

NHS Staff and Learners' Mental Wellbeing Commission

February 2019

Executive Summary



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Executive Summary



Introduction

The NHS is founded on a common set of principles and values that bind together the communities and people it serves - patients and public - and the staff who work for it.

If we are caring and compassionate, then we should be able to demonstrate those values as employers in the way we look after our employees.

There are 1.4 million people in the NHS workforce. We deploy many of our people to frontline healthcare and we should want to be an exemplar when it comes to the support of these people. There is sufficient evidence which shows the NHS can do much better.

Background

The Health Education England (HEE) draft Health and Care Workforce Strategy for England to 2027 - *Facing the Facts, Shaping the Future* - announced a new Commission on the mental wellbeing of NHS staff and learners. The Commission has been led by Sir Keith Pearson, former Chair of Health Education England, and Professor Simon Gregory, Director and Dean of Education and Quality, Midlands and East, as Programme Clinical Director.

An interim report was presented to the Secretary of State for Health and Social Care in summer 2018, and this final report builds on the literature review and research findings of that interim report working

with a Commission panel of subject advisors and experts meeting during summer and autumn 2018.

The panel heard from staff working in the NHS whose wellbeing has been adversely affected by workplace experiences, and from several families bereaved by the death of a loved one who ended their life while in the employment of the NHS. The Commission also heard from representatives of beacons of best practice where colleague wellbeing is supported and championed. In addition, visits took place nationwide to find out more about how organisations are valuing, supporting and caring for their staff and for learners on undergraduate clinical education placements or receiving postgraduate training.

The Commission's aim is to see an NHS where staff and learners are happy and feel fulfilled in their work, where they look forward to going to work and are proud of the care they provide to their patients. There is good evidence that happy staff are more compassionate and provide safer care.

This final report, written to support the new NHS Long Term Plan, has been produced for the consideration of the Secretary of State for Health and Social Care and thereafter for publication.

The NHS Long Term Plan, published January 2019, sets the challenge of establishing a new deal for staff, which would see a modern working culture where all staff feel supported and respected for the valuable work they do. The Plan aims to build an NHS where: *"the values we seek to achieve for our patients - kindness, compassion, professionalism - are the same values we demonstrate towards one another."* This chimes with the views of the Commission and we feel this vision is embodied within our recommendations. The Long Term Plan wants to see the NHS become: *"a consistently great place to work,"* where there is more flexible working, enhanced wellbeing and career development, and greater efforts to stamp out the scourge of discrimination, violence, bullying and harassment. This again resonates with the themes and recommendations of our Commission. With this shared agenda, we anticipate being able to advance a range of measures that will support staff and learners' mental wellbeing through the working groups implementing the Long Term Plan.

Our approach

The Commission was charged with addressing both staff and learner mental wellbeing. To do so, we divided our consideration into four key chapters.

These are:

Chapter two - Learning our lessons - here we briefly consider the mental wellbeing of young people and in particular their routes into the NHS workforce and what the NHS needs to understand about them and offer to them.

Chapter three - Lessening student stress - the mental wellbeing of undergraduates who are learning in the NHS is a key issue for this Commission with the majority of such students based in educational institutions but placed in multiple healthcare settings.

Chapter four - Mastering mental wellbeing - postgraduate learners are both trainees and employees. This leads to significant overlap with the issues for undergraduate learners, yet these postgraduate learners are also NHS staff. We have therefore, focused on the mental wellbeing of postgraduate learners in the NHS as a separate chapter.

Chapter five - Supporting our staff - our NHS workforce ranges across clinical and non-clinical careers, from porters to engineers, from chief executives to cleaners, all are vital to good running of the NHS and to high quality service. The NHS employment culture is key to supporting these staff. In this chapter we have focused on the mental wellbeing of the workforce.

Our key themes

A number of key themes emerged during the course of the Commission.

Preparing for transitions - a constant theme has been the importance of transitions, as an individual progresses through school (chapter two) towards further or higher education (chapters three and four) and eventually into the workplace (chapter five). It is important how we prepare individuals for the big changes to come in their lives.

Diverse needs - the difficulty of making life transitions can be exacerbated for many reasons including socio-economic background, cultural diversity or disability - these challenges need our particular attention.

Need for self-care - if a person is intolerant of their own distress, they may not be able to tolerate the distress of others. We need to support a learning and workplace culture which encourages compassion to oneself, where self-care is 'normalised'.

Being human beings - some clinicians may feel a need to adopt a 'superhero complex' to help deal with the pressure of their role, but we need to acknowledge in healthcare that being a human being and high performing are not mutually exclusive.

Caring for the carers - the Commission has considered the question: 'who cares for the people who care for the nation?' We must improve the way in which we look after ourselves and our colleagues, so they are better placed to look after the needs of their patients.

Moral distress - the NHS attracts people of a caring nature but where institutional constraints compromise perceptions of the level of care offered, our staff can develop a sense of personal guilt.

Bereavement by exposure - every clinician carries with them a lifetime experience of upset, trauma, death and dying; professionals working in healthcare have very different emotional and psychological needs to those working in other sectors.

Bereavement by suicide - has been shown an identifiable factor for self-harm, and suicide for those who have a close connection with the deceased. We have heard that this could well apply to clinical and educational colleagues, not least due to the often devastating effect of colleague suicide and the guilt many health professionals feel about colleagues' death.

Looking after loved ones - healthcare practitioners do not work in isolation in the world - we need to consider how their wellbeing at work is affected by and affects family and friends/colleagues, particularly in the most tragic cases where people are bereaved by suicide.

Take a break - often under pressure from colleagues or the accepted workplace culture, staff can feel pressurised to work long shifts without breaks, come to work when ill (presenteeism) and even skip annual leave, particularly where staffing is under-resourced.

The simple things - wellbeing at work needs to be addressed strategically across the NHS but often it is the simple things in the workplace that can make a real difference: staff lockers, showers, a quiet room, the availability of nutritious food, a good coffee, a psychologically safe space to get together with others to talk and debrief, or just a colleague taking the time to say 'thank you'.

Role of technology - technology has been put forward as both the likely cause and possible solution to some wellbeing issues - we need to consider more the role of tech gadgets and social media.



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It is not a question of whether we should be recruiting more 'resilient' people into the emergency services. What we need to do is to make sure that the organisations that people are coming into are set up in a way that can support people properly.

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It is an odd anomaly that in a professional culture which deals with caring, there is still a lack of support for simply asking, 'are you ok?' and meaning it.

Our Recommendations

This Commission has looked at what we are doing currently, where there is excellence and where we could aspire to excellence. As a result, a series of recommendations have been developed. The arm's-length bodies of the Department of Health and Social Care should work with other key stakeholders to determine who will lead on each of these.

This report references the importance of promoting and supporting the wellbeing of NHS staff and those learning in NHS settings. Working and learning in the healthcare sector is like no other employment environment. Daily, our staff are confronted with the extremes of joy, sadness and despair. The Commission repeatedly heard that this emotional labour is often exhausting and that many of our clinical staff retain a collection of curated traumatic memories of death and dying. Many staff, often young staff, see the horrors of extreme trauma; they see the aftermath of major road traffic accidents, suicide, and they see children in distress or dying and they help families cope with the loss of a loved one. They see the effects of deprivation and many see, what they described as 'life in the raw'. These memories, like ghosts from the past may return at unexpected times. The emotional labour required to manage this rollercoaster for NHS staff and those learning in the NHS is often taken for granted by the individual and by the NHS itself, but the Commission found that there are dangers to this which can profoundly impact upon the wellbeing of staff and those who are learning in the NHS.



Recommendation 1: The NHS Workforce Wellbeing Guardian

As we have reviewed the academic literature and taken evidence, it has become clear that as in many other non-healthcare sectors there is a need for board-level leadership to be responsible for the mental wellbeing of their staff.

The evidence for board-level leadership is in the following chapters but the role is so central to all the recommendations in this report, in particular the culture of the NHS, that our primary recommendation is the creation of board-level NHS Workforce Wellbeing Guardians.

Therefore, the first recommendation of the Commission is the introduction of this role in every local, regional and national NHS organisation. We anticipate this board-level role being an existing executive director who would be aligned with a non-executive director. The NHS Workforce Wellbeing Guardian will seek to assure and continue to re-assure the board that their organisation is a wellbeing organisation and a healthy workplace in which NHS staff and learners can work and thrive. The role will ensure that sufficient information is being provided to the Board, so it can benchmark, set organisational expectations and monitor performance in this regard. This will help provide a lens on learner and staff mental wellbeing in each and every NHS organisation, seeking continual improvements in how those who care for the nation's health are indeed cared for themselves and supported in their working lives.

The ways in which the NHS Workforce Wellbeing Guardian will work would be for determination by the individual organisation but should be within a common NHS framework, allowing for local best practice in supporting learner and staff mental wellbeing. However, it is envisaged that at an organisational level, the Workforce Wellbeing Guardian will be aligned with a Workplace Wellbeing Leader.

It is recommended that the NHS should establish an NHS Workforce Wellbeing Guardian in every NHS organisation (where appropriate such as primary care this may be at a locality level) and that the Wellbeing Guardian should be authorised to operate within the nine principles set out on the following page:

The NHS Workforce Wellbeing Guardian Principles:

Principle One: *The mental health and wellbeing of NHS staff and those learning in the NHS should not be compromised by the work they do for the NHS.*

Principle Two: *The Wellbeing Guardian will ensure that where there is an individual or team exposure to a clinical event that is particularly distressing, time is made available to check the wellbeing impact on those NHS staff and learners.*

Principle Three: *The Wellbeing Guardian will ensure that wellbeing 'check-in' meetings will be provided to all new staff on appointment and to all learners on placement in the NHS as outlined in the Commission recommendations.*

Principle Four: *All NHS staff and those learning in the NHS will have ready access to a self-referral, proactive and confidential occupational health service that promotes and protects wellbeing.*

Principle Five: *The death by suicide of any member of staff or a learner working in an NHS organisation will be independently examined and the findings reported through the Wellbeing Guardian to the board.*

Principle Six: *The NHS will ensure that all staff and learners have an environment that is both safe and supportive of their mental wellbeing.*

Principle Seven: *The NHS will ensure that the cultural and spiritual needs of its staff and those learning in the NHS are protected and will ensure equitable and appropriate wellbeing support for overseas staff and learners who are working in the NHS.*

Principle Eight: *The NHS will ensure the wellbeing and make the necessary adjustments for the nine groups protected under the Equality Act 2010.*

Principle Nine: *The Wellbeing Guardian, working with system leaders and regulators, will ensure that wellbeing is given equal weight in organisational performance assessment.*

Recommendation 2: The NHS Workplace Wellbeing Leader

The ability to address staff and learner wellbeing issues that may be either, 'critical' at first contact, or may 'slowly' be contributing to an unhealthy culture would be dependent upon hearing from staff at their level. Such contact would need to be conducted in a manner that was supportive and did not pose a risk to the individual(s). This requirement indicates that there must be an active 'listening' component and to this end, a Workplace Wellbeing Leader is envisaged for all NHS workplaces.

It is recommended all NHS organisations appoint a Workplace Wellbeing Leader to work with and report to the Workforce Wellbeing Guardian.

In early 2019 consideration will be given to the guidelines for both of these roles.



Recommendation 3:

Planning for a possible future career in healthcare will start for many pupils prior to taking GCSE exams. It is important therefore, that the NHS is proactive in ensuring that school careers advisors, pupils and parents are as well informed as possible about the NHS, how it works, entry routes into careers and where advice can be found. If pupils are better informed and thus better prepared for their careers, the transition points and the whole decision-making journey will be less stressful and more exciting.

New generations of the future NHS workforce are looking for clear, concise information. They want planned and often different career paths and many will aspire to flexible careers - even career portfolios. But they often experience rigidity in the system resulting in a sense of failure when they later discover they have chosen the 'wrong' A level subjects leading to the wrong course and a sense they have let themselves and others down when compelled to look at a different career direction at the very beginning of their career journey.

The final years of school and the start of a working career in the NHS, either through further education, higher education or apprenticeship are stressful enough, without the added pressure of prior decisions being poorly informed.

Working with schools and colleges, career advisors and current and past pupils, the NHS Careers Service should examine what information about careers in the health and care sectors we provide, the format and medium in which that information is provided and how the NHS can work more effectively in partnership with schools and pupils.

The NHS Careers Service and the wider NHS should where necessary recalibrate the job and career advice currently provided to schools, pupils and parents.

Recommendation 4:

Career pathways should identify potential routes and choices including step-on and step-off points and the potential for up-skilling and future re-skilling including qualification requirement, work experience, traineeships, apprenticeships and direct access following university.

The NHS should publish and update regularly its advice on the flexibility in education and training entry routes and career journeys into NHS careers.

Recommendation 5:

Increasingly, applications to university undergraduate courses in medicine, dental, health sciences, nursing and the allied health professions require evidence that the applicant has explored a career in healthcare prior to an application and that this can be found through some form of work experience in the sector. The Commission has found that it can prove to be difficult if not impossible for some schools and pupils who do not have the 'contacts' in the NHS and care sector to get this experience. Pupils without contacts in the NHS feel disadvantaged if they are unable to evidence in their UCAS application and in a subsequent university interview a significant voluntary placement in the health or care sector. As the largest employer in most towns, the NHS is best placed to proactively offer a 'bureau' service working with local schools and colleges to establish and operate a pupil work experience programme that is easy to access, and responsive to the needs of local schools. This would include co-ordinating voluntary placement opportunities.

Healthcare providers (such as GP practices, hospitals, and care home operators) on a local (STP or ICS) footprint should create a schools' work experience bureau service.

Recommendation 6:

Pupils with learning difficulties, such as dyslexia and dyscalculia, seemed to the Commission to be supported well as they transition through the key stages of education, though we have heard that still more could be done. Many schools have well-developed mechanisms to get the most out of all pupils. Evidence suggests that pupils with learning difficulties who are supported experience little or no overall disadvantage, though such pupils are more likely to become stressed when they consider transition to further or higher education, worrying if the same level of support would be available.

There is no doubt that universities offer considerable support to undergraduates with learning difficulties but more needs to be done. The websites of UCAS, Office for Students and many universities offer helpful guidance to pupils with learning difficulties, but the UCAS website information for pupils with learning difficulties sits under the 'disabled students' tab which may not be helpful.

The Commission recommends that published UCAS and university support and guidance for undergraduates with learning difficulties should be reviewed with schools, colleges and pupils with learning difficulties to ensure it conveys the right and supportive information around this most important transition point.

Recommendation 7:

Transitioning into undergraduate education brings many challenges, particularly for those who enter directly from school. For many it will be the first time living away from home, away from support systems and support networks, and deciding many aspects of life that were otherwise managed by parents and others. Starting university can be a stressful experience. How an individual copes with stress is the key to whether it develops into a health problem. Stress is a natural feeling, designed to help people cope in challenging situations. In small amounts it can be beneficial, pushing someone to work hard and do their best, including in exams. Self-awareness, self-care training and signposting are key to this transition being as smooth as it can possibly be. It is important that learners are able to look after their own mental wellbeing and know when and how to seek help.

Training in self-awareness, self-care, support signposting (for self and peers) and suicide risk awareness and prevention should be explicitly incorporated within each healthcare undergraduate and postgraduate curriculum.
(Wellbeing Guardian Principle Six)



Recommendation 8:

Every student will already have access to a supervisor, educators and assessors while on placement in the workplace. In addition, every student should have access to a person at a similar level within the placement organisation who can provide personal wellbeing support that is not linked to assessment or their education progression.

A wellbeing 'check-in' should be provided to all students within two weeks of starting each placement. For very short placements this may be applied to blocks of placements. The personal wellbeing tutor must have sufficient dedicated, protected time in their job plan, which is audited and reported.
(Wellbeing Guardian Principle Six)

Recommendation 9:

We have already captured in recommendation one, the proposed establishment of a Workforce Wellbeing Guardian in every NHS organisation. The Commission feels strongly that the Workforce Wellbeing Guardian should ensure that appropriate training is provided to our NHS educators, assessors and placement supervisors to equip them with the skills needed to properly support and nurture those who are learning in the NHS.

Educators, assessors and placement supervisors within NHS provider organisations should be trained and give clear guidance on support procedures for students with mental distress to allay their fears of any detrimental impact of this disclosure upon future career prospects. (Wellbeing Guardian Principle Six)

Recommendation 10:

We say much in this report about the stressful nature of transition points on the journey from school and college to university and on to the world of work (see section 3.3.1). Transitions for those pursuing a future clinical career are additionally complex when we factor in clinical placements - particularly as these are assessed placements that bring additional and sometimes complex wellbeing support needs. The HEE Quality Framework should be utilised to monitor this.

Higher education providers and NHS placement providers should recognise and proactively provide support for the transition stresses that students may face at course commencement, entering each clinical placement and on taking up their first graduate role. (Wellbeing Guardian Principle Six)



Recommendation 11:

The Commission feels that universities offering healthcare courses should undertake further work, in partnership with their students, to consider the financial and wellbeing impacts of clinical placements and rotations. This should include travel and travel time commitment, the additional burden of cost for some students associated with a need for placement accommodation, and the impact on students from disruption of formal and informal networks.

Recommendation 12:

The Commission heard that there has been a steady erosion in the provision of psychologically safe and confidential staff-only spaces in many NHS settings. The Commission felt strongly that all students (and for that matter all staff) should have suitable accessible spaces in which to socialise, share, discuss experiences and rest away from patients and the public.

The Commission was concerned by the extent to which the provision of basic support to NHS staff and those learning in the NHS has been eroded over time. We heard that in many NHS organisations there were no lockers to safely secure personal items. We heard that staff toilets were often inaccessible, but we also heard that for some, this was the only quiet time they may have on their shift. We heard that with the loss of the staff canteen, those staff who can take the time to grab a hot meal often have to contend with busy lifts on their way to the main hospital public restaurant where they then join a queue to get their food. Many staff and learners wanted the normalising experience of dropping into an on-site coffee shop for a 'good cup of coffee', visiting an on-site healthy food retail offering and then to return to quiet space. In ensuring that staff and learners have a social space to come together, to reflect and sometimes to decompress, we can support valuable peer relationships and address issues such as isolation. We believe that the public will support small, incremental initiatives which contribute to overall staff wellbeing. It would also be hard to overstate how important having access to fast, reliable Wi-Fi is to those learning in the NHS and to many members of our staff. Learners often need to connect with course work and staff during their time at work and to connect with families and their social networks. Access to free Wi-Fi and having a decent food offering for all shifts help to normalise the experience of being in a hospital for staff, visitors and patients.

When capital allocation to NHS bodies is being considered, there should be evidence that estate development plans will also enhance or create space for staff and those who are learning in the NHS.

Recommendation 13:

Every postgraduate trainee will already have access to clinical supervision and educational supervisors in the workplace. In addition, every trainee should have access to a person at a similar level of seniority within the placement organisation who can provide personal wellbeing support that is not linked to assessment or their education progression.

A wellbeing 'check-in' should be provided to all postgraduate trainees (within two weeks) of starting the placement and on each placement. The personal wellbeing tutor must have sufficient dedicated, protected time in their job plan, which is audited and reported.
(Wellbeing Guardian Principle Three)



Recommendation 14:

The Commissions heard from learners of a major impediment to seeking help being fear, including a lack of clarity on the boundaries of disclosure and confidentiality including relation to fitness to practise procedures to allay fears of detrimental impact of disclosure upon future career prospects.

Educational and clinical supervisors within NHS provider organisations should give clear guidance on their local support for postgraduate learners with mental distress.



Recommendation 15:

The Commission heard that there is a need for the NHS to recognise that there are additional needs for on-call staff and learners. These include access to the best possible on-call sleep rooms that are secure and safe, changing and shower facilities, and refreshments including where possible hot food. On-call staff and learners may also need to sleep on site after an on-call shift before they are safe to travel home. The Commission heard of remarkably uncaring barriers being put in the way of the use of suitable on-call facilities.

Trainees working on an on-call service must be provided with rest spaces and 'designed for purpose' on-call rooms that enable rest and sleep either during, before or after on-call shifts. (Wellbeing Guardian principle six)

Recommendation 16:

It has been evident to the Commission that some staff are impeded from accessing help as they are concerned that they could/would be identifiable, either because of their prominence or their visibility and would therefore run the risk of being known by colleagues.

The Department of Health and Social Care and the NHS should implement a service which will 'ensure rapid access' referral pathways for NHS learners and NHS employees based upon a prioritisation request from either a primary care or occupational health clinician.

It is additionally recommended that, services must be flexible enough to ensure access for those clinical staff that have additional barriers to accessing local services. Examples might include doctors in the same NHS provider body or healthcare professionals with mental health problems, or addictions and other conditions that may be better served by a more confidential service. Services should be commissioned to ensure safe, confidential and timely access.

Recommendation 17:

Much work has been done by HEE Enhancing Junior Doctors Working Lives to understand the needs of learners and there is also work in the Foundation Programme Review. It is clear that there are key changes that can enhance trainee morale and access to support networks. Vital changes include increased placement length, early notification and greater flexibility of placement.

The Enhancing Junior Doctors Working Lives changes must be fully implemented and should be applied to all postgraduate trainees, not just doctors.



Recommendation 18:

Recruitment is a competitive process with post-allocation based largely on performance at selection with few exceptions for specific factors. The Commission has heard of an 'inverse care law' of trainees who perform better at selection obtaining higher quality placements, whereas lower scoring candidates, by virtue of not securing their placements of choice, being more likely to be removed from normal social and personal wellbeing support networks and systems. Thus, doctors and scientists performing less well at selection are placed in the less popular units and removed from their support systems.

HEE, medical schools, United Kingdom Foundation Programme Office and Medical Royal Colleges need to work with Medical Students and Doctors in Training to agree an allocation system that is both just and more humane.

For most of the 1.4 million people who work in the NHS, there is no other job that would bring the satisfaction they get from working with great colleagues and from caring and supporting patients and their families. But, the impact on our staff of what they see and what they experience in the course of their work cannot be dismissed lightly. We ask in this report, *'who cares for the people who care for the nation's health?'* and we say that we must improve the way in which we look after ourselves and our colleagues, so they are better placed to look after the needs of their patients. This chapter's recommendations aim to strengthen and make more relevant the support that already exists for staff but will also point to ways in which new support can be provided. Our recommendations will also aim to make the mental wellbeing of NHS staff something that is uppermost in the minds of our staff and their work colleagues and something that forms a new and regular dialogue between 'ward and board'.

Recommendation 19:

NHS staff and learners are exposed to the highs and lows of humanity and the human condition on an hour-by-hour basis. Dealing with these is included in current curricula. Where additional training and support is provided it is reported to be beneficial and the Commission has heard of the considerable value placed on good peer support. Frontline staff describe themselves as having relatively few opportunities to process their experience with colleagues - team meetings are infrequent and task focused, and psychologically safe and confidential spaces such as staff cafeterias and rest areas where they could spend time with one another informally are no longer available in most facilities. However, on occasions staff are exposed to events which transcend that which they might normally encounter. Such events should be identified and acted upon.

*NHS employers must ensure timely provision of post-incident support for those learning in the NHS which may include peer group support, or a formal debriefing such as the ambulance service Trauma Risk Management programmes (TRIM) and post-trauma counselling.
(Wellbeing Guardian Principle Two)*

The Workplace Wellbeing Guardian should be alert to circumstances where staff are asked to take on new or advanced roles which may expose them to new experiences where they will need support, however clinically competent they are. This can be seen for example in the case of a mental health nurse working in a crisis response team.

Where work complexity and workload changes with some roles moving to other staff, such as where general practice workload is shared with practice nurses and physician associates, the work intensity for the GP may increase.

Recommendation 20:

The Government review, *Thriving at Work* (2017), recommends that all employers, regardless of workplace type, industry or size, adopt the mental health core standards. The review, which this Commission fully endorses, believes that adopting the mental health core standards can be delivered proportionally depending on the size and type of business. The mental health core standards should provide a framework for workplace mental health and have been designed in a way that they can be tailored to suit a variety of workplaces and be implemented by even the smallest employers. Some key work on this is already being piloted by NHS Improvement.

The *Thriving at Work* review is such a vital piece of work that this Commission does not seek to replicate it herein and seeks to direct readers to it.

Key recommendations pertinent to this report include that (NHS) employers should:

1. Produce, implement and communicate a mental health at work plan
2. Develop mental health awareness among employees
3. Encourage open conversations about mental health and the support available when employees are struggling
4. Provide your employees with good working conditions
5. Promote effective people management
6. Routinely monitor employee mental health and wellbeing.

Furthermore, we believe that all providers of NHS care should deliver the enhanced standards:

1. Increase transparency and accountability through internal and external reporting
2. Demonstrate accountability
3. Improve the disclosure process
4. Ensure provision of tailored in-house mental health support and signposting to clinical help.

Performance against these standards should be routinely reported to the board of each NHS organisation and CCG board by the Workplace Wellbeing Guardian at least annually drawing on the Health and Wellbeing Framework published by NHS Employers, in response to the review, in May 2018.

The recommendations from the Government review, Thriving at Work, should be fully implemented across all NHS bodies.



Recommendation 21:

In previous chapters we have outlined the loss of psychologically safe and confidential spaces. The Commission consistently heard of the steady erosion of and the consistent need for spaces for NHS staff as a community to feel they can gather for rest and reflection and the opportunity to talk safely of the highs and lows of the day or night. This combined with a lack of access to simple nourishment or even the ability to take toilet breaks has left many staff feeling that their wellbeing is not valued.

All staff should have suitable, accessible, psychologically safe and confidential spaces in which to socialise, share and discuss experiences and to rest.
(Wellbeing Guardian Principle Six)

Recommendation 22:

Clinical supervision is an activity that brings together skilled supervisors and practitioners (one-to-one or in a group) to reflect upon their practice. It is more prevalent in mental health nursing, midwifery and social work and less commonly implemented in medicine, general nursing and with allied health professionals including paramedics. It can support clinicians with complex situations associated with care and can provide an environment in which they can explore their own personal and emotional reactions to their work. It can allow the member of staff to reflect on and challenge their own practice in a safe and confidential environment (Care Quality Commission, 2013).²⁰⁷

All organisations should provide dedicated time for all NHS staff to periodically access a reflective learning space, such as clinical supervision. For staff that experience the emotional or psychological impact of a specific clinical incident, organisations should ensure access to debriefing and support in timely and confidential fashion. (Wellbeing Guardian Principles Two and Six)

Recommendation 23:

Patients have the right to formally lodge a complaint when they believe the care received has fallen short of what they have a right to expect; this is an important feedback loop and helps to identify poor practice. Complaints are taken seriously but analysis of the circumstances leading to a complaint can take time and will involve all staff and learners who were considered to be material to the circumstances surrounding the event. As such, these staff and learners are seen as being under investigation, a status that can hang over clinical staff for weeks, months or in some cases for years. The impact on a member of staff and trainees of being under investigation is far reaching and inevitably, for some has an impact upon their mental wellbeing. Many of the staff and in many cases the person complained against and caught in the vortex of an investigation will ultimately be found to have no case to answer. In many cases the complaint system was probably the wrong route when a patient simply wanted to be heard, to suggest a change in the way they have been cared for or to hear an explanation about why what happened was normal.

A national charter should be developed, working with patient groups, clinical professionals and their representative bodies, and regulators of the professions that seeks to examine the way that reflections, complaints and comments from patients and the public are handled in the NHS. This should feed into a root and branch examination of how complaint handling can be speeded up without compromising the rights of patients and staff members.

Recommendation 24:

There are occasions where NHS staff find themselves in a situation from which, if at all possible, they should be removed. An example of this is an ambulance crew that attends the death by suicide of a fellow member of the ambulance service: the crew may have to attend but should be replaced as soon as possible. Such situations are known to occur, and although we clearly do not know when they will, preparing a protocol is a proactive step. Other employers, such as Transport for London and National Rail, have protocols in place for such a contingency.

*NHS service managers should develop incident protocols for when staff are placed in a situation that would disproportionately impact on their wellbeing.
(Wellbeing Guardian Principle Two)*

The Commission heard harrowing accounts of the moral burden and impact of providing care, in particular as workload and work intensity is increasing. The Commission believes further research is needed into:

- The specific causes of excessive burnout, self-harm, and suicide in healthcare professionals and interventions, targeting those most at risk
- The effects of complaints on wellbeing
- A fuller understanding of the incidence of excessive burnout, self-harm, and suicide in professional sub-groups and sub-groups within these

Recommendations 25 and 26:

We have heard through the Commission's evidence sessions that tragically, staff and learners working in the NHS have died through suicide. Working in the NHS carries its own risk factors but none of these should be allowed to so impact an employee, such that suicide is seen as the only option. The NICE Guidance 105 for preventing suicide in our nation's communities are a valuable contribution to suicide awareness. The Commission feels that it has resonance for the NHS community too, working with the local multi-agency partnership for suicide prevention alongside the many other steps being recommended in this report.

Recommendation 25:

The Workforce Wellbeing Guardian in each NHS organisation must ensure that relevant elements of Nice Guidance 105, as they apply to NHS staff and learners, are implemented.

Recommendation 26:

In implementing Nice Guidance 105, the NHS should initially focus on the professional groups that are most at risk including nurses (especially female nurses). Specific mental wellbeing challenges within the paramedic workforce have been identified by the Commission, which should also be addressed as a priority.



Recommendation 27:

Death by suicide is thankfully less common in the NHS than it was but every such death is significant and more should be done to avoid them. When a person dies by a means that might be death by suicide (this may not be confirmed by the coroner for some months) there may be multiple factors, both personal and work related. Employers should consider whether there are any work related matters to be addressed to reduce the risk of further deaths. This needs to be conducted as a learning opportunity, not to apportion blame, and therefore to minimise the inhibition of learning by defensiveness.

It is recommended that a national NHS protocol is implemented in every NHS organisation to independently examine the death by suicide of any member of NHS staff or a learner working in the NHS and that the findings will be reported through the Workforce Wellbeing Guardian to the board. (Wellbeing Guardian Principle Five)



Recommendation 28:

Bereavement by suicide is a significant risk factor for subsequent death by suicide in those close to the person that initially died.

The NHS should ensure there should be clear organisational protocols for response to deaths by suicide. This should include targeted psychological support for colleagues. (Wellbeing Guardian Principle Five)

Recommendations 29 to 32:

The Commission heard that the NHS as an employer needs to reset its thinking about how we provide care and wellbeing support to our staff which is proactive and relevant to their needs while at work. We heard that immediate professional services for staff who have been impacted by what they have seen or experienced in the course of their work is often patchy and rarely immediate. We heard the current occupational healthcare service described as a 'service you are sent to' and not one that you turn to and we feel this needs to change. As an aspiration, the NHS should be considering what might be described as an 'NHS for the NHS'. We ask in this report 'who cares for the people who care for the nation?' and such an aspiration may serve to address this question. But there are other issues; we question the logic of NHS staff taking time away from their NHS workplace to access an NHS service that might be more cost and care effective if it were to be readily available to our staff through their own place of work. It is our view that the following four recommendations together begin to move the wellbeing and care support for our staff in the general direction of the aspiration described above. We see four levels of support that are set out in recommendations 19 and 30-32 (herein).

Recommendation 29:

Occupational health is a medical speciality dedicated to keeping people well at work, physically and mentally. NHS Employers recognise that 'a good quality occupational health service can help the NHS become more productive, reduce sickness absence and save money'. In many cases, occupational health input can make the difference between a NHS employee with a physical or mental health condition being absent from work on long term sick leave versus being supported to continue in their role. The benefits of this are clear for the employer, but also for the employee - significant periods of absence from work are associated with worsening of physical and mental ill health symptoms. Occupational health therefore plays a vital role in supporting wellbeing of NHS staff. However, the Commission has heard that since being classified by many trusts as a 'back office' function, occupational health has been subject to severe budget cuts (in some cases being asked to make 40% savings). The subtext of this is that the NHS as an employer appears not to value staff wellbeing at work. The Commission advocates that occupational health should be prioritised as a frontline clinical function and funded appropriately to provide proactive, responsive support to all NHS staff.

All employees should have ready access to a proactive occupational health service that promotes staff wellbeing. (Wellbeing Guardian Principle Four)

Recommendation 30:

The Commission heard how organisations such as Network Rail have recognised that a traumatic rail incident could happen anywhere and at any time across their network, and that the impact upon their staff can be significant. Within their suicide prevention programme, Network Rail, in partnership with Samaritans, recognise the importance of staff wellbeing and enlisting the public's support as paramount in delivering passenger safety. The result is a comprehensive and integrated programme that has delivered specialist emotional support and suicide prevention communications materials aimed specifically at the rail industry. Turning to Samaritans they have evolved an industry-specific service, and this is something the Commission felt was needed for staff and those learning in the NHS.

A national NHS 'Samaritans-style' service should be developed with the aim of providing a complete emotional support service to NHS staff and those learning in the NHS.



Recommendation 31:

All NHS staff should have self-referral access to a practitioner psychological treatment service. Additionally, services must ensure access for those that have additional barriers to accessing local services through a nationally provided service.

Recommendation 32:

The NHS will endorse an approach which ensures rapid access referral pathways for NHS learners and employees if requested as a priority from either a GP or an occupational health clinician - 'an NHS for the NHS'

Additionally, services must ensure access for those that have additional barriers to accessing local services such as doctors in the same provider or healthcare professionals with addictions. These services should ensure safe, confidential and timely access.



Recommendation 33:

There are consistent reports of bullying and undermining across healthcare sectors internationally and the NHS is no exception, with this reported in the NHS staff survey and the GMC national training survey among other sources. This is unacceptable and is a barrier to both wellbeing and patient safety.

The work of the NHS Social Partnership Forum with NHS Employers on 'Promoting a positive culture to tackling bullying' along with the accompanying tools and resources should be adopted by all NHS service providers. (Wellbeing Guardian Principle Six)

For example, the 'How are you feeling? Emotional wellbeing toolkit' provides a simple framework for genuine conversations and should be used as a simple tool for all NHS staff (both documents in *Useful Resources*).

Annex

The Commission

HEE Commission team members and contributors

Sir Keith Pearson JP DL (Commission Chair)
Professor Simon Gregory DL (Commission Vice-Chair)
Dr Teresa Hewitt-Moran (Senior Programme Lead)

Dr Hatim Abdulhussein (Clinical Fellow)
Dr David Cox (Clinical Fellow)
Jonathan Cross
Dr Katie Knight (Clinical Fellow)
Kathryn Grayling (Clinical Fellow)
Shakira Greaves
Richard Green
Jenna Harrison
Simon Hiller
Sam Illingworth
Dr Tahreema Matin (Clinical Fellow)
Mia Skelly (Clinical Fellow)
Sarah Sylvester
Claire Tinsley
Hannah Walker

Commission panel members

Professor Louis Appleby, University of Manchester
Dr Anna Baverstock, Taunton and Somerset NHS Foundation Trust
David Burbidge, HEE Patient Advisory Forum representative
Professor Wendy Burn, Royal College of Psychiatrists
Professor Nigel Harrison, University of Central Lancashire
Dr Peter Hockey, Health Education England
Phil Hough, HEE Patient Advisory Forum representative
Jacynth Ivey, Health Education England
Professor Jill Maben, University of Surrey
Danny Mortimer, NHS Employers
Revd Garry Neave, Church of England
Dr Sean O'Kelly, NHS Improvement
Anna Rowland, General Medical Council
Ruth Sutherland, Samaritans
Fabienne Vailes, University of Bristol

Academic panel members

Professor David Baldwin, University of Southampton
Dr Bryan Burford, Newcastle University
Professor Deborah Cohen, Cardiff University
Professor Jill Maben, University of Surrey
Fabienne Vailes, University of Bristol

NHS Staff and Learners' Mental Wellbeing Commission

Health Education England

St Chad's Court

213 Hagley Road

Edgbaston

Birmingham

B16 9RG