NHS RESET
DELIVERING THE RECOVERY

NHS CONFEDERATION

PUTTING PEOPLE FIRST

SUPPORTING NHS STAFF IN THE AFTERMATH OF COVID-19

March 2021

About NHS Reset

COVID-19 has changed the NHS and social care, precipitating rapid transformation at a time of immense pressure and personal and professional challenge. One message from leaders and clinicians across the UK has been clear: we must build on the progress made to chart a new course.

NHS Reset is an NHS Confederation campaign to help shape what the health and care system should look like in the aftermath of the pandemic. Recognising the sacrifices and achievements of the COVID-19 period, it brings together NHS Confederation members and partners to look at how we rebuild local systems and reset the way we plan, commission and deliver health and care.

Find out more at ww.nhsconfed.org/NHSReset and join the conversation #NHSReset

About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales. We represent hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups and integrated care systems.

To find out more, visit www.nhsconfed.org
and follow us on Twitter @NHSConfed

Key points

- Caring for patients and service users during the pandemic has taken an enormous toll on NHS and social care staff. Throughout this time, there has been a significant focus from NHS organisations and national bodies on placing staff experience and wellbeing at the centre of decision-making. With the NHS facing a major backlog of treatment across all settings and an expected surge in demand for mental health services, this must continue. The ongoing demands of COVID-19 and persistent inequalities across the workforce make clear that such a focus must remain a priority, delivered at local level and enabled by national policy, planning and funding decisions.

- For health and care staff, the last 12 months have been likened to sprinting a marathon, with concerns raised over the impact on health and wellbeing. As the NHS explores how best to support staff after a gruelling year, it will be important to ensure that a focus on all its people sits at the heart of recovery and reset planning. Such an approach will need to apply equally to the legislative, policy and structural changes to the NHS in England, as structural and organisational change can have a negative impact on staff (and can exacerbate existing inequalities). Ensuring that the health service is able to support and nurture its most valuable resource – its people – must be the linchpin of the next phase and longer-term planning.

- To fully address the wellbeing of staff for the long term, the healthcare sector will also need to address long-standing vacancies, deal with the underlying causes of staff distress (including systemic workplace discrimination), which were prevalent pre-COVID-19. It will also need to create the capacity and environment for staff to think, innovate and deliver change. This report considers the five key factors needed for the NHS to provide the most effective environment to retain – and sustain – staff over the weeks and months ahead.

- **Rest and recovery:** Anxiety, fear and exhaustion among staff are reported to have increased over the pandemic, affecting a range of staff groups and taking a toll in particular on staff

from a black and minority ethnic (BME) background. Building in time for staff to rest and recuperate is essential for this next phase. Some staff have built up leave that they will need to take, while others may have little left. NHS organisations will need to be creative to deploy bespoke approaches for individuals and teams who may need different support at different times, including time to reflect, de-brief, take part in supervision and plan for the future. Critically, staff will need support from political leaders and national bodies, who will need to manage public expectations about how long it will take to fully recover services.

- **Health and wellbeing:** To respond to the different needs of individuals and teams, a people-focused approach and continued national investment are needed to enable NHS organisations and integrated care systems to supplement their local support to staff. Recent investment in creating wellbeing hubs, which support staff to stay mentally well, and the roll out of interventions such as restorative supervision, are hugely welcomed. And much of the support provided in the national wellbeing offer has been invaluable. Though the content may need to change to adapt to the emerging needs of people and diversity of organisations and settings, the premise of national funding to support people recovery should continue, alongside prioritising people in the development of a national workforce strategy.

In the next phase of the pandemic, it is vital that this funding is handed down to local systems and organisations. The research undertaken to date on the impact of COVID-19 on the longer-term mental health needs of staff shows that there will be variation in what is required by individuals and teams. Local organisations and systems will need autonomy and funding to determine what priority support their staff will require, the ability to sustain some of the practices that have been put in place during the pandemic, and to identify who within the system is best placed to deliver this support.

- **Recognition and reward:** Valuing and recognising the contributions and sacrifices made by staff over the last year is crucial for workforce retention. To show their gratitude, some

NHS organisations have been sending personal thank you letters, listening and acting on staff feedback and providing additional local wellbeing support packages. More recently, some organisations have offered an additional day off in 2021/22 as a 'wellbeing day' or an additional day's leave for staff on their birthday. Local NHS organisations will want to determine the most appropriate forms of recognition for their staff. However, there is an expectation that this will be accompanied by a sustainable, funded and modern total reward package which supports both the long-term attraction and retention of NHS employees.

- **Visible, compassionate leadership:** Leaders at all levels of the healthcare system will need to listen to staff, take action to remove barriers and administrative burdens, and ensure people have the tools, resources, equipment, skills and time to do their job. Spending time with staff and seeking regular views (including through working in partnership with staff and union representatives, staff networks and pulse surveys) have been valuable sources of information for NHS leaders, and have given many staff the ability to speak up and feel supported. It has also highlighted where practices are not right and need to be addressed. Finding ways of maintaining and enhancing visible and compassionate leadership will need to form a core part of a new way of working for all. If the NHS is to finally address the profound and systemic issues of workforce inequality highlighted throughout the pandemic and most recently evidenced in the 2020 NHS Staff Survey, brave and inclusive leadership is essential. We must lead all of the people, all of the time.

- **Capacity and conditions to enable a reset:** The pandemic presents an opportunity to improve staff experience over the long term, increase advocacy for the place of work and reduce the risk of seeing people leave. But to do so, a number of conditions need to be in place. These include: ensuring any physical working environments include high-quality and accessible spaces to take rest, eat and hydrate; ensuring that everyone has time within work schedules to take a break; ensuring staff have more control and autonomy over how they organise their work; ensuring there

is a clear line of sight for people to connect their role and input with their team and overall purpose; and addressing workloads to make jobs doable. Fundamentally, it will require concerted action to develop a compassionate and inclusive culture which tackles wide disparities in staff experience and the long-standing issue of systemic racism laid bare by the pandemic. Creating the capacity, space and time to think and train needs to be a priority delivered at local level, enabled by national policy, planning and funding decisions.

- All of this must be met with investment to address long-standing vacancies across professions, in all settings. Vacancies lie at the heart of the workload pressures staff face. In the 2020 NHS Staff Survey, only 40 per cent of respondents said their organisation had enough staff for them to do their job properly. Overlay this with an increase in demand and the immediacy to address workforce vacancies becomes even more evident. Without addressing this for the long term, we will fail to fully address the long-term recovery of staff and inhibit the service transformation needed to meet the needs of our diverse communities. This will impede the health service's ability to deliver on the commitments set out in the NHS People Plan in England and the Health and Social Care Workforce Strategy in Wales.

Introduction

NHS and social care staff have worked tirelessly to support the country in response to the COVID-19 pandemic. The intensity of this period, likened to sprinting a marathon, has given rise to concerns over the health and wellbeing of staff and led to a number of studies on the mental and physical impact on the health and care workforce.

In recent months, emerging evidence has started to point to a profound negative effect on mental wellbeing. Some of these studies are highlighted below and serve to show the importance of understanding the effects on mental health. But they also highlight the need to continue research to inform policy recommendations as the context of the pandemic constantly evolves. The studies highlight the real need to create capacity to provide a range of interventions – from prevention through the specialist recovery support – and to draw on past experiences of difficult events and exposure to trauma to see colleagues through.

The pandemic has impacted people differently. This is borne out in the research, as well data from the Workforce Race Equality Standard, the 2020 NHS Staff Survey and insights from national staff network surveys, including the NHS Confederation's networks supporting LGBTQ+, black and minority ethnic and women leaders. All highlight the stark differences in staff experience and impact on people. Such differences can only be addressed by listening, understanding and taking the targeted action to address inequality in staff experience.

Emerging evidence on the impact on staff

A survey of 709 healthcare staff in nine English intensive care units (ICUs) conducted in June and July 2020 reported symptoms consistent with a probable diagnosis of post-traumatic stress disorder (PTSD) in 40 per cent of respondents, severe anxiety in 11 per cent, problem drinking in 7 per cent and severe depression in 6 per cent.[1]

A separate study carried out over a similar time period involving more than 2,600 healthcare workers employed by ten NHS trusts in the West Midlands, covering mental health, community and acute trusts, found post-traumatic stress symptoms in almost a quarter (24.5 per cent) of participants.[2] More than a third (34.4 per cent) reported clinically significant symptoms of anxiety and more than 3 in 10 (31.2 per cent) reported depression.

This study found that women were more likely to report both PTSD and anxiety symptoms, with younger participants also more likely to report anxiety. There was an almost twofold increase in the odds of healthcare workers having symptoms of depression when they were based in an acute general hospital, compared with a mental health setting. Staff with a history of mental health issues were particularly at risk of the pandemic further impacting their mental health.

Survey-based research undertaken at three London NHS trusts to measure the presence of a range of probable mental disorders found substantial levels of common medical disorders (58.9 per cent) and PTSD (30.2 per cent).[3] This study, involving 4,378 participants, also found women, nurses and younger staff tended to have poorer outcomes than other staff, except in the case of alcohol misuse. Higher reported exposure to 'moral injury'[4] (distress resulting from violation of one's moral code) was strongly associated with increased levels of common mental disorders, anxiety, depression, PTSD symptoms and alcohol misuse.

The 2020 NHS Staff Survey data showed that more staff felt unwell due to work stress this year (44 per cent) than last year (40.3 per cent). For those working on COVID-19 areas, the number was higher, at 50 per cent. This is despite positive progress on staff feeling their organisation has prioritised health and wellbeing, and improvements in staff experience scores.

Increasing levels of unmet need

The NHS has never been a COVID-19-only service during the pandemic, but COVID-19 has impacted on all aspects of care, including elective and diagnostic activities. This led to a considerable backlog of people waiting for NHS treatment.

Recent analysis by the Health Foundation found 4.7 million 'missing patients' had not been referred for elective treatment in the first eight months of 2020, compared with figures for the same period in 2019.[5] Analysis published by the NHS Confederation in March 2021 echoed these findings and concluded that the sustained impact of the pandemic will leave a backlog of care in excess of anything seen over the last 12 years.[6]

Although urgent and emergency procedures have largely been maintained, much of the growth in waiting lists comes from low priority, high-volume procedures for conditions ranging from painful bone and joint conditions, to ear, nose and throat and ophthalmology. Our modelling suggests that to maintain any sense of control over the NHS waiting list, the NHS will need to increase capacity considerably above levels than have previously been sustained.

Waiting times are also increasing, with 45 per cent of patients now waiting more than 18 weeks.[7] Two-fifths of patients waiting for mental health treatment contact emergency or crisis services, with 1 in 9 (11 per cent) ending up in A&E. The Health Foundation considers meeting the 18-week wait standard by 2023/24 to be unachievable as, even if the Treasury was able to make all the required funding available, it would require an extra 4,000 consultants and 17,000 extra nurses a year to be able to undertake the necessary activity.

This level of unmet need is likely to mean that in addition to the existing pressures of treating COVID-19 patients, health and care staff will face a heavier workload burden as the NHS works to tackle large waiting lists and manage demand for mental health support,

which is expected to increase. NHS staff also face the challenge of continuing to roll out the largest vaccination programme ever attempted and delivering services alongside managing potential COVID-19 outbreaks.

The reality of unmet patient need, pre-existing problems with staff workload, health and wellbeing, workforce inequality and the long-standing vacancy problem across the sector, create a compelling case for a radical approach to the design and investment in a full workforce strategy.

Support for staff during the pandemic

NHS organisations have built on established practices and programmes to ensure support systems are in place during the pandemic to improve staff experience and wellbeing. Some of these wellbeing initiatives have been instigated by national bodies such as NHS England and NHS Improvement, while others have been led by local NHS organisations or coordinated across systems.

With some of this support due to come to an end in late March 2021, a more comprehensive and longer-term action plan is now required so that organisations can plan.

National measures

Throughout the pandemic, national bodies, and particularly NHS England and NHS Improvement's people directorate, have worked hard to put in place support services to respond to the growing need for mental health and wellbeing support within the NHS workforce.

NHS workers have been able to access dedicated confidential support (provided by mental health trusts and professionals) via phone and text message; a specialist bereavement support helpline for those who have lost friends and family; and online resources, guidance and webinars.

In response to the disproportionate impact of COVID-19 on staff from black and minority ethnic (BME) groups, a range of different helplines or apps were made available, with the purpose of helping to manage anxiety and stress levels.

In October 2020, with the latest available data (for May 2020) showing that anxiety, stress and other psychiatric illness accounted for 28.3 per cent of all sickness leave, NHS England and NHS Improvement announced an extra £15 million to strengthen mental health support for nurses, paramedics, therapists, pharmacists and support staff, along with outreach work among those deemed most at risk, such as critical care staff.[8]

And early in 2021, plans were unveiled for 40 mental health hubs to offer free and confidential support to staff who have been affected by their experience of working during the pandemic, modelled on services for people affected by the 2017 Manchester Arena terrorist attack.[9]

NHS Employers, which is part of the NHS Confederation, has facilitated fortnightly conversations for employer leads to share and learn from each other, focus on the importance of basic principles such as hydration, nutrition, taking breaks and getting sufficient sleep in order to maintain their wellbeing and produced resources for employers to use in their organisations.[10]

Staff health and wellbeing is also a national priority in Wales and has been a key focus of the special health authority with responsibility for the education, training, development and shaping of the workforce – Health Education and Improvement Wales (HEIW). Recognising the importance of staff health and wellbeing is the foundation of the recently launched Workforce Strategy for Health and Social Care, developed by HEIW and Social Care Wales. The strategy sets out the vision, ambition and approaches needed to put wellbeing at the heart of workforce planning across the health and social care system in Wales.[11]

Organisational measures

Alongside national measures in place for the NHS workforce, employing organisations in the NHS have been implementing their own programmes to support staff and respond to the mental health and wellbeing challenges posed by COVID-19.

These locally driven approaches generally include regular listening sessions, opportunities to connect with teams and leaders through technology, risk assessment and support with finance. In places with physical buildings, there has been the provision of rest rooms with access to people to talk to.

Other initiatives have included a fortnightly wellbeing hour, interventions to minimise isolation in home-working and shielding staff, and providing specific support to line managers to help them to have open conversations. NHS organisations have created spaces for staff to share their experiences of the pandemic, through living history projects involving videos, photographs and written submissions, and by setting up areas within buildings where patients and staff can thank people for their efforts. Staff networks have also proved vital throughout this period, with BME networks in particular providing critical support.

Many organisations have looked at how to draw in expertise from across different teams to look at the organisation's package to support the physical, mental and spiritual needs of staff, underpinned by evaluation and feedback. This team approach provides a strong foundation on which to take forward the next iteration of local staff recovery work.

There has also been work to create a cultural shift within organisations to encourage staff to make more use of existing support provision, by emphasising how caring for themselves can help them to provide better care for patients. NHS provider organisations and clinical commissioning groups are also using local staff surveys to assess the effectiveness of the support they are providing and to identify new areas of need.[12]

Case study: Developing a staff wellbeing offer in response to the pandemic

As the first COVID-19 lockdown got under way in March 2020, HR leads at Imperial College Healthcare NHS Trust immediately recognised the need for a staff wellbeing plan. They set about designing a multi-modal wellbeing offer, which was put in place within four weeks.

Provision ranged from intranet and app-based physical and mental health resources to staff discounts and offers, pop-up shops and support with accommodation and travel, food and drink, spaces for staff to use, and wellbeing boxes containing treats for ward staff.

The trust also adopted the national Our NHS People offer and arrangements for the NHS in north-west London, which meant staff could access telephone support lines run by the Samaritans and Hospice UK, a 24/7 text helpline service and online resource guides.

Emotional wellbeing

As the pandemic moved beyond the critical phase, the trust put in place emotional wellbeing groups for staff in priority areas. These took place at set times each week, initially on COVID-19 wards, before being rolled out across the organisation to include non-COVID-19 and corporate staff. More than 1,000 staff attended these 30-60 minute workshops. Counselling and psychological support were also available and the trust made use of its multi-faith team to increase the amount of staff facing faith-based activities.

During the subsequent four to six weeks, while COVID-19 wards were stepping down, the focus of emotional wellbeing groups shifted to supporting staff to deal with the ending of the crisis situation. There was anxiety among some staff about de-deployment out of COVID-19 work and support was provided as they transitioned back into their routine work.

cont...

...cont

Four months after the start of the pandemic, the trust was seeing increased numbers of referrals for counselling, with 80 referrals a month, compared with 20 a month prior to the onset of the pandemic. The focus of some emotional wellbeing groups switched to bereavement, to support staff who had lost family members, friends and colleagues. Schwartz Rounds were conducted by Zoom and an active bystander programme was reintroduced to help respond to negative behaviours in the workplace.

Bespoke support

The trust has a diverse workforce. It used its BME ambassadors programme to train some staff from BME groups as counsellors. A specific support network was put in place to meet the needs of a group of Filipino staff. The trust also found that staff working in hotel services needed a bespoke support offer, as these staff members felt that the broader support provided by the trust was intended for other employees.

The trust has evaluated its health and wellbeing work via pulse surveys in staff emails. It is also analysing staff sickness absence rates.

Find out more and access further examples in Staff experience: adapting and innovating during COVID-19.

Case study: Adapting communication and engagement during the pandemic

Birmingham and Solihull Mental Health NHS Foundation Trust always struggled to get leaders and staff from across its 50 hospital sites together. This was partly due to high clinical demand and outdated IT systems that did not support virtual meetings. When the pandemic struck, senior leaders had to rethink and rapidly change their methods of communication to deliver briefings to the whole organisation, and to enable staff to connect with colleagues.

What the organisation did

The trust rolled out Microsoft Teams across the organisation and introduced a weekly 45-minute session called Listen Up Live. The sessions have been used to:

- acknowledge and thank staff for their hard work
- promote the importance of self-care
- encourage staff to take annual leave, regular breaks and check-in with managers.

The format of the sessions, which have been running weekly since April 2020, began with briefings from the executive team and have now evolved to cover different staff experience topics.

The live chat facility has encouraged staff to get involved in the conversation, with 85 per cent of staff feeding back that this has been a positive addition. The sessions are recorded and put on the intranet for staff who are unable to attend.

The sessions have seen an increase in involvement from the trust's LGBTQ+ and BME networks, with staff sharing their stories in response to the Black Lives Matter campaign, which has helped the organisation to look at how it addresses and tackles racism.

cont...

...cont

Improving staff engagement

This new way of working has enabled the trust's 50 hospital sites to connect virtually for the first time.

It has provided an accessible way for staff to engage with each other and enabled the executive team to deliver messages of support and appreciation to the organisation. One in four BSMHFT staff has attended each session. Staff fed back that they have got to know the senior leadership team better and feel more engaged and appreciated.

Following the success of the Listen Up Live sessions, the trust has started to run another virtual event, Stories to Connect, which focuses on staff who have been working remotely/ shielding during the pandemic, to make them feel more connected. The trust has also made the decision to transfer Schwartz Rounds to MS Teams, after seeing the benefits from connecting virtually.

What needs to happen next?

This section maps out some of the key factors that will be needed if the health service is to effectively protect and nurture NHS staff in the next phase of the pandemic. Collectively, these actions form a framework that will support staff recovery and contribute to retaining and growing the workforce. It will also help create the conditions required for staff and teams to innovate and transform services for local communities.

Rest and recovery

Anxiety, fear and exhaustion among staff are reported to have increased over the pandemic, affecting a range of staff groups and taking a toll in particular on staff from a black and minority ethnic background. Building in time for staff to rest and recuperate is essential. Some staff have built up leave that they will need to take, while others may have very little left. It is important for staff wellbeing that as we move out of the acute stage of the pandemic, they should be able to take this leave. Furthermore, some staff, particularly those who are experiencing anxiety or processing what they have and are experiencing, may require 'decompression time'. NHS organisations will need to be creative to deploy bespoke approaches for individuals and teams who may need different support at different times in the coming months.

There are practical challenges for this to happen in all services, especially in primary care, which have a smaller workforce and have been supporting the national drive to return to business as usual. These are the same teams that have been working up to seven-day weeks to support the vaccination programme.

Critically, staff will need support from political leaders and national bodies, who will need to manage public expectations about how long it will take to fully recover services, and to meet the expected increase in demand in key areas such as mental health. This will mean that fewer staff are available to respond both to ongoing COVID-19 requirements and to the backlog of routine procedures that has arisen during 2020.

There is therefore a need for consideration at the national workforce planning level of how to achieve an appropriate strategy for the remainder of this parliament that addresses both the unmet needs of patients and staff.

Health and wellbeing

To be able to respond to the different needs of individuals and teams, continued national investment is needed which enables NHS organisations and local integrated care systems to sustain interventions and ways of working that have been successful and to supplement their local support offers to staff.

The recent investment in creating wellbeing hubs and provision of interventions such as restorative supervision are hugely welcomed. Primary care network (PCN) staff that have accessed the Looking After You Too and Looking After Your Team coaching offers speak highly of the support. Funding is needed beyond March to permit the schemes and interventions that are most valuable to continue. In the next phase of the pandemic, it is vital that this funding is handed down to local systems and organisations. The research undertaken to date on the impact of COVID-19 on the longer-term mental health needs of our staff shows that there will be variation in what is required by individuals and teams. This must include a specific focus on addressing workforce inequality and improving staff experience. Local organisations and systems will need autonomy and funding to determine what priority support their staff will require.

Within the plans to focus on health and wellbeing, there will need to be a focus on supporting staff through ongoing change and transition. While staff have continued to go above and beyond during the pandemic, national plans have been published that will see significant change across the NHS – the biggest changes for a decade.

With the proposed move towards system working and the transition of functions from existing clinical commissioning groups

to integrated care systems comes great uncertainty for some parts of the NHS workforce. Hundreds of roles are affected, many experienced and expert staff face the reality of redundancy at the end of one of the most trying periods for the NHS. Change is also likely to be required to happen at pace to fit with the ambition of having integrated care systems in place by 2022. Concerns have also been raised over the risks to equality, diversity and inclusion caused by significant restructures and additional fears that the NHS may go backwards.

While arrangements are being discussed to see how the majority of staff below board level will move into ICSs, this is clearly an unsettling time for many, and will not feel to them like an appropriate outcome from months of additional pressure and work. It will be vital that NHS England and NHS Improvement, as well as individual employers, are able to do whatever possible to support staff through this transition as plans develop into legislation and become a reality.

Recognition and reward

Feeling valued and recognised for the contributions and sacrifices made by staff over the last year is crucial when it comes to retaining staff. We have seen examples of NHS organisations sending personal thank you letters, listening and acting on staff feedback, and providing additional local wellbeing support packages. More recently, some organisations have offered an additional day off in 2021/22 as a 'wellbeing day' or an additional day's leave for staff on their birthday.

Local NHS organisations will want to determine the most appropriate forms of recognition for their staff. However, there is an expectation that this will be accompanied by a sustainable, funded and modern total reward package which supports both the long-term attraction and retention of our people.

Visible and compassionate leadership

Leaders at all levels of the healthcare system will need to listen to staff, take action to remove barriers and administrative burdens, and ensure people have the tools, resources, equipment, skills and time to do their job.

As part of this, regulators need to recognise that for medical and healthcare trainees to catch up on lost training time, or to support staff to upskill in new procedures, every future procedure could be a learning opportunity for someone. This may have short-term productivity impacts, but medium- to longer-term gains which must not be overlooked. Increasing the workforce, equipping people with the right training and skills to do more, and in different ways, is central to the long-term wellbeing of our staff.

Creating the conditions to enable a reset

The pandemic presents an opportunity to improve staff wellbeing and experience over the long term. But to do that a number of conditions need to be in place.

Environment

Ensuring the physical environment in in-patient settings includes high-quality and accessible spaces to take rest, eat and hydrate is a critical factor. In the short term, NHS organisations can continue to improve access to the basics of wellbeing, such as rest rooms (CALM/WOBBLE rooms), hydration stations, hot and nutritious food and sleep pods or other sleeping facilities. In a hospital setting, where staff will be working in shifts, these basics are important to ensure a healthy working environment where staff have the facilities to self-care. This will need further consideration for non-hospital settings, where relaxation or communal space is often non-existent or difficult to access.

Space is always a premium on NHS sites, but prioritising spaces for staff must form part of the longer-term reset that is required to how the health service supports staff. However, funding continues to be a barrier for most organisations to put these basics in place and this must be addressed. This needs to be coupled with a recognition from regulators that this forms an essential part of productivity.

Specialist mental health support

Specialist mental health support will be required to address the long-term psychological impact of the pandemic on staff. This will need to encompass trauma, psychological safety and bereavement. This should be complemented by a focus on building preventative health and wellbeing capacity within NHS organisations. Moving to a culture that promotes positive wellbeing outcomes for staff from the outset, rather than reacting to issues as they emerge, will be important, as will enabling staff to talk openly about their wellbeing and to seek help and support where needed.

Since 2019, NHS organisations have been expected to have a wellbeing guardian on their executive board, to drive organisational expectations around wellbeing, monitor performance and provide reassurance that the organisation is a healthy workplace. Staff in this post will be able to play a critical role in prioritising workforce wellbeing throughout the COVID-19 recovery and modelling compassionate leadership behaviours.

Work-life balance

Pre-COVID-19 there was evidence that having the ability to have some control over your work, hours, setting and balancing this with life outside of work, was an important factor in whether people stayed in their roles, changed jobs or left the NHS altogether. Handing staff more control and autonomy over their work will be key in the months ahead. Primary care leaders tell us this needs to be set at all levels of the NHS, with a particular need to address expectations which require staff inputs or attendance

outside normal working hours. Time must therefore be made available during people's working days for meetings, education and support activities.

A learning culture

Enabling a culture of learning, inclusion and connection to one's team, work and overall purpose is critical. This includes ensuring there is a clear line of sight for people to connect their role and input with their team and overall organisation purpose. This helps create a sense of value and belonging for staff. Prioritising time to think is important, as is encouraging staff to have conversations to make these connections.

Fostering innovation

Creating a working environment which supports staff to innovate is highly valued, especially as we look to build on the positive changes that have been made during the pandemic and seek to take these forward into the recovery phase.

Resources and workload

Addressing workloads to make jobs 'doable' will be as vital as ever. Locally, managers and leaders need to look at how to unblock obstacles, reduce unnecessary administration, support development of new roles and ways of working across teams and pathways, and ensure staff have the right equipment and resources available to them.

Equality and inclusion

Strides will need to be made to ensure that the NHS fosters a culture that feels truly compassionate and inclusive for all. Insights from a December 2020 BME Leadership Network report lay bare the experience of BME staff during the pandemic and what the experience of the past 12 months may mean for recruitment and retention.[13]

Addressing long-standing vacancies

All of this must be met with investment to address long-standing vacancies across professions, in all settings. And if we are, in parallel, to address population health inequity, then a focus on making sure the funding supports a levelling up of the distribution of staff to all parts of the country should be part of this.

PCNs welcome the funding for an increased workforce under the Additional Roles Reimbursement Scheme (ARRS). But they would like increased flexibility in the roles which will increase the pool to recruit from and also enable them to take a population management approach, recruiting the most needed for their local requirements.

Vacancies lie at the heart of the workload pressures our staff face. The NHS in England went into the pandemic with around 90,000 clinical vacancies. Although the NHS has attracted some people back to work and retained some for a bit longer to support with the crisis, without keeping the foot on the pedal to support the development of the existing workforce and train new we will fail to properly address the underlying causes of workload pressure, the long-term recovery of our staff and inhibit the service transformation needed to meet the needs of our communities.

As at September 2020 there were 87,000 vacancies across healthcare roles with 36,000 vacancies in nursing. In a letter to the Prime Minister in February 2021, we highlighted the need for a funded workforce strategy as a high priority for government.

The impact of COVID-19 on the mental wellbeing of the workforce has been substantial. Mental health services have not yet seen the peak of demand and there are serious concerns over staff burnout. The recent version of the NHS People Plan has a strong focus on supporting staff wellbeing, but without additional staff the workforce will continue to face risks of burnout and high attrition rates. We have seen there is growing interest in mental health careers – now is the time to capitalise on this.

It may be necessary for the government to review the scale of its plans to expand the workforce in light of what we know about meeting immediate, medium and longer-term service demands. There is a real risk that unless action is taken now to support staff to recover and re-energise, the NHS will lose many of the people it needs to help tackle the backlog of care.

Recommendations

NHS staff have experienced unprecedented pressure in the course of performing their roles during the pandemic. Through their selfless efforts, sometimes at considerable personal risk, they have shown the health service at its best.

However, as we move into the next phase of the pandemic, and with COVID-19 likely to endure as a chronic problem for years to come, it is now time to think about how NHS staff can be supported in the long-term to overcome the trauma they have experienced and to build capacity and space to think for the future. Addressing the stubborn workforce-related issues around workload pressures, vacancies and their impact on staff wellbeing is the immediate priority. Boards and local leaders must also prioritise action to address the discrimination experienced by many staff, particularly among ethnic minority employees.

Existing support offers provided both nationally and at the level of local employing organisations have so far supported staff well in their immediate wellbeing needs. Continued investment is required, with responsibility handed down to local systems and organisations who are best placed to know what support their staff require and who can ensure that all staff working across a system can access what is needed. To minimise the scale of increases in staff turnover stemming from the impacts of COVID-19 and to ensure that as many staff as possible who want to return to work in the long term are supported to do so, the five elements included in this report provide a framework for multifaceted action at both local and national level.

There is lots of work therefore for local leaders to take forward. This needs to be accompanied by support from national healthcare leaders and wider government in making this a sustainable reality, by:

- **ensuring** service recovery plans place people recovery at the centre and support local leaders to create the time and space for their staff to rest, reflect, de-brief and be re-charged

- **ensuring** people recovery and reset are not an add-on and separate to how the whole service moves forward
- national leaders and politicians **explaining** to the public about the backlog of care and the time that will be required to recover
- **publishing** a funded workforce strategy that addresses the workforce supply and vacancy issues in all of services
- **facilitating** best practice sharing and improvement to address workplace inequalities
- **continuing** to provide national investment to support the expansion of employee health and wellbeing services at local and system level.

References

1. Greenberg, N. et al., 2021. The Mental Health of Staff Working in Intensive Care during COVID-19. Occupational Medicine, p. kqaa220.

2. Wanigasooriya, K. et al., 2020. Mental Health Symptoms in a Cohort of Hospital Healthcare Workers Following the First Peak of the COVID-19 Pandemic in the UK. British Journal of Psychology, December, 7(1).

3. Lamb, D. et al., 2021. The Psychosocial Impact of the COVID-19 Pandemic on 4,378 UK Healthcare Workers and Ancillary Staff: Initial Baseline Data From a Cohort Study Collected During the First Wave of the Pandemic, s.l.: MedRxiv (preprint).

4. Greenberg, N. and Rafferty, L., 2021. Post-traumatic Stress Disorder in the Aftermath of COVID-19 Pandemic. World Psychiatry, 20: 53-54. [Online]. Accessed 12 March 2021. https://doi.org/10.1002/wps.20838.

5. Health Foundation, 2020. Spending Review 2020: Managing Uncertainty.

6. NHS Confederation, 2021. Building Back Elective Care: A New Framework for Recovery.

7. Royal College of Psychiatrists, 2020. Two-fifths of Patients Waiting for Mental Health Treatment Forced to Resort to Emergency or Crisis Services. [Online]. Accessed 12 March 2021. www.rcpsych.ac.uk/news-and-features/latest-news/detail/2020/10/06/two-fifths-of-patients-waiting-for-mental-health-treatment-forced-to-resort-to-emergency-or-crisis-services.

8. NHS England and NHS Improvement, 2020. NHS Strengthens Mental Health Support for Staff. [Online]. Accessed 24 February 2021. www.england.nhs.uk/2020/10/strengthening-mental-health-support-for-staff.

9. Johnston, J. and Bailey, G., 2021. Exclusive: NHS Chief Simon Stevens Announces Launch Of 40 New Mental Health Hubs For Staff After “Toughest Year” In Health Service History. Politics Home, 21 February.

10. NHS Employers, 2020. Back to Basics for a Healthy Working Environment.

11. Welsh NHS Confederation, 2021. Supporting Welsh NHS Staff Wellbeing Throughout COVID-19.

12. NHS Employers, 2021. Staff Experience: Adapting and Innovating During COVID-19.

13. BME Leadership Network, 2020. Perspectives from the Front Line: The disproportionate impact of COVID-19 on BME communities. NHS Confederation.

Visit us at **www.nhsconfed.org/NHSReset**

Join the conversation #NHS RESET

18 Smith Square, Westminster, London SW1P 3HZ

Tel 020 7799 6666
www.nhsconfed.org

Email enquiries@nhsconfed.org
Follow the NHS Confederation on @nhsconfed

If you require this publication in an alternative format, please email enquiries@nhsconfed.org

© NHS Confederation 2021. You may copy or distribute this work, but you must give the author credit, you may not use it for commercial purposes, and you may not alter, transform or build upon this work. Registered charity no. 1090329