Model NHS Talking Therapies Staff Wellbeing Strategy

August 2023

A strategic approach to staff wellbeing developed locally in the Thames Valley to support NHS Talking Therapies for anxiety and depression (NHSTTad) (formally known as Improving Access to Psychological Therapies, IAPT) staff avoid burnout and help NHSTTad services remain sustainable for their patients.

> Our NHSTTad colleagues provide such a skilled and important service and it is vital that we understand, share and implement best practice, in supporting them to stay healthy, well and effective.

Claire Murdoch, CEO, Central and North West London NHS Foundation Trust and National Mental Health Director, NHS England

> I very much welcome this strategy and fully endorse the approach it outlines to support staff working in NHSTTad services across the Thames Valley. Our workforce is our greatest asset and one we must take care of. The COVID-19 pandemic has not only highlighted the importance of NHSTTad services but also the need to proactively support the wellbeing of staff working in such services. It is essential that we do this if we are to have services that are resilient and sustainable in the long term.

Dr Nick Broughton, CEO, Oxford Health NHS Foundation Trust

> I would like to thank colleagues for their work in developing this excellent strategy, which has been produced in collaboration with NHSTTad providers across the Thames Valley and funded via and supported by the Oxford Academic Health Science Network. Our staff are our most important asset and supporting them to be healthy and well at work is of upmost importance to us.

Julian Emms, CEO, Berkshire Healthcare NHS Foundation Trust

Foreword

NHS Talking Therapies for anxiety and depression (NHSTTad) (formally known as Improving Access to Psychological Therapies, IAPT) is remarkable. Over 6 million people have had a course of treatment in the services since the start of the programme and many more have had an assessment and advice. By delivering NICE recommended treatments with care, NHSTTad services have achieved the ambitious target of around 1 in 2 patients fully recovering from depression and anxiety. Many more (approximately 7 in every 10) have experienced substantial improvements in their mental health.

Professor David M Clark
- Clinical Lead, NHSTTad Network, Oxford Academic Health Science Network

NHS England's Clinical and Informatics Advisor for NHSTTad

These would be stunning figures in the best of times. However, the last few years have not been the best of times. Life has been turned upside down by the COVID-19 pandemic. In a changing world, one of the few things that has stayed constant is the NHSTTad workforce's determination to help alleviate the pain of mental suffering. Clinicians in the services rapidly adapted to delivering therapy remotely, treated just as many patients as pre-pandemic, and achieved the same excellent outcomes. That is wonderful.

Staff in NHSTTad services know that their work makes a difference. But the knowledge is not enough. They approach their stressed patients with kindness, civility, and respect, ensuring that they have a voice and are listened to. NHSTTad staff should experience those same qualities in their workplace.

While that is often true, it is clear that sometimes services pay too little attention to the wellbeing of their staff as they try to meet the massive public demand for psychological therapies. That is not fair. It also undermines the aims of the programme. As the NHSTTad Manual (p.21-22) points out, "Staff wellbeing is paramount... A challenging professional context should be matched with high levels of support... As good practice, providers should implement local strategies to improve and sustain staff wellbeing. It is recommended that services have a written plan for supporting staff wellbeing which is developed with staff and updated on a regular basis."

This Model Strategy provides a framework to enable all members of an NHSTTad service to work together to develop a wellbeing strategy that meets their local needs. It is the result of a close collaboration between the four NHSTTad services in the Oxford AHSN who came together to review the literature on workforce wellbeing, to consult widely, and to reflect.

I commend to you the framework that has emerged

Professor David M Clark

Foreword

The success of the national NHSTTad programme to help all in our society live as well, happily and contentedly as possible is a wonderful example of vision and the courage of persistence in service of humanity. It is also a testament to the thousands of people who work to ensure increasing access for all to psychological therapies that we now know helps to achieve that vision. They have dedicated a large part of their lives to caring for and supporting others in their communities.

Professor Michael West CBE - Senior Visiting Fellow, The King's Fund

Professor of Organizational Psychology, Lancaster University

Emeritus Professor, Aston University

But evidence has shown that those working in mental health services have, in some cases, been themselves harmed by their working conditions including work overload, poor supervision, lack of support and moral distress. It is clear that in order to ensure high quality, continually improving and compassionate care for service users, we must also ensure high quality, continually improving and compassionate support for those who provide that care.

This Model Strategy goes further than yoga and mindfulness apps (helpful as those are to some). It focuses on providing guidance for evidence-based primary interventions to promote staff wellbeing that help to meet the core needs of staff at work.

Leading with Compassion in NHS Trusts and other settings is associated with higher care quality, better service user satisfaction, better use of resources and lower levels of staff stress. NHSTTad services require leaders who listen, seek to understand the challenges those they lead face, empathise and then help staff do their jobs more effectively by removing obstacles and ensuring needed resources are in place.

Managing Collaboratively means ensuring staff are not simply overwhelmed by chronic excessive workload, priority thickets, target proliferation and inadequate information. Effective management ensures direction, alignment and commitment – an inspiring lived vision, a limited number of clear, agreed challenging goals, alignment of efforts around core purpose and climates of trust, psychological safety and motivation.

The third pillar of the Model Strategy - Team-working Effectively is key to high quality care and is both inadequately implemented in many settings and its importance astonishingly under-rated. The more staff who work in teams with four or five clear, agreed,

Foreword

challenging goals and who meet regularly to review performance, the better is care quality, service user satisfaction and use of resources. Staff wellbeing and retention are dramatically better and, in the acute sector, avoidable patient mortality is significantly lower.

The need to belong is fundamental to us. Belonging for, and by, all is what we must aspire to achieve in our services and our communities. For NHSTTad staff, it is ensuring that all feel valued, respected and supported by their leaders, their colleagues and their communities. The vision of creating workplaces that model what our communities must continually seek to nurture is core to NHSTTad services.

I commend the Model NHSTTad Staff Wellbeing Strategy to you – it is a privilege for me to endorse the content of the Model Strategy, built as it is, on evidence and good practice from NHSTTad service delivery experience and focused on supporting NHSTTad services. This initiative is desperately needed not just in NHSTTad but across all our health and care services. I warmly welcome it.

> **It is clear that in order to ensure high quality, continually improving and compassionate care for service users, we must also ensure high quality, continually improving and compassionate support for those who provide that care.**
>
> Professor Michael West CBE
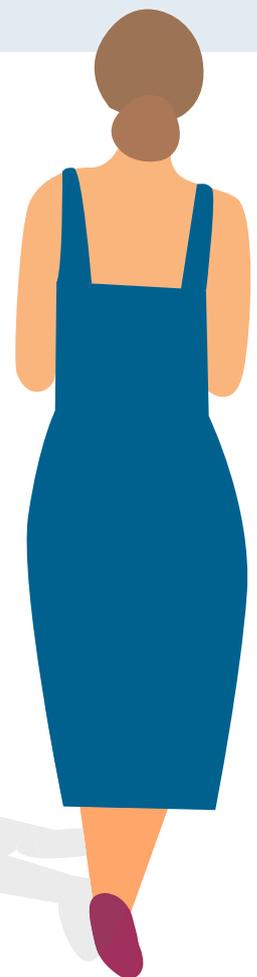
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Introduction

In line with the NHS People Promise, the Clinical Leads of the four NHS Talking Therapies for anxiety and depression (NHSTTad) (formally known as Improving Access to Psychological Therapies, IAPT) services in the Thames Valley (Buckinghamshire, Oxfordshire, Berkshire and Milton Keynes) committed to making the wellbeing of their staff central to their service delivery agendas. They launched a joint staff wellbeing strategy development project in autumn 2021. This Model Strategy is the result and a starting place for making staff wellbeing a strategic priority in NHSTTad services.

The aim of our Joint NHSTTad Staff Wellbeing Project, funded by NHS England through the Oxford Academic Health Science Network, was to develop an approach to strategically and proactively supporting the good wellbeing of NHSTTad staff. This was to help us in reducing or preventing unnecessary workplace stress that can lead to burnout. It has resulted in this 'Model NHSTTad Staff Wellbeing Strategy'.

As the NHSTTad Manual (Version 5) sets out, "Staff wellbeing is paramount. Creating a resilient, thriving workforce is essential to delivering high-quality mental health care...As good practice, providers should implement local strategies to improve and sustain staff wellbeing".

This project came about because, similar to other NHSTTad services, we were concerned that recent developments affecting our workplace might negatively impact the wellbeing of our staff. These included the recent rapid expansion of NHSTTad services, meeting increasing patient need and dealing with case complexity, and the individual and service-wide impact of responding to the COVID-19 pandemic - including quickly adapting to remote and hybrid working. The effects of these developments risked causing an increase in staff sickness absence, exacerbating staff retention challenges, and staff feeling stressed or burned out.

We set out to explore the organisational factors that drive good staff

wellbeing, as a basis for developing a practical strategy to help us make the wellbeing of staff a strategic priority in each of our NHSTTad services in the Thames Valley.

The purpose of this Model Strategy is to inform the further development of activity within our own NHSTTad services over the coming months and years, to maintain and improve staff wellbeing. It also provides a suggested framework, together with ideas for implementation, from which locally developed approaches can be identified, developed and implemented by any NHSTTad service.

We hope the learning arising from this Model Strategy will provide a helpful foundation for similar staff wellbeing activity in NHSTTad services across England. We invite you to read with interest and join us in trying and testing these and other approaches to improving and maintaining good NHSTTad staff wellbeing.

Clinical Leads – Thames Valley NHSTTad Services, October 2022

This is a 'Model' Strategy ...that can be adopted or adapted by any NHSTTad service

Milton Keynes

Bicester

Aylesbury

Oxford

Henley-on-Thames

Reading

Bracknell
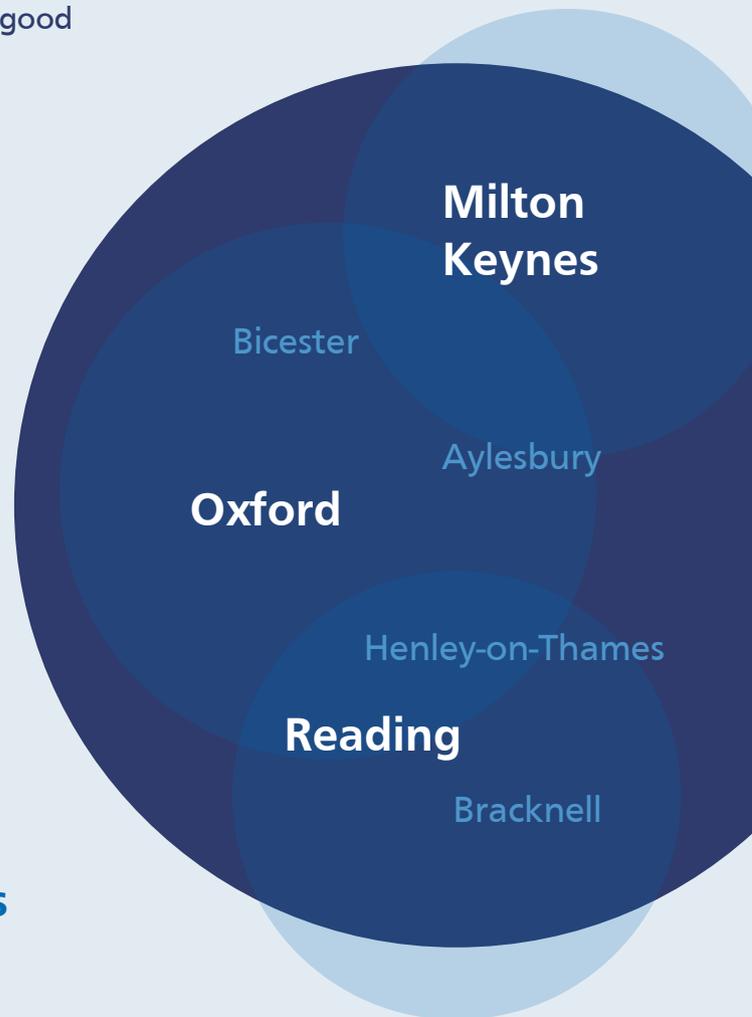
NHS Buckinghamshire Talking Therapies
Oxford Health NHS Foundation Trust

NHS Oxfordshire Talking Therapies
Oxford Health NHS Foundation Trust

NHS Berkshire Talking Therapies
Berkshire Healthcare NHS Foundation Trust

NHS Milton Keynes Talking Therapies
Central and North West London NHS Foundation Trust

A strategic approach to staff wellbeing

This Model Strategy was developed between October 2021 and September 2022 by the Thames Valley's four NHSTTad services. We describe it as a strategic approach to staff wellbeing.

We have defined a strategic approach, for the purposes of this Model Strategy, as one that places: a clear and prevailing emphasis on influencing, managing and leading a workplace towards one which systemically and systematically creates, promotes and maintains good staff wellbeing.

In that light, this Model NHSTTad Staff Wellbeing Strategy is proactive and preventative. The intended primary beneficiaries are the staff working in NHSTTad services: clinical and non-clinical staff, Employment Advisers, trainee and qualified members of staff.

Many individual NHSTTad services and NHS Trusts have already developed, and are actively benefitting from, staff wellbeing interventions that respond to existing staff wellbeing needs. These may include Schwartz Rounds, Occupational Health Services and Staff Wellbeing Hubs etc. Many also actively promote good self-care amongst their workforce, such as advocating healthy lifestyles and facilitating social connection between colleagues, often encouraged by designated Wellbeing Champions. This Model Strategy does not duplicate or replace this important awareness-raising and responsive staff wellbeing activity.

Rather, it complements and builds upon it by strategically considering how a local NHSTTad service might function, in order to best support and maintain good staff wellbeing. This is crucial for ensuring NHSTTad services can remain sustainable and continue meeting the needs of patients, often in the context of increasing service pressure, inevitable change and flux.

This Model Strategy is built around four strategic objectives that have been informed by the staff wellbeing needs of the Thames Valley's NHSTTad services   (see p.7), as well as the NHS People Promise and other key NHS workplace wellbeing narratives.

A strategic approach to staff wellbeing

A clear and prevailing emphasis on influencing, managing and leading a workplace towards one which systemically and systematically creates, promotes and maintains good staff wellbeing.

The four strategic objectives are:

Objective 1:
Leading with compassion

Objective 2:
Managing collaboratively

Objective 3:
Team-working effectively

Objective 4:
Belonging for, and by, all

The learning arising from developing this Model Strategy – drawn from staff engagement activities in the Thames Valley's NHSTTad services and extensively from published workplace wellbeing insights and evidence within and beyond healthcare – has been organised within our 'Theory of Change for NHSTTad Staff Wellbeing' (see p.43). A Theory of Change is a simplified way of presenting the journey from a current state towards a desired outcome. We have paid particular attention to approaches to staff wellbeing that are technically correct, contextually appropriate, and are likely to be operationally feasible in an NHSTTad context.

How to use this Model Strategy

This is a 'Model' Strategy because it provides a range of suggested interventions which can support good staff wellbeing and that can be adopted or adapted by any NHSTTad service.

It introduces some key areas shown to be important when supporting good workplace wellbeing. It also contains suggestions that can help to strategically embed staff wellbeing within a service and some practical activities to try. The intended outcome is that good staff wellbeing is proactively maintained or improved within the changing NHSTTad working environment, leading to reduced risk of staff burnout and enabling services to sustainably respond to patient need.

The most effective staff wellbeing interventions are those designed and agreed collaboratively within a local NHSTTad service and informed by the needs and experiences of the staff working there. As the NHSTTad Manual (Version 5) says: "It is recommended that services have a written plan for supporting staff wellbeing, which is developed with staff and updated on a regular basis". This Model Strategy is not intended to be prescriptive or a one-size-fits-all approach. Neither are the topics and suggested activities intended to be exhaustive - some may resonate with you more than others. It is a starting place.

Here are three ways you could use this Model Strategy as a basis for understanding and meeting your staff wellbeing needs:

1. Like this... identify which of our four strategic objectives resonate most with your service and develop your own implementation activities

2. Or like this... make a start by trying some of the practical approaches we suggest that are relevant to your service

3. Or like this... reflect on our overall approach, as a basis from which to research and create your own staff wellbeing strategy

Model NHSTTad staff wellbeing strategy on a page

NHS

Purpose: To support NHSTTad services locally to place a clear and prevailing emphasis on influencing, managing and leading a workplace towards one that systemically and systematically creates, promotes and maintains good staff wellbeing

Objective 1: Leading with compassion

NHSTTad services could do this through:
- Embedding 'compassionate leadership' by default at team, project and service-wide level.
- Collectively agreeing shared values underpinning a compelling public value service mission.
- Collaborative decision-making informed by staff experience and insight.

Objective 2: Managing collaboratively

NHSTTad services could do this through:
- Developing and implementing a service level 'recruit to retain plan', recognising multiple local drivers of NHSTTad staff retention.
- Safely, fairly and transparently balancing opportunities for NHSTTad staff autonomy and collaboration, within and between teams.
- Proactively managing clinical workloads to optimise good case-matching so clinicians at all career stages can thrive.

Objective 3: Team-working effectively

NHSTTad services could do this through:
- Embedding and maintaining 'psychological safety' within and between teams.
- Maintaining two-way communication between leaders, managers and staff at the service and team levels.
- Monitoring and adapting service sub-structures to optimise team effectiveness towards a shared service mission.

Objective 4: Belonging for, and by, all

NHSTTad services could do this through:
- Maintaining NHSTTad staff forums that authentically build inclusion and allyship, and inform service-level decision-making through connected governance.
- Intentionally growing, modelling and maintaining 'kindness, civility and just' behaviours by all staff.
- Pursuing opportunities for creating 'joy at work'.

NHS Talking Therapies for anxiety and depression (NHSTTad) (formally known as Improving Access to Psychological Therapies, IAPT)

Wellbeing Foundations: Monitoring, evaluating and learning

NHSTTad services could do this through:
- Creating a service-level 'Staff Wellbeing Data Dashboard', establishing a local baseline and thereafter monitoring and reviewing at least monthly, as part of service management information
- Annually evaluating the local impact of the NHSTTad Staff Wellbeing Strategy while adapting to changing staff and service needs
- Delivering or participating in leadership training tailored to NHSTTad needs

Outcome: Good staff wellbeing is proactively maintained or improved, within the changing NHSTTad working environment, leading to reduced risk of staff burnout and enabling services to sustainably respond to patient need

Oxford Academic Health Science Network

In addition to this Model Strategy, we have produced four thematic Discussion Documents that summarise and consider the published insights and evidence we have drawn upon. They provide a starting place from which to think about the approaches that could be most impactful for an NHSTTad service, and include questions for individual and collective reflection on key topics relating to staff wellbeing.

You can access these Discussion Documents **here**. We have also begun to compile some real-life case studies that reflect similar activity to that in this Model Strategy. You can access these case studies **here**.

In the pages that follow (p.14-38) we have set out our four strategic objectives and suggested areas of potential evidence-based intervention. We have also included a range of practical actions that could be a starting place for developing a strategic service-level approach to NHSTTad staff wellbeing.

Before making a start, check out some lessons (on p.13) that we have already learned in the Thames Valley about supporting good staff wellbeing.

7 lessons for growing good staff wellbeing

In developing this Model NHSTTad Staff Wellbeing Strategy, we have paid attention to some of our own learning in the Thames Valley about what might work well. We have identified seven lessons that may be helpful to others looking to take a strategic approach to staff wellbeing. We think it is worth bearing these in mind when considering how to take forward any of the suggestions in this Model Strategy in your own NHSTTad service. They are:

1

Service-leaders must give attention to, and understand, the wellbeing of their staff

Without authentic senior staff buy-in it can be hard to make good progress.

2

Staff wellbeing is not one person's job

Staff wellbeing cannot rest on the shoulders of one person – there should be collaboration at multiple levels within your service.

3

Staff wellbeing interventions must be informed by local staff and service needs

The most effective staff wellbeing interventions are those that are identified collaboratively within your service and respond to your staff needs.

4

There's no 'plug and play' option

Wellbeing interventions to support your staff require your attention and willingness to explore, test, learn and modify over time.

5

Staff wellbeing in all things

Avoid creating multiple new wellbeing projects and work strands that feel burdensome, it is better to consider wellbeing as part of normal activities.

6

A small number of key interventions may have widespread impact

Less may be more, and a small number of carefully considered actions may have a positive impact on the wellbeing of your staff.

7

Staff wellbeing work is ongoing

Supporting good staff wellbeing is never finished.

Model NHSTTad Staff Wellbeing Strategy

Objective 1: Leading with compassion

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NHS Talking Therapies for anxiety and depression (NHSTTad) (formally known as Improving Access to Psychological Therapies, IAPT)

Objective 1:

Leading with compassion

Compassionate leadership

Leading NHSTTad services with compassion involves giving intentional focus to and drawing value from the lived experience, perceptions and perspectives of staff members, as they deliver for patients and engage with each other. This can benefit services by gathering a richer, more diverse, and real-time source of insight and experience from which to solve-problems and pursue objectives. By contributing to a service in this way, staff can feel more engaged in their role and wider workplace, and it can become a source of individual motivation and job satisfaction. It is widely acknowledged that job satisfaction is an important driver of staff wellbeing.

The concept of 'compassionate leadership' comprises the following four components:

- **Attending**
- **Understanding**
- **Empathising**
- **Helping**

Being a compassionate leader involves individuals exhibiting these attributes in the workplace. It requires being alert to others, listening and learning with openness towards their perspective – even if it differs from your own; showing an appreciation for their point of view – even if you disagree with it; and giving or facilitating a constructive response towards them – even if you can't reasonably meet their expectations in the way they hope. This might be in relation to individuals, groups of staff, or across an entire NHSTTad service.

Compassionate leadership involves intentionally making an individual choice to behave in this way. While it should be synonymous with those who hold roles invested with formal power and authority, such as service leaders, compassionate leadership is not reserved for them. Everyone,

"

Service leaders have an important role to play in intentionally modelling, enabling and ensuring a compassionate culture is effectively cascaded and embedded throughout a service.

Give it a try:

Find out more about compassionate leadership. Consider practical ways your service could demonstrate this approach. Make an intentional service commitment to adopting and practising this way of showing leadership.

at all levels of a service, can develop and display this way of relating to others. Similarly, compassionate leadership is not about avoiding disagreement or tough decisions. Rather, it is about navigating them - however challenging - with care, respect and fairness. This can result in improved performance within a service and build and preserve the wellbeing of staff along the way.

Service leaders have an important role to play in intentionally modelling, enabling and ensuring a compassionate culture is effectively cascaded and embedded throughout a service. This could be through modifying the available choice architecture within a service towards that which incentivises compassionate behaviours, rather than disincentivising them. For example, through the design of meetings or staff one-to-ones or the way in which information is constructed and shared.

It is likely that a service-wide commitment to compassionate leadership would be a good starting place from which to incrementally grow this way of being over time, between individuals, within teams and projects, and service-wide.

> "
>
> ...compassionate leadership is not about avoiding disagreement or tough decisions

Shared values

The public value created by the NHS, including through safe, evidence-based, accessible healthcare free at the point of delivery, can be a strong motivator of staff to join and remain in the workforce. This is as well as the availability of training and career development for staff, and opportunities to test and develop new approaches through innovation, research and development.

The NHSTTad Programme has become a great exemplar of this, from its beginnings well over a decade ago. As was highlighted in Professor Lord Richard Layard's 2006 'The Depression Report: a new deal for depression and anxiety disorders', that paved the way for NHSTTad services: "The good news is that we now have evidence-based psychological therapies that can lift at least half of those affected out of their depression or chronic fear...They are short, forward-looking treatments that enable people to challenge their negative thinking and build on the positive side of their personalities and situations".

Give it a try:

Work with your service to collaboratively identify shared values by exploring with staff what matters to 'you' (as individual staff members) and what matters to 'us' (as an NHSTTad service). The common ground identified can become the basis for defining shared service values in writing.

However, in the day-to-day busyness of local service delivery, fraught with targets, unpredictability, risk and flux, sometimes the values that bring and bind staff together within a service might become obscured. Where shared values are articulated

and activated, staff can become even more engaged in their work. This contributes to good staff wellbeing by creating a sense of connection, belonging and purpose.

Collaboratively developing shared service values – clear foundation stones from which a service continues to deliver and develop - can be an effective way of supporting staff to remain motivated and engaged in their work. They can also be touchpoints from which services can make decisions and progress in a direction everyone remains invested in. At the NHSTTad service level, there is potential to articulate shared values that express the nature of the NHS, of your NHS Trust or other provider body, as well as of your service for the benefit of your patients and local community.

Shared service-level values can be associated with compassionate leadership. This is because they empower staff to shape their immediate working culture towards agreed common ground and create a strong sense of shared expectation, understanding and purpose. In that sense, they may facilitate empathising and helping. Although shared values might be modified and change over time, they are more often strongly held. This is because they are associated with facets of morality and ethics and speak to our fundamental selves, as well as to the essential purpose of services. In that light, authentic shared organisational values are unlikely to change frequently and should not be confused with time-limited objectives or subjective preferences.

Nevertheless, simply agreeing and documenting shared values as a one-off exercise is unlikely to be sufficient to sustain staff motivation in the long-term. Much better is to regularly and clearly communicate them, through showing and telling each other how such values shape the actions, activities and decisions of a service. Conversations about objectives and performance, about new projects, about challenges and new opportunities can all be related to these same shared values. It can be done orally and in writing, as well as being service-wide, within and between teams and one-to-one. This can support the creation of a clear, authentic and compelling narrative about what it means to work in an NHSTTad service.

Collaborative decision-making

Collaborative decision-making is when decisions are authentically informed by or made together with others, including staff members at different levels, rather than repeatedly relying on one person or a small group of senior staff. Cultivating openness, mutual curiosity, collective problem-solving and hearing multiple perspectives allows new and potentially more robust solutions to emerge, be nurtured and refined.

> **Collaboratively developing shared service values ... can be an effective way of supporting staff to remain motivated and engaged in their work.**

This way of working can also be described as 'distributed' or 'shared' leadership. In that context, it requires restraint from unnecessarily reactive unilateral decision-making and may particularly lend itself to time-bound project working. The NHSTTad Manual (Version 5) says: "Effective leadership is essential to create a culture of shared and distributed leadership for all staff to take accountability for performance and drive forward continuous quality improvement".

Clearly it is not feasible, necessary or appropriate for everyone to be involved in every decision within an NHSTTad service, particularly those associated with simple or known technical solutions. However, by involving different staff at different times, across roles, team boundaries and job bands – particularly for more complex and intractable challenges and in which staff have a significant stake as service-providers and as employees - can increase and enhance staff contributions, engagement and participation. Staff engagement, giving rise to increased job satisfaction, is associated with good staff wellbeing.

Mobilising, involving and engaging a mix of staff in this way might be perceived by some as time-consuming and difficult to orchestrate, particularly within NHSTTad services facing rising patient need and pressure on available staff time. However, repeated default at the service-level to 'top down' or hierarchical decision-making, particularly when made under unnecessary pressure, may progressively lead to waning staff engagement, exclusion and dissatisfaction. It may also contribute to stress and burnout among senior staff. These factors can lead to poor staff wellbeing and are known precursors to declining staff retention. Hence, missing opportunities to harness a collaborative approach could be to the long-term detriment of staff wellbeing and service sustainability.

Collaborative decision-making is related to compassionate leadership because it incorporates attending to and understanding a wider range of staff perspectives, in addition to those in positions of formal power and authority. It goes beyond simple consultation and staff feedback, to involve active co-design that cultivates co-ownership, such as for new or modified service-level policies or procedures. While it is likely to incorporate elements of delegation, it should not result in disengagement by service leaders. Rather, it provides opportunities for service leaders to stand back, in order to attend to and understand their staff and their experiences more clearly. It also contributes to enhancing staff feelings of 'autonomy, belonging and

> **Cultivating openness, mutual curiosity, collective problem-solving and hearing multiple perspectives allows new and potentially more robust solutions to emerge, be nurtured and refined.**

Give it a try:

Identify one or two medium-term decisions your service needs to make where there is no readily available outcome. Gather a small or medium sized time-limited group of relevant staff to identify and explore potential options. As a leader, be open, listen with care and facilitate discussion to constructively surface a range of insights and experiences from others.

contribution' (known as the 'ABC of work needs') as individual staff members develop greater confidence and ability in making active contributions and adding their voice in a meaningful and material way to the betterment of the service.

A good starting place in trying out a collaborative decision-making approach may be to identify a small number of genuine future decisions in which staff have a notable stake and gather a mix of staff together to surface their thoughts, ideas and experiences as a basis for co-creating a response. Testing out a collaborative approach could, over time, lead to integrating such decision-making approaches into the formal governance structure of a service.

> **...missing opportunities to harness a collaborative approach could be to the long-term detriment of staff wellbeing and service sustainability.**

Remote and hybrid working

The onset of the COVID-19 pandemic in spring 2020 resulted in many NHSTTad services rapidly adapting to remote or hybrid working to ensure service continuity.

Conducting NHSTTad patient consultations remotely (including by telephone or digitally) pre-dated the pandemic in many services (alongside face-to face for individual or groups of patients). But for most, homeworking for staff was introduced and significantly expanded in response to the pandemic. Even now, over two years later, many services are continuing to operate multiple modes of working. For some this may become the new normal, while for others there is already a gradual or full return to office-based working. The NHS People Plan recognises that to become a modern employer the NHS must build on the flexible working that took place during COVID-19, to support work-life balance for good staff wellbeing, and to retain staff into the future. As the People Plan says, this will mean different things in different places and relies upon "compassionate conversations between employers and staff representatives".

It raises the possibility that to compassionately lead services in a remote or hybrid context, in a way that maintains and enhances staff wellbeing, requires different skills and abilities – demanding an entirely new way of being a leader. However, rather than rendering pre-pandemic good practice as out of date, evidence indicates that effective leadership for good staff wellbeing remains much the same - although certain elements require adaptation, increased intentionality and effort.

Give it a try:

With staff, collaboratively agree what the trusted behaviours are in your service, when face-to-face, remote and hybrid working.

Check in with staff regularly, with empathy, about their level of morale. This could be done at team level or during individual supervision/line-management discussions.

Intentionally plan important communication with staff, including defining agreed key messages, using a mix of communication channels, and incorporating appropriate repetition and constructive reminders.

This particularly applies to generating trust towards and between staff, retaining staff motivation, and maintaining effective communication. Examples of leadership activity that can support this in remote and hybrid settings include:

Trust: behaving with 'presumed trust'; role-modelling trusting behaviours and attitudes; collective agreement about behaviours that build trust; re-emphasising service purposes and shared values; devolving or distributing certain decision-making/leadership responsibilities; adopting a blame-free approach; authentically modelling humanity and vulnerabilities.

Motivation: enabling appropriate autonomy and empowerment; acknowledging individual contributions; recognising and responding to diverse staff needs; actively monitoring staff morale; showing flexibility and adaptability within uncertainty; be prepared to 'test and learn' different approaches; involve staff more widely in decision-making; avoiding excessive requests.

Communication: frequent/over-communicating with staff in a variety of ways; accurate and consistent information sharing; proactively conveying impact of service decision-making; listening carefully to others.

Further Information:

Leading for good staff wellbeing - NHSTTad Staff Wellbeing Discussion Document (2022)

NHS People Plan (2020) and NHS People Promise (2020)

Compassionate Leadership: Sustaining wisdom, humanity and presence in health and social care by Michael A. West (2021)
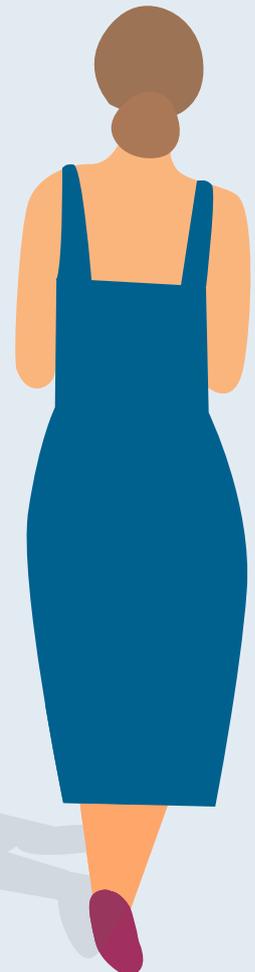
Sample Service-level Action Plan:

This is example 'give it a try' activity that you may wish to take forward in your service. It is even better though to explore, consider and develop practical approaches together with your staff, to identify strategic wellbeing interventions that best meet their needs and those of your service.

Objective 1: Leading with compassion

| Theme	Give it a try
Embedding 'compassionate leadership' by default at team, project and service-wide level.	1. Find out more about compassionate leadership, such as from Michael A. West's 2021 book 'Compassionate Leadership' (see 'further reading' on page 20). 2. Make an intentional service commitment to adopting and practising compassionate leadership. 3. Identify practical ways your service could demonstrate compassionate leadership and put them into practice. 4. Be mutually accountable for this and check in regularly with colleagues on progress to develop and more firmly embed compassionate leadership approaches.
Collectively agreeing shared values underpinning a compelling public value service mission.	1. Work with your service to collaboratively identify shared values by exploring with staff what matters to 'you' (as individual staff members) and what matters to 'us' (as an NHSTTad service). 2. The common ground identified can become the basis for defining shared service values in writing. 3. Once agreed, express these values in relation to service activities regularly, orally, visually and in written form.
Collaborative decision-making, informed by staff experience and insight.	1. Identify one or two medium-term decisions your service needs to make where there is no readily available outcome. 2. Gather a small or medium sized time-limited group of relevant staff (ideally from different roles and levels) to identify and explore potential options. This may also be informed by service values where you have them. 3. As a leader, be open, listen with care and facilitate discussion to constructively surface a range of insights and experiences from others. 4. Resist jumping to conclusions and make time to fully understand the range of perspectives from which to make a reasoned decision.
Compassionate leadership in remote and hybrid working	1. With staff, collaboratively agree what the trusted behaviours are in your service, when face-to-face, remote and hybrid working. 2. Check in with staff regularly, with empathy, about their level of morale. This could be done at team level or during individual supervision/line-management discussions. 3. Intentionally plan important communication with staff, including defining agreed key messages, using a mix of communication channels, and incorporating appropriate repetition and constructive reminders. Link to shared service values where possible.
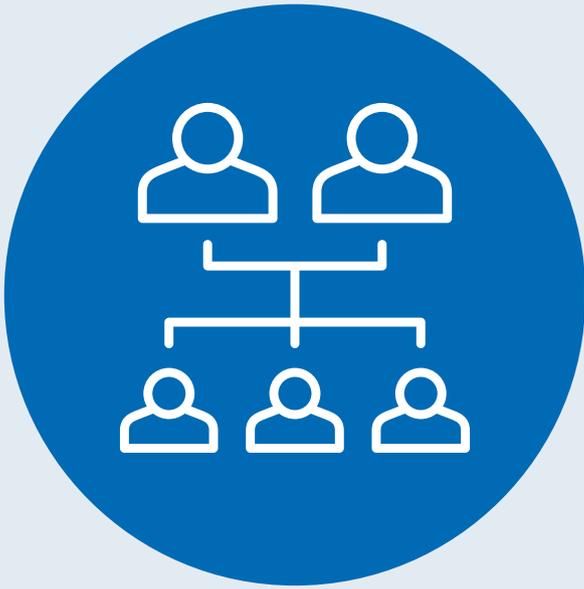
Model NHSTTad Staff Wellbeing Strategy

Objective 2: Managing collaboratively

NHSTTad services could do this through:

- Developing and implementing a service-level 'recruit to retain plan', recognising multiple local drivers of NHSTTad staff retention.

- Safely, fairly and transparently balancing opportunities for NHSTTad staff autonomy and collaboration, within and between teams.

- Proactively managing clinical workloads to optimise good case-matching so clinicians at all career stages can thrive.

NHS Talking Therapies for anxiety and depression (NHSTTad) (formally known as Improving Access to Psychological Therapies, IAPT)

Objective 2:
Managing collaboratively

Recruiting to retain

The choices staff make about staying in, or leaving, a role or employer can be one indicator of the current state of staff wellbeing in a service. Staff retention becomes linked to staff wellbeing by factors such as work engagement, often linked to motivation and job satisfaction, that can drive feelings of motivation. Where work engagement and job satisfaction are growing or high the risk of staff choosing to leave their role reduces.

At the local service level, unnecessarily losing staff to other NHSTTad services, and sometimes to roles outside of NHSTTad, can be an avoidable financial and operational cost. Such costs arise when services lose a staff member's valued contribution and experience, their organisational memory, as well as missing out on the fuller benefits of investment in staff training and development. It is also time-consuming for services to manage recruitment processes and re-organise work, and may result in temporary or ongoing workload pressures being placed upon remaining staff. In extreme circumstances, increasing levels of staff turnover may perpetuate a cycle of further staff losses and diminishing wellbeing of remaining staff.

Due to a delicate balance currently in place between demand and supply of qualified clinical staff across NHSTTad nation-wide, persistent high staff turnover could present a risk to service sustainability for patients.

The interventions outlined in other parts of this Model Strategy can make an important positive

Give it a try:

Create and maintain a 'stability index' tracking number of staff with 1+ years' in your service, as a proportion of total service staff.
(Use existing systems where available)

Ask staff why they are choosing to leave your service and why they choose to stay, record, monitor and analyse your findings to inform future interventions.
(Use existing systems where available)

Create and implement a time-bound 'recruit to retain plan' incorporating multiple evidence-based interventions, such as: transparent and values-based selection, engaging induction, actively promoting NHS rewards and recognition, continuous improvement of staff supervisory skills, creating opportunities for collaborative decision-making, enhancing work control and autonomy, amplifying staff recognition and celebrating successes, and embedding a culture of compassionate leadership.

impact on staff motivation and job satisfaction. Where this happens, staff may be more likely to stay in their post or within an NHSTTad service for longer, because they come to value and benefit from a workplace that preserves and extends their feelings of motivation and satisfaction. This in turn can have a positive impact on their individual wellbeing. These and other interventions can be intentionally set out in a time-bound service-level plan focused on recruiting to retain staff.

Autonomy and collaboration

There is evidence that cultivating autonomy in the workplace can help reduce the likelihood of stress leading to burnout among staff. This is where control over your job, opportunities to exert influence or independence within your role, give rise to job satisfaction. Most roles in the workplace will normally have some elements of worker control. A job entirely devoid of it in practice is likely to be detrimental to individual staff wellbeing over time.

Some job roles or activities can legitimately accommodate greater levels of autonomy than others. Although the opportunities for individual staff to embrace available autonomy may not always be perceived or pursued. Also, such opportunities may vary over time, be dependent on competence and experience, or be situation specific. Autonomy may also bring heightened individual responsibility and accountability and, of course, is rightly exercised within the boundaries of service values, responsibilities and requirements.

Where the conditions are safe and fair, autonomy is one facet of the 'ABC of core work needs' which provide the foundations of a compassionately-led workplace that can effectively support good staff wellbeing.

The extent to which staff autonomy exists generally within an NHSTTad service, or specifically within a role or task, may also be subjectively perceived. What autonomy looks and feels like to staff may differ depending on individual expectations, preferences and experiences. Service leaders and managers have an important role to play in paying attention to the occurrence of work control and autonomy in their service, and facilitating a shared understanding of what constitutes autonomy, when it applies, and its associated responsibilities. Low job control is associated with increased sickness absence, so increasing levels of job control through enabling

"

...cultivating autonomy in the workplace can help reduced the likelihood of stress...

Give it a try:

Assess the 'ABC of core work needs' in your service, such as by using the Basic Psychological Need Satisfaction at Work Scale.

Understand more about staff expectations and aspirations of control and autonomy in their work, during team meetings and staff one to ones.

Regularly communicate motivationally to staff, individually and collectively general and specific opportunities for autonomy in your service, in accordance with service needs and values.

autonomy can help to reduce avoidable staff sickness absence.

Collaboration with colleagues and the existence of social support at work can also be associated with staff wellbeing. Where they are missing, sickness absence or presenteeism (where staff attend or undertake work despite legitimate reasons to be absent) can increase, or there can be an absence of a sense of belonging (see p.33).

Researchers have found that having shared organisational values, providing management and colleague support, and cultivating a sense of belonging can help reduce sickness absence and stress at work. Autonomy and collaboration could be argued to be two sides of the same coin and facilitating each in right measure for your service can support good staff wellbeing through buffering stress and generating motivation.

> **What autonomy looks and feels like to staff may differ depending on individual expectations, preferences and experiences**

Managing workload

Certain levels of workload, complexity and challenge are inherent in delivering NHSTTad services, due to the nature of the work. It may also entail a heightened level of 'emotional labour'.

However, unmanageable workloads are associated with stress and burnout. A heavier workload or increasing patient complexity, as can be found in mental health services, can also sometimes be associated with staff mental health problems. High job demands or increasing administration may particularly lead to low job satisfaction, while the extent of role clarity can be a predictor of staff wellbeing.

At the service-wide level, some insights into workload management suggest that improving organisational flexibility in the face of fluctuating or increasing workloads can help reduce the adverse impact on staff. This includes planning ahead sufficiently to predict future demand, adjusting resource allocation accordingly, and recognising (in advance of predicted sustained pressures) when temporary or permanent service adaptation is needed to meet increasing patient need. As the NHSTTad Manual (Version 5) says: "A robust administrative system can support productivity and, with the implementation of lean systems, can support timely access into the service, as well as efficient mechanisms to support the flow through the system".

Furthermore, a range of organisational interventions are available that have been shown to variously contribute to reducing the

Give it a try:

Integrate the restorative function of clinical supervision in practice.

Consider developing and testing new approaches to matching the clinician to patient cases in the context of practitioner experience and competence, suitable stretch and maintaining case mix.

Encourage and provide adequate opportunities for clinicians from all levels to engage in non-clinical activities, alongside their caseload. Such as research and development and service improvement projects.

risk of burnout in work roles involving higher levels of emotional labour. These include providing support through clinical supervision - particularly making time for its restorative qualities, spending a portion of time away from direct clinical work, and engaging in research and development. As the NHSTTad Manual (Version 5) says: "Supervision is a key aspect of quality assurance as part of a robust governance process and is fundamental to the success of the NHSTTad programme".

Sometimes these activities can become squeezed out by other important, yet competing, priorities. However, it is worthwhile paying attention to and understanding the inherent staff wellbeing benefits of them, in addition to their operational performance and service development impact.

Further Information:

Managing workplace challenges for good staff wellbeing - NHSTTad Staff Wellbeing Discussion Document (2022)

NHS People Plan (2020) and NHS People Promise (2020)

Restorative Clinical Supervision website, Sonia Wallbank

Basic Psychological Need Satisfaction at Work Scale

Service leaders and managers have an important role to play in paying attention to the occurrence of work control and autonomy in their service, and facilitating a shared understanding...

Sample Service-level Action Plan:

This is example 'give it a try' activity that you may wish to take forward in your service. It is even better though to explore, consider and develop practical approaches together with your staff, to identify strategic wellbeing interventions that best meet their needs and those of your service.
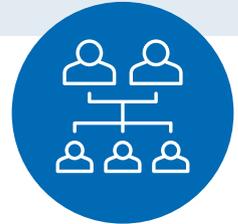
Objective 2: Managing collaboratively

Theme	Give it a try
Developing and implementing a service-level 'recruit to retain plan', recognising multiple local drivers of NHSTTad staff retention.	1. Create, or access, and utilise a 'stability index' tracking number of staff with 1+ years in your service, as a proportion of total service staff. (Avoid unnecessary duplication by using existing systems where available) 2. Ask staff why they are choosing to leave your service and why they choose to stay, record, monitor and analyse your findings to inform future interventions. (Avoid unnecessary duplication by using existing exit interview processes, or similar, where already available) 3. Create and implement a time-bound 'recruit to retain plan' incorporating multiple evidence-based interventions, such as: transparent and values-based selection, engaging induction, actively promoting NHS rewards and recognition, continuous improvement of staff supervisory skills, creating opportunities for collaborative decision-making, enhancing work control and autonomy, amplifying staff recognition and celebrating successes, and embedding a culture of compassionate leadership.
Safely, fairly and transparently balancing opportunities for NHSTTad staff autonomy and collaboration, within and between teams.	1. Assess the 'ABC of core work needs' in your service, such as by using the Basic Psychological Need Satisfaction at Work Scale. 2. Understand more about staff expectations and aspirations of control and autonomy in their work, during team meetings and staff one to ones. 3. Regularly communicate motivationally to staff, individually and collectively general and specific opportunities for autonomy in your service, in accordance with service needs and values.
Proactively managing clinical workloads to optimise good case-matching so clinicians at all career stages can thrive	1. Integrate the restorative function of clinical supervision in practice. 2. Consider developing and testing new approaches to matching the clinician to patient cases in the context of practitioner experience and competence, suitable stretch and maintaining case mix. 3. Encourage and provide adequate opportunities for clinicians from all levels to engage in non-clinical activities, alongside their caseload. Such as research and development and service improvement projects.

Model NHSTTad Staff Wellbeing Strategy

Objective 3: Team-working effectively

NHSTTad services could do this through:

- Embedding and maintaining 'psychological safety' within and between teams.
- Maintaining two-way communication between leaders, managers and staff at the service and team levels.
- Monitoring and adapting service sub-structures to optimise team effectiveness towards a shared service mission.

NHS Talking Therapies for anxiety and depression (NHSTTad) (formally known as Improving Access to Psychological Therapies, IAPT)

Objective 3:

Team-working effectively

Psychological safety

Psychological safety is associated with staff wellbeing because it can support staff engagement, help reduce burnout, and can be a predictor of staff retention. It has been described as being when staff "feel empowered to ask questions, admit mistakes or voice concerns without fear of negative repercussions".

Some researchers have found that psychological safety can grow in the workplace where there is a supportive, improvement and learning culture. Others have pointed to how a relational and inclusive leadership style can encourage psychological safety, by amplifying openness and trust. This can alleviate the invisible barriers that stop psychological safety being present, such as power and authority. This can often best take place at the team level.

Other research has shown that people in more senior positions typically feel greater psychological safety than their staff. Although everyone in the workplace has a role to play in growing psychological safety, this suggests people in leadership and management roles - including team leaders, have a particular role in paying attention to, and cultivating, psychological safety. The team level has been highlighted as an important level at which to embed psychological safety within organisations.

Behaviours that are variously associated with psychological safety include: inclusiveness, familiarity between team leaders and their staff - and between team members, listening with openness to others, being open to change and willingness to learn. NHS Horizons has set out the practical signs of psychological safety in a workplace. These include when staff are not afraid to: ask questions, share ideas, speak their mind, admit mistakes, and raise

Give it a try:

At the team level, ask staff what makes them feel safe to speak up and what gets in the way.

Make appropriate modifications to ways of working based on staff feedback to collectively cultivate psychological safety, and let staff know they have been heard.

Encourage staff to ask questions of team-leaders and each other during team meetings. Listen and respond with mutual openness and curiosity.

Develop an openness to learning from each other about what could be done differently.

concerns. The Centre for Creative Leadership has also promoted the four stages of psychological safety, from the work of Dr Timothy Clark. These are Stage 1: Inclusion Safety; Stage 2: Learner Safety; Stage 3: Contributor Safety; Stage 4: Challenger Safety.

Hybrid and remote working can make it more challenging to maintain psychological safety and it is important to continue to reflect together on what approaches work best for your teams, whether face-to-face or remotely. These may vary depending on context and participants. What makes a setting psychologically safe may not be fixed and therefore it is something to continuously attend to. (We also discuss psychological safety under 'Objective 4: Belonging for, and by, all' on page 33.)

> **The team level has been highlighted as an important level at which to embed psychological safety...**

Two-way communication

Good communication in the workplace is recognised as contributing to building trust, improving staff engagement and motivation, supporting staff retention and facilitating good staff wellbeing.

Communication is ongoing in the work place. Sometimes it is formal and planned, other times it is informal and ad hoc. Communication may flow horizontally or vertically through a team or service. It may be between two people who are known to each other, or from one person to a large group. There are multiple modes of staff communication – written, oral, digital, non-verbal, and ever-increasing communication channels – emails, face-to-face, newsletters, team meetings, and via inter- and intranets, to name just a few. Essentially, everyone in the workplace is consciously and unconsciously communicating all the time.

Communication forms a large part of how work is conducted. It facilitates how decisions are made and about how work is organised and conducted. It also plays an important role in the extent to which staff feel connected and a sense of belonging in the workplace, how psychologically safe an environment feels, and can express how inclusive a workplace is. Sometimes communication works well and makes a positive contribution to how staff feel and operate at work. When it does not do this, it could negatively affect good staff wellbeing.

Two-way communication is arguably the most effective form of communication. This is because it allows for a clear feedback loop between the communicator and those receiving the communication

Give it a try:

Consider how your service-wide communication reinforces the values and vision of your service, including what tone and style of language best conveys this.

Collaboratively evaluate with your staff what style and tone of internal communication is motivational for them, use examples of recent communication as a starting place.

Consider how you could develop buy-in from team-leaders in cascading communication messages throughout your service.

Identify new ways to integrate a two-way communication feedback loop, within and between teams, through opportunities for staff to speak up, ask questions, discuss and consider ideas and options.

messages. Such a feedback loop can help ensure communication messages are understood as intended, minimises the risk of unintended distortions to communication messages, and – importantly - involves others in refining and informing the substance and mode of communication messages.

Two-way communication does not mean every message shared is open to widespread discussion. It means at a minimum there is a way of establishing communicated messages have been received as intended. Some commentators have highlighted the important role team leaders play in enabling good communication with and between staff.

Effective teams

Effective team-working in healthcare is associated with patient safety, good patient outcomes and good staff wellbeing. It is particularly associated with lower stress among staff. This is because good team-working brings positive benefits, such as greater role clarity and social support, which can provide a buffer against stress.

Team-working is defined as the staff groupings that make up the sub-structure of an NHSTTad service, for the purposes of this Model Strategy.

The existence of a team doesn't mean it always works effectively – where effectiveness means serving an intended purpose without detriment. There are a range of factors that can enhance the effectiveness of a team and support good staff wellbeing. These can include having a common purpose or shared objectives, having clear roles and responsibilities, generating mutual trust, reflecting together, regular team meetings, authentic opportunities to participate in collaborative activity, and effective communication.

Give it a try:

Collaboratively consider the staff groupings that make up the sub-structure of your NHSTTad service. What factors enable effective team-working at present and what factors may inhibit it?

In the context of your service-wide values and objectives, collaboratively facilitate the development and implementation of clear time-bound team-level objectives.

Based on staff experiences and expectations, identify opportunities to develop or grow team-based peer support or coaching.

Further Information:

Team-working effectively for good staff wellbeing - NHSTTad Staff Wellbeing Discussion Document (2022)

NHS People Plan (2020) and NHS People Promise (2020)

Improving NHS Culture, The King's Fund

Supporting our staff: A toolkit to promote cultures of civility and respect, NHS England

Sample Service-level Action Plan:

This is example 'give it a try' activity that you may wish to take forward in your service. It is even better though to explore, consider and develop practical approaches together with your staff, to identify strategic wellbeing interventions that best meet their needs and those of your service.

Objective 3: Team-working effectively

Theme	Give it a try
Embedding and maintaining 'psychological safety' within and between teams.	1. At the team level, ask staff what makes them feel safe to speak up and what gets in the way. 2. Make appropriate modifications to ways of working based on staff feedback to collectively cultivate psychological safety, and let staff know they have been heard. 3. Encourage staff to ask questions of team-leaders and each other during team meetings. Listen and respond with mutual openness and curiosity. 4. Develop an openness to learning from each other about what could be done differently.
Maintaining two-way communication between leaders, managers and staff at the service and team levels.	1. Consider how your service-wide communication reinforces the values and vision of your service, including what tone and style of language best conveys this. 2. Collaboratively evaluate with your staff what style and tone of internal communication is motivational for them, use examples of recent communication as a starting place. 3. Consider how you could develop buy-in from team-leaders in cascading communication messages throughout your service. 4. Identify new ways to integrate a two-way communication feedback loop within and between teams, through opportunities for staff to speak up, ask questions, discuss and consider ideas and options.
Monitoring and adapting service sub-structures to optimise team effectiveness towards a shared service mission.	1. Collaboratively consider the staff groupings that make up the sub-structure of your NHSTTad service. What factors enable effective team-working at present and what factors may inhibit it? 2. In the context of your service-wide values and objectives, collaboratively facilitate the development and implementation of clear time-bound team-level objectives. 3. Based on staff experiences and expectations, identify opportunities to develop or grow team-based peer support or coaching.

Model NHSTTad Staff Wellbeing Strategy

Objective 4: Belonging for, and by, all

NHSTTad services could do this through:

- Maintaining NHSTTad staff forums that authentically build inclusion and allyship, and inform service-level decision-making through connected governance.

- Intentionally growing, modelling and maintaining 'kindness, civility and just' behaviours by all staff.

- Pursuing opportunities for creating 'joy at work'.

NHS Talking Therapies for anxiety and depression (NHSTTad) (formally known as Improving Access to Psychological Therapies, IAPT)

Objective 4:

Belonging for, and by, all

Inclusion and allyship

To feel belonging within a team, a service, an entire NHS Trust or other provider organisation means developing connections with others, being listened to, heard and valued, experiencing and showing acceptance, and giving and receiving respect. It is related to staff wellbeing because a greater sense of workplace belonging and inclusion is known to reduce absenteeism, grow stronger work commitment and result in increased staff participation and improved performance. Belonging is inherently inclusive because it is derived from an openness to others, which means it is also associated with compassionate leadership that is itself grounded in inclusive attitudes and behaviours.

Cultivating workplace belonging is not a singular task or a one-off event. It comprises many context-specific dimensions and is an ongoing endeavour. This makes it an 'adaptive challenge' reliant on mutual understanding and collaboration over time. It may also be made more complex in remote and hybrid working contexts. It encompasses equality and diversity by building on the metrics of representation to achieve authentic staff involvement and engagement. It relies on building and maintaining trust and establishing an environment of psychological safety. It includes colleagues demonstrating advocacy and allyship towards those who face unfairness, discrimination and feel excluded.

Give it a try:

Introduce or maintain representative service-level staff forums that identify and amplify the importance of a diverse and inclusive workforce showing allyship towards others. Through listening, understanding and collaborating incorporate the range of perspectives and insights into service decision-making. Ideally this would become a formal part of service-level governance.

Everyone has a part to play in role-modelling attitudes and behaviours that achieve belonging in the workplace. Service leaders, managers and team leaders have a particular part in this, to ensure belonging is intentionally pursued and practised service-wide. This includes influencing how services involve and engage staff and the extent to which this authentically influences the working environment - shaping

how things are run, within NHSTTad service needs.

Some services have established representative forums, often modelling those already operating at an NHS Trust or other provider level, to ensure a diverse range of staff voices are heard. It is important to be intentional about these approaches, through both being responsive to current needs as well as engaging in longer-term horizon scanning and forward planning. Ideally, forums would be formally connected to service-level governance and also linked to Trust or equivalent level similar forums, to ensure they can become agents of real change in creating and maintaining belonging.

Kind, civil and just behaviours

A kind, civil and just 'workforce climate' is associated with compassionate leadership because it is based on consideration, respect and understanding of others. The NHS has recognised this in its toolkit to 'promote cultures of civility and respect', which supports the development and maintenance of a positive working environment for all, and one that refuses to "collude" with bullying and harassment. However, it is not enough to advocate these behaviours only when there is evidence of them breaking down, to assume they will inherently be sustained, or that there is no room for improvement because of little or no known evidence of them yet being compromised. They require continuous attention, whatever the starting place within your service.

Kindness is considering and helping others. Civility refers to how individuals treat each other, and how such interactions confer respect and acceptance. Incivility can be subtle and insidious, or it can be obvious and direct. A just culture is where fairness prevails in a way that avoids blame, amplifies learning and minimises undue harm. These qualities are associated with staff wellbeing because they can be a source of positivity, motivation, and connection through mutual support between colleagues. They can also minimise negative stress through maintaining positive relationships and leading to improved trust. This includes when working life is straightforward, and when tough challenges are being faced.

A core aspect in optimising these positive behaviours is the cultivation of 'psychological safety' within teams and services that minimises

Give it a try:

Intentionally champion civil and kind behaviours, such as holding themed weeks to establish or reinforce service values in all facets of service activity.

Roll out the short Mersey Care free online training modules on a 'Just and learning culture' to leaders and managers in your service.

Find out periodically what the risks are to psychological safety in your service.

Collectively agree how staff contributions will be received in group debate and conflict handled in your service, and model these approaches.

Agree and intentionally model two or three psychologically safe behaviours in your senior leadership/management team. Share your collective learning with your wider service then invite your teams to do likewise. Continue to 'plan, do, study, act' in this area.

inter-personal risk between people. (We introduced this concept under 'Objective 3: Team-working Effectively', on page 28.) As we've already highlighted, this is where individuals feel able to 'ask questions, admit mistakes and voice concerns without fear of negative repercussions'. In many ways, how psychologically safe someone feels is variable, because it can be subjective and context specific. It may fluctuate depending on the group context. This makes it an ongoing endeavour where attention and understanding are continuous. It is where empathy gives rise to helping, in order to improve the level of psychological safety experienced by others. It is not sufficient to describe a situation as psychologically safe without practically helping to make it authentically so for others.

It is everyone's responsibility to contribute to psychological safety. However, leaders and managers can sometimes be enablers or obstacles to it, because of the power and authority invested in their positions. This means they have a particular responsibility to intentionally enable psychological safety to grow – including by being accessible and approachable themselves.

Psychological safety can be generated through many types of approaches and behaviours and the most effective will be those that meet the particular needs of your staff. It can be derived from how work is organised, such as through group brainstorming, collective decision-making and shared problem-solving; growing staff empowerment; and engaging with opportunities and challenges (including conflict) through the lens of shared values.

It can be derived from how work is conducted particularly in groups. This includes active listening, asking open questions, encouraging respectful honesty and candour without fear of individual detriment. It can be practical in nature, such as organising group meetings in a way that optimises psychological safety - for example, avoiding large face-to-face or online gatherings for highly discursive topics, making different modes of engagement available (such as online video or chat, and face-to-face), or listening with curiosity and not speaking over others or dominating discussions. It can also be relational, where fellow staff members show allyship towards their each other, helping others by giving support and 'having their back'.

Creating 'joy at work'

Staff engagement and job satisfaction are widely shown to contribute to good staff wellbeing. They can bring about reduced staff sickness absence, reduced staff turnover and contributes to reducing the risk of workplace stress leading to burnout. Overall, it they improve service performance. The Institute for Healthcare Improvement (IHI), the internationally renowned health and patient

> **It is not sufficient to describe a situation as psychologically safe without practically helping to make it authentically so for others**

safety think tank based in Cambridge, Massachusetts believes that improving 'joy at work' is a fundamental source of staff engagement and job satisfaction. It also generates compassionate behaviours towards others. To them, "joy is one of health care's greatest assets".

In their white paper on joy at work, the IHI principally sets out a range of practical interventions that can assist health services to assess, measure, analyse and respond to areas where joy is lacking. They go on to highlight how joy is derived from multiple factors, some of which are the same as those already discussed in this Model Strategy. They include psychological safety, creating shared meaning and purpose at work, providing autonomy and choice over how some things are carried out, and facilitating co-production and collaborative decision-making within your service.

The IHI advocates starting to attend to and understand joy in your work place by asking staff 'what matters to you?'. This can lead to a process of identifying the quick wins ('pebbles') where joy can be improved and recognising the more challenging impediments to joy ('boulders') that need tackling over time.

Give it a try:

Drawing upon the techniques set out in the IHI 'Joy at work' white paper, hold 'What matters to you?' conversations with your staff.

Collectively agree several easily attainable opportunities to increase joy in the short-term, and one or two medium-term challenges to address.

Use engaging approaches to regularly measure joy at work and to report to the senior leadership/management team.

Further Information:

Workplace belonging and staff wellbeing - NHSTTad Staff Wellbeing Discussion Document (2022)

NHS People Plan (2020) and NHS People Promise (2020)

Supporting our staff: A toolkit to promote cultures of civility and respect, NHS

Just and Learning Culture Modules, Mersey Care NHS Foundation Trust

A practical guide to the art of psychological safety in the real world of health and care, NHS Horizons (2021)

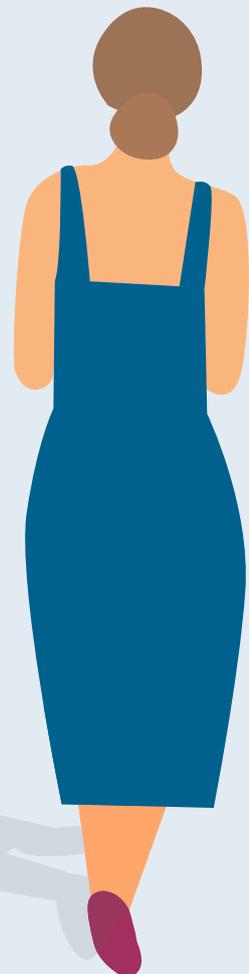IHI Framework for Improving Joy in Work (2017)

Sample Service-level Action Plan:

This is example 'give it a try' activity that you may wish to take forward in your service. It is even better though to explore, consider and develop practical approaches together with your staff, to identify strategic wellbeing interventions that best meet their needs and those of your service.

Objective 4: Belonging for, and by, all

Theme	Give it a try
Maintaining NHSTTad staff forums that authentically build inclusion and allyship, and inform service-level decision-making through connected governance	1.Introduce or maintain representative service-level staff forums that identify and amplify the importance of a diverse and inclusive workforce showing allyship towards others. 2.Through listening, understanding and collaborating, incorporate the range of staff perspectives and insights into service decision-making. 3. Achieve this through mutual agenda setting with senior-management teams through collaboration and feedback loops, where forums regularly and intentionally inform senior management discussions and vice-versa. 4. Draw upon NHS England/Improvement's 'Guide to Allyship' (part of the Anti-racism toolkit). 5. Ideally representative forums should become a formal part of service-level governance. 6. Representative forums can make an important contribution to developing shared service values and participating in collaborative decision-making.
Intentionally growing, modelling and maintaining 'kindness, civility and just' behaviours by all staff	1. Intentionally champion civil and kind behaviours, such as holding themed weeks to establish or reinforce service values in all facets of service activity. 2. Roll out the short Mersey Care free online training modules on a 'Just and learning culture' to leaders and managers in your service and commit to demonstrating these behaviours in your service. They can be found here. 3. Find out periodically what the risks are to psychological safety in your service. This can be done by asking staff for the one factor they most disagree with from:1. If you make a mistake on this team, it is rarely held against you. 2. Members of this team are able to bring up problems and tough issues. 3. People on this team rarely reject others for being different. 4. It is safe to take a risk on this team. 5. It isn't difficult to ask other members of this team for help. 6. No one on this team would deliberately act in a way that undermines my efforts. 7. Working with members of this team, my unique skills and talents are valued and utilized. (Based on Professor Amy Edmondson's work). 4. Collectively agree how staff contributions will be received in group debate and conflict handled in your service, and model these approaches. Write them down and share with all staff. Encourage everyone to effectively model these approaches. 5. Agree and intentionally model two or three psychologically safe behaviours in your senior leadership/management team. Share your collective learning with your wider service then invite your teams to do likewise. Continue to 'plan, do study, act' in this area.
Pursuing opportunities for creating 'joy at work'	1. Drawing upon the techniques set out in the IHI 'Joy at work' white paper, hold 'What matters to you?' conversations with your staff. See the white paper here. 2. Collectively agree several easily attainable opportunities to increase joy in the short-term, and one or two medium-term challenges to address in your service. 3. Use engaging approaches to regularly measuring joy at work at the sub-service (i.e., team) level and report to the senior leadership/management team.

Wellbeing foundations: Monitoring, evaluating and learning

In embarking on new or different ways to support good staff wellbeing, like those in this Model Strategy, it is essential to learn and understand what the staff wellbeing needs are within your service. It is also important to ascertain whether chosen staff wellbeing interventions are having the desired positive effect.

The range of actions in this Model Strategy all have merit. Various available evidence shows the positive organisational impact that activities like these can have. However, if the needs of your service are not correctly identified, or if the chosen interventions do not sufficiently meet the needs of your service, your activity may be well-intentioned but not make the positive difference expected. This can result in wasted time and resources, leading to scepticism and demotivation that might undermine efforts to support good staff wellbeing. A good approach to adopt to help guide any process of 'developing, testing and implementing' a change is the 'Plan, Do, Study, Act' method of service improvement (see Further Information below).

Monitoring and evaluation

Within this Model Strategy (and the accompanying thematic Discussion Documents), we have reflected the importance of an evidence-based approach to understanding and responding to staff wellbeing needs. This includes monitoring and evaluating a range of primary and secondary data to inform your strategic staff wellbeing activities. As the NHS Health and Wellbeing Framework, published in November 2021, says: "Good data and robust analysis are fundamental to knowing where to focus your health and wellbeing interventions and what form these should take to support the diversity of our people. Furthermore, it also enables you to measure whether they are having the desired impact or not and therefore

whether it is worth expanding, adapting or stopping implementation. Data used in the right way will help your organisation ... focus on preventative measures rather than reactive interventions."

We believe an evidence-based approach to staff wellbeing should be proportionate, avoid unnecessary administrative burdens, be a means to an end, and integrate with business-as-usual processes as far as possible.

The evidence we have drawn upon to develop this Model Strategy points to a range of data that can indicate workplace-based staff wellbeing needs. Analysing this data may help focus attention on particular areas of staff wellbeing, in order to explore and understand more about what the needs in your service may be.

These include common organisational measures, such as rates of staff sickness absence and staff turnover, levels of staff engagement and job satisfaction. The patterns and trends arising from regularly or periodically collecting, gathering and analysing data like this - through the lens of staff wellbeing - can also contribute to painting a clearer picture and building confidence as to when interventions are having a positive impact, and become alert to when they are not and change course appropriately.

There is likely to be a range of available secondary data relating to your NHSTTad service workforce that could be useful in helping to understand more about staff wellbeing. Some easily accessible existing data could be used, such from within your service or central HR systems at NHS Trust or other provider level, including NHS Staff and Pulse Survey results or other corporate surveys.

New primary data could also be collected specifically for the purposes of understanding staff wellbeing. This may include gathering and analysing qualitative and quantitative insights from your staff, such as through listening exercises and focus groups, or by conducting one of the range of relevant validated surveys, such as the 'Work-related Quality of Life Scale' or the 'Oldenburg Burnout Inventory' (others are available). While collecting primary data will provide you with further valuable insights, it may or may not be necessary in order to make a start in understanding more about the wellbeing of your staff – available secondary data may be sufficient to get the ball rolling.

Overall, we think it is really beneficial to establish a service-level baseline of staff wellbeing, based on a range of data indicators relevant to your service analysed individually and collectively. From that starting place it is possible to continue collecting, gathering, monitoring and analysing these same data sets periodically, to identify any positive or negative changes over time arising from the interventions you decide to make.

It may also be helpful to create an electronic 'Staff Wellbeing Data Dashboard' (see right) as a user-friendly way of displaying and analysing multiple wellbeing metrics in one place. This would enable reporting on these metrics and what they may indicate regularly within your senior management or leadership team. We think it would be valuable to embed this as part of regular management information monitoring within a service, and avoid getting stuck in perpetually establishing a baseline because of the undue passage of time between data collection and analysis activity.

The 'Staff Wellbeing Data Dashboard' indicators we have shown right are just an example, based on the staff wellbeing work within the Thames Valley NHSTTad services. They comprise data already collected at the service-level, from central HR sources and from the annual NHS Staff Survey. However, it is important to collect, gather and analyse data that is most relevant to your staff and your service.

Example wellbeing data dashboard

Recruitment & Retention	Sickness & Absence	Engagement
Running Monthly Average Vacancy Number	Sickness Absence - spells and lost hours/days	(Q9c) Senior managers try to involve staff in important decisions
Running Monthly Average Leavers Number	(Q11c) Not felt unwell due to work related stress in last 12 months	**Empowerment & autonomy**

Staffing balance	Motivation	(Q4c) Involved in deciding changes that affect work
Clinical Trainee/ Qualified Ratio	(Q2a) Often/always look forward to going to work	(Q4d) Able to make improvements happen in my area of work

Learning for staff wellbeing

You may wish to build on your existing knowledge and experience, and the information provided in this Model Strategy and the accompanying Discussion Documents, with individual, team-based or service-wide professional development that supports maintaining and improving good staff wellbeing.

There are many training courses and programmes available, within and beyond the NHS, which focus on skills and knowledge relating to the same concepts and approaches to those in this Model Strategy. For example, a range of bitesize free online learning is available from the NHS Leadership Academy, NHS Elect delivers a series of free online training events for member NHS Trusts (see Further Information), and there are a wide range of other sources of 'off the shelf' learning and training.

We think many of the concepts and approaches in this Model Strategy such as compassionate leadership, developing shared values, psychological safety, developing effective teams, dealing with complex issues etc. are all valuable as discreet areas of learning. Yet, there may be significant further added value to NHSTTad services from the development of a complete package of learning bringing these and

other topics together, and contextualised in the real world of NHSTTad service delivery.

Although it has been out of scope of the project to develop this Model Strategy, we think this work could form the basis for, or inform, an NHSTTad-focused leadership training programme that supports good staff wellbeing and service sustainability. We believe there may be potential for the strategic objectives and underpinning concepts and approaches in this Model Strategy to be further developed into learning outcomes and associated training.

In the meantime, there are a number of free resources that set out relevant management and leadership competencies for good staff wellbeing, which may be useful to refer to, when considering areas for further professional development within your NHSTTad service. These include: the Health Leadership Framework from the NHS Leadership Academy in the North West of England, the long-standing Healthcare Leadership Model also from the NHS Leadership Academy, and the recently published NHS Guidance on Mental Wellbeing at Work (see Further Information).

Further Information:

Plan, Do, Study, Act (PDSA) cycles and the model for improvement, NHS England NHS Improvement

NHS Health and Wellbeing Framework (2021)

Evaluating your health and wellbeing programme, NHS Employers (2022)

Developing and evaluating workplace health interventions: factsheet, Public Health England (2020)

Bitesize learning, NHS Leadership Academy

Online courses, NHS Elect

Healthcare Leadership Model, NHS Academy

Management Standards, Health and Safety Executive

Mental Wellbeing at Work, NICE Guidance (2022)

Healthy Leadership Framework, NHS Leadership Academy North West

Management Competencies for Health and Wellbeing, Yarker et al. in Handbook on Management and Employment Practices (2022)

NHS Talking Therapies staff wellbeing theory of change

NHSTTad staff wellbeing theory of change

NHS

Theme	Suggested Inputs	Example Output	Potential Outcomes	Intended Impact	Possible Indicators
Evidence-base	Dashboard - internal staff wellbeing metrics Baselining Evaluation scheme	Proactive staff wellbeing monitoring by senior management	Senior Management alert to indicative staff wellbeing levels		Data monitoring frequency
Learning and Development	NHSTTad tailored leadership training	Roll out of NHSTTad leadership training to service leaders and managers	Increased confidence and capacity building in maintaining and improving staff wellbeing		Staff participation in leadership programme
Leading	Compassionate Leadership Collectively agreeing shared values Collaborative decision-making	Service commitment to Compassionate Leadership Collaboratively developed service shared values Project collaboration mechanisms embedded	Improved job satisfaction Enhanced collaboration opportunities Enhanced problem-solving	Staff wellbeing is proactively maintained and/or improved, within the changing NHSTTad working environment, leading to reduced risk of staff burnout and enabling services to resiliently respond to patient need	Measures of job satisfaction
Managing	Recruit to retain planning Balancing autonomy and collaboration Optimising case-matching	Time-bound delivery of multi-faceted recruit to retain plan 'ABC of core work needs' embedded and actively monitored New approaches to matching clinician to patients implemented	Reduced sickness presenteeism Reduced turnover Reduced sickness absence		Sickness absence rates
Teamworking	Embedding and maintaining psychological safety Maintaining two-way communication Effective team sub-structures	Develop an openness to learning what could be done differently Evaluate motivational internal communication sources Collaboratively facilitate clear time-bound team-level objectives	Improved mutual trust and openness Improved perceptions of work control and support		Staff retention rates Measures of work engagement and control
Belonging	Building inclusion and allyship Modelling kindness, civility and just behaviours by all Creating 'Joy at Work'	Representative staff forums embedded in service governance Just and learning culture training rolled out and acted on Held regular 'what matters to you?' staff conversions boosting joy	Improved staff engagement Improved staff motivation Greater diversity and inclusion		Measures of staff engagement

Arrows indicate inter-dependency between suggested inputs

Oxford Academic Health Science Network

Strategy development methods

The 'Joint NHSTTad Staff Wellbeing Strategy Project' ran from October 2021 to October 2022. It was funded by NHS England, through the Oxford Academic Health Science Network, and jointly delivered by the four NHSTTad services in Buckinghamshire, Oxfordshire, Berkshire and Milton Keynes. Due to the geographic footprint of these services, the project traversed three NHS Trusts and three Integrated Care Boards.

A dedicated Project Lead was appointed by Oxford Health NHS Foundation Trust, on a fixed term basis from October 2021, to deliver this strategy development project collaboratively with all the Thames Valley's NHSTTad services.

We began by establishing a Project Board comprising the Thames Valley's NHSTTad Clinical Leads, and a Project Working Group comprising Deputy Clinical Leads and Service Managers. Each of these groups met approximately monthly during the project. We collectively defined the strategic problem we were seeking to address and the anticipated outcome arising from the Model Strategy. At the outset we also agreed to take an evidence-based approach to understanding staff wellbeing. We wanted to ensure the solutions we identified were technically correct and would be acceptable and feasible in NHSTTad settings.

Together we confirmed the key wellbeing-related topics relevant to the Thames Valley's NHSTTad services. We did this through discussion with Clinical Leads, Deputy Clinical Leads and Service Managers, and by reflecting on some recent service-level data, such as HR-data and NHS staff survey findings.

We agreed to structure our approach around four strategic themes: Leading, Managing, Team-working, and Belonging. We also used a Theory of Change method of plotting the emergence of the Model Strategy, from initiation through to potential outcomes.

From December 2021 – March 2022 we sought to further understand staff wellbeing in the light of our strategic themes, from the perspective of current Thames Valley NHSTTad staff and by examining a range of UK and internationally published research and insights relating to healthcare, and other public services and industries.

We held eight service-level staff engagement events involving over 60 NHSTTad staff overall. We explored 'what matters most to staff', by asking them what NHSTTad services should do more or do less of when thinking about staff wellbeing through the lenses of managing, leading, team-working, and belonging.

In parallel, we examined over 230 peer-reviewed and grey literature sources relating to the four strategic themes and their relationship to staff wellbeing. We paid particular attention to evidence within these themes and relating to the key wellbeing-related topics that we had identified as important in the Thames Valley services. We summarised the insights we had gained in four thematic Discussion Documents.

We analysed the feedback from staff, which generally showed a high level of commonality within and between the Thames Valley's NHSTTad services, about what is important to staff when thinking about their wellbeing at work. We were able to identify patterns in the staff feedback that chimed noticeably with our learning from the literature. This gave us confidence that what we were learning from the literature was likely to help us support the wellbeing needs and expectations of our staff.

From April – June 2022 we completed the writing-up of our four Discussion Documents and compiled the first full draft of the Model NHSTTad Staff Wellbeing Strategy. We also met again with staff to update them on how their feedback was helping to inform the continuing development of the Model Strategy.

From June – August 2022 we engaged with other NHSTTad services from around England to explore how our learning and approach may be helpful to them in addition to the Thames Valley NHSTTad services. We also continued to engage with our Trust-level Human Resources, Wellbeing and Organisational Development colleagues to ensure our service-level work was complementary to wider organisational staff wellbeing initiatives and interventions.

Also from June 2022, we commenced several service-level planning and implementation activities within the Thames Valley NHSTTad services, informed by the four objectives in the Model Strategy and the suggested practical activity. We also compiled a small selection of Thames Valley NHSTTad case studies to accompany the Model Strategy and thematic Discussion Documents. In September 2022 we finalised the Model Strategy and Discussion Documents in readiness for subsequent publication.

A strategic approach to staff wellbeing in the Thames Valley's NHSTTad services remains a work in progress and we look forward to sharing with NHSTTad services across England our experience and learning along the way.

The language of a strategic approach to staff wellbeing

Below is a glossary of terms used throughout this Model Strategy. It represents the meaning of terms as they are intended in this document. Some definitions are generally understood and applicable. Others have a particular meaning in the context of this Model Strategy.

Theme	Definition
ABC of Work Needs	A framework of core work needs comprising autonomy and control, belonging, and contribution and competence. (Professor Michael West, 2021)
Adaptive challenges	Challenges that do not have easy or known technical solutions and rely on collaboration, testing and learning from success and failure, and adaptation over time to discover an effective response. Derived from the work of Professor Ronald Heifetz of Harvard University on 'adaptive leadership'.
Attending	Paying attention to the other, being present and noticing their suffering. (Professor Michael West, 2021)
Autonomy	Freedom for an individual to make own choices or decisions which may or may not be within defined parameters.
Belonging	The individual feeling of connection, security and support where there is a sense of acceptance, inclusion and identity within a group. Evokes feelings and results in the experience of being valued, respected and supported.
Burnout	Physical, emotional or mental exhaustion accompanied by decreased motivation, lowered performance, and negative attitudes toward oneself and others. (APA Dictionary of Psychology)
Choice architecture	How design of an environment or activity inherently gives rise to certain choices leading to particular decisions. The choice architecture in a work environment can be intentionally planned and influenced to incentivise or disincentivise certain choices leading to particular decision outcomes.
Co-design	Where design and development of an activity is shared with stakeholders (e.g., staff members) throughout a process.
Collaboration	Working with someone/others to jointly produce something.
Compassionate Leadership	A defined conceptual and relational approach to leadership comprising the four elements of: attending, understanding, empathising and helping. Derived from the work of Professor Michael West.
Contribution	A meaningful and/or material part played by someone.
Co-ownership	In the collaborative production and execution of work activities, an individual sense of investment and association.
Culture	Enacted, spoken or unspoken beliefs, values and behaviours in a workplace.
Embed	Make an integral part within and throughout a team or service.

Empathy/Empathising	Having an empathetic response, mirroring the other's feelings, having a felt relation with other's distress without being overwhelmed by those feelings. (Professor Michael West, 2021)
Empowerment	The process by which a staff member gains control over factors and decisions that affect their work.
Enable	Facilitate to make possible.
Engagement	An emotional and mental connection to one's work or workplace.
Flexibility	Ability to be modified or adapted.
Helping	Taking intelligent (thoughtful, wise and appropriate) action to help relieve the other's suffering. (Professor Michael West, 2021)
Intentional	Deliberate and purposeful actions and thoughts.
Job satisfaction	Enjoyment or fulfilment derived from one's job. It may be intrinsic (work tasks/activities) or extrinsic (working conditions/environment).
Joy at Work	The International Healthcare Institute (IHI) White Paper on 'Joy at Work' providing a guide for healthcare employers to restore joy to the workplace as an alternative to staff stress and burnout.
Mobilise	Positively activate staff members towards a purpose without coercion. Such as arising from encouragement and motivation.
Motivation	A desire or willingness to make an effort in one's work. (APA Dictionary of Psychology)
Openness	Level of honesty and freedom in talking and/or behaving.
Plan, do, study, act (PDSA)	An iterative approach to improvement – plan, do, study, act.
Problem-solving	Identifying solutions individually or with a group to overcome, often complex, issues or challenges.
Project	Activities temporarily conducted to achieve specific objectives within specified parameters, resulting in final deliverables within an agreed time scale.
Psychological safety	Being able to show and employ one's self without fear of negative consequences of self-image, status or career. Defined by William Kahn and widely developed and discussed by Professor Amy Edmondson of Harvard University.
Service	The entirety of an NHSTTad service which may comprise an organisational sub-structure made up of teams.
Staff Engagement	An organised process of seeking to build and grow the emotional and mental connection of staff to their work and workplace. It may be generally or specifically focused.
Stress	The adverse reaction people have to excessive pressures or other types of demand placed on them. (Health and Safety Executive)
Teams	Permanent and temporary staff groupings that make up the sub-structure of an NHSTTad service.
Time-bound	Defined and agreed time limits, particularly of a project or other activity.
Top-down	The directional flow of power and authority, information etc. within an organisation.
Trust	Firm belief in the reliability, truth, or ability of someone or something.
Understanding	Understanding what is causing the other's distress, by making an appraisal of the cause, ideally through a listening dialogue with that person to achieve a shared understanding. (Professor Michael West, 2021)
Values	Deeply held guiding principles that are most important to you and/or your service about the way that you work. They consciously or unconsciously/explicitly or implicitly guide choices and decisions.
Wellbeing	In the workplace context, all aspects of working life, from the quality and safety of the physical environment, to how workers feel about their work, their working environment, the climate at work and work organisation. (International Labour Organisation)
Workplace	The variety of fixed or temporary settings in which work is conducted, including face-to-face and remote.

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