

Written evidence submitted by Helené Donnelly OBE, Midlands Partnership NHS Trust (WBR0112)

[Note: This evidence has been redacted by the Committee. Text in square brackets has been inserted where text has been redacted.]

Response to the Health and Social Care Committee inquiry on workforce burnout and resilience

*Helené Donnelly OBE*

(Ambassador for Cultural Change & Lead FTSU Guardian, Midlands Partnership NHS Trust)

**Overview:**

- Contains collated evidence/observations from Freedom to Speak Up (FTSU) Guardians across the Midlands network.
- Local Union feedback/observations
- Recommends the establishment of a national body to address bullying & harassment across the NHS & Social Care.
- Recommends increased focus on sustained staff wellbeing support across the NHS.

**1. "What have been the workforce burnout and resilience issues for staff at your Trust?" - a submission of collated comments from fellow FTSU Guardians**

Much of this relates specifically to the pandemic, however themes such as Bullying & Harassment have been consistently common prior to the onset of the COVID-19 pandemic, according to the quarterly data reports from FTSUGs to the National Guardian Office (NGO):

**[Freedom to Speak Up Guardian]:**

*"The impact of the anti-vaccine and COVID denier messages in social media and from own families and friends - I have a current case where this has been at the centre."*

**[Freedom to Speak Up Guardian]:**

*"At the beginning of December, teams from COVID areas felt that at least there was hope of protection within a month, despite rising patient numbers, and so were willing to battle on. Now I get the impression they feel it's just relentless and this hope has vanished for the period of time which they'll be most at risk with so many patients - now. Especially as staff are dropping like flies as more and more test positive.....It's undoubtedly had a negative impact on morale. Vulnerable staff members are concerned that their ability to feel safer and return to some sense of normality at work has been further delayed."*

**[Freedom to Speak Up Guardian]**

*“There is some questioning of why staff have not been first with vaccinations as COVID sickness levels are so high and not likely to alter until all are covered, further endangering the vulnerable and elderly. I assume the staff side organisations will be at H&SC CC and hope they are vocal to support staff with these issues. I have communicated with the RCN today advising that their current media stories go no way whatsoever to support the burnout and resilience issues and feel FTSUG’s are now more likely to be seen as a workplace support on many levels.”*

**[Freedom to Speak Up Guardian]:**

*“Staff increasingly raising concerns of ‘perceived’ fairness:*

- Staff are looking at their peers/other teams/departments and saying ‘it not fair’ i.e she is working from home/nurses can’t.*
- BAME employees are more favoured than white employees and also the other way round*
- Staff shielding on full pay is not fair- they then also get annual leave*
- Feelings of inequality”*

**[Freedom to Speak Up Guardian]:**

*“I have read through the responses you have had thus far and absolutely concur with the challenges, recruitment of nursing being a major challenge. I feel that we do also need to do justice to the NHS here; I am still seeing overwhelming resilience in our organisation, born from collaboration / partnership and good old kindness. Our Trust approach to supporting flexible working and focus on staff wellbeing has had a positive impact and played a part in staffs ability to retain the levels of resilience we continue to see – that said, we are a small organisation and whilst we have been challenged with high levels of COVID positive patients and staff, ours has been somewhat transient, so the impact for us will probably not be the same as experienced in the Acute sector, but it does not undermine that creating the right working environment (in the workplace or virtually) plays a significant role in our ability to stay strong, focused and utterly resilient.”*

**[Freedom to Speak Up Guardian]:**

*“I agree with all the points raised previously but would particularly support comment re all staff being affected- senior managers in particular have to make some unpalatable/ difficult decisions to keep staff and patients as safe as possible which will previously never have been needed. There was no respite over the summer due to the “reset” agenda and need to get as much routine work through as possible- this will be expected again post this wave with no respite. Many staff have not taken their leave/ Time owing to avoid putting more pressure onto colleagues, which has added to the stress and burnout.”*

**[Freedom to Speak Up Guardian]**

*“The negative impact of the anti-vaccine and Covid denier messages in social media and from own families and friends.”*

**[Freedom to Speak Up Guardian]**

*“Increased concerns raised anonymously and that’s likely because they don’t want to be criticised for complaining during a pandemic. A sad picture really.”*

**[Freedom to Speak Up Guardian]:**

*“Bullying & Harassment of a racial nature for our BAME staff/ and or staff with a protected characteristic from patients. Also, there are concerns about the degree of consistency with which trusts respond to and support staff who encounter this. Anecdotally we have learnt that failing to address this/minimise these occurrences does lead staff to leave. We haven’t got any further specifics but I’m pretty sure this theme contributes to burnout and reduced resilience.”*

**[Freedom to Speak Up Guardian]**

*“Of course, workload is a major contributory factor, but I do find that bullying and harassment are also a factor. We lose so many good people for this reason..... It’s the reason I no longer work for or will never return to the NHS.”*

**[Freedom to Speak Up Guardian]:**

*“There are multiple sources of moral distress for doctors and nurses – conflicting incompatible demands:*

- *Deteriorating staff:patient ratios compromising quality of care*
- *End-of-life decisions being taken rapidly without the usual opportunities for extensive discussion with patient/family*
- *End-of-life discussions being conducted over the phone, which prevents staff from establishing relationships and exhibiting comforting behaviours*
- *Limitations on visiting by families*
- *Staff anxiety for their own health*
- *Fear of taking infection home to one’s family*
- *Loss of the usual sources of comfort through personal contact*

*The impact for the highest acuity areas (particularly intensive care) is that once the pandemic has subsided, staff will either move to less demanding roles, or leave healthcare altogether.*

*Once the pandemic has subsided, the NHS will try to ramp up elective work to deal with the backlog, and staff will feel rightly that while they may have been referred to as heroes during the peak, they will be treated as commodities afterwards.*

*We need to get in place restitutive activities to counteract burnout. I have been in touch with [name and role]. The NIHR turned down my application for funding for the research application alas.*

*The variation in access to vaccination is really problematic: the QE has an excellent system, but there are many hospitals which are not providing vaccines to staff who are expected to book at and travel to regional centres – in their own time.”*

## **2. Local Union feedback/observations**

**[name and role]**

*“Restoration of services: This need to be based on what is safe to deliver (i.e. staffing levels) and for these restored services to be based on clinical need not waiting list times.....rest and recuperation has to be a focus on this.*

*Staff burning out, and attrition following as a result of COVID, short staffing prior to COVID already having an impact then the pandemic's impact on this, and whilst we have seen great recruitment numbers these figures aren't going to be impacting in the short term, where as we know that the PTSD and psychological impact of COVID is hitting now.”*

## **3. Bullying & Harassment and Staff Wellbeing**

In view of consistent concerns raised by NHS colleagues (prior to and during the COVID pandemic) relating to negative behaviours, bullying & harassment, uncompassionate leadership and the impact on wellbeing, I would like to reiterate the need to establish a national body to review, assess and recommend real solutions and cultural changes to these problems. This needs to offer impactful and sustained changes to behaviours, leadership styles and cultures within the NHS.

For too long many caring, compassionate and capable NHS staff leave their posts due to the behaviour of colleagues, reports of bullying and the associated stress. This is having a detrimental impact on both the cultures within NHS Trusts and financial cost implications relating to sickness absence, grievances/ ETs, retention, failure of recruit, induction/training of replacement staff, etc. This in turn is impacting on patient safety and quality of care. Persistent offenders of negative/bullying behaviours and leadership styles must be appropriately dealt with and not simply moved around internal Trusts & the wider NHS.

In addition to this, greater priority and importance needs to be applied to the wellbeing of NHS & social care staff- this needs to go further than currently suggested in the People Plan, although this has been a good start. Preventative action is required to ensure people do not feel unvalued, ignored, disrespected and overwhelmed. For example, a review and improvements are required to how managements of change and investigations/disciplinary cases are conducted across the service. Failure to handle these situations well, robustly and/or communicate effectively and compassionately with staff leads to significant damaged.

## **3. Wellbeing Support Offers**

By way of an example of good practice the below summary outlines the wellbeing support approach offered to colleagues working for Midlands Partnership NHS Trust (MPFT);

The 'In Our Gift' approach is part of the OD strategy for the next 3 years - Focusing on health and well-being, improving morale & resilience and staff experiences working in MPFT.

- Focussed attention and increased resource on the health and well-being of staff through the pandemic. A suite of 'SOOTHE' offers to staff - the page tiger resource has received national recognition from NHSi and has been shared as a good practice example. This offer has been based on psychological guidance, research evidence and national guidance
- Added financial resource to enhance support to staff through increasing capacity within the staff psychology service and a specific well-being and recovery college offer for staff.
- supporting leaders throughout the pandemic (and beyond) so they can support others through well-being offers and leadership development opportunities
- Visibility of senior leaders via live online weekly exec briefings. These have been very popular with staff and help to contribute to the culture we are trying to create – recognising the challenges of the pandemic, recognising and valuing staff and being open and honest about the current picture in a way that contains staff worry rather than adding to it
- 'LOVE' Unites has been an initiative to recognise the work of individuals, teams and their social support networks – offering the opportunity for colleagues to nominate each other for 'LOVE' Awards.
- Priority is given to bringing collective and compassionate leadership, well-being and experience, social collaboration and continuous improvement together. Activities & suggestions shared on the Ideas Hub promotes engagement and collaboration and a sense that staff can contribute and influence change at MPFT, creating energy and social movement.
- The Well-being and Experience forum has been key as part of this – bringing together a broader range of colleagues to work of this agenda, including Freedom to Speak Up and Equality and Inclusion as well as clinical staff representation and working collaboratively on the well-being priorities.

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