

# Health and Social Care Select Committee

## Delivering core NHS and care services during the pandemic and beyond

### Written response

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## Responses to HSCC recommendations

1. Three recommendations were made on workforce in the report *Delivering core NHS and care services during the pandemic and beyond* published 1 October 2020.
2. Responses to these questions can be found in sections A to C, below.

### A. Recommendation at paragraph 139: Mental and Physical Wellbeing support for Staff, and plan to deal with sustained workplace pressure due to Covid-19.

*We recommend that NHSE/I set out in detail what further specific steps it would like to take over the coming years to support the mental and physical wellbeing of all staff and a plan to deal with the specific issue of sustained workplace pressure due to the current pandemic and backlog associated with the coronavirus. This information should be made available to us in advance of any forthcoming Government spending announcements or by the end of October 2020 (whichever is earlier) in order for us to clarify what NHSE/I's priorities for NHS staff are, and to judge how far the Government's eventual spending commitments enable their implementation.*

3. We know from what staff are telling us, through several channels, that they need support – more now than ever. This is why we are investing in our staff health and wellbeing offer and support for leaders.
4. Our [People Plan](#), published in July 2020, sets out the actions we will take during 20/21, and actions for organisations, teams and individuals, to make the NHS the best place to work. This includes a strong focus on supporting the health and wellbeing of our staff and additional investment so they can provide high-quality care for our patients.
5. Building on the work from the NHS People Plan and drawing on evidence from major incidents, on 8 April 2020 we launched '**Our NHS People**' health and wellbeing support offer. This national offer complements the local support offers also in place, and covers a range of offers to support NHS staff via apps, guides, support helplines and facilitated groups, available via <https://people.nhs.uk>. We keep the health and wellbeing offer under review by gathering and responding to quantitative and qualitative feedback from staff.
6. Over the winter we will invest a further £30m (£15m for specialist mental health services, and £15m for enhanced health and wellbeing more broadly) to strengthen the support offer to staff. We will also use this winter to evaluate the impact of this enhanced offer and recommend how it should be adapted and taken forward. It is very likely that ongoing investment on a similar scale will be needed, at least for the next 3 years.

**B. Recommendation at paragraph 140: Definition of Workforce Burnout and monitoring /assessing staff wellbeing**

*We further recommend that NHSE/I should develop a full and comprehensive definition of “workforce burnout” and set out how the wellbeing of all NHS staff is being monitored and assessed. This information should be made available to us by the middle of October 2020, to enable us to scrutinise it in the course of our inquiry into Workforce Burnout and Resilience in the NHS and social care.*

7. In the absence of a clinical definition of burnout, we are guided by the following working definition:
  - Burnout is a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. It occurs when you feel overwhelmed, emotionally drained, and unable to meet constant demands.
8. Research is currently underway to better understand the factors associated with burnout, with the aim of identifying evidence-based interventions to address it. This work firstly a review of the international literature regarding burnout in nurses, followed by data collection led by Imperial College London. This has been commissioned by our Chief Nursing Officer, Ruth May.
9. The way staff present and describe their needs will vary and, whilst it is important to be clear about definitions, getting the right help for our staff when they need it is our priority, and in whatever terms they may describe their need.
10. We are engaging at national and local levels to monitor and assess wellbeing; for example, through supporting line managers to have individual wellbeing conversations with staff and being better able to identify the signs of distress.

**C. Recommendation at paragraph 154: Definition of racism and discrimination and strategy to tackle these issues.**

The NHS must increase its efforts to eradicate all forms of discrimination and racism from in its organisation. We therefore recommend that NHSE/I provide a full and comprehensive definition of the “racism and discrimination” that it seeks to eradicate from the NHS. We invite NHSE/I and the Department for Health & Social Care to set out in detail its strategy to tackle racism and discrimination and to promote diversity in the NHS, including information on targets and deadlines by the end of 2020. We expect full and constructive engagement with NHSE/I and the Department as we further investigate matters relating to diversity and race in the NHS as part of our future work, including our Workforce burnout and resilience in the NHS and social care inquiry, in which we will review the root causes of these matters

(including the difference between correlation and causation relating to coronavirus and excess deaths amongst BAME communities) and potential solutions.

11. The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity and inclusion in all its forms. Discrimination, violence and bullying have no place.
12. To ensure the NHS is inclusive, diverse and a place where discrimination, violence and bullying do not occur, the People Plan asks employers to take action on a range of areas:
  - Overhauling recruitment and promotion practices to ensure diverse representation of our workforce
  - Ensuring that leadership is representative of the overall BAME workforce.
  - Reducing disproportionality between BAME and white staff in the entry to formal disciplinary procedures
  - Ensuring senior leaders are accountable for progress on equality and inclusion
  - Strengthening staff networks and the voices of BAME staff and other seldom heard staff groups
  - Health and wellbeing conversations to empower people to reflect on their lived experience and determine what teams can do to make further progress
13. In order to ensure that employers make progress, NHS England and NHS Improvement will be tracking delivery and supporting systems in a variety of ways. To ensure recruitment and promotion practices are transformed across the whole NHS, we recently published an [Inclusive Recruitment Guidance](#) via NHS Employers and have initiated engagement with key stakeholders, including NHS Employers, staff representative groups, to publish and evidence-based guidance on inclusive recruitment and promotion practices
14. The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) already tracks progress on representation across all grades by ethnicity and disability, and we will be working with employers on ensuring their recruitment processes impacts representation across protected characteristics. The WRES and WDES 2020 reports are due before the end of the calendar year.
15. Employers already have clear goals to ensure that, at every level, their workforce is representative of the overall BAME workforce percentage. We will be analysing the 2020 [Model Employer](#) data to assess the progress of individual trusts and CCGs against agreed trajectories. An update report for each trust will be published thereafter. This evaluation will provide necessary insights for calibrating our Model Employer targets. Internally, NHS England and NHS improvement is setting the standard in this area and has already established a BAME Talent Management Strategy to ensure 19% of roles in all bands are filled by BAME staff by 2025 at the latest.

16. The disproportionate representation of BAME staff in formal disciplinary processes has reduced from a relative likelihood of 1.22 in 2019 to 1.06 in 2020. This puts us on course to reach our target of 51% of trusts closing the disciplinary gap, by the end of the 2020. Compared to 2017, 2352 less white staff and 1022 less BAME staff entered the formal disciplinary process. Compared to 2019, 737 less white staff and 441 less BAME staff entered the formal disciplinary process.
17. We will go further by establishing a programme of intervention for the trusts making the least progress and reviewing the need for further national advice, building on the [Fair Experience For All Guide published in 2019](#). We have also begun to look at how the disciplinary gap differs for the medical and nursing professions and intend to publish medical data via a Medical WRES report by the end of November.
18. We are committed to educating leaders across the NHS and ensuring they are accountable for progress on equality, diversity and inclusion. National offers include an Inclusive Leadership Development Board Offer to help boards understand their role in overseeing and transforming inclusion in their organisations, and an Executive Seminar Series on Racial Justice for Executive Directors to learn about how to tackle racial discrimination. By March 2021 we will publish competency frameworks for every board-level position to reinforce that Chief Executives are ultimately accountable for progress on inclusion, and all Executive Directors must have clear responsibilities and objectives.
19. Whilst all staff have role to play in tackling all forms of discrimination, staff networks have a particularly important role in empowering our people and ensuring their voice is heard. Organisations should be providing dedicated time and resources for network activity, listening to them, valuing and supporting them. We are currently conducting a full analysis of the status of BAME staff networks across primary and secondary care, and developing clear guidelines on how to ensure the networks are more effective, and how organisations should ensure networks have role in their governance structures so they influence decision making in their organisations.
20. Staff networks are also crucial for organisations to hear about the lived experiences of staff. The Chief People Officer has held regular forums with the networks throughout the pandemic and these will continue. These forums influenced our decision nationally drive the improvement in risk assessment deployment for BAME staff that led to BAME staff receiving an assessment where mitigating steps were agreed.
21. The staff networks have also influenced our health and wellbeing offers to staff, and continue to provide dedicated offers of support to cater for staff during the pandemic via [Our NHS People](#) website. Furthermore, we are engaging with all staff in to understand how well these offers of support meet their needs and we continue to work with them to develop additional offers of support where we identify gaps. We will be updating our package of Health and Wellbeing support for BAME staff in the new year.
22. To foster a freedom to speak up culture in our NHS, we are launching a joint training programme for Freedom to Speak Up Guardians and WRES Experts following staff demand. This work will be enabled by the commencement of a research project into

ethnicity of guardian roles by the National Guardian Office and we will be issuing a new guidance to Trusts on fair and open recruitment to guardian roles by end of the year.