

Health Education England's (HEE) Report on Staff and Learners' Mental Wellbeing

Summary & Implications

Health Education England's (HEE) Staff and Learners' Mental Wellbeing Commission report pledges to provide better mental health and wellbeing support for NHS staff and learners as part of its 'workforce implementation plan.

The recommendations of 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 - by Sir Keith Pearson, former Chair of Health Education England, and by Professor Simon Gregory, Director and Dean of Education and Quality, Midlands and East.

The report references the importance of promoting and supporting the wellbeing of NHS staff and those learning in NHS settings. It is written to support the new NHS Long Term Plan (January 2019), which sets the challenge of establishing a **new deal for staff**, which would see a modern supportive working culture:

'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 resonates with the themes and recommendations of the Commission. It is anticipated that a range of measures will be put in place support staff and learners' mental wellbeing through the working groups implementing the Long Term Plan.

The commission set out an online engagement survey and has gathered evidence from staff, relatives, professional bodies and many champion organisations. BPS was invited to provide evidence on its work including the project led by The DCP Leadership & Management Faculty on Psychological professions' wellbeing.

This is referenced in the report <https://www.hee.nhs.uk/our-work/mental-wellbeing-report>. 'The Commission heard during one panel session of work by the British Psychological Society (BPS) and the New Savoy Conference into the mental wellbeing of psychological professionals.

This has led to a Charter for Wellbeing (2016) being established calling for more action to support the wellbeing of psychological professionals'.

The Commission report was published on 20 February, and can be found here:

- <https://www.hee.nhs.uk/our-work/mental-wellbeing-report>

Many of our recommendation including the whole person approach and elements of our Wellbeing Support Dial are incorporated.

Following the initial introductory chapter, there are four chapters addressing key considerations.

- Chapter two - Learning our lessons considers the mental wellbeing of young people and their routes into the NHS workforce.
- Chapter three - Lessening student stress - the mental wellbeing of undergraduates who are based in educational institutions but placed in multiple healthcare settings.
- Chapter four - Mastering mental wellbeing - postgraduate learners as both trainees and employees.
- Chapter five - Supporting our staff. Focuses on the mental wellbeing of the workforce across professions and career spans.

Key themes:

- **Preparing for transitions** – important as an individual progresses through school (chapter two) towards further or higher education (chapters three and four) and eventually into the workplace (chapter five).
- **Diverse needs** – attention to the difficulty of making life transitions which can be exacerbated for many reasons including socio-economic background, cultural diversity or disability.
- **Need for self-care** - Need to support a learning and workplace culture which encourages compassion to oneself, where self-care is 'normalised'.
- **Being human beings** – working with a 'superhero complex' to help deal with the pressure of their role.
- **Caring for the carers** - 'who cares for the people who care for the nation?' Need to 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, staff can develop a sense of personal guilt.
- **Bereavement by exposure** – acknowledges that every clinician carries with them a lifetime experience of upset, trauma, death and dying; healthcare professional have different emotional and psychological needs to those working in other sectors.
- **Bereavement by suicide** - An identifiable factor for self-harm, and suicide for those who have a close connection with the deceased.
- **Looking after loved ones** - need to consider how their wellbeing at work is affected by and affects family and friends/colleagues.
- **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 attention to simple things matters: 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** – this can be both the likely cause and possible solution to some wellbeing issues requiring consideration for the role of tech gadgets and social media.

These themes echo with our wellbeing being surveys for psychological professional conducted over 5 years.

Recommendations:

The Commission makes a total of 33 recommendations on how the wellbeing of NHS staff could be improved.

The recommendations are grouped under the three headings but that some might fall under more than one category:

- NHS culture - recommendations: 1, 2, 12, 15, 16, 17, 18, 20, 21, 23, 27, 33
- Staff wellbeing - recommendations: 7, 8, 13, 14, 22, 24, 25, 26, 30
- NHS support to staff and learners - recommendations: 3, 4, 5, 6, 9, 10, 11, 19, 28, 29, 31, 32

The Department of Health and Social Care are asked to work with other key stakeholders including professional bodies to determine who will lead on each of these.

- 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) (33).
- 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. the findings to be reported through the Workforce Wellbeing Guardian to the board. (Wellbeing Guardian Principle Five)(27).
- A national charter that seeks to examine the way that reflections, complaints and comments from patients and the public are handled in the NHS (23).
- The recommendations from the Thriving at Work, should be fully implemented across all NHS bodies (20).
- All staff to have suitable, accessible, psychologically safe and confidential spaces in which to socialise, share and discuss experiences and to rest. (Wellbeing Guardian Principle Six) (21)
- The Enhancing Junior Doctors Working Lives changes must be fully implemented and should be applied to all postgraduate trainees, not just doctors (17).
- HEE, medical schools, United Kingdom Foundation Programme Office and Medical Royal Colleges to work with Medical Students and Doctors in Training to agree an allocation system that is both just and more humane (18)
- A service which to 'ensure rapid access' referral pathways for NHS learners and NHS employees (16)
- Trainees working on an on-call service to have rest spaces and 'designed for purpose' on-call rooms (Wellbeing Guardian principle six) (15)
- Enhance or create space for staff and learners (12)
- The NHS Workplace Wellbeing Leader (2)
- The NHS Workforce Wellbeing Guardian(1)- 9 principles

NHS culture

Staff wellbeing

- Training in self-awareness, selfcare, 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)(7)
- 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) (8&13).
- Educational and clinical supervisors within NHS provider organisations should give clear guidance on their local support for postgraduate learners with mental distress (14).
- 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)(22)
- 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)(24).
- The Workforce Wellbeing Guardian in each NHS organisation must ensure that relevant elements of Nice (25) are attended. In implementing Nice Guidance 105, the NHS should initially focus on the professional groups that are most at risk including nurses (especially female nurses). (26).
- 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 (30).

NHS support to staff and learners

- The NHS Careers Service and the wider NHS should where necessary recalibrate the job and career advice currently provided to schools, pupils and parents (3)
- The NHS should publish and update regularly its advice on the flexibility in education and training entry routes and career journeys into NHS careers (4).
- 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 (5).
- 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 (6).
- 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)(10).
- 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 (11).
- 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 (19).
- 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)(28).
- All employees should have ready access to a proactive occupational health service that promotes staff wellbeing. (Wellbeing Guardian Principle Four) (29).
- 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 (31).
- 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 health care professionals with addictions. These services should ensure safe, confidential and timely access (32).

Implications & Challenges:

- BPS/Applied psychologists to play a lead role in setting up of the NHS Workforce Wellbeing Guardian and Leader roles. Psychologists should be encouraged and supported to apply for these roles.
- Psychological knowledge and expertise held by psychologists could play a key role in setting out of many of the recommendations including reflective spaces, Swartz rounds, supervision, incident briefing, wellbeing services for staff etc. However, psychologists' own wellbeing needs to be supported like any other professional group. Our Workforce Wellbeing surveys have identified many challenges for psychological practitioners, where BPS can play a vital role as a professional body.
- Professional Wellbeing Service/s – Psychologists need to be an active player in development of this.

'There are several services that have been established for doctors, and doctors in training, but dedicated services for other postgraduate learners are limited'. 'Recently we have seen the addition of schemes that specifically support doctors suffering mental ill health, such as the Practitioner Health Programme. Such schemes recognise the fact that doctors, in particular, experience difficulties accessing healthcare for mental health concerns due to a number of factors relating to their position in the healthcare system. The Commission has heard evidence that this is also the case for other professional groups such as psychologists and mental health nurses. Further work must be completed to identify staff with occupational barriers that prevent them from accessing support'. '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 '.

Leadership & Management Faculty has set development of a professional service for psychologists as part of it project plan (awaiting monies) to develop one specifically for psychologists.

- Guidelines & Information: BPS/DCP guidelines on job plans, safe staffing, career progression models, competency framework and separation between line management and supervision need to be reviewed. A wellbeing checklist for psychology learners and staff could be developed.

'Work is required regarding the separation of personal wellbeing support from line management and from the education and progression assessment processes to address the conflict of interest expressed by learners'.

- Training & Professional Development: BPS to review its current training and guidance on clinical supervision to ensure that managing mental distress and supporting wellbeing is included.
- BPS to work with HCPC to develop guidelines on information sharing.

'All professional regulators should work together with the proposed NHS Workforce Wellbeing Guardian to determine the requirements of this information sharing to address concerns of the

professions regarding confidentiality and to ensure such sharing of information is protected for the safety of learners and professionals’.

- BPS/DCP to become involved in the development of the national charter to examine complaints and a national protocol to examine suicides. The work with the HCPC will be particularly important.
- The report to be considered by the Training in Clinical Psychology courses and BPS to review current practices on work loads, placement rotations provision of safe spaces, complaint handling processes, safe work cultures ect. Training in self-awareness, self care, support signposting and suicide risk awareness and prevention is recommended to be explicitly incorporated. The report highlights the impact of financial pressures on learners, which have implications for robust financial investment in training.
- Workforce Implementation Plan & HEE work on New Roles and Career Routes for psychology graduates & post graduates will need to consider a number of recommendation on wellbeing, including addressing challenges around recruitment & retention, setting out clear career advice, flexibility of training routes and career journeys. Difficulties faced by staff at the time of transition in taking up senior roles needs to be looked into for career progression routes such as advanced practitioners and consultant roles. Mixed Model Leadership development work taken up by the Leadership & Management Faculty to address career span support is relevant here and would need to be developed further with potential links with HEE work.

‘As the NHS re-models its services and transforms the workforce, new roles are emerging such as advanced clinical practitioners and nursing associates to support gaps in other workforce roles. This offers opportunities for career development and progression for staff and often a more appropriate team structure and skill-mix in delivering patient care. This can lead however to increased intensity of work for those that are not completing some of their easier tasks and there is early evidence of stress relating to the increased burden of these roles on the individual’.

- BPS to actively look at the key research questions to address wellbeing issues. ‘Professional funding bodies and regulators responsible for postgraduate learners other than doctors need to identify key research questions and to support research into interventions which support their mental wellbeing. What do we know? What are the challenges? (Current challenges); and How should we address these issues?’

The report pledged “immediate access” to mental health support for NHS staff. It further builds up the case for the economic and service benefit after **Thriving at Work** report. It is clear that patients are also put at risk if staff are struggling, but the proposals alone would not address widespread staff shortages, problems in retention, underfunding and fear/target driven cultures, which are driving burnout. Stigma around mental health is rife.

Despite that many with lived experiences are coming forward, there are barriers to an acceptance that everyone has a continuum of mental health. Our wellbeing surveys have repeatedly shown presence of mental distress, difficulties around disclosure and discrimination and lack of psychological safety.

We need to both hope and work towards that implementing the Commission's recommendations if we were to change the current situation. This requires workforce wellbeing taken as an intrinsic element of workforce planning and need to be coherently incorporated in implementation planning for the NHS Long Term Plan with emphasis on sustainable and safe services as part of the ICS/STP commissioning frameworks, and CQC/CQUIN quality monitoring.

This will require encouraging psychologist to become involved in their local networks with support from senior psychologists. An information bulletin and mentoring can help and support this.

This is an opportunity for the profession to take a lead, which however will need to be supported by BPS actively embracing its professional body function by championing in setting out support services for psychologists, developing support programmes and guidance and working through influence in partnership work with NHSE, HEE, PPN, Educational institutions, HCPC and other professional bodies.

Given the enormity of the task¹, this is likely to be more achievable by setting out meaningful partnerships and capacity to work with potential for impasses and competition between individuals and groups. It is time to act as the most recent NHS staff survey revealed that less than a third of staff continue to feel that their workplace had a positive approach towards improving their wellbeing.

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11th March 2019

¹ It is only recently that **an NHS worker was threatened with legal action and unfairly dismissed by an ambulance trust after he reported feeling suicidal**. NHS staff survey results remain concerning. Our 2018-19 survey has had many barriers for us to overcome but its results are due to be released on 22nd March.