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## **All-Party Group on Coronavirus - Oral Evidence Session 20**

Transcript by Communique Communications Ltd.

23 March 2021

### **Layla Moran MP**

Well, welcome everybody it's lovely to see you today on what I'm sure for everyone is quite a remarkable day, it is the 20<sup>th</sup> evidence session of the All-Party Group since we constituted in July 2020 and it is also of course the anniversary of that first national lockdown back in March and since then as has been said everywhere this morning, there is no one whose life has not been changed by this, we've all made incredible personal sacrifices, but others have made absolutely amazing personal sacrifices including of course the 126,000-odd who have passed away, their bereaved families, but also those who are suffering with Long Covid and of course the continued pressure on society generally, but especially NHS and care sectors and especially NHS and care staff who are of course the focus of our session today.

I want to start by thanking Claire Hastie from Long Covid Support for making this lovely blue poppy that I'm wearing today, she's a friend of the committee and has given evidence to us a number of times and she wanted me to relay what the poppy meant, so the white centre is for lives lost and also for the bereaved and then there's four petals all around and one is for those suffering from Long Covid, one is for the NHS and care workers, one is for other frontline workers who we could not have done without, especially in times of national lockdown. And then the last is for the scientists and the researchers who are very much leading the way out of this.

The APPG is also today part of a number of organisations calling for a Covid Memorial Day, not just today but every year, we are standing shoulder to shoulder with other organisations like the British Medical Association, Royal College of Nursing, NASAWT the Teachers' Union, Community Integrated Care Charity, the Local Government Association, GMB Union and also MPs from eight different parties across all four nations in the UK. And what we're calling for is a national minute's silence and we will be of course observing the minute's silence today, but one to happen every year and also for a memorialisation to happen in local communities, council authorities and devolved nations with a memorial monument on Whitehall so that we cannot just remember those whose lives were changed and lives were lost, but also to commemorate those frontline and key workers with pride, with the view to hoping that we will never be as ill-prepared for a pandemic as we have been, again.

So, without further ado, I think it's absolutely right that today we really focus in on those very people who have been absolutely on the frontline. We've got two incredible panels and with us to start with we have Nicki Credland from the British Association of Clinical Care Nurses, thank you for joining us Nicki, and she's the Chair of the British Association of Clinical Care Nurses and Lecturer in Critical Care and Advanced Practice at the University of Hull. We also have Danny Mortimer, welcome Danny, who is the Chief Executive of the NHS Confederation, having previously served as Deputy Chief Exec and he's also been Chief Exec of NHS Employers since November 2014 leading work relating to workforce policy and practice. I hope I got that right, because I know that we were ... good ... there was an updated bio, I just want to make sure I had the right one. We've also got Yinglen Butt from the Royal College of Nursing and is the Director of Nursing at the RCN, thank you very much Yinglen for joining us. And last but certainly not least, we have Elaine Thorpe who is an ICU Matron at University College Hospital London. So, very much on the frontline.

So, thank you all very much for joining us, it's a great pleasure to have you with us. And my first question which I'll put to all of you in turn is, well in July and August last year some of the very first sessions that we had was taking evidence from frontline healthcare staff and that they were telling us they were exhausted, the impact of the pandemic on both them and their families was considerable, we are now seven months on and we've had multiple waves of Covid-19, from your perspective, what is the situation now like for frontline workers. And perhaps I could start with Nicki.

**Nicki Credland**

Yes, good morning and thank you for inviting me to give evidence. I think the situation is probably in some respects worse than it was back in March, April, May time last year. The effect of Covid and the effect of the pandemic and particularly on critical care staff, the requirement for us to increase our bed capacity significantly over that time has had a cumulative effect on staff. We have to remember that they've seen huge excess deaths, they've had to support staff who have been redeployed into Intensive Care Units, to manage that huge increase in bed capacity that we've needed to provide. We've needed to change our staffing ratios so we've moved away from one-to-one critical care nursing and in some areas of the country we have heard that staffing ratios have been increased up to one-to-six in some places.

Now, until you've actually looked after a fully ventilated haemo-filtered patient on an Intensive Care Unit it's very difficult to understand what that means in real terms, but the stress that goes along with that is not to be under-estimated and we're certainly hearing significant effects of post-traumatic stress, anxiety, depression and intention to leave both Intensive Care and the profession.

**Layla Moran MP**

Can you quantify the intention to leave, have you done any research on the magnitude of that?

**Nicki Credland**

So we're in the process of CC3N who is the national Critical Care Lead Network, is looking at doing a workforce survey to see just where we are in terms of staff that are choosing either to leave Intensive Care and look for employment elsewhere or to leave the professional completely. But anecdotally every single one of us that are in lead positions for Critical Care up and down the country are hearing the same stories, that this is kind of you know the last straw really, they've had enough and they're gonna look for something else.

**Layla Moran MP**

Thank you very much. Danny from your perspective?

**Danny Mortimer**

I think I won't go back over the ground that Nicki's covered, but clearly when you talk to Professor Greenberg and colleagues later they will be able to point to some of the evidence that they're gathering which absolutely quantifies the incidence of anxiety and serious reportable conditions across the workforce, there are particular issues within the Critical Care workforce and within colleagues who've moved across to supplement the Critical Care workforce. But I think it's fair to say

that that sense of people not being able to do what they want to do for their patients in every setting has been magnified over the last few months by the experience of the surge. The one, you know the glimmer of light is the vaccination programme that has given the colleagues who are involved in that, it has given them a tremendous lift, but this sense that we haven't been able to do what we've wanted to do for our patients in every setting is enormous. We've seen pressures in the Ambulance Service, we're seeing community teams dealing with much higher instances of child protection and domestic abuse than they would normally encounter because of the consequences of the lockdown. We're seeing mental health service teams not being able to deliver services that they want to, particularly for children and young people and so that sense of pressure that I think Nicki's described so well in Critical Care, we're seeing in other parts of the system as well.

And of course it's compounded by the fact that we didn't have enough people in place in our teams before the pandemic and the people that we've had have had to stretch themselves, and I think Nicki again has explained this really well, have had to stretch themselves you know far more thinly than they would ever want, my members would ever want, in terms of what would feel to them like safe and effective care. And the vaccination programme, whilst it's tremendous, magnificent, that's only added to the pressure and demands on people's time.

**Layla Moran MP**

Thank you very much. Yinglen?

**Yinglen Butt**

Yes, good morning everybody, thank you so much for having me and indeed I can echo what Nicki said. So in the summer of last year we undertook a member survey and from them describing their experiences of the pandemic what we've got are some results and what they're setting out to us, our members, are that 38% of them said staffing levels had got worse during the pandemic, 62% said the needs of people they care for became more complex and this is both in acute and community services. 76% reported an increase in their own stress levels and I'll break that down a bit for you later. And then 33% said they worked longer hours, but only 40% of those reported getting paid for those extra working hours. 34% said that they worked at a higher level of responsibility with 90% of those saying they received no extra pay for the higher level of responsibility.

So, an example of this would be individuals stepping up for instance to go and work into Critical Care Units for instance, and added responsibility, they would have received training to enable them to undertake that work, support from more experienced competent clinicians, however they were not paid extra for stepping up into those roles. So, we've seen a dramatic increase as a College and we have over 450,000 members, right across the nursing family, working across a variety of sectors and the increase in the calls we've looked at and our helpline are identifying that we're hearing issues around stress, anxiety, anxiousness, tiredness, PTSD, people being tearful, exhausted, overwhelmed and drained. And since 2017 there's been a steady small increase in the numbers of calls of this nature, however for period March to August of last year there was a 27% rise in these types of calls compared to the previous year.

**Layla Moran MP**

Thank you, that's a really helpful digest and thank you very much for those numbers. And Elaine.

**Elaine Thorpe**

Thank you everybody for inviting me to do this, so yeah just really going to echo what's already been said and I guess being a Matron in Critical Care when I reflect back to what's different this current surge compared to the last time, you know the last time it was such a shock for everybody, we've never done anything like this before and it was truly horrific and we set about thinking that we would prepare for another surge but didn't really think it would happen and it happened, it happened longer, it happened harder and was even worse than the first time.

And what I'm seeing in nurses, doctors, everybody really is a lot of very, very quiet staff. The last time they were able to verbalise what they felt but there's a lot more people that are very inward and they're not able to talk about their emotions quite in the same way this time and they're still trying to process it. I see a lot of really sad eyes and that worries me an awful lot, so it's about making time to try and talk to staff. And I've been really privileged to be able to work with Professor Kevin Fong and go to a few ICUs around the country, so that's Birmingham, Liverpool and I see the same, I see the same all over the ICUs that I go to. They came into Intensive Care to do intensive care and they came in to do the holistic things for each patient and they very quickly had to let go of that and that is a huge burden of moral trauma on these guys, and I'm really not sure how we recover from that.

So we have quietened down a little bit in some parts of the country and my Unit, we have really but everybody just looks so vacant and we have got a lot of things in process to try and support them but when you've not done this before and you're not ready to process it, it's hard to know what to do, the right thing is. They're terrified that this is going to happen again and you know gosh, I hope it doesn't but they're really, really worried and I agree with Nicki, that there's lots of people thinking I can't do this again and I'll be honest with you, I don't know if I've got a third surge in me to lead the team because it's been so, so hard. And you know there's the Intensive Care part of it of working in Intensive Care and seeing the such awful sights that we've seen, but there's also the personal things that we have to go through like the rest of the nation, lockdown and so on. And it's coming ... you kind of as a clinician you lag behind with that, when you're coming out of surge you've then got to go back into what the general public were feeling a couple of months before you, so you've got that double-whammy effect. And that's, you know it's very hard for the clinicians who are working in the NHS right now.

I know that you're going to talk to Neil later but we have fed into the survey that Professor Fong has done and we can see that in the Intensive Cares around the UK, England, quite a few hospitals are feeding into that now, that level of trauma, moral trauma and PTSD is there. And that probably accounts for why staff are so quiet, and I'm not a psychologist, I don't understand these processes but I'm seeing something different this time and that's really important we try to understand that.

And yeah, the vaccine is great, however we live in London and we can see that there's a problem with the uptake in some of our BAME population in London and the conversations are already occurring, well will the next surge be because we're not reaching out to that population enough so that our ICUs will be full of patients from the BAME community, so you know there's all these really deep thoughts going into what the future might look like for staff who have to come and work in Intensive Care.

**Layla Moran MP**

Thank you so much Elaine, that's very thought-provoking in and of itself. Baroness Brady.

**Baroness Brady**

Firstly thank you all so much for giving up your time, I think I speak for everyone on this panel when it's very distressing and depressing for us to hear how everyone is so badly affected who is working on the frontline, and our heartfelt thanks go out to everybody. We've heard about exhaustion, stress, being drained, PTSD, anxiety, how concerned are healthcare staff about contracting Covid and what impact does that have on them and the job that they can do. And Nicki can I ask you to answer that first please?

**Nicki Credland**

Yeah, absolutely. I think they are very concerned, we've obviously heard about the vaccine roll-out and the delivery of that by the NHS has been absolutely outstanding, from the scientific community and to the frontline clinicians that are delivering that at such pace and scale and speed, it's phenomenal to watch and absolutely all credit to the NHS needs to be given for that.

There is still concern amongst our communities that you know they are still going to contract Covid, we seem to forget that staff that work in the NHS are still just normal human beings, they go home to their families, to their children, to their grandparents, to their parents themselves and not only are they scared of contracting it themselves, they're scared of passing it onto their families, just exactly the same as the normal general public are. They also certainly for those of us, and I'm sure Elaine will probably be able to clarify this as well, but those of us that have worked in an Intensive Care environment we see the absolute worst of the worst. So we don't, we have less experience of patients that get better and go home, of those good stories, although they clearly are there. So it's very easy when you are in a psychologically heightened state, when you are already struggling, when you are already suffering from some of the depression and anxiety and post-traumatic stress that we've talked about, to be able to rationalise that actually people get Covid and survive. People get Covid mildly, people get Covid and get better again. Because all we see is patients that die all of the time.

And I know I spoke to a Charge Nurse a couple of months ago who rang me after a night-shift and he'd been in charge of an Intensive Care Unit and within the eight hour shift that he'd done, eight patients had died simultaneously within two and a half hours. No matter how resilient you are, no matter how used to working on an Intensive Care Unit you are, no matter how skilled and expert you are in your job, that is very, very, very difficult to process. And I'm afraid our staff see that and think oh my god, that's gonna happen to me, that's gonna happen to my children, that's gonna happen to my parents.

**Layla Moran MP**

Thank you very much. Elaine?

**Elaine Thorpe**

Yeah, so this surge and the last surge I think you won't find a person who works in Intensive Care that didn't come across a doctor, a porter, a nurse, a physio, every single one of us has either known someone who became a patient or known a health professional who has been very sick on Intensive Care and you know that's the second surge and well and more so in the first but definitely in the second too. And that's been really hard because you automatically think my goodness, this is someone who works in healthcare, this could be me, this could be the team that I'm working with. And we don't know how they got Covid, we'll never know that.

My Trust and the other Trusts I've been to this time around, and the first time, we did have enough PPE so it's the PPE has been there and that's been really good, the staff have had the right training, fit testing has occurred but when you're in Intensive Care you have to do procedures which expose you to airborne particles which Covid lives in. And you can't get away from that. So you've got that fear of when you have to disconnect someone from the ventilator, even if it's for a couple of seconds, the air becomes contaminated so you have to make sure that your PPE is correct. So, if you're going to get Covid, you know there are lots of procedures that could expose you to it. I think staff have felt, they've felt safe that they've had enough PPE, but we all know that social distancing is really hard to do in healthcare and I think it's most organisations, you need to have big staff areas so that staff can safely social distance, so it's not just the clinical environments, it's the areas outside of the Intensive Care that need to feel safe as well. And I don't quite know if we've got that right across the NHS.

All our staff have had the opportunity to have the vaccine and the uptake has been good, good-ish, could be better but yeah, I think it's coming into work on the tube as well, you know we see that the tubes are ... even through this current what we would say in inverted commas, lockdown, it hasn't felt like that in London. The buses, the tubes are full of people and nobody is policing that, and people aren't wearing masks. So, yeah, so they may not think they're going to get it on the Intensive Care, the risk is there, but actually it's the pre-getting to work that is the fear. So yeah, so like Nicki said they're human beings, they're going to think they can get it anywhere but also there is that extra risk at work that they are putting themselves through for the good of our patients.

**Layla Moran MP**

Thank you so much. Danny?

**Danny Mortimer**

Just a couple of points to add, I think I'd reinforce that point that Elaine finished with that I think all healthcare staff Baroness Brady have been aware of the extra risk that they're facing. I suppose I'd also highlight of course that many NHS staff work in community settings, they're visiting patients in their own homes or the public are coming to mental health centres or GP practices and again real concern around that, but staff have continued on. PPE is in a much, much better place than it was 11, 12 months ago and that's made a big difference and of course the vaccination programme itself also makes a big difference. And whilst we see some issues of hesitancy for some of our BME staff, actually we've seen you know a really fantastic roll-out of the vaccine across health and social care workers including people working in the community and that's also made a difference to people's confidence.

But again, Elaine's point I think is the most important one throughout this last year colleagues have been aware of the extra risks but have carried on practising because they've wanted to do the best for their patients, wherever those patients might be.

**Layla Moran MP**

Thank you, and Yinglen?

**Yinglen Butt**

Thanks Baroness Brady, so indeed echoing what others have said, and I think for our members they were particularly concerned when the new variants were identified and the potential risk to them. So

as a consequence from feedback from them as a College we asked for enhanced protective gear for them and as a result of that we commissioned an independent review of the PPE guidance in the UK, which exposed the serious flaws that there was in the rapid review on the current guidance that exists and so this report was published on the 7<sup>th</sup> of March. And so even though we see that the cases are falling and the vaccine roll-out is clearly making a difference, health and care staff, because our members work across all care settings, we really believe that they should be empowered to undertake the appropriate risk assessments where they believe they are exposed to Covid patients and are given access to the appropriate fit tested FFP3 gear. So what we have been calling for is that precautionary approach is taken around the use of PPE, so that the highest standard PPE is made readily available to all clinicians wherever they work. Thank you.

**Layla Moran MP**

Thank you so much. Before I go to Lord Strasburger, a reminder that we're less than three minutes away from the silence at Midday, I'll interrupt whoever is speaking at that point and we'll pick up immediately after a minute later. So, Lord Strasburger.

**Lord Strasburger**

Good morning to all four of you. We're seeing a rise in cases across Europe, if the UK was to once again see a rise in Covid-19 cases do you feel health and social care staff will be prepared to deal with this? Would you like to go first Yinglen?

**Yinglen Butt**

Thank you so much Lord Strasburger. So, indeed our members have shown significant professionalism, dedication and a resilience throughout this pandemic and we know they would continue to do so should there be another wave, however it is unavoidable that the last year has taken a significant toll on them and what we are hearing as has been said earlier around the levels of stress, the levels of burn-out that they're feeling and indeed many describing issues of personal moral distress, but in addition to that distress as well for the lack of ability to provide care in the way in which they would like to because of the pressures that there are in the system, so that is why we believe that there needs to be adequate funding in place to support recovery of staff and in the long term to support the recovery of the health service, so as we move back into what is being considered the 'new norm' is ensuring that healthcare staff are allowed to have adequate annual leave, adequate recovery time, supportive approaches for them during this time as they make the transition into the new norms and elective services etc are increased. Thank you.

**Lord Strasburger**

Thank you, before I come to Danny, Chair we are a few seconds away from the ...

**Layla Moran MP**

We are, no I think that's a very good place to stop. So if I could ask everyone please to now take a moment and we'll spend a minute reflecting on the year just gone. Thank you very much. Lord Strasburger.



**Lord Strasburger**

Thank you, Chair. So, Danny would health and social care staff be prepared to deal with another wave?

**Danny Mortimer**

Yes, in simple terms. I think the question is a longer-term one about how then the country allows social care and health services to recover from any further waves and indeed how it allows staff and services to recover from this particular wave. I think there's a need for some realism and some clear dialogue with the population about the impact of the virus on our teams, on our waiting lists, on mental health services, on the demand for Long Covid treatment in our communities. And there's something about that context being set in terms of the pressures there are on the health service and if there is to be no extra investment in our services and teams then again we need to be clear as a country about what it will be possible for people to do in the longer term. So, I think that sense of core staff will deal with the situation as it presents itself, but we need to be clearer about what the response in the longer term is and how we relieve some of that pressure of expectation that they will place on themselves never mind that will be placed upon them by you and your colleagues and by the public at large.

**Lord Strasburger**

Thank you. Elaine, would you like to go next?

**Elaine Thorpe**

Yeah, thank you, so yes of course they'll do it again. They absolutely will but I think it's my job as the Matron of my Intensive Care to make sure that we've got everything in place, so currently you know we have to look at what happened this current surge that we're just coming out of, what's the learning, what's the education and that requires investment, it doesn't always come and that's the piece of the jigsaw that's missing. So if we're gonna ask this of our staff to do it again, we need to make sure that they have the right support and when I say support I really do mean education, and that costs money. But that's the really important part of this, that staff have everything they need to do it again and this is what we really have to make sure if we are going to have a third surge, or this is what our future looks like for the foreseeable future, and that's the bit that I'm not confident about and that's the bit my team aren't confident about. And that's what we owe our staff to do that. If we're gonna ask them to do it, you need to make it right for them and as easy as possible.

And I guess it depends how quickly that's going to be, I hope it's not soon but it might be and it might be next winter, we don't know but that's what we should all be preparing to do, but we need to have the resources to do it.

**Lord Strasburger**

Thank you, and Nicki please?

**Nicki Credland**

Yeah, I think I'm probably going to just echo what the other three speakers have said. Yes, absolutely we've watched the NHS rise to the challenge of the first wave, we've watched them then rise to the challenge of the second wave and I'm sure that if there's a third wave I have no doubt, these are professional people, these have gone into professions of which they love and they don't want to not be able to deliver first class care to patients, so of course they're going to rise to that challenge and of course they're going to make sure they deliver expert care to patients as much as they can. But the question that we need to ask ourselves is, what are the implications of that, you know what impact is that going to have on our NHS workforce and therefore what impact will that have on patient care, on patient safety, on our ability to be able to deliver the breadth, the depth of care that we deliver now, in the way that we deliver it. And I absolutely echo Elaine, you know this has got to come with significant investment for the NHS, we know that the NHS as a whole has been massively, massively under-funded over decades, we went into this pandemic with one of the lowest ICU bed to population ratios in the World, it's no wonder that we've ended up in this situation. But I never, ever want to have to listen to Intensive Care nurses tell me some of the stories that they have told me over the last year, because it is absolutely heart-breaking.

**Lord Strasburger**

Thank you very much, Chair.

**Layla Moran MP**

Thank you. If I could ask if we could try and keep answers a bit shorter, I'm very keen to get round everybody but we've got 20 minutes, well less than that and about six MPs and peers who want to come in and ask really important questions, but thank you already for what's a very important session that we're having. Caroline Lucas?

**Caroline Lucas MP**

Thank you Chair. Back in August, so six months ago now, Neil Dickson the then Chief Executive of NHS Confederation told us that retention of staff in both health and social care was a real problem, I would love to have an update on what the situation is now, I know Nicki has already touched on it but maybe I could start with Danny.

**Danny Mortimer**

So it's two things, there is a huge focus on local support to retain people, I think the headline indications from the staff survey are that we've seen some benefit from that, but clearly as colleagues have already explained, particularly clinical colleagues have explained, that's a concern for the longer-term. I think the second point that our members are emphasising is that actually the issue now is the one that existed before the pandemic, we have the best part of 90,000 vacancies still and we don't have a clear funded long-term plan for filling those vacancies and that is something that was something of an opportunity missed in the last spending review announcement in the Autumn and its utterly essential for this spending review. It doesn't offer quick solutions in terms of filling the gaps in the rotas and teams that Elaine is managing for example, but it gives people some hope that in this next few years there will be sufficient numbers of degree-qualified professionals in particular to fill the gaps in those rotas that we've had for far too long.

**Caroline Lucas MP**

Thank you, and maybe to Elaine next?

**Elaine Thorpe**

Yeah, I mean I would echo that. It is about pay but it's also about educational opportunities, so every year the educational budgets for every organisation, for nurse education and every type of education keeps going down and down. So there's not a reason to stay in the profession and to continue to develop and I think that hasn't been looked at, it's not part of the long-term plan and we're going to see our staff continue to leave because of that, because they don't feel invested in.

**Caroline Lucas MP**

Thank you. Yinglen?

**Yinglen Butt**

Yes, thank you. So, indeed from the Nursing and Midwifery Council data that came out last year there were fewer nurses that actually left the registers, the Nursing Register last year, however in September, April to September last year what they identified were that 11,615 nurses actually left the Nursing Register and our members are passionate and as we've heard from others they have been pushed to the limit but they want to do absolutely what is best and right for the profession and for the patients and users of their services. However, after the first wave the feedback we had from the survey identified that 35% were considering leaving the profession and just 18% felt valued by the Government, with 73% of nursing staff telling us that pay was a significant part of them not feeling valued. And indeed for many the terminology has been a kick in the teeth from the Government in suggesting a 1% pay rise and what we have calculated for an experienced member, the take home pay would be £3.50 extra per week.

So, of course we've heard of nurses having to go to food banks because of the financial situation that they're in and these are the individuals that we're asking to go and remain sacrificial to the patients and users that they are serving. And we know as well that a third of nurses are over 50, from our data, and so could retire in the next decade and the experience of the pandemic may bring that forward, especially if our members continue to feel they're not getting a pay increase in real terms. And indeed for us as a College, individuals leaving at a time of crisis or after a time of crisis has been a pattern that we have seen, so we need to be very mindful of that and clearly doing all that we can to support our members you know in terms of retaining them, supporting organisations to retain their staff, but indeed the investment needs to be there. And Danny alluded to 90,000; 40,000 of those are nurses, we were 40,000 nurses short when we entered into the pandemic. Thank you.

**Caroline Lucas MP**

Thank you so much, those are really shocking figures and a real perfect storm. I'm aware of time, I don't know Nicki if you had anything to add to that or if not I know our Chair would I'm sure appreciate moving on.

**Nicki Credland**

No, I'm happy for you to move on, I think Elaine's probably said the things I would have said.

**Caroline Lucas MP**

OK perfect, well thank you all so much. Back to you Chair.

**Layla Moran MP**

Thank you. Baroness Masham?

**Baroness Masham**

What impact do staff levels have on the well-being and mental health of frontline and other healthcare workers? I've been unfortunate actually to have to go to hospital all through this epidemic and I can say whatever our speakers have said today I can say it's absolutely true, especially in Intensive Care where so many people were dying and that affected the staff and I think you're doing a tremendous job. Could we have Elaine first?

**Elaine Thorpe**

Yeah, so the impact, that's where the most stress has come from for our staff because they're not able to do the holistic care that they would normally do for patients in intensive care. They're not able to build relationships, meet their families, to be a nurse. And it's the little things that they've not been able to do like brushing hair, patients don't get the care that they need when we're in a pandemic and we've got four patients when we should have one. They suffer harms because they're not turned so they get traditional bed sores or pressure ulcers is the new term, because they're not turned as frequently as we would normally do in normal times. And of course they'll get over these harms if they survive. So it is the high burden of death but it is also the harms that they see as well, that they would never see normally which just really hurts you knowing that you've done your best but it's not the care that you aspire to give day-to-day and that's why we're suffering so much moral distress.

**Layla Moran MP**

Could you just define what you mean by moral distress, it's been mentioned a number of times by different speakers, I think it's just helpful for everyone to know what it is you're saying by that?

**Elaine Thorpe**

So it's, you know you're not able to do the same for every patient that you would normally do, so you have to spread yourself thinly and in normal times if you'd had one patient you know that that patient would have had every bit of care done, but you're having to forego the things that you would normally do for patients. And that really hurts you, and you know it affects you, you've not done your best for your patients is what you think, of course you have done the best for your patients but to you personally you've failed and that really, really hurts.

**Layla Moran MP**

Thank you, that's very helpful. Does anyone else have anything to add on this question? Nicki?

**Nicki Credland**

Possibly if I could just add the mismatch between the expectations of patients' relatives in some instances and what we are actually able to deliver when our staffing levels are stretched so significantly. So, clearly you know nurses as one profession have one pair of hands, you can only physically fit in so much work to a given period of time and if then you have to expand that capacity to then look after two ICU patients, three ICU patients, four ICU patients, quite clearly the level of care that you deliver to those patients is not going to be the same because it's just physically impossible to do so. And we've seen portrayed on the media, in social media, that that has been very difficult for some patients' families who have felt that we should be able to deliver a service and a particular standard of care that our staff, through no fault of their own, simply cannot do and that adds to that moral distress that Elaine's discussed. Because staff already feel guilty that they can't give the level of care that they want to give, and then when you've got patients' relatives exacerbating that feeling, that's made it more difficult.

**Baroness Masham**

What can be done to get more staff? That is vital.

**Nicki Credland**

It is vital and for me the elephant in the room is the retention, so you know it's alright recruiting more nurses, it's alright recruiting more doctors, but we have to find out why are they leaving, why are they choosing to leave the profession after six years, eight years, ten years. That for me is the real key thing because you don't just lose numbers, you lose significant skills, significant expertise and then we're ultimately going to end up with a workforce who is increasingly looking after very, very complex patients and increasingly complex with staff that are very junior, who are much less developed in terms of their career and their knowledge.

**Layla Moran MP**

Thank you very much. I'm going to move on if that's alright in the interests of time, thank you to the speakers for the second panel if it's alright I'm borrowing some of your time so we can get through the slightly larger first panel and we also observed that minute's silence. If I could please go to Lord Russell.

**Lord Russell**

Yes, thank you all very much. Recently we were taking evidence from frontline workers in the NHS who are suffering from Long Covid and we heard some very mixed messages about the way they are being treated by the NHS itself. And what you are describing would in most instances be described as a major occupational health challenge. In your own experience how is the NHS responding to the stresses and strains that you are describing, is it doing enough, what does it need to do more of? Could I start off with Danny?

**Danny Mortimer**

So throughout the pandemic we've seen nationally and especially locally a huge amount of effort being put in to create support in people's work places. Charitable funds being used, in particular to kind of invest in capacity and the kind of specialist help that we know makes a difference in people's work places. I've heard of one of the big Central London hospitals using £1.7 million of charitable funds for example to invest in that kind of work place support and we've seen some really good national offers as well in terms of helplines and access and use of digital technology to provide support to people.

I think the concern that I know we share with our Trade Union colleagues is how do we make that a permanent feature of how we care for our workforce, and the impact of the pandemic on particularly people's mental health will play out sadly for many years to come. This isn't just something where you know rates of infections improve and suddenly we can switch off the care that we've provided, so I think that the challenge for us as employers, my members as employers but also the challenge for the Government in terms of how it supports this is how do we make this a permanent feature of how we look after people.

And how both in the short and the long-term do we set assumptions around productivity in particular which recognises that people can't work at the kind of levels that they've worked at over this last year, or even in the years prior to the pandemic actually, we've got to be able to create that space where, particularly because of the vacancies that we have, we can create that head space, we can create kind of opportunities to care for people. That's harder in non-acute settings, so as we go into community settings where teams are more diffuse, where there isn't necessarily the kind of rest facilities that we may have in some hospitals, I accept not all hospitals, that gets more challenging and so there's some more work we need to do with people like Professor Greenberg and his colleagues just to understand how we can kind of take what works in a hospital setting, the kind of places that Elaine and Nicki work and apply in a GP surgery or in a mental health team or in a community setting or an Ambulance Trust. But as I said we need those things to become a permanent feature of how we work.

**Lord Russell**

Thank you. Nicki, could I just ask you the same question briefly?

**Nicki Credland**

Yes, certainly. So I've heard mixed messages really up and down the country, there doesn't appear to be an NHS national response so it's very patchy depending which Trust you work in, depending which area you work in. Certainly from an Intensive Care point of view, which is obviously my specialty, I'm hearing a lot that there are lots of resources available and lots of support available that has kind of been thrown at staff in a very reactive way, to the point that staff aren't really sure which they should engage with and which they shouldn't. Sometimes that support that is being offered to them has not been thought through, so for example the support is only available nine to five, well if you're on a 12-hour shift you can't access that support because you're on duty. That means you're going to have to come in on your day off to your place of employment that is causing you stress, to access support for that stress, which logically is illogical.

For me it's about moving forward, we need to be more proactive, we need to look at safe working environments for staff. We absolutely need to understand that if we look after our staff, our staff will look after our patients and our patient outcomes will improve. You can't improve patient outcomes

if you don't have the staff to deliver it. So that is the thing that we are missing in my opinion at the moment.

**Lord Russell**

Thank you very much. I think we need to move on Layla.

**Layla Moran MP**

Yeah, terribly sorry. Barbara Keeley?

**Barbara Keeley MP**

Thanks Chair. The APPG has received evidence that Government strategy in itself might impact the health and wellbeing of staff on the frontline, things like timeliness of phases of Government responses, we heard earlier that staff worry when they see buses and tubes full of people, no policing of restrictions and mask wearing for instance, and I understand the picture on PPE has got better but the picture I think is also that there's the issue about staff not getting the FFP3, the highest standard of masks when they would feel better with those. So, what lessons can be learned about that, how Government decision making impacted the wellbeing of staff?

**Layla Moran MP**

Feel free to jump in, whoever at this stage because we may not get to everybody.

**Yinglen Butt**

OK, shall I go? So, yeah thanks Layla, so I'm particularly mindful in terms of the issue of diversity here and what our members are flagging to us and indeed the Chief Nursing Officer of England has a strategic BME Advisory Group and we were hearing from some of our members there about how disproportionately they felt treated in terms of availability of PPE and whilst there was adequate PPE, certainly what we are hearing from some of them was that they felt that there were times when they went to wards where there were Covid patients, their Caucasian colleagues were protected to treat with less-ill patients and they were sent to iller Covid patients, so I think that is certainly something that we're needing to explore further in terms of equity of access and we also know that, you know some were having to clean down old gowns, so whilst in acute settings there has been adequate PPE certainly what we are hearing, and this is partly why as well that the RCN commissioned that rapid review of the evidence around PPE, was because we are still hearing that there are places where you know what is being put out is not adequate for those caring. And we often talk about acute services seeing really complex patients, but similarly our members are seeing significant complexity in community settings, in people's homes. Because it translates that if you have very ill communities they cannot all be held within a hospital setting and there has to be step-down services and they are being stepped down into their homes or into care homes where they need adequate care by clinicians who have the competencies and skills to deliver that. Thank you.

**Barbara Keeley MP**

Thank you. Any other members of the panel like to contribute to that?

**Danny Mortimer**

If I may, I think there have been, there clearly are things that we need to address in terms of equity and that sits with my members as well as with the Government. I think two examples in terms of the Government, I think sometimes at certain stages of the pandemic the communication about the way in which rules were changing, clinicians in the NHS found out at the same time as the public, which was often through media briefings, so particularly the way in which shielding was lifted last summer, came as a surprise to clinicians working in primary care in particular, you know they found out about it when it was briefed to the Sunday newspapers, not through a kind of planned communication. And that causes enormous distress for patients, it causes enormous extra work for clinical teams who aren't sighted of the change. I think that's the first thing.

I think the second thing is that the way in which the discussions around pay, as have already been touched on, were handled, have caused real distress and concern to people. So, I think that business of the Government of course needing to communicate with the public, of course needing to manage public finances, but recognising that actually the million people that work in the NHS are a core constituency in terms of those kind of national communications. I don't think that's been thought through as well as it possibly could have been and those are just two examples, there are many more.

**Barbara Keeley MP**

Thank you.

**Layla Moran MP**

Thank you very much. If I may I'm going to go to Philippa Whitford.

**Philippa Whitford MP**

Thanks very much Layla. Obviously going forward and even looking backwards we see that the integration of health and social care was a real challenge throughout the pandemic and the Government have announced a reorganisation in England, in Scotland there is a plan to develop a National Care Service. Now some people see these reorganisations as an opportunity to fix what we think hasn't worked, but do you think that the sheer challenge of the scale of that is something that staff have the bandwidth and capacity to take on at the moment. If I could start with you Danny and then others could add in.

**Danny Mortimer**

I can't comment on the planned changes in Scotland Philippa, but in terms of what's planned for England, the white paper and the legislation that will follow enables the NHS to move forward with work that it's been doing over many years. I think the experience of the last 12 months in England has shown the importance of collaboration between health organisations and health and social care and the legislation will help us take that forward. The rate limiting factor, the bandwidth issue isn't about



the legislation and the kind of organisational changes, it's about the fact that we haven't got a long-term plan and investment for social care still, that we haven't got a complete long-term plan for healthcare in England, there's no plan for capital, there's no plan for public health, there's no plan for people and there's no plan to recover services from the impact of the pandemic and those are the things, far more than the kind of structural changes, that will impact on our workforce and our ability to kind of respond to what it is the public need.

**Philippa Whitford MP**

I mean we were very surprised to see the lack of mention in the Budget of the NHS and certainly the words social care weren't mentioned at all. I don't know if you've anything else you want to say or if any others want to talk about it, I mean I'm sure all of us are conscious of what the issues around the health and social care Act were but whether you see unpicking it in this coming year as a positive thing to sort problems and put into action learning, or whether you think it's going to be a problem as we recover from Covid. I don't know.

**Yinglen Butt**

Yes, so certainly for me one point I'd like to make, I think that the Government needs to publish a population based assessment of what the future workforce requirements will be in view of these suggested changes, and not actually undertake change without considering what the workforce requirement will be to actually deliver sustainable services.

**Philippa Whitford MP**

Elaine or Nicki, anything else you want to add around this which is coming up and going to come up in the middle of a supposed recovery and dealing with the backlog.

**Nicki Credland**

And I think for me Philippa that's the really important thing, we just need to think that you know while the rest of the general public may be thinking that we're gonna get back to some kind of normality, they're gonna be able to go to the pub and go out for dinner and all of those things that we're all really looking forward to being able to do, actually the staff that are working in the NHS are still in a whole world of pain, they've not only now still got to manage the capacity that they're still working at, and some of our Intensive Care Units are still at 180-200% capacity right now, they are then being pushed and pushed and pushed to try to get back to normal and to try to get some of our operating lists down for example. And we're relying on exactly the same set of staff to be able to do that. So, we really need to have a plan in place of how we're going to look after our staff, as we transition through into wherever we end up being the new normal.

**Layla Moran MP**

Thank you very much, right last word time, in one sentence or less, if you had Boris Johnson's ear in an elevator what would you ask for as the most urgent thing that he needs to be thinking about now, and I'll start with Elaine. You're on mute.

**Elaine Thorpe**

Yeah, sorry properly funded, more intensive care beds and investment in staff to open them.

**Layla Moran MP**

Thank you very much. Danny?

**Danny Mortimer**

A costed long-term workforce plan for the NHS.

**Layla Moran MP**

Thank you. Nicki?

**Nicki Credland**

Ensure that we revert to GPIC staffing standards for intensive care to allow for protected education time for critical care nurses.

**Layla Moran MP**

Thank you. Yinglen?

**Yinglen Butt**

We need a recover plan that's developed with Trade Unions, employers and Government and particularly focusing on the workforce crisis.

**Layla Moran MP**

Thank you so much. Well, thank you so much all, thank you also to the next panel who have been very patient, we'll come to you in a moment. But on behalf of the whole All-Party Group I really want to thank all of you, Elaine and Yinglen and Danny and Nicki, hello, you dropped off my screen sorry, and Nicki as well, thank you so much for your time, you're very welcome to stay and listen to the second half. You're also very busy people and if you go by all means do, so thank you so much for all of your time.

Right, so to the second panel and I do appreciate their patience with us today, we'll get going and get cracking straight away. We have Professor Neil Greenberg, welcome Neil, from King's College London. He's a Consultant Occupational and Forensic Psychiatrist and the lead author in a recent study from King's College which looks at the mental health of staff working in intensive care during Covid-19, the work has been reference a number of times already in this session, so I'm looking forward very much to hearing what you have to say. And also welcome to Dr Rachel Sumner from the University of Gloucestershire and Dr Elaine Kinsella from the University of Limerick. So Dr Sumner and Dr Kinsella

have both provided their recent study to us which looks at resilience, burn-out and wellbeing in the front line of workers in this crisis. So welcome to you all.

My first question, and as with the last panel I think you know take each of the different studies separately, perhaps starting with Neil. Neil from your study what do we know so far about the problems facing healthcare workers and frontline workers in particular?

**Professor Neil Greenberg**

Thanks very much, so just to say we've got two studies run out of King's College London, one of them is the intensive care study which you've kindly mentioned. We've also got another bigger study called NHS Check which has got 26,000 NHS staff across 18 Trusts in England and importantly that includes a whole range of professionals, not just clinicians but also administrators, porters, everybody who makes the NHS work. And I think what those data taken together show is although we're not sure what the state of the NHS was before the pandemic and that's a big limitation, we know now that actually the rates of probably mental ill-health are considerably higher than we find in really any other occupational group that we've looked at so far, and King's has been looking at occupational groups for many years.

I'll give you an example. We know that in troops who've just returned from combat who have left the military, so that's the highest risk group, we know that 17% of that group is likely to have some mental health difficulties like trauma, but actually we find rates more than double that in intensive care staff who are still doing their job. So, we can't make diagnoses because these are self-report questionnaires, but the rates we're finding aren't just a little bit up, they are really very substantially high and that's a worry for two reasons; first of all obviously it's not right that we're potentially damaging our staff. The second is if you want to deliver high quality care then having mental health difficulties is going to make that more difficult. So it's equally a patient care issue as much as it is a staff issue.

**Layla Moran MP**

Thank you so much Neil, that's very striking as a figure. Rachel and Elaine, what can we tell from the studies that you're looking into?

**Dr Rachel Sumner**

Thank you and just to reiterate what Neil said there that our study is obviously based on self-report as well so we haven't taken diagnostic measures. For a bit of context about the study we started it almost a year ago now, we started March 30<sup>th</sup> last year and we're still collecting data now, so we've had a mixture of survey and interview data from all frontliners, not just healthcare workers, obviously we're going to be speaking mostly to healthcare workers today but we have also included people from care homes, supermarkets, all of our very vital frontline workers that we have.

In terms of what the picture is looking like, I should also say actually we incorporated people from the UK and the Republic of Ireland in our study as well because of the notable differences between the two strategies in terms of immediately combatting the virus, so we're interested to see whether or not this Government strategy may have had an impact on how they're getting on.

As a sort of snapshot, we know that our frontline workers in the UK are suffering, basically their resilience is lower, their wellbeing is lower and their burn-out is higher than those we have surveyed in the Republic of Ireland. In terms of what we think might carry this, the factor of timeliness of the

Government's response which has already been picked up several times in this meeting today I believe, is crucial. The UK workers have rated the Government timeliness as poorer effectively than those in the Republic of Ireland and actually crucially this does seem to be extremely important in terms of it being a driver for resilience, wellbeing and burn-out as well.

In terms of healthcare workers they've actually tended to rate the Government's response as even less timely than other UK frontline workers so they have the poorest perspective on that I guess. And generally speaking they're burnt-out. They were burnt-out from our first survey data that we collected between March and May last year, they continue to be burnt-out as we collected more data in October as we went into the second wave. The pattern of burn-out we're seeing is kind of different. To begin with it was all about exhaustion which I think is to be expected, but actually we're starting to see creeping through some elements of cynicism and also feelings of inadequacy and these are really important in terms of understanding the general mental health of workers and also whether or not they're likely to stay in their role and obviously that's something that's also been spoken to today.

In terms of the Republic of Ireland because obviously you could say well anybody working in a frontline healthcare role in a pandemic is gonna be burnt-out of course you could say that, but in comparison those in the Republic of Ireland they have remained relatively stable between March and October last year. Perhaps most shockingly in terms of what we've found in six months, so in October last year, nearly 83% of our healthcare workers that we surveyed have some diagnosable form of PTSD with the scale that we have used. Again, you could argue that actually this is the case for anybody in a frontline healthcare role, but compare that to the figures in Ireland they are 73%. So we do see a stark difference between those in the Republic of Ireland and those in the UK. I'll hand over to Elaine now.

**Layla Moran MP**

Yeah, thank you. Just on that very final figure, have you got numbers for sort of baseline as it were, so non-pandemic levels of potential PTSD in the same population, just for comparison?

**Dr Rachel Sumner**

Not for this particular sample, we didn't take PTSD levels from the very beginning with the understanding that that would grow, we were also taking a variety of other measures as we go along and as we adapt in terms of what we find.

**Layla Moran MP**

Thank you. Elaine?

**Dr Elaine Kinsella**

Yes, so just to build on what Rachel has been saying, so the qualitative data that we've collected across multiple interviews highlights some of these problems and gives some nuance to what Rachel's been talking about. So many of the healthcare workers describe an intense anticipation of the first surge, so there was this really strong sense of uncertainty and foreboding and some likened it to be actually called up for a war, waiting for the battle to start and not knowing what kind of horrors would await them. And of course then the extent of the impact when it actually came. Most healthcare workers described how every aspect of their work and of course their home-life changed drastically and dramatically almost overnight, with many people having to change the way that they worked in

significant ways, often with very limited support and having to sort of be thrown in at the deep end and yet having to hit the ground running at the same time.

One participant described the first surge as 'pure hell', there are so many reports of people working really long hours, being under-staffed and this awful sense of confusion in terms of policies and procedures on what they should be doing and what they couldn't be doing. And also the sense of limited support, many participants in our interviews really called out that they really needed more support at work. There were also mixed reports in terms of the availability of PPE and Covid testing across healthcare workers in the UK, and the extent that these were or were not available really impacted on their sense of safety, their sense of support and also their ability to cope.

**Layla Moran MP**

Thank you very much, that's very helpful. Over to Lord Strasburger.

**Lord Strasburger**

Thank you Chair and good afternoon. From your research, what do we know to be the most challenging but also damaging experiences facing healthcare staff, for example what is the impact on staff of losing members of their own team? Shall we start with Rachel please?

**Dr Elaine Kinsella**

I can talk to this one because I was most involved in the interviews if that's OK? So I suppose again the interviews provide us with nuances in terms of what were the aspects that were most challenging and also damaging. So many healthcare workers in the UK acknowledged that the NHS was not in a good place at the start, so pre-Covid, in terms of being sufficiently prepared or being sufficiently funded and then how the pandemic has really magnified these issues. A really strong theme across all of the data that we've conducted over the last year has been the sheer magnitude and scale of sickness and death that people have been experiencing as healthcare workers, it's something that they have never seen before, and something that they have not been prepared for. The severe toll that this has taken on them emotionally and psychologically has been quite stark. Many healthcare workers I suppose describe this enormous sense of pride in their colleagues and in their collective efforts and in their team efforts, but they also acknowledge that they're just simply feeling burnt out.

One important challenge to acknowledge here is redeployment, so this has been occurring in a widespread way across the NHS with very little support and very little training and this is proving to be really, really stressful. One thing that really struck us was that many participants or healthcare workers described feeling really, really upset about not being able to provide their patients with a dignified death, not being able to support those individuals in the lead up to their death and through their sickness, and not being able to support their loved ones and their family members ahead of the death and also in the aftermath of the death and this is really, really upsetting to them.

But as well as dealing with their own hardships, many healthcare workers are experiencing secondary trauma through the pain of other people, so for example having to stop families from visiting their loved ones in nursing homes or in hospital settings, seeing patients and vulnerable clients upset and isolated and having to deal with rule-breaking, but also in their own family lives being isolated from their families, maybe having small children at home or school going children and that sense of isolation that they're experiencing can lead to the sense of the secondary trauma.

And outside of their immediate work context, one thing that participants frequently mentioned was feelings of being let down by the Government and the media was highlighted as potentially making things worse. Many participants reported having to ... you know at the start of the pandemic they were really absorbed in watching the news and watching the daily figures but they really had to reduce their media and news consumption to avoid becoming ill and to avoid becoming more agitated.

**Lord Strasburger**

Thank you and Neil over to you.

**Professor Neil Greenberg**

Thank you. So our studies looked at a whole range of different stresses that potentially can affect people and actually it's perhaps unsurprising but we find that almost anything that you look at in terms of lack of PPE, in terms of death of a colleague, in terms of poor support and feeling let-down, can all link to people having mental health difficulties. But one of the concepts that wraps up many of these things together is this concept of moral injury and I know earlier on you spoke about moral distress. And so moral injury is the strong emotions that you get such as shame, anger and guilt, that occurs when something goes on where it strongly clashes with your moral code. You've heard already about how you're not able to give the right level of care. And the reason that moral injury is important this time is that we know, although it's not a mental health problem by itself, it's absolutely linked with post-traumatic stress disorder, depression and anxiety. And in our Big NHS Check study what we've done is to use a scale which measures exposure to morally injurious events and we do indeed find that the people who have lots of those events are actually far more likely to be unwell.

So, we think at the heart of the problem here is the fact that you haven't been able to deliver the right level of care that you would want to and that points towards interventions such as reflective practice which allow people to develop an understanding, what we call a meaningful narrative, a story that helps try and explain that, even if we weren't all in the same boat we were in the same storm, and that's important for what we do as an intervention.

**Lord Strasburger**

Thank you, back to you Chair.

**Layla Moran MP**

Thank you very much. Caroline Lucas?

**Caroline Lucas MP**

Thank you very much Chair, yes maybe I could start with Elaine if that's alright and I wanted to ask if you could say a little bit more about the impact that the Government's response to Covid-19 and its policy decisions have had on frontline workers' wellbeing.

**Dr Rachel Sumner**

I'm happy to take that if that's OK because that's the area we've been focusing on.

**Layla Moran MP**

Feel free to pass, absolutely go ahead and whoever is more expert.

**Dr Rachel Sumner**

We've taken, as well as different countries we've taken different branches of the study as well, so it's all sort of divvied up. So obviously I discussed before about the impact of the perception of Government timeliness and how harmful this seems to have been. I mean overall actually if we take all frontline workers, both those in Ireland and those in the UK actually timeliness can be protective, if we see it as our Government acting in a timely fashion that can protect in terms of their ability to sort of keep going if you like.

Over time, so we not only asked about timeliness we also asked how they would rate the Government's response to the crisis in terms of whether or not, or to what degree they feel it's appropriate, but also its effectiveness as well, and actually over time, between March and October last year we've seen that the timeliness hasn't really changed, they're still rating that as not that great, but over time actually the effectiveness, the perception of the effectiveness of the Government measures has drastically decreased, so not only do we know that they are feeling like the Government is not doing enough, but actually they feel that in terms of what they're witnessing that this really has not been enough.

Obviously as I said before our resilience, wellbeing and burn-out in terms of our frontliners is being driven by this timeliness but there are obviously also other factors that are involved in these feelings. You have to understand that in frontline healthcare workers they have to deal with people coming through the door who are sick and unwell and anything the Government does filters down in order to create that. So, I can't dance around it but the notable breaches of lockdown protocol that happened last year by key figures in leadership have had a massive impact in terms of their confidence, in terms of their trust for the Government to actually handle this crisis well and seems to have had a really big impact in terms of the clarity of the message that is coming through as well.

Many of our participants cite feeling abandoned or otherwise hung out to dry by the Government in terms of their strategy and their actions. They cite not feeling valued by the Government or the public anymore, unfortunately. So it's not just a sort of lack of timeliness but it's also a sort of central, in terms of their overall welfare, but actually this lack of timeliness is also a key factor in their distress. Some described in their own words 'the chaos of Government advice' and actually found the UK Government's response to be 'indefensible', again those are the words of our participants.

The things like Clap for Heroes and Elaine is going to speak more on that later, Clap for Heroes was originally seen as a wonderful thing, it was really heart-warming, many of our participants said how lovely it was, but actually it turned into a poisoned chalice, over time they saw that actually there was this visible action of clapping for heroes, but this was not followed through with meaningful action. This was not followed through with pay rises, it was not followed through with even the prolonged waiving of parking fees, you know things like that, that massively undermined that message. And it also put them in a position where they felt that actually it was almost an abdication of responsibility on part of the Government, that they were being put in this position, these are heroes, this is what they do and they felt like they couldn't not do it, they couldn't not deliver when you put somebody up on a pedestal that high they're almost forced to stay in that position sadly.

So, that in itself whilst it started off in a kind way and a meaningful way for them it very quickly and rapidly turned into something that actually was not just unpleasant but actually quite harmful for them.

**Caroline Lucas MP**

Thank you very much, that was really powerful. Neil, may I ask if you can add to that.

**Professor Neil Greenberg**

Well, I can't add very much because I think Rachel has kind of given a very nice, colourful picture. I can absolutely say that the data we have would support that. But the thing I think is important to note is that if you look at the magnitude of impact of the Government's response versus what people perceive locally, what happens in my team, what happens in my Trust, in my hospital, it's the local response which has a much bigger impact upon people's mental wellbeing. So actually you can still be in a situation where actually you don't believe the Government has done a very good job at all, but actually in my Trust, in my team I'm well looked after, I'm well supported and that makes a huge difference to people's ability to sort of cope with adversity.

**Caroline Lucas MP**

Really helpful, thank you so much.

**Layla Moran MP**

Thank you very much. Lord Russell?

**Lord Russell**

Neil, thank you, you've linked directly into the question I was going to ask which is about the sort of mental wellbeing of NHS staff, I mean mental health is difficult for many people and has a stigma attached to it, but I'm very interested that some parts of the NHS clearly are very supportive and are dealing with that well. So, can you describe best practice and how general is that, is it unusual or is it mostly good practice?

**Professor Neil Greenberg**

So we know from our studies that actually around three quarters to 80% say that actually their immediate managers and teams are pretty supportive, so actually most people do think the people around them are looking after them. We know that three things have made a big difference and continue to make a difference. The first is the quality of the relationship between you and your immediate line manager, so your supervisor, so if your supervisor can speak to you about mental wellbeing that makes an incredible difference, and evidence from other sources shows that actually the impact can be up to 90%, so you can get a 10<sup>th</sup> of the rate of mental ill health if you've got a really good supervisor compared to a poor one.



The second is peer support and that's making sure that people in the workplace actually are ready to look out for you if you've got difficulties and you can go to them. And the third thing is this thing called reflective practice which I've mentioned, which is this idea of trying to make sense of all of it. And actually there are lots of really good examples of Trusts where actually they've got good leaders, they've got peer supports, they've got reflective practice and actually what seemed to have happened from our data is that in the first wave you know people did what they could and then by the second wave coming some of the Trusts had sort of reconfigured, they knew what to expect and so although they'd been hit hard the first time they went into the second wave prepared for it. Unfortunately, others did not a lot and they went into the Trust with staff who were slightly shattered without any good plans in place. So I think there is great variability but there is definitely a lot of really good work going on and a lot of good supervision around.

### **Lord Russell**

Thank you and Rachel or Elaine, I don't know which of you is best equipped in terms of the evidence you've heard but one or the other please respond.

### **Dr Elaine Kinsella**

I'll take this one. Yeah, so I suppose just to build on the points there and I suppose maybe reflect on our data and the wider factors that can impact on the experience of mental illness and the stigma surrounding it, particularly for healthcare workers, I suppose so many of the healthcare workers who took part in our studies have reported this really strong sense of duty and responsibility and they have this sense that they actually feel that they can't give up and they can't fail, because they know they play such a vital role in keeping our societies afloat. And I suppose to further compound the issue in some ways, during the pandemic frontline workers have been declared and hailed as heroes and as we know heroes are those people who are strong and resilient and fearless and brave and willing to self-sacrifice and willing to protect other people. So interestingly the use of this label for some people felt like pressure to live up to those expectations, they felt that they had to keep going no matter what, one of our participants and I'll quote here, "I don't want to be a hero anymore, I don't want to be, I'm all worried out."

So, as well as this sense of duty many healthcare workers are working in teams where some of their colleagues are off sick, so they felt that they had to keep going because there just wasn't people around to fill their shoes. There was no one else to cover. So, I suppose the participants described in our studies, particularly in the interview phases, the details of how these experiences impacted on every aspect of their lives. Many of these participants report almost withdrawing from their former selves and from the people around them, feeling disengaged and just feeling jaded overall. And a number of them interestingly noted that their usual ways of recharging their batteries no longer worked. That their usual strategies for coping were no longer successful for them.

And one particularly interesting aspect that I want to highlight here is the perceived incongruence between the use of the hero label and people's behaviour, so people find it really upsetting where people were on one hand saying that they were a hero and calling healthcare workers heroes, but on the other hand perhaps not abiding by public health guidelines. And this was perceived as a 'kick in the teeth' which I think I heard one of your previous witnesses mentioning earlier, so this 'kick in the teeth' when there was perceived incongruence between actions and labelling.

**Lord Russell**

Thank you. Back to you Layla.

**Layla Moran MP**

Thank you very much. So to dive a little backwards into what you were describing with the clapping but also the communities bringing food into over-stretched units and there was a real sense I think in the first lockdown about the community rallying around frontline workers. And I don't know if it's Elaine or Rachel but I know you guys looked at this in a bit more depth, from what you saw you've described some of the impact of that, could you go into a bit more detail for us?

**Dr Rachel Sumner**

Absolutely thank you, we've both got something to say on this matter because it's come through in various aspects of what we've been doing. So, as Neil said before actually there's a really big difference in terms of you know nationally and locally and we've seen, we also asked our participants these factors about response in terms of timeliness, effectiveness, appropriateness. We also asked them of that in terms of their organisation and the organisation thankfully has always rated quite high. Now actually it was kind of interesting to us because many organisations are following the guidance that is the mantra, or at least it certainly has been over the last 12 months, that we're all following the guidance. So we expected there to be a similar sort of tracking in terms of their judgement on that, but actually they're rating their organisations quite highly in terms of the appropriateness of their response, how timely it is an ultimately how effective that has been as well which is great. And that's remained stable over time quite critically so yes, there is a definite change in mood and that has come through in some of our qualitative work and Elaine's going to speak more to that but in terms of how they're rating the response by their organisations that's thankfully quite stable.

However, the larger context of the situation has changed quite a great deal, most of, or many of our participants cited the impact of media reports about public behaviour as eroding their feelings of confidence and also feelings of being valued as well and if you have to imagine that these people are literally sacrificing everything at this stage, they're sacrificing their family life, they're sacrificing their own mental health, they're sacrificing their physical health, they're putting themselves in danger in a disease that we still really don't know a huge amount about. And you know I think the least that they could feel is feel valued, feel that the role that they're doing is valued by the people that they are serving, and that is declining.

They critically, and this speaks to things that were mentioned in the earlier part of the hearing today, they sadly talk of no longer loving their job. Many have spoken about considering leaving. They are advising their families never to go into nursing or healthcare and that is something obviously very much to worry about. A quote from one of our participants that speaks more directly to this change, "during the first UK lockdown it felt quite different, more like we are all in it together," and this is from October last year, "there is less support from our employer who provided us with free food and ensured the onsite shop was open 24/7 the first time around, but not this time, yet the challenges now are harder, we're seeing more patients, we are receiving more abuse, it's exhausting."

And just a final note to say that actually one of the most impactful things I think I read from one of my participants was that they were describing in the thick of one of the busier days that they've had where they were working very many hours overtime, they lost a few patients and it was a particularly tragic day for them, they left the hospital and found that they had a parking fine. I'll just hand over to Elaine now.

**Dr Elaine Kinsella**

So yeah, just to reiterate what Rachel has been saying, I suppose across all of our qualitative and quantitative studies we can see that healthcare workers are struggling and we've found that many participants actually really wanted to participate in our interviews, it was a time for them to get things off their chest and many of them actually said to us, this is the first time somebody has actually asked how we are and it's the first time that we've had an opportunity to actually open up and speak to somebody outside of our bubble. And also just to note that it's not just frontline NHS workers that are struggling, it's all staff and many managers too. And I have a quote here from one participant who said "it's been tough, really tough. As a manager a massive part has been the emotions of others, anxiety, scared, trying to get people to understand others' anxieties. I may only be a manager, not frontline, but it's been an exhausting eight months."

So I suppose this quote highlights the multiple perspectives, the multiple people who are affected by this and it's not just the people that are on the frontline, it's the people who are actually supporting people on the frontline as well, particularly from an emotional point of view. Many of our participants recognised that I suppose the efforts need to be followed through, so again there needs to be the congruence, the clap for the carers was great, particularly at the start as Rachel has mentioned previously by way of signalling support, but actually this became damaging over time when set against the backdrop of apparent rule-breaking and insufficient Government and public support.

One interesting factor that's come through our data has been that there's this inequity of support and recognition across the frontline, so many healthcare workers feel that they've been singled out in some way and receiving recognition and benefits whereas they see other people who are doing equally valuable work who maybe aren't receiving the same recognition and benefits and this has led some people, well obviously there's inequity, but there's also sometimes a sense of guilt that why am I receiving this attention while other people are doing this work and they're not receiving these benefits, which is an unpleasant emotion for them.

**Layla Moran MP**

Thank you very much. Neil? Oh, I'm sorry Neil.

**Professor Neil Greenberg**

Oh sorry, I'm on mute. I haven't got an awful lot more to say. I think one thing though that hasn't been mentioned just to try and move on a slightly more positive note is there's also this concept of what's called post-traumatic growth and actually we're measuring that, we haven't got the data for that quite yet, but we know an awful lot of people have been through a lot of adversity and actually without shouting from the rooftops they're actually finding that actually they're thriving. And although there are lots of people who are stressed and finding it difficult, we shouldn't ignore the fact that actually if we manage the next bit right, the recovery and rebuild right, actually we should expect an awful lot of post-traumatic growth. And so in many ways I think where we're going for the next six months shouldn't just be how do we avoid mental ill health, it should be how do we actually aim for growth because that's actually a very achievable objective.

**Layla Moran MP**

And what would be needed for that Neil, what are the conditions that encourage that growth?

**Professor Neil Greenberg**

So, the encouragement of growth is absolutely dependent on what happens during the recovery period. So things such as a proper thank you from your local Trust, things such as a bit of time off before you go back to work, and there's this great phrase we need to recover our people before we recover our services, which is absolutely essential. A chance for your supervisor to find out what's gone on in your personal life as well as at work because that's also affected your mental health, how do you do what the NHS People Plan says and give a flexible working practice, unless you've asked those questions. A bit of reflective practice. And then what our National Institute for Health and Care Excellence calls active monitoring, which is keeping an eye on people who have been exposed to these sorts of traumas so actually if they do develop problems we don't just let them fall apart or we actually try and intervene early because actually we'll get them back to work. Which is good for them and also good for the NHS.

**Layla Moran MP**

Thank you very much. Baroness Masham?

**Baroness Masham**

What can be done to ensure that frontline staff are supported and what is your key message to the UK Government, we will do our very best to pass it onto the Government and make them listen, but we are on your side. We want all three of you to answer please.

**Professor Neil Greenberg**

OK, I'll go first this time. So, if I had a key message for the Government it is that I spent a lot of my life working with military veterans, the Government in our country has the military covenant which entitles military veterans to get priority care because they've served their country and they've been put in danger, they should be at no disadvantage. Well I would see the NHS has absolutely done this in spades over the last year and if our country has a covenant to protect military veterans, which is quite right, why on earth shouldn't we have the same level of covenant to protect our NHS staff. Because if you've been damaged by working on Covid and you've put your life and your wellbeing on the line, then actually we owe it to them as a moral imperative to actually make sure that they get the same. So that would be my point, is to have parity with military veterans.

**Baroness Masham**

Very good. Next one please.

**Dr Elaine Kinsella**

Shall I go next Rachel?

**Dr Rachel Sumner**

Yeah go for it.

**Dr Elaine Kinsella**

Yeah, so just to build on Neil's earlier point I suppose that despite the fact that there's so much hardship and stress for our participants they're still trying to find these silver linings just as Neil said and these people are highly adaptable and resilient and they are trying to find their own ways of coping, like through exercise and through connecting with nature, so I suppose trying to find ways to help those individuals to prioritise their own ways of coping as well is important. And also using this as an opportunity to reflect on where things are going wrong in society, many of our participants felt this was an opportunity to pause and think about what we were doing wrong and how we shouldn't waste a good crisis, we should use this as an opportunity, as a springboard for future growth and take responsibility and move forward with a genuine will to improve. And of course there are kind of practical things like making sure that PPE is in place and that vaccinations are well-sourced and provided across the board, making sure that people have the equipment that they need. And a key thing that we have mentioned is the call for strong leadership, timely and prompt action and making sure I suppose when we look across to other countries where there has been strong leadership and decisive action, this has been highlighted by our participants as a positive and making sure that there are pay rises and conditions that are suitable and appropriate rather than just clapping for the carers and this kind of idea.

And I suppose the thing that I would maybe leave it with is the way messaging on public health advice is framed, making sure that the messages are clear as a way of offering evidence-based health advice, but also using the language of solidarity. Our participants highlighted the fact that they often felt that there was a sense of divisiveness and blaming of other people, for example for using up tests or spreading Covid, so rather than singling out groups and speaking the language of divisiveness to try to speak the language of solidarity, to actually try to bring in greater opportunities for developing a more authentic sense of we actually are in this together.

**Baroness Masham**

Thank you.

**Dr Rachel Sumner**

In terms of my response to that, I'll break it up into two parts. So in terms of what can be done to support them, obviously what we've found so far is that actually there is an aspect referred to as 'resilient coping' and this is just a type of coping style which means somebody is quite adaptive, that they're able to reframe situations in an effective way and to lean on their own coping resources to be able to work effectively in high demand situations. And we've found that this is protective in our participants, so actually this is really good news because we can teach this, I wouldn't recommend teaching it now, nobody wants another wellbeing webinar at this stage, but it is something in future for preparedness, when and if, probably when this happens again this is something that we definitely can look at doing to support everybody in the frontline, not just those in healthcare.

The reduction of token gestures, ensuring that the message is coherent across the board as Elaine was saying, there needs to be that actions and words need to be of a level playing field. If they're being called heroes we need, all of us, not just the Government, all of us have to act like we feel that they're

heroes, we have to honour that and we have to look after them and support them. In terms of that solidarity of action, obviously that's hugely important as well. For our participants the worry of bringing Covid home has been really difficult, particularly in the first wave, but continuing now as well. Many participants have either been very, very much worried about bringing it home to their family, particularly if they're sole providers or have actually physically removed themselves from their family during very high phases of infection to prevent bringing it home, which has just eradicated their social support.

There needs to be something put in place, better testing, better staffing perhaps in order to ensure that if something, or when something like this happens again that they are better taken care of, that there is more preparation for these particular issues. There's also the issue of lockdowns. Now, when we took our last bit of data in October, we're just about to collect some more now but the last bit of data in October some of our participants spoke about the very different type of lockdown that was happening in Autumn last year where schools and universities were still open and for them that was, I can't see it any other way, they saw it as a let-down, they saw it as undoing their good work in fact. They criticised it, they said it was insufficient to be able to stem the flood of infections and as we saw last winter perhaps they were correct. One of the participants said "the recent lockdown is a disgrace and has wasted all of my and my colleagues' efforts during the first wave." So, they're not just struggling against something which is really difficult for them to deal with but they feel like their efforts are being undermined and they're being undermined by the leadership and that is colossally difficult for anybody in that situation.

So, I suppose to sum up, in terms of our key message for the Government and this is something I've thought about quite carefully and we've both had some discussions on, it's actually quite simple ... work fast, go hard, take the action, be brave, do what's necessary to stop an infectious disease spreading, don't go with the half-measures. Put health before wealth and make sure that if you are putting ahead legislation to try to stem the tide of this that everybody follows that and that there are no exceptions.

**Baroness Masham**

And free car-parking for staff.

**Dr Rachel Sumner**

And free car-parking for staff, absolutely.

**Layla Moran MP**

Excellent, well that brings us to the end of our session and thank you all for first of all your patience in starting but also the time borrowed to make up for it, but I really very much appreciate the considered thought that you've given to the immense work that comes behind your answers. So thank you all. Could I please ask that as your research develops and that as you reach more conclusions over time, please keep in touch with the All-Party Group, we'd really welcome you flagging if you've got new findings that you think it's really important that we raise, I think this is going to be an on-going issue that we'll need to keep on top of for a number of months if not years and we're intent to keep going and do that, so thank you in advance for that.

So it just brings me now to say again, massive thank you to our panellists, Neil and Elaine and Rachel, thank you all to the Parliamentarians who've taken part in questioning today and thank you to everyone at home for watching, take care and stay safe. Have a good afternoon, goodbye everybody.