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NHS employee well-being post-COVID: what boards can do

As the NHS continues its long battle against COVID-19, a key priority for leaders must now be to care for those who have cared for others during its greatest ever crisis, often at considerable emotional and physical cost to themselves.

Even before the pandemic, the wellbeing of NHS employees gave cause for concern. Year-on-year, the national staff survey tells a consistent and worrying story. The 2019 survey, undertaken several months before the first reported cases of COVID-19 in the UK, found that, over the previous 12 months, 40% of respondents reported feeling ill due to work-related stress, 28% complained of musculoskeletal issues that they attributed to work, and only 29% felt that their employer acted positively to support their health and wellbeing. Just over 56% said they had attended work at least once despite feeling unwell.

Taking employee wellbeing seriously

These issues have long been recognised, but not always acted on. In 2009, the Department of Health commissioned a report from occupational medicine expert Dr Steve Boorman, who advised that employee wellbeing should be incorporated into the NHS's management framework as a key performance indicator and that additional resources be allocated for employee wellbeing support services, which could potentially fund themselves by reducing sickness absence in the NHS to the public sector average.

In 2018, a Workforce Health and Wellbeing Framework was published, which defined organisational enablers for wellbeing, such as supportive leadership and organisational cultures, and recommended health interventions, such as rapid-access physiotherapy for staff. The similarity between the recommendations of the 2018 framework and those of Boorman's report nine years earlier suggests that progress in the interim was limited.

However, the impetus from the centre to take employee wellbeing seriously is now much stronger. It is no longer a 'nice to do', but rather a 'need to do'. The NHS People Plan, published in July 2020, makes seven pledges to staff as part of its People Promise, one being that 'we are safe and healthy'. There is an expectation that managers should hold individual wellbeing conversations with their staff to identify where they need support, and every trust should appoint a Wellbeing Guardian – usually a non-executive director – to advocate for employees' wellbeing at board level.

The latest Priorities and Operational Planning Guidance places 'supporting the health and wellbeing of staff and taking action on recruitment and retention' at the top of the priority list for 2021/22. In a centralised system where what gets monitored gets managed, NHS employers will face pressure to demonstrate how they are doing this.



The evolution of employee wellbeing and support during the pandemic

NHS employers already recognise the effects of the pandemic on those at the frontline – in particular, burnout. Burnout goes beyond work-related stress; it is a state of physical and mental exhaustion resulting from chronic stress over a prolonged period. Since the 1990s, trusts have been required to commission or provide occupational health services, whose activities include management of long-term sickness cases, undertaking pre-employment medical checks, delivering vaccination programmes, and counselling those in distress.

During the pandemic, many NHS employers have built upon these services, for example by establishing drop-in wellbeing hubs that offer a listening ear and signposting to specialist services, or creating COVID-secure rest and recuperation areas in their buildings. At integrated care system level, new resilience hubs, employing clinical psychologists, offer support over and above normal counselling or cognitive behavioural therapy to those who have been worst affected. They can also facilitate group work, helping teams come to terms collectively with their experiences.

Understandably given the unpredictability of the pandemic, many of these extra services have evolved in a reactive, piecemeal fashion. Some are funded from time-limited COVID monies and delivered by temporarily reassigned or fixed-term staff. There may also be some duplication, or confusion about which service can best meet an individual's needs, for example, occupational health, an outsourced employee assistance programme, or the resilience hub.

What boards can do

For NHS boards, it is important to recognise that services for employee wellbeing are an investment in a productive, healthy workforce, not an overhead, or a short-term measure to respond to an acute crisis.

Boards should be asking themselves:

- What services do we currently offer to our staff?
- What services do we need to offer, taking into account clinical evidence regarding the effectiveness of different interventions, and the difficulty in quantifying the long-term psychological impact of the pandemic?
- What services do our employees want, and how can we seek their views, e.g. through local surveys or focus groups?
- How can we publicise our services to ensure that our employees access the right service when they need it?
- How can we fund these services to guarantee them stability and continuity?

Illuminations

- Even before COVID-19, there was a concern for the wellbeing of NHS staff, along with the effect of stress and physical ill-health on the service's ability to recruit and retain.
- The mental and physical health challenges for the workforce created by COVID-19 – particularly psychological burnout and long COVID – have focused minds and impelled the NHS to take action.
- Much good work has been done to support staff during the pandemic, but NHS employers now need to embed these services, recognising that they will be held to account for meeting their employees' needs.

If you have any questions or comments about this briefing, please call us on 07732 681120 or email advice@good-governance.org.uk.