NHS SE #HAY (How Are You?) GUIDE

Caring for our staff as a key leadership responsibility

> **This document makes clear the NHS SE intention to deliver a key element of the 'moral component' to support our staff during the Covid-19 pandemic and makes a contribution to maintaining our operational effectiveness. It should be read in conjunction with other NHS policies and processes and is an active guide for leaders, managers and all NHS SE staff.**

CONTENT

PART 1 - INTRODUCTION

AIM

The following guide has the title of "#HAY" because it does what it says on the tin. Any grade or band of staff can sometimes need to hear, or ask, "how are you?" and it is incumbent upon us all to look out for one another, to inquire into others wellbeing, and to remember to focus on our own also.

"How are you?" (#HAY) is not about how well you have performed at work nor is it designed to be an objective review of a person's wellness, but rather, to get beneath the superficial answer of "I'm fine" when actually there may be issues, drivers and triggers that are deep seated and difficult for individuals at this time, so to deliver our duty of care we must be equipped to provide that help.

Some individuals will thrive in a fast pace and difficult environment, but even they need to have breaks, take time to reflect and be supported in their journey through this pandemic. For others, this time will be bringing forward a myriad of difficult and unexpected reactions, and as employers and colleagues the following work provides a mechanism to deliver that duty to look after one another, and ourselves.

CONTENT

There are many offers, interventions and opportunities for staff, their managers and leaders to avail themselves of in terms of health and wellbeing at organisational, system, regional and national level, and these are well focussed and highly recommended.

However, this guide is there to ensure that there are certain 'must do's or 'must have's' as well as these. Many organisations will be able to say that they already have a version of the aide memoires, have management strategies to ensure all the components of caring for our staff at this time are in place. For them, this manual is therefore a useful assurance tool to ensure their practice achieves the aim of this manual. For others, this guide I will be the foundation of their practice, and in all cases, the expectation and intentions of the guide should be met.

TIMING

During the pandemic of Covid-19 there are 3 phases which are categorised in this guide as the 3Rs:

- **Response**: the 'now' as we enter the modelled peak phase (mid-April/May 2020).

- **Resilience**: continuation; sustaining the level of intensity of demand and modelled 'flattened peak' for some months to come.

- **Restoration**: the expected period after the disease demand has subsided, restrictions of movement are lifted and people return to a more usual rhythm of work and life. Probably 6 months and beyond.

All Annexes and Appendices are relevant to a greater or lesser extent over these 3 phases and can be downloaded, printed, and published for their appropriate audiences through your usual communication mechanisms. There will be a review of the guide (4-6 weeks after sharing it) to discuss its implementation, efficacy, and areas for improvement. This is to support and assist rather than manage and require.

NHS SE OPERATIONAL EFFECTIVENESS - PEOPLE

We have adapted a method used by the military to produce our own overlapping model of components where we describe the 'operational effectiveness' of how the NHS can work in this pandemic. It is important to understand the relationship between the 3 components and that whilst there are of course pressures on the Physical and Conceptual components at this time this guide focusses on the factors affecting the Moral component that leaders, managers and all staff can have a direct impact on: Morale and Leadership. This guide is aimed at assisting you in having a positive impact in these areas, ultimately increasing the effectiveness of the NHS over the 3Rs.
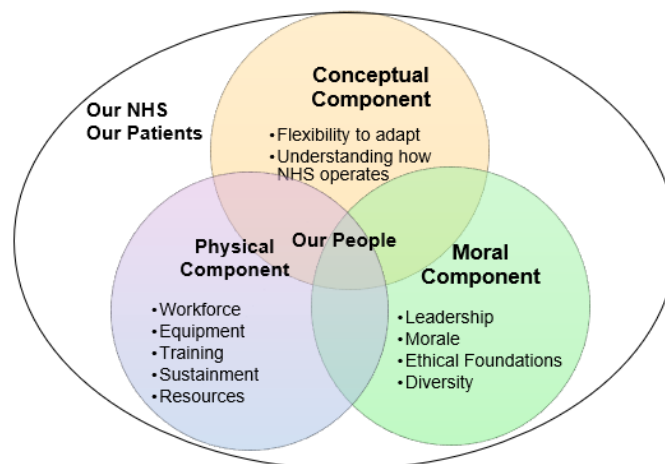
SUPPORT FOR UNDERREPRESENTED GROUPS AND BAME COMMUNITY

We need to be particularly aware that there will be people within our organisation who are from under-represented groups and this may be having an additional impact on them in a more detrimental way than some other colleagues.

In this guide there is a specific Annex to support colleagues from Black Asian and Minority Ethnic backgrounds, a clear focus and action at national / regional level as well as input at a local organisational, network or individual level. See Annex E.

MANAGING CONCERNS AND FEAR

Some healthcare workers may unfortunately experience avoidance by their family or community owing to stigma or fear. This can make an already challenging situation far more difficult. Linked to the Moral Component is knowing how to manage your staff who are understandably experiencing deep concern and fear in this current crisis. Fear that they may already have COVID, fear that they may be exposed to it unnecessarily, fear of being tested: what do the results mean? What is the impact on their family? All questions that we need to be prepared to try and answer or at the very least support them.

We need to find the time to spend with our people who consciously seek support and help those who, through fear or stress exhibit behaviours damaging to themselves or others. These can include overworking, being over-busy, only focussing on the task in front on them when they need to look out further – or the converse and avoiding the current situation. There are many manifestations of this deep and human emotion, in so many ways it is used to keep us safe, but it can become toxic and all of us need to acknowledge its power and our ability, often through help, to overcome it. Some of annexes on staff sickness, vulnerable groups and deliberate time checking in and out or decompressing (all explained in this guide) should assist in this.

PART 2 – DETAIL FOR DELIVERY - LEADERS & MANAGERS

As leaders and managers within the NHS we all have a Duty of Care to our staff, during this COVID crisis, now more than ever there is a need for us to deliver additional wellbeing input to support our staff throughout the 3Rs. The table below details specific responsibilities for the three audiences:

	Response	Resilience	Restoration
CEOs/AOs/Execs	Hold Organisational Wellbeing Meetings discussing: • TRiM personnel in your organisation • How your Sick Absent Staff due to COVID are being cared for • How your High Risk Groups, BAME, & vulnerable people are being cared for As per Annexes B/C/D and E		
	Review current leave plans across departments to ensure 10 days leave in every 6 months is being taken as per the Guide.		
	Role model. Visible 'down time', insist on others taking it too.		
	Provide at least one Decompression room for staff as per Annex A.		
	Appoint a TRiM Co-ordinator for the Trust	Ensure TRiM Coordinator is trained properly.	Review TRiM Coordinator to ensure they are #HAY
	Encourage #HAY for you and your staff.		
	Issue letters for all BAME and Vulnerable Groups as per Template in Annex E.	Review other guidance and develop more support for BAME staff.	Reflect on what works well and where more / different focus is needed.
Line Managers	Attend Organisational Wellbeing Committee Meetings prepared to discuss: • Your TRiM personnel • How you are caring for your Sick Absent Staff due to COVID • How you are managing High Risk Groups, BAME, and Vulnerable people As per Annexes B/C/D/E and your CEO/AO/Execs direction.		
	Review current leave across your department, ensuring you and your staff take 10 days in every 6 months (considering religious festivals etc) as per Annex A.		
	Role model. Visible 'down time', insist on others taking it too.		
	Identify potential TRiM Practitioners within Departments	Ensure TRiM personnel are trained appropriately.	Review TRiM personnel and ensure they are #HAY
	Issue Aide Memoires to all staff as per Annexes F - I	Check for updates to aide memoires. Check staff know where their aide memoires are.	
	Make sure your Heads of Departments and you are conducting the check in and check out process using the traffic lights to help identify when someone or you are struggling. Its ok to not be ok. (See Annex F).		
	Worried about a member of staff, use the 5 step wellbeing conversation at Annex I.		
	Encourage #HAY throughout your department – the new way of working!		
All Staff	Check In/Out at the end of shift, using aide memoire at Annex F.		
	Use the Going Home Checklist when you are finally heading home at Annex G.		
	Feeling stressed or anxious? Try some of the Coping Strategies and Grounding Techniques at Annex H.		
	Find the Decompression room as per Annex A so you know where it is when you need it.	Take time to use the decompression room, even if you think you don't need too.	
	Buddy / Buddy system not just on PPE, but by asking #HAY to all your colleagues and being honest with yourself.		
	Be open to your Line Managers and Heads of Department checking in to ask #HAY?		
	Offer up ideas about you feel you could be supported better. Things can't and won't change unless people know about it.		

Wellbeing Policies

This section headlines all the aspects of the Guide that we need to pay particular attention to. The national policies remain extant, as will local employer policy, as discussed and agreed with Trade Unions and through Agenda for Change or other local arrangements. If an organisation is implementing a different policy to that outlined here, please continue to use it in order to meet your people's needs.

Annual Leave Guide

Annual Leave is intended for reasons of relaxation, personal recreation, holiday, family union or simply a break from the work place and the demands required of people in their professional life. While travelling and interacting in a holiday setting may not be as possible as previously experienced, taking 'time off' still remains important in order to refresh each individual to return with a rested mind and body. It remains the Managers responsibility throughout this pandemic to still ensure that all staff annual leave is correctly managed and that all staff take some of their leave entitlement. **Throughout all 3 stages of the COVID 19 response all staff should take at least 10 days leave in a 6 month period.**

Confidentiality

All of the suggested practices must be conducted in line with your usual Confidentiality policies and processes.

Wellbeing Sources of Information, Guides and Facilities

In addition to this guide, the Health and Wellbeing Dispatch is circulated weekly to Health and Wellbeing leads, OD leads, and as of week commencing 27 April 2020 will also be shared via the South East Incident Command Centre (SE-ICC) to ensure widest possible awareness and use.

All organisations should provide decompression room facilities accessible for all staff throughout all 3 stages of the COVID 19 response. Annex A provides a guide on how this might be undertaken.

Wellbeing meetings

Leaders and Managers should be conducting conversations and a focus on staff wellbeing either through current structures of Committees or with even greater focus. There is an example policy for a 'stand alone' way of achieving this at Annex B, with outline agenda at Appendix 1 to Annex B.

The Wellbeing meeting should aim to promote awareness of mental health issues, combat stigma and foster strong support and management systems. This Guide suggests they should address compliance with policy and initiatives on: Trauma Risk Injury Management (TRiM) or Sickness Absence at home as well as non-clinal wellbeing issues (covered in Sickness Absence at home Annex D).

Trauma Risk Injury Management (TRiM)

This section sets out a framework of action to be taken by Trusts in order to provide appropriate and effective support to their staff during the 3Rs with the aim of reducing the likelihood of adverse effects from the current COVID-19 crisis.
Annex C provide the Policy for TRiM, with several Appendices for the Diary, Logbook and Action Plan.

A traumatic incident is any event which is considered outside of an individual's usual experience and has the potential to cause physical, emotional or psychological harm. A key feature of a traumatic incident(s) is that there is no universal response as individuals react in different ways. TRiM is a procedure for managing the non-physical impact of a traumatic incident.

Care of Staff absent due to Covid-19

Annex D provides the direction for maintaining contact with staff who are away from work at this time. This does not supersede other sickness absence policies but rather complements it and has specific regard for this Covid19 pandemic. The aim here is to ensure that a connection with work is maintained to better support their return to work.

Supporting Staff in at High Risk Groups

Some personnel, due to the nature of their employment, will be at higher risk than others of developing the symptoms of stress or contraction of COVID. Managers and leaders must attempt to pro-actively identify and manage those individuals who are likely to be higher risk. These will include certain roles in the hospital who by the nature of their role are more likely to succumb to increased levels of responsibility related to stress and exposure to COVID but less likely to recognise it in themselves.

Black Asian and Minority Ethnic (BAME) staff constitute over a third of all NHS staff, and in the case of doctors they represent a significantly higher proportion. There is palpable worry, upset and at times anger amongst some colleagues that the matter of the heightened risk or impact is not being addressed with sufficient urgency. Whilst there is work in progress, and the fact that the high BAME mortality rate continues, there are some adjustments that you as leaders and managers can make which would not just allay people's fears, but also may make a tangible difference to the mortality rates.

Annex E provides some useful guidance on supporting staff in high risk groups, including BAME staff and other vulnerable groups.

Check In/Out

Managers are to ensure that all Staff conduct a Check In/Out process as per Annex F. The traffic light system has been adopted as a simple and effective way of identifying members of staff – or notice in ourselves - who may be having adverse reactions to the current situation.

Lessons Identified, Lessons Learnt

Each organisation will experience the Covid19 pandemic in similar and different ways. Some will have vast differences across their organisational sites / departments, but in all cases, this pandemic, its restrictions and care needed will be experienced by all our people, and those around them, to a greater or lesser extent.

To capture our learning from the pandemic experience there will be reviews and reflections not yet thoughts of or developed, but within each organisation part of the way of processing what has (and is currently) happening is to reflect and take time to process what has been happening and its effects.

Each organisation or team should undertake their own version of this, but the key aspect for this guide it to mention the beginnings of looking up and forward to how the new normal and its business as usual might manifest and what lessons we can learn, through their identification of them because of Covid-19. You might choose to have a more regular mechanism for receiving feedback from people, or address involving teams, networks or ways of working in a different way. The strategic work will continue in this area also, but at the human level, we might like to identify behaviour and constructs we don't want to go back to or do want to continue those new to us. In particular, caring for one another and asking, "How are you?" #HAY.

01 May 2020