NHS CHECK

THE POLICY INSTITUTE

KING'S College LONDON

Effective use of early findings from NHS CHECK to support NHS staff

Ideas from a Policy Lab

Summary

NHS CHECK is a major study of the impact of the Covid-19 pandemic on the short- and long-term health and wellbeing of all staff working within 18 partner NHS Trusts.

The study's preliminary data shows high levels of distress and symptoms associated with common mental disorders, with some variation in the levels of these across different groups in the workforce. Further work is planned to understand more fully the mental health burden on staff, including longer-term outcomes, the role of moral injury, and the relationship between distress, reported symptoms and diagnosable conditions.

The research is also exploring the extent to which different types of intervention and support programmes have been offered to staff and the effectiveness of these.

Although the study is still in progress and there remains much for us to understand, a Policy Lab was convened in March 2021 to explore the implications of the preliminary findings and potential actions that could be taken to better support staff now.

The Policy Lab brought together researchers, NHS staff (clinical and non-clinical), professional bodies, and policymakers to reflect on the project's findings so far and think about the types of interventions that might benefit NHS staff in all roles. Participants also considered the roles of different stakeholders and other practicalities in implementing these approaches.

This document summarises the discussions from the Policy Lab, setting out ideas for supporting staff based on early data and highlighting areas where the study might provide further evidence in the coming months.

Key findings

- Results from the study so far suggest **substantial mental health challenges** for many NHS staff during the pandemic.

Alexandra Pollitt, Lucy Strang and Ross Pow

September 2021

- Given the potential pressure associated with major organisational change across the NHS, our results show it will be important to **support staff recovery alongside service recovery**.

- Different groups of staff may be **affected by the pandemic in different ways**, and there may also be differences in their ability to access support.

- Leadership – at all levels but especially by those in frontline supervisor roles – has an important impact on staff mental health and in creating a **supportive working culture** within the NHS.

- Particularly effective interventions are often **informal, easy to access, and draw on the potential of teams** (rather than mental health professionals) as key sources of support and involve clear and consistent communication. Implementation of these interventions should be tailored to the needs of local staff.

- There are some important areas where the next stage of the study can contribute further evidence, including in providing **robust, systematic evidence of intervention effectiveness** and in drawing out transferable lessons for other care settings.

What is a Policy Lab?

The Policy Lab approach was developed by the Policy Institute at King's College London as one way of narrowing the gap between evidence and policymaking (see Hinrichs-Krapels et al., 2020). Policy labs are collaborative sessions that bring together research, policy, practitioner and experiential expertise to assess the evidence, understand barriers and constraints to change and use this understanding to inform policy options that can help improve outcomes. They tend to work best when focused on a specific, well-defined issue or challenge, and draw out a wide range of perspectives and views to ensure that options and ideas are challenged and deliberated. The Policy Lab approach has been applied by the Policy Institute across a wide range of policy areas including, for example, reducing the costs associated with rising levels of type two diabetes, reducing and preventing mental health problems associated with bullying and improving access to and use of effective land de-mining techniques.

Key findings from the Policy Lab

Results from the study so far suggest that there are substantial mental health challenges for NHS staff, although Policy Lab participants were also aware that some of these challenges may pre-date the pandemic and that not all may meet clinical thresholds. Regardless of this, there is clearly significant distress among staff and an urgent need to address the challenges they report. As such, as we move through the pandemic – and in a time of major organisational change within the NHS – it will be important to support staff recovery alongside service recovery. Further details on the study's initial findings are set out in the text box on page 4.

The NHS CHECK study can improve our understanding of these issues and help

“There is clearly significant distress among staff and an urgent need to address the challenges they report”

inform the effective provision of support to foster a mentally healthy workforce. While the research is ongoing and the evidence base will be further enriched in the coming months, the Policy Lab was convened to consider issues already clear in the preliminary data and to explore action that can be taken to support staff now. Initial observations are set out in this brief.

Different groups of staff may be affected in different ways and to different extents

Policy Lab participants noted that pressures of the pandemic had led to operational circumstances where the basic physical and safety needs of staff were sometimes compromised. This may have impacted on the mental health of staff but has not necessarily affected all groups equally. Examples included the redeploying of staff, uncertain access to PPE and demanding shift patterns. These situations may have been particularly difficult for staff where they had little control or input to these decisions.

Notwithstanding operational changes during the pandemic, mental health impacts are unlikely to occur uniformly across all groups and one of the aims of the next phase of the NHS CHECK study is to improve our understanding of these differences. Many of the Policy Lab participants who work in clinical settings felt generally that there was lower morale amongst certain clinical groups and that in the absence of a single narrative about mental health, generalisations can be unhelpful. Experiences can vary hugely in terms of aspects such as amount of patient contact, staffing levels, absence rates, patient outcomes and resourcing.

Participants also suggested that different groups may receive differing levels of support. The information and mechanisms available to doctors, for example, were felt to be more visible and “hard-wired” into their training pathways and professional environment. In comparison, for other groups – perhaps most notably, nurses – it was suggested that there was more of a “sink or swim” culture, in part underpinned by a “fix-it” mentality within nursing. Intense work pressure – particularly among, for example, critical care nurses, many of whom work long shifts with challenging nurse-to-patient ratios – and concerns about appearing selfish inevitably affect the operation and incentive to use support services and interventions.

Beyond considering different work roles, mental health outcomes may also differ according to demographic factors such as age, sex and ethnicity. This will be explored further in the next phase of the study, but preliminary data suggests, for example, that being older and male may be associated with less-adverse outcomes, as least in the short term. Differences between demographic groups and types of role will be important to monitor over the longer term so that support can be tailored appropriately. There may also be differences in ability to access support

“Pressures of the pandemic had led to operational circumstances where the basic physical and safety needs of staff were sometimes compromised”

There may also be differences in ability to access support

In addition to disparities in outcomes among different groups of staff, Policy Lab participants noted that availability of support and its level of uptake may also vary. In particular, making use of the support available relies on staff feeling that they have the autonomy to do what is required to look after their own health, something which may differ according to their (actual or perceived) status. For instance, those who are

employed on flexible contracts may feel less entitled to access support services than those in permanent employment.

It was suggested by Policy Lab participants that the degree to which staff feel confident in asking for support and comfortable in accessing it may also underlie some of the observed differences by age, gender, and role. Trust may be an important factor here and may vary between face-to-face and more anonymous ways of engaging with services. In this regard, a more meaningful analysis of disparities between groups would benefit from a better understanding of how factors such as degree of individual control, capacity to speak up, ability to control/resist redeployment and scope to manage their own work environment might differ between groups.

What is the current situation?

Results from the study so far suggest substantial mental health challenges for many NHS staff

Policy Lab participants readily recognised the reported levels of symptoms associated with common mental disorders – which, while high, were not unexpected – but there was surprise and concern at the prevalence of reported symptoms consistent with PTSD and relatively high rates of self-harm. It was noted, for example, that symptoms associated with PTSD were reported at higher rates than typically found in military settings.

The extent to which this mental distress can be directly attributed to the Covid-19 pandemic is uncertain: participants recognised that many such challenges pre-date the pandemic, noting that worrying feedback from staff surveys had been accruing for some time. This often related to changing staff experiences, including additional pressures such as short-staffing and a lack of personal time. In addition to introducing new challenges, the pandemic may thus have also exacerbated existing problems.

While this data is based on self-reporting rather than clinical assessment and will be explored further in the next phase of the study, it is nonetheless clear that there are significant levels of distress among staff – and so a need to act as soon as possible in addressing the challenges reported. There was also concern among participants that the protracted nature of the pandemic could mean an increasing toll on staff (data so far predominantly reflect experiences from the "first wave"), and that the additional pressures from non-Covid-19 service recovery may further erode morale and exacerbate issues in the longer term.

It is also important to note that while the study so far has clearly highlighted negative consequences for the mental health of NHS staff of working through the pandemic, most respondents did not experience negative effects and there is also the potential for positive experiences for some – the concept of "post-traumatic growth". This will be explored in the next phase of the study.

There may also be differences in ability to access support

Several Policy Lab participants commented on how compassionate managers/supervisors around the NHS "have gotten amazing things out of their staff". It was also

> It was noted in the Policy Lab that some groups may feel disenfranchised by not having a voice at high levels where decisions are traditionally made"

recognised that leaders, including, importantly, junior supervisors, have an important role in the uptake of support interventions. This might relate to management factors, like organising rotas to allow time to access support, but also includes the "softer" skills that can create a culture of openness and trust, in which staff in all roles feel empowered to take advantage of support available.

The diverse experiences of different groups of staff suggests that leadership should be considered in a broad sense, encouraging meaningful engagement with staff at all levels and representation of a wide range of views in developing support interventions. Indeed, it was noted in the Policy Lab that some groups may feel disenfranchised by not having a voice at high levels where decisions are traditionally made, while the early indications that peer support among teams has been particularly valuable further suggest that support need not necessarily be provided top-down.

It was also reported, however, that there is a lack of recognition that those in leadership roles are often absorbing other people's stress. While peer support networks have been helpful for some, more is needed to acknowledge and respond to the pressures on leaders. Leaders are also likely to benefit from acquiring skills to help them feel confident speaking to staff about mental health.

The study provides some early evidence of interventions that might be effective

Given the diversity of experiences across different groups of staff, as well as potential inequities in ability to access support, a range of different types of interventions is likely to be needed. Policy Lab participants highlighted some important characteristics to guide the design and implementation of these interventions.

Informal interventions seem more powerful than more traditional forms of support, such as EAPs

Despite the high levels of symptoms of mental distress, it is striking that Employee Assistance Programmes (EAPs) do not appear to be widely taken up by NHS staff, with just 3 per cent utilisation reported in the early data. The NHS CHECK study will go on to explore take-up and effectiveness further, but there is a strong message emerging that "we are commissioning things that people do not want".

By contrast, wellbeing spaces see higher levels of use (eg footfall of 1,000 – 4,000 people per day in King's with 50-60 per cent of staff being in the space at some point). These relaxation areas (with a variety of forms and names including "wobble rooms", "mobile rooms" and "time-out zones") quickly become "part of the set-up" and it could be that people do not even recognise them as a support intervention. This then raises the possibility that there are other informal interventions that are proving helpful but which are not yet being captured in the data.

While there was a perception among participants in the Policy Lab that people are "weary of mindfulness", these on-site facilities have reportedly made a substantial difference by being more tailored to the needs of individuals to switch off and "leave work behind". People also appreciate the chance to speak about their experiences with those from similar backgrounds, rather than relying solely on mental health

professionals. As such, these spaces, physically and mentally, were thought to be particularly effective in relieving levels of general anxiety.

Generally, these early findings suggest a preference for less formal and more personalised interventions compared to more traditional and generic interventions, such as EAPs and telephone helplines.

Support needs to be easy to access and use

It was clear from discussions during the Policy Lab that support must be accessible to staff – it must be possible for people to work it easily into the overall flow of their day. This also means that support should be highly visible, either in that it is immediately to hand or that it is widely known about.

Given the huge range of types of services available (EAPs, personal supervision, wellbeing spaces, phone lines, etc) it can be difficult for staff to know what is most appropriate for them. More effort is also needed to ensure that those who are advising individuals seeking help can get it right first time in directing them to a particular resource, which means being able to keep up-to-speed on what is available and most appropriate.

A significant challenge is in recognising the differences in symptoms – and so the most appropriate course of action to offer people – between shorter-term mental distress and clinically diagnosable disorder. It was agreed that the NHS CHECK study can play an important role in shedding light on these differences by exploring, for example, the extent to which symptoms persist and affect functioning and other meaningful outcomes.

> Good teamwork was felt to have often made a big difference, enabling staff to discover an inner resourcefulness which many may not have known they had"

Teams are an important source of support and effort should be made to "reach in" to them to make the most of this potential

The Policy Lab highlighted that NHS staff have gained considerable comfort from one another, often developing deeper connections with others in their teams over the course of the pandemic. Good teamwork was felt to have often made a big difference, enabling staff to discover an inner resourcefulness which many may not have known they had. One participant noted that "we talk about important things now, rather than chit chat".

Given this potential – and consistent with the observation that leadership need not come solely from senior management – it is important to "reach in" to teams across the work environment to give them "permission" both to access external support for their members and to build their capacity to support each other. Again, wellbeing spaces were found to be helpful for teams and it will be important to ensure that there is time available to make use of them.

Staff in different roles need to be able to draw on authoritative and positive messaging that is consistent across sources

It was widely agreed at the Policy Lab that communication has a vital role to play, both

“Participants questioned whether the media narrative about the pandemic has in itself been harmful, generally focusing on more negative stories, which as humans we are attuned to pay more attention to than positive messaging”

in contributing towards the impacts experienced by individuals and in the perception of and take-up of interventions. This relates not only to communication within workplaces, but also messaging in local communities and national media narratives, with these multiple information sources potentially creating competing messages.

Participants questioned whether the media narrative about the pandemic has in itself been harmful, generally focusing on more negative stories, which as humans we are attuned to pay more attention to than positive messaging. The frequent “hero rhetoric” may also not have been helpful in shaping expectations of how people would act, particularly in terms of looking after their own wellbeing.

At any point in time, an information gap may appear because of the different speeds of top-down and bottom-up communication. Thus, people may be aware of what is going on in their own teams or communities while there are delays or inconsistencies in communication from local or national leadership (eg in relation to PPE shortages or the appropriate type of PPE). This gap has sometimes then been filled by social media – where staff trust the experiences of others in similar roles – and more traditional media, often with simple but negative messaging.

Multiple information sources and inconsistent messaging can then lead to challenging practical situations. For example, a Policy Lab participant described a community Mental Health Act assessment where residential care staff, NHS staff, local authority staff, the police and the public all had “defendable” – but inconsistent – views on what the appropriate Covid-19 response in the situation should be.

Implementation needs to be tailored to local staff needs

In addition to differences between different groups of staff, there are also substantial difference between settings and geographies, including the composition of the workforce, the pressures they face and the support available. While media attention, and to some extent that of politicians and policymakers, is often focused on acute care settings, other areas of healthcare can offer a very different experience for staff – eg those working in the community, remote workers, those in mental health trusts, etc. For example, there is a perception that acute hospital staff have access to support that those at community hospitals do not, and that the ways particular types of intervention are provided may vary between organisations.

The NHS CHECK study can support the translation of the national picture to local circumstances, with Trust-level data allowing support to be tailored to workplace setting, geography and workforce demographics. Local action planning can then mobilise this knowledge to better understand staff experiences and the kinds of support that may be most effective.

There are some important areas where the next stage of the study can contribute further evidence

Policy Lab participants highlighted the importance of the NHS CHECK programme at both a system and individual provider level, not least in communicating robust evidence

on the experiences of NHS staff. While decision-makers and the public may be aware in broad, perhaps superficial, terms of the prevalence of mental health harms within the NHS workforce, it is essential to convey clear messages that highlight the seriousness of this.

At the same time, care must be taken not to "over-pathologise" experiences and the study can play an important role in distinguishing distress due to, for example, moral injury,[1] from more persistent symptoms that may be indicative of mental disorder and require professional treatment.

Systematic, robust assessment of effectiveness of interventions

In a context of constrained resources, it is particularly important that money is focused on interventions that work. Value for money needs to underpin any strategy for staff support, including links to the NHS e-support strategy. To facilitate this, it was suggested that randomised controlled trials could be designed to examine specific interventions in different settings (eg acute hospitals, community, ambulance, etc) to see which may be setting-dependent and which more universally effective.

In considering what works, the study may also be able to highlight learning around rewarding experiences and personal growth for NHS staff through the pandemic, even if the experiences themselves have been stressful. In the first wave especially, some reported positive and rewarding experiences of team working. While some of these positive impacts might lessen – particularly if pressures build over a protracted period of time – it is nonetheless intriguing that most people in the study did not report negative impacts. Further exploration of individual and system resilience around those experiencing positive impacts could be valuable.

Lessons for other care settings

Examining impacts and effective interventions for different groups may produce lessons that can be applied more broadly to other settings of care, including for example social care and the voluntary sector. This is in line with recommendations in the current White Paper on the role of Integrated Care Systems (ICSs) for greater integration across health and social care services.

> "It is essential to maintain staff wellbeing as a priority and provide the time, space and resources to enable proper staff recovery"

Given the potential pressure associated with major organisational change across the NHS, it will be important to support staff recovery alongside service recovery

Service recovery is now underway across the NHS, while we are also entering a period of structural change with the White Paper on the role of ICSs. Recruiting and retaining the necessary workforce is both a key goal and a major risk for ICS leadership. In this context, it is essential to maintain staff wellbeing as a priority and provide the time, space and resources to enable proper staff recovery. NHS CHECK can help inform plans to respond to the mental health impacts of Covid-19 and to build system resilience as the new structures are developed. Already, the emerging insights from the research have been an effective driver of a different type of dialogue around staff wellbeing (eg in

1 Defined as distress experienced when circumstances clash with one's moral or ethical code. See Greenberg (2020): https://mdujournal.themdu.com/issue-archive/winter-2020/moral-injury-in-healthcare-workers

comparison with pre-Covid-19).

In the context of NHS resource constraints, there are always tough decisions to be made around spending priorities, both in the short term – eg how much can be spent on directly supporting staff mental health when there is pressure to meet waiting time targets – and looking further ahead – eg in projecting future need for mental health support for staff. Future data from the NHS CHECK study can support decision-making by providing important insights into both the evolving needs of different groups of staff and utilisation, and effectiveness of different forms of intervention.

While NHS CHECK data in the coming months will substantially improve our understanding of these issues, early findings from the first phase can provide some initial insights.

Policy Lab participants also raised a number of other questions around the mental health impacts of the pandemic on NHS staff. These are set out in the text box below.

Further questions for consideration in future research

Other questions raised by participants in the Policy Lab included:

The factors driving differential impacts

- Are there differences in those with pre-morbid health conditions?
- Are there differences in experiences of stigma for certain groups?
- Is there a difference in outcomes between specialties?
- Are the outcomes worse for students and newly qualified nurses/nurse associates who may have felt "thrown in the deep end"?
- Will the experience of Covid-19 have discouraged medical students?
- What are the differences between those working in different ways (eg those taking on extra volunteering, those currently working from home, etc)?
- Are some people positively affected?
- Is volunteerism protective?

The timing of impacts

- Will we see a rise in PTSD after the lifting of lockdown when individuals can reflect?
- Will the improved mortality data feed through into how people feel, or will any potential improvement be overtaken by the operational pressures to recover services?

Organisational level comparisons

- How much worse did Trusts with lower morale fare relative to other Trusts?
- How does the data compare with organisations outside the NHS?

The role of the media

- What is the relationship between levels of distress and media exposure?
- How can we effectively communicate complexity in the media?

The Policy Institute

The Policy Institute at King's College London works to solve society's challenges with evidence and expertise.

We combine the rigour of academia with the agility of a consultancy and the connectedness of a think tank.

Our research draws on many disciplines and methods, making use of the skills, expertise and resources of not only the institute, but the university and its wider network too.

Further details on the NHS CHECK study can be found at https://nhscheck.org.

Connect with us

@policyatkings kcl.ac.uk/policy-institute