

## NHS England and NHS Improvement Board meetings held in common

**Paper Title:** Supporting NHS staff – initial actions

**Agenda item:** 8 (Public session)

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**Paper type:** For discussion

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### Organisation Objective:

NHS Mandate from Government	<input type="checkbox"/>	Statutory item	<input type="checkbox"/>
NHS Long Term Plan	<input type="checkbox"/>	Governance	<input type="checkbox"/>
NHS People Plan	<input checked="" type="checkbox"/>		

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### Executive summary:

This paper sets out the actions being taken to support staff health and wellbeing and their recovery as an integral part of the restoration of services, as we exit the pandemic.

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### Action required:

Board members are asked to note the content of this report

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### Risk:

This paper links directly to risk 3 (NHS Workforce).

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## Background

1. As the NHS emerges from fighting the pandemic, the focus will shift to recovery and the restoration of services. As we make that transition, it is imperative that the recovery of our people is considered a mission critical priority and that we ensure that they have the time, space and support they need given the sustained period of extraordinary pressure that many NHS staff have had to deal with.
2. A good recovery for our staff will have lasting benefits, not just for our people and their families and loved ones but also for our patients. A well-rested appropriately rewarded workforce will be more engaged and more motivated, which means a reduced likelihood of mistakes, lower sickness levels, and strengthened support for recruitment and retention.
3. The 2020 Staff Survey results confirm that staff say they have seen a greater focus on their health and wellbeing during the pandemic, with that theme showing the greatest improvement across all themes (from 5.9 in 2019 to 6.1 in 2020). There was a 4.1 percentage point increase in staff feeling that their organisation takes positive action on health and wellbeing. However, there was also an increase of 3.6 percentage points (44% compared to 40.3% in

2019) in those who said they had felt unwell as a result of work-related stress within the previous 12 months.

4. This paper sets out initial actions for 2021/22, maintaining the focus on staff health and wellbeing.

## Principles of recovery

5. In the early stages of the pandemic, the national Health and Wellbeing team established an Expert Advisory Group to ensure that our strategy and approach to supporting staff was informed by the best evidence, including from academic research, the military and leading practitioners in other sectors. This group's advice on the principles of recovery (summarised in the exhibit below) has been shared widely, including through regional teams, and has informed the approach now being taken.

### Summary of the expert advice on recovery

<b>What recovery are NHS people likely to need which should be factored into national planning?</b>	<ul style="list-style-type: none"><li>▪ For all staff, including managers, their line managers should be accessible to have wellbeing conversations and bringing about a strong sense of being valued and belonging</li><li>▪ Individuals will have very different needs, so avoid a 'one size fits all' approach</li><li>▪ The recovery plan for people must be deliverable, fair and consistent across the NHS, easy to access and sustainable over time to have the desired impact</li><li>▪ Staff need to be secure in a sense of 'permission' to take leave and access support</li></ul>
<b>For those exposed to traumatic experiences?</b>	<ul style="list-style-type: none"><li>▪ Consider a promise (covenant) for NHS staff like the Armed Forces Covenant that says that military veterans will not be disadvantaged as a result of their service</li><li>▪ Draw on evidence and research (e.g., post operational stress management as used by the UK military for recovering troops), with a staged return to duty including a period of leave</li></ul>
<b>What basic pattern should recovery follow, recognising that some people it will require more specialist support and more recovery time than for others?</b>	<ul style="list-style-type: none"><li>▪ <b>Recognise what <u>all</u> staff have been through</b>, thanking and committing to back them</li><li>▪ <b>Commit to maintain existing wellbeing offerings</b>, both local (e.g. rest rooms, free parking, hot food) and nationally (NHS people website) and embedding them longer term</li><li>▪ <b>Provide skilled support for reflective practice</b> (e.g. Peer Support, Schwartz Rounds)</li><li>▪ <b>Ensure staff get proper time off to recover</b>, including flexing or extending contractual leave arrangements to give people choices and enable them to get the rest they need</li><li>▪ <b>Provide specialist psychological support to those that need it</b>, not just now but ongoing</li><li>▪ <b>Carry out a structured return to work interview</b> to identify ongoing recovery needs and include opportunities, without stigma, for review of career decisions and training plans</li></ul>
<b>What is at stake here in terms of the longer term risks or consequences of not getting this right, and the impact on individuals?</b>	<ul style="list-style-type: none"><li>▪ The future of NHS provision and the long-term ability of the workforce to deliver</li><li>▪ However, with the right support, public backing and care (e.g., <a href="#">Going for Growth</a>, RCPsych.) staff may 'grow' as a result and those who are exhausted and ill will be more likely to return</li><li>▪ Failure to properly recover our staff risks causing lasting harm to our staff, impairing their performance in the workplace and reduce patient safety, and leading to litigation</li><li>▪ Risk that on the surface the NHS appears reasonably recovered while the depth psychology of the staff might cause longer-term problems, including increasing in staff leaving the NHS</li></ul>

6. Applying these principles within organisations and teams means:
  - Sharing what individuals and teams have experienced during the pandemic and acknowledging it
  - Discussing the type of individual and group support that would be valued, and giving people meaningful choices
  - Considering whether specialist support is required, and providing rapid access to it
  - Agreeing what the health and wellbeing priorities are going forward

7. These principles are underpinned by signposting to specific support services, such as the mental health hubs that have been established in local systems, and accessible tools such as [videos of staff](#) describing the benefits of health and wellbeing conversations, which were a key commitment in the People Plan, alongside the introduction of the Wellbeing Guardian role.

### Interventions to support staff

8. We will maintain the nationally-delivered offer, including access to confidential telephone helplines and text services, free access to a range of apps, and an [online portal](#) of publicly available guidance and materials. The set of offers tailored to ethnic minority staff and faith groups has been expanded, including free services developed and funded by the Association of Christian Counsellors and free counselling support for Muslim staff developed in conjunction with the NHS Muslim Staff Network.
9. In total these services have now been accessed over 780,000 times by our staff, as individuals identify what support they need at a given point in time, or it being recommended by others. The content of this offer will continue to be refreshed based on staff feedback, usage rates and evidence of outcomes.
10. Informed by the needs of our staff and the advice of the Expert Advisory Group, the focus of our health and wellbeing support to staff will shift during recovery to be assured that there is a sustainable, organisational-level response in place locally which shifts over time to focus on preventive measures and support to line managers and teams so that a culture of health and wellbeing becomes embedded.
11. There are four main intervention points:
  - **The NHS Leadership Academy's work has been re-focused to support leaders during crisis and in recovery.** In the last year, 20,000 leaders have attended regionally led workshops and participated in 1:1 coaching support. The Academy has provided the Executive Suite for senior leaders; an online resource space accessed by 11k together with personal, psychological support, Army mentoring and peer support in action learning sets with Chief Executives. For line managers the Academy has established #ProjectM an online community accessed by 5.4k managers meeting monthly (with 2.5k active participants) to share good practice on self and team care.
  - **Continuing to support Wellbeing Guardians** as senior representatives within organisations, typically NEDs in larger NHS organisations, who help set the health and wellbeing strategy and provide assurance of delivery. Two national webinars have been held in the last 6 weeks to provide guidance to Wellbeing Guardians – one for Trusts and one for Primary Care – with over 450 delegates attending.
  - **Equipping line managers and teams** with the tools they need take ownership of health and wellbeing and that supportive, compassionate, Health and Wellbeing Conversations take place routinely. [Supporting materials](#) including videos, animations and guides to support these

conversations were launched at a national webinar on 11 March attended by representatives from over 150 organisations.

- **Providing rapid access to evidence-based interventions on mental health** for staff that need it and working with leaders in **Occupational Health** to deliver a service that is an integral part of a wider model of preventive health and wellbeing and able to respond to significantly increased demand.
12. In October 2020, funding of £15m was announced to establish 40 mental health and wellbeing hubs nationally. Twenty two hubs are now [live](#) with the remaining systems due to mobilise by April. In the meantime, systems with hubs that are mobilising have either a comprehensive existing support offer in place for staff or are providing support for staff through existing NHS services. Initial data from 22 hubs shows that 1,099 people were referred to the hubs in January and February 2021, of these 658 (60%) received a clinical assessment in a median time of 2 days and 352 were referred for treatment. Funding of £37m for continued delivery of the hubs has been confirmed for 2021/22.
  13. The impact of the pandemic on the mental health and wellbeing of ICU/critical care staff and those staff who have been deployed to support them continues to be a focus for support. Hubs will continue proactive outreach to critical care/ICU teams for support, which has included a recent online briefing with over 250 clinical leaders. In addition, over 400 critical care nursing staff are registered to be trained as facilitators of restorative supervision to their own colleagues and teams, with the first training cohort having started on 3<sup>rd</sup> March.
  14. A major programme of work to pilot a range of tailored enhanced health and wellbeing interventions across 14 local systems in response to their own workforce population needs launched in October 2020. In total this will reach over 800,000 NHS staff and many of these interventions are also open to staff from partner organisations such as social care. Examples from specific systems include;
    - A single point of access which has received over 3,000 visits since its launch in January
    - One to one support focused on trauma, bereavement and suicidal thoughts, team development sessions delivered to local authority staff, care homes, ICU staff and those working in 111
    - Training for over 250 staff in psychological first aid with a further 400 staff on the waiting list to be trained in March and April
    - The recruitment of Staff Safety and Wellbeing Officers, with over 100 expressions of interest in the role
    - A focus on BAME staff in the London region with a dedicated health and wellbeing app aiming to reach 7,000 staff

## Evaluating the impact

15. The impact of the work will also be monitored through Boards, with the Wellbeing Guardian playing an important role in making best possible use of existing data and drawing on new sources such as the monthly Pulse survey

introduced during the pandemic which 273 organisations have now expressed an interest in. 64% of respondents in the February wave of the Pulse survey indicated that they had had a HWB Conversation within the last 3 months.

16. The NHSEI health and wellbeing team is also working with the Health and Safety Executive to develop a wellbeing dashboard tools that will bring together leading indicators (e.g. number of health and wellbeing conversations, use of the Violence Reduction Standard) and lagging, outcome indicators (e.g. sickness absence data and presenteeism) into an integrated measurement framework for monitoring staff wellbeing. A first version of this dashboard will be available this Spring and will be tested and co-developed with the NHS during 2021/22.

### **Funding stream/requirement**

17. Funding for additional health and wellbeing interventions for 2021/22 is in the process of being confirmed with Government.

### **Next steps**

18. The priorities set out in the planning guidance to the NHS for 2021/22 reinforce the importance of an integrated approach to people recovery within the wider restoration of services and there will be continued focus on the themes of 'Looking after our people' and 'Belonging in the NHS' from the People Plan.