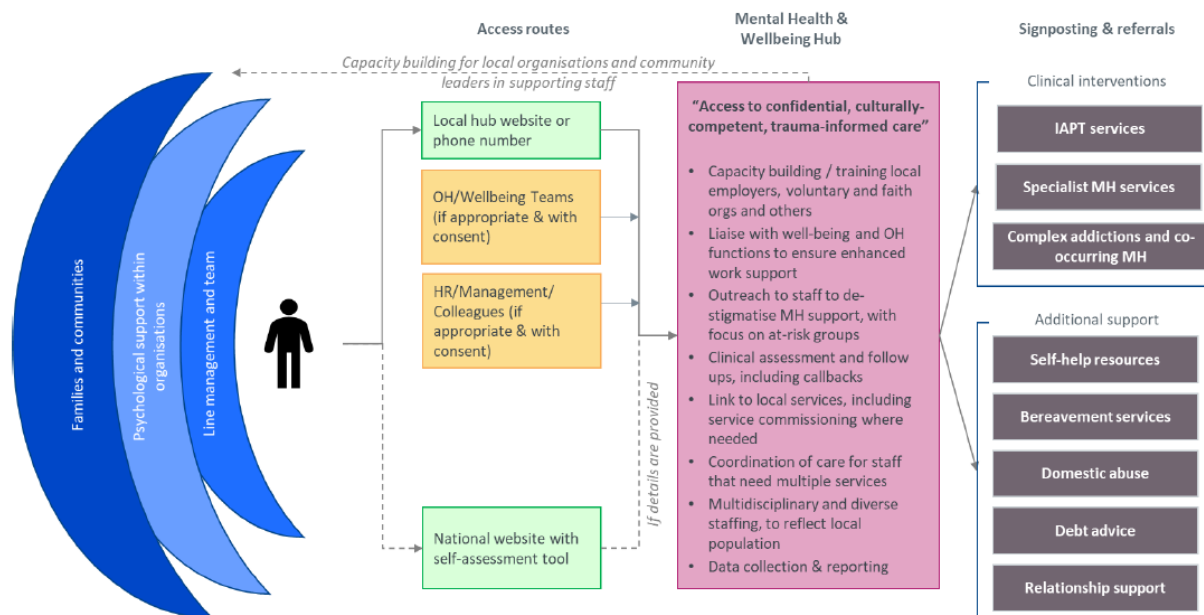


Figure 3: Example Model of Care/Pathway (source: NHSEI, October 2020)

5.4 On site counselling

5.5 Building on the current provision of remote counselling and part-time on-site counselling is a priority for the Trust. The Occupational Health service will be enhanced by an additional Mental Health nurse enabling additional capacity.

5.6 **Trauma Risk Management (TRiM)** is a peer delivered risk assessment and ongoing support system, designed specifically to help in the management of traumatic events. It is not a clinical intervention, a form of counselling or treatment.

5.6.1 The system allows peers to understand likely reactions to traumatic incidents and to conduct structured risk assessments, aiming to identify people needing early referral to qualified medical support. Risk assessments are based around identifying common risk factors for the development of traumatic stress; a simple scoring system is applied.

5.6.2 TRiM is highly effective because people are often more comfortable talking to peers. The system is an ongoing method of monitoring and support not just a single session intervention.

5.6.3 Organisations identify suitable people at various levels of seniority to train as TRiM Practitioners. TRiM is more effective when enshrined in policy and linked to Human Resources and Occupational Health strategies.

5.6.4 Research shows that four to six weeks after a traumatic event most people begin to recover and access coping strategies. Those not doing well are identified and where necessary are referred for specialist support. Further mentoring and management continues.

5.6.5 The success of TRiM is largely dependent on its leadership and structure with a TRiM champion or coordinator being appointed to oversee and lead the strategy.

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- 5.6.6 The coordinator should be supported by a layer of TRiM managers who may have departmental or geographical areas of responsibility. They will be responsible for the supervision and support to TRiM practitioners. A typical TRiM structure is illustrated in figure 4.

TRiM Organisational Structure

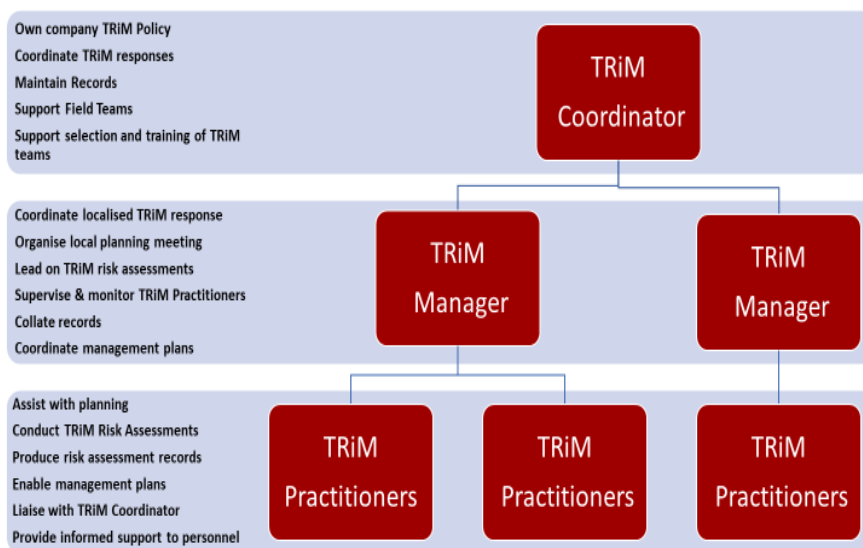


Figure 4: TRiM Organisational Structure (source: Strongmind Resiliency Training Limited, 2020)

5.7 Staff health and wellbeing hub

- 5.8 The hub opened on 9 April 2020 in the Education Centre. Whilst usage data are limited due to the self-managed sign-in and sign-out process, experiential data collected during the first five weeks demonstrate a positive effect on users individual perception of their emotional state, with 92% recording and feeling of “sad” or “neutral” upon entry and 98% recording a feeling of “happy” on exit.

- 5.9 Feedback from listening events and other sources suggest the hub will be used by a wider range of staff groups when a permanent site is found within the main hospital.

5.10 Staff gym

- 5.11 Work is underway for installation of a staff gym within the main hospital supporting MFT’s aim of providing staff with the opportunity to be physically active and able to access physical activity throughout their working day.

5.12 Healthy Workplace Allies (HWA)

- 5.13 The aim of a HWA is to look after our people and offer support or guidance where needed. This could range from simple reminders to colleagues to remain hydrated throughout the day, through to holding supportive wellbeing conversations and redirecting them to support offers that may help with their health and wellbeing (such as referring them to access local and national wellbeing support offers, or advising them to speak to Occupational Health or their GP for more clinical

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requests).

5.14 These roles are flexible and are deployed in the way that best suits our people's needs and context, keeping additional workload and pressure to a minimum. The Ally is not intended to be a new, paid role within the organisation, but works within the context of their existing role and might include:

- a member of the occupational health team,
- a health and wellbeing lead,
- a mental health first aider,
- a staff network chair or secretariat (for example from the organisations BAME network, LGBTQI+ network)
- a staff-side or local trade union representative
- volunteers with previous NHS experience
- healthcare professionals whose professional registrations have expired
- returning retirees who prefer not to return to clinical practice

5.15 **Wellbeing conversations**

5.16 The NHS People Plan 2020-21 sets out the ambition that “From September 2020, every member of the NHS should have a health and wellbeing conversation and develop a personalised plan. These conversations may fit within an appraisal, job plan or one-to-one line management discussion, and should be reviewed at least annually. As part of this conversation, line managers will be expected to discuss the individual's health and wellbeing, and any flexible working requirements, as well as equality, diversity and inclusion.”

5.17 Health and wellbeing conversations are intended to be supportive, coaching-style one-to-one conversations focused on looking after the wellbeing of all our diverse people.

5.18 They consider the holistic wellbeing of the individual (i.e. physical, mental, emotional, social, financial, lifestyle, safety, learning, contribution etc.) to identify areas where the individual may need support, signpost them to that support, and monitor their wellbeing over time.

6 Governance Overview

6.1 The Staff Health and Wellbeing Strategy is aligned to the MFT People Strategy (2019) and from a governance perspective sits under the Best Culture pillar of the People Programme being measured and monitored by the programme board, the Trust Improvement Board and through to the Workforce Committee and Trust Board.

6.2 The Wellbeing Guardian is a board-level role that provides oversight, assurance and support to the board to fulfil their legal responsibility in ensuring the health and wellbeing of our NHS people.

Wellbeing Guardian:

The nine board principles supported by the wellbeing guardian

Principle one: The health and wellbeing of our people and those learning and working in the Trust should not be compromised by the work they do for the Trust.

Principle two: Where an individual or team is exposed to a particularly distressing clinical event, board time should be made available to assure the board and the wellbeing guardian that the wellbeing impact on those staff and learners has been checked.

Principle three: Regular assurance will be provided to the wellbeing guardian to ensure that wellness induction (previously wellbeing 'check-in') are being provided to all new staff on appointment and to all learners on placement, as outlined in the 2019 NHS Staff and Learners' Mental Wellbeing Review's recommendations.

Principle four: The wellbeing guardian will receive assurance that all our people and learners have ready access to a self-referral, proactive and confidential occupational health service that promotes and protects wellbeing.

Principle five: The death by suicide of any member of our people or a learner working in MFT will be independently examined and the findings reported through the board to the wellbeing guardian.

Principle six: MFT will ensure that all our people and learners have an environment that is both safe and supportive of their mental and psychological wellbeing, as well as their physical wellbeing.

Principle seven: MFT will ensure that the cultural and spiritual needs of our people and learners are protected, and equitable and appropriate wellbeing support for overseas staff and learners working in MFT.

Principle eight: MFT will ensure the wellbeing and make the necessary adjustments for the nine groups protected under the Equality Act 2010 (including consideration for how intersectionality may impact wellbeing).

Principle Nine: The wellbeing guardian will provide suitable challenge to the board to be assured that the organisation is working with system leaders and regulators, to ensure that wellbeing is given the same weight as other aspects in organisational performance assessment.

Workforce
Committee

Trust
Improvement
Board

People
Programme
Board

People
Programme
Culture
Workstream

Staff HWB
Project /
Operational
Group

Table 2: Governance overview

6.3 The Health and Wellbeing Framework diagnostic tool is designed to help us assess our organisation against the Health and Wellbeing Framework (NHE Employers, 2018).

6.3.1 The framework focusses on:

- Organisational enablers – the essential leadership, structural, cultural building blocks for improving staff health and wellbeing. This includes leadership and management, data and communication and healthy working environments.
- Health interventions – the core health areas to focus support for staff. This has been informed by research on the leading causes of absence due to poor health from NHS organisations.

6.3.2 The framework is an interactive document that makes the case for staff health and wellbeing, sets out clear actionable steps and provides

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guidance on how organisations can plan and deliver a staff health and wellbeing plan.

- 6.3.3 The framework dashboard, alongside Key Performance Indicators from NHS Staff Survey and Freedom to Speak Up metrics, will provide oversight of progress of the Staff Health and Wellbeing Strategy.

7 Values and Principles

7.1 Our values put our patients first and inspire us to be the BEST, they are Bold, Every person counts, Sharing and open and Together. These exceptional values ensure that every decision we make is filtered and challenged in a transparent way and empower all staff to speak up and make a difference.

7.2 The principles of the Staff Health and Wellbeing Strategy reinforce our commitment with our staff to create a culture of care, compassion and inclusivity where every person counts.

7.3 Bold - We are inspiring and ambitious:

- We have high aspirations and want to be the best we can be;
- We make the right decisions with our patients using evidence and best practice;
- We share a common vision;

We can be bold by striving to be the best, having a “can do” attitude and welcoming and learning from new opportunities.

7.4 Every Person Counts - We are respectful and supportive:

- We treat everybody with respect;
- We value the contribution of all staff;
- We support and encourage each other to be our best;

We can make sure every person counts by looking for ways to create a positive experience for others, treating others with kindness and challenging behaviour that is not in line with our values.

7.5 Sharing and Open - We are open and speak up:

- We are open and transparent in all that we do;
- We innovate, share and encourage creativity;
- We are committed to learning and continuous development;

We can be sharing and open by speaking up when we see issues that affect the safety and well-being of others, by questioning, challenging and embracing innovation, and by reflecting and sharing what we learn.

7.6 Together - We are inclusive and responsible:

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- We deliver the best care for our patients together;
- We work in partnership with our patients, families and our community;
- We encourage team working to deliver the best outcomes;
- We do what we say we will do;

We can ensure we are working together by being accountable and responsible for everything we do, working in partnership to deliver the best care and making a positive contribution to the success of the Trust.

8 Financial Implications

- 8.1 Health and Wellbeing hub - £5,000 allocated through NHS Charities supporting provision of additional furniture and fittings of the permanent site
- 8.2 Staff gym - £15,000 funding allocated through NHS Charities for provision of equipment and a further £55,000 applied for.
- 8.3 TRiM - Phase 1: 12 -14 (on-site training) practitioners and 12 (self-directed blended learning), £8,400 / Phase 2: 36 – 42 practitioners, £11,520
- 8.4 Mental Health Nurse - within existing OH budget

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Trust Associated Documents:	
MFT People Strategy 2019-2022	
Our Medway Improvement Plan 2020-2021	

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