Twitter Thread by Craig Nikolic

Craig Nikolic
@CraigNikolic

This is part 3 of my guide to managing burnout in your staff. I'll link parts 1&2 at the bottom.

Today, I'll be concentrating on the longer term. This is the organisationally hard part as you'll be battling both internal inertia and finances.

1/

The first two parts were:
1. Managing burnout today
2. Managing tomorrow

Each incremented up in organisational challenge, moving from operations to crisis planning, and now to future planning to help build organisational resilience

2/

This follows the same format as before, I'll provide a skeleton for local plans with some suggestions on ways to do that.

The aim is to create an organisation capable of minimising burnout, and to provide structure to those who need help.

3/

In part 1, I showed 5 ways to help today, these are the same for planning long-term:

Rest
Recovery
Reserves
Rotation
Rehabilitation

They follow much the same principles, you just have a lot longer to get them right! These are suitable for all sizes of organisation.

4/

BEFORE YOU START

This must have senior ownership, it's not acceptable to delegate this to a HR team, facilities/estates or lower level managers. If you're too important to manage your staff wellbeing then you're in the wrong job.

Let's start with information gathering:

5/

REST

Commission both subjective and objective reviews of staff working environments for how they can rest in a working day. Where can they get a break? Is there good quality food available nearby? Are your staff actually taking their breaks?

6/

RECOVERY

Start with a review of pre-COVID annual leave. Are there trends in who does/doesn't take leave? This is your baseline. Then do it from 1/3/20 until now.

Do the same for sick leave. Unless you've a perfect org, doing this by team will raise some flags.

(cont'd)

7/

RECOVERY pt2

Review your rota system. Is it hard and inflexible? Have you ever had any complaints about it? Do staff have to plan major personal events around you, or is there flexibility?

Your union shop steward will be your key ally in this if you're acting in good faith.

8/

RESERVES

For the NHS, this is the hardest of all the tasks for a Board. Reserves cost money. The tool that's most in your control here is workforce planning: have you the right and safe skill mix? What do your team leaders say? What does your union say?

(cont'd)

9/

RESERVES pt2

Do you have succession plans that go from Board to your lowest bands? Ask open questions to test attitudes as this will identify points of resistance for later.

Do you have crisis plans? Have people been keeping records of how they've done it in this pandemic?

10/

ROTATION

This will test culture and organisational inertia. Every NHS org is different, but you have tools in your locker here.

One is training, give people a break to do training. Look at training time per staff grade and also staff leading peer-peer training.

11/

REHABILITATION

I find the NHS is frankly decades behind the private sector in this. Can you show stats on how you identify burned out staff members, and once identified how you help them? Or, do you implement dry HR processes to protect your org?

(cont'd)

12/

REHABILITATION pt2

Review your sickness policies. Are they dry and protective? Or do they give genuine staff support rather than leaving it to individual leaders?

Ask for proof of how you've reached out to people off sick to help them, with no ulterior mechanism.

(cont'd)

13/

REHABILITATION pt3

Find out your stats on conversion to return to work of people off sick with mental health for more than a few days. How many return just before policy deadlines, whether better or not?

What in-work support to do you offer returners?

(cont'd)

14/

REHABILITATION pt4

Do you offer professional support for mental health issues? How can your clinicians get mental health support without fearing (e.g.) a GMC report about their fitness? How do you openly stop unwarranted professional career detriment?

15/

NEXT STEPS

If you've done your data gathering robustly, you'll already have key themes for improvement. Treat it as a continuous improvement plan rather than a grand plan.

I won't tell you how to write a plan, you already know this.

(cont'd)

16/

NEXT STEPS pt2

Your key challenges are finding the money to fund this and getting over old-fashioned resistances to helping with mental health issues. Leverage everyone and everything you can, and encourage personal level leadership at all levels.

17/

SUMMARY

I find it inexcusable in 2021 to not treat burnout and mental health issues in the workplace seriously, yet many are reluctant to address it for historical reasons. Be brave, step up, lead and remember your duty of care as a leader.

18/

(Personal note)

I hope you've found this three-part summary on burnout helpful. It is not aimed at individuals, helping with "resilience" or similar, there are far more qualified people out there to help with that!

p.s. here's the part 1 that I did on managing today: https://t.co/pYgw0JrO21

> As promised, here\u2019s my guide to staff burnout management during COVID. I\u2019ll post over several days.
>
> First though, the basics.
>
> As a senior NHS leader, you must manage staff wellbeing. It's your primary job. If you don't do this, how on earth are

you going to deliver?

1/

— Craig Nikolic (@CraigNikolic) January 11, 2021

and here's part 2 on managing tomorrow: https://t.co/C9A9tSKXUw

This is part 2 on my guide to managing burnout in your staff. I'll link part 1 at the bottom.

Today, I'll be concentrating on the hardest bit: What happens when COVID starts to recede.

The third part will cover long-term plans.

1/

— Craig Nikolic (@CraigNikolic) January 12, 2021