The

McQueen

Charter

Contents

Introduction

This charter is inspired by
Dr Carl McQueen
(1981 – 2016)

The charter is designed to guide Helicopter Emergency Medical Services (HEMS) on the best way to support the mental health of those who work in any role within the sector. The Charter's foundations are built upon two of Dr McQueen's values, the desire to help others and the importance of self-reflection.

Only with the benefit of hindsight did we understand Dr McQueen experienced very poor mental health before he died. Mental health can be exceptionally difficult to assess – and the consequences of not identifying and supporting someone in distress can be devastating. It may not always be possible to realise what is happening to someone but if you make every effort to be curious, offer empathy and your time, their support will be improved and hopefully improve their recovery.

In a lot of ways, mental health is just like physical health: everybody has it – all the time – and we need to take care of it[1]. Just like physical health, mental health can and does change continually.

This charter is not specific to Dr McQueen's case but is inspired by him. It has been developed by several air ambulance charities and Dr McQueen's family to offer practical guidance and ensure organisations do their very best in respect of mental health awareness and support.

[1]As defined by the charity Mind

1. Aims and objectives

There are many reasons someone's mental health may change, so this Charter aims to:

a) Reduce the likelihood of external factors negatively impacting someone's mental health

b) Create and improve opportunities to detect someone is experiencing poor mental health

c) Encourage best practice around support for those in a period of poor mental health

d) Have a plan that is achievable

By following this Charter, an organisation will be in a better position to support its staff[2].

2. Inclusive access to support

An air ambulance service brings together a range of specialists and employers to deliver HEMS. That range of involvement means there is potential for staff to find themselves lost in a system which, although well-meaning, is complex and on occasion confusing with regard to ownership e.g. it maybe that one staff member has different people responsible for their wellbeing, governance and mentorship.

Where individuals are not directly employed by the HEMS organisation, those employees must also be able to access the benefits and processes outlined within this document. These can either be accessed in the HEMS organisation or via their substantive employer. It is the HEMS provider's duty to ensure these leased, seconded, consultant or worker individuals are able to access the full range of support and services.

3. Accountability

Accountability is taking or being assigned responsibility for something that you have done or something you are supposed to do.   Being accountable not only means being responsible for something but also ultimately being answerable for your actions. It cannot be shared.

Within this charter, accountability, for the most part, rests with HEMS organisations. However, there are some instances where individuals must take ownership.

So, whilst a HEMS organisation is responsible for leading on the implementation of the charter, every single person in the organisation will have a part in ensuring it is successful.

We will look at ways of ensuring the right ownership and delivery sits within organisations. There will be roles for leaders, HR and staff of all kinds.

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[2]Where the term "staff" is used, this applies to all individuals engaged in providing the HEMS service, regardless of their employer and/or employment status.

4. Creating an evidence-based Charter

Before any work begins on implementing this Charter, an organisation should gather data to understand where the organisation is in terms of mental health support. This will also help to create an action plan if the organisation needs to prioritise and balance resources over a long implementation period.

When the Charter is in place, it is a good idea for the same data points to be collected every 12 months thereafter.

Collecting this information will help to evidence the positive impact the Charter has had and allow an organisation to monitor trends and changes. By monitoring specific data points, you will be able to see what additional support may benefit your staff. The data may also be used to help other organisations.

Sources of data you could include:

a. A confidential mental health survey for ALL staff, to understand the general experience of people working with HEMS. This would include elements from the Health and Safety Executive stress management standards as well as your own broader questions

b. Independent and confidential interviews with current or former staff who have experienced poor mental health themselves while working at a HEMS organisation.

c. HR information including:

Type	Why?
Sickness absence	To analyse reported absences and look at the overall picture, not just those declaring absence due to mental health as often it is misreported.
Staff Survey	To look at existing data, engagement and plans following surveys.
Staff turnover	There are many variations on this including stability indices and splitting voluntary and involuntary turnover.Consider breaking turnover details down by role-type as well as building an overall picture.
Exit Interview data	To look at design and gather improvement opportunities
Counselling access	To consider the process to access counselling, confidentiality and user-reviews
HR Policies and process	To look at opportunities for people to be offered or seek support

An organisation may not have easy access to this data. You could consider using an independent organisation to assist us with the data-gathering to inform the plan.

4.1 The challenges of speaking out

People might be reluctant to engage with discussions on mental health, this is especially true of those who work on the front line (emergency crew). Stay committed and positive about the work you are doing as it will take time for people to open up and engage with the topic. You may need to think of different engagement strategies for talking to the different staffing groups in your organisation.

"Although everyone has a right to the best support possible to positively sustain their mental health at work, it is worth considering that with that right comes a level of responsibility. That responsibility is proportionate to the level of change we hope to create. Speaking out about mental health can be very powerful, so far from showing weakness you share strength."
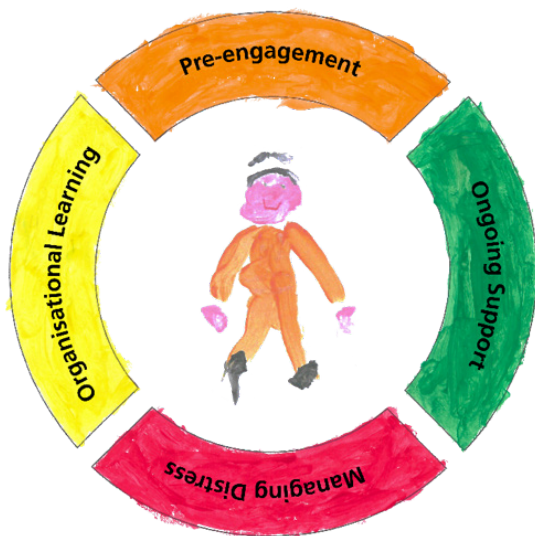
-Kirsty McQueen

5. Four sectors of focus

There is no single checklist or routine which can ensure mental health is well managed for a specific person because every person is different. However, this Charter believes there are four areas which must be in place to give everyone the best chance of achieving and maintaining positive mental health.

The four sectors have been developed because they are key areas in the workplace which can be influenced. An added advantage of separating the actions into the four sectors is that it makes the process feel less daunting, more achievable and helps to justify the steps which need to be taken.

At the very centre of our 4 sectors of focus is a person. It is the person you are looking to support. Remember: they are doing the very best they know how to do.

In the following section you will find more details as to why these sectors are so important and the actions an organisation might take in order to adopt this charter.

5.1 A culture of inclusion
– we all have an important role

Everyone thrives better if they are able to feel like they belong, if they feel that their input is respected and could possibly make a difference. We can all facilitate this for others, whilst also potentially developing ourselves in the process, if we just engage with everyone around us. A culture of inclusion means individuals, far from just being tolerated, are accepted unconditionally in the belief that we each have our strengths to share.

"Not everyone is blessed with a thick skin and actions that may be considered as 'banter' or harmless fun can in fact effect people deeply."

- Dr McQueen

What is possible is for everyone to feel able to talk to someone to say they do not feel comfortable with a situation. That same culture should also have everyone in the organisation attuned to looking out for each other.

The person who "doesn't quite fit" might respond differently if they were offered the chance to engage in some training or team discussions so people should not rely on only one type of engagement opportunity. Of course, there are times when someone isn't suited to the job which they are completing but there are ways of dealing with that which do not strip someone of their dignity and confidence. What is vital is that people are treated with kindness and patience.

5.2 Pre-Engagement for Employees

Anxiety is a normal, if unpleasant, part of life, and it can affect us all in different ways and at different times[3]. It is the unease, or even fear, about what might happen and everyone will experience some level of anxiety during their lifetime. Some people can develop an anxiety disorder.

It is essential that from the outset an individual fully understands the nature of the work and how they will be expected to perform. This reduces uncertainty and therefore reduces stress and anxiety, it also sets the tone for an open and honest dialogue between parties.

Employers should provide every prospective employee with sufficient information about working in their organisation.

This will allow:

• Individuals to make informed choices about if the role on offer is the right role for them
• Reasonable adjustments and adaptions to be made for a role so that health conditions can be accommodated, wherever possible
• Roles and responsibilities are clear to the individual, the manager and the HR department

[3]Anxiety UK definition

The following processes are encouraged for someone wishing to adopt the Charter:

What	Why	How
A job description is attributed to each and every role	A job description makes it clear exactly what a person is expected to do in the course of their role. This reduces anxiety and confusion for everyone.	• A job description must be agreed by the line manager and a copy held by the HR department. • A job description must be provided to all prospective employees.
A formal appointment process takes place for every single engagement	This reduces and ideally removes any confusion about what the job will entail and what skills the person has. It will help to identify development needs and allow both parties, employer and individual to make an informed choice on suitability.	At the very minimum anyone working in a HEMS environment should have: • A formal interview[4] • Provided either a CV or completed application which outlines their skills and experience for the role • At least 2 references have been obtained for the individual • Details on other commitments, including paid jobs, voluntary roles and training commitments • Relevant qualifications and/or memberships have been validated • For Doctors, details of someone's Responsible Officer are gathered
Suitable and confidential health screening provision	To ensure he person is both mentally and physically capable of perming a role being offered. It is not only best practice but is a vital step in ensuring people have the right support and adjustments available for them to fulfil their role.	To ensure he person is both mentally and physically capable of perming a role being offered. It is not only best practice but is a vital step in ensuring people have the right support and adjustments available for them to fulfil their role.
A formal induction process	This stage reduces anxiety through an 'onboarding' process. It will allow organisation to impart essential information about the role and organisation and to highlight health and wellbeing touchpoints. Induction can be delivered in lots of different ways and is most effective when it reflects the organisation's culture.	A good induction has the following basic principles: • Be completed within 3 months of the person starting • Introduces the person to their line manager and support staff • Has an agreed policy or process which is delivered consistently • Directs people to this Charter • Remind ALL employees of the supervision and support process • Alert the employee to the requirements of the probation period
A sign off/ probation period is in place	There are occasions where someone is not suited to the role which they have been engaged to perform. Having a formal, supportive, process which is clearly communicated BEFORE somebody joins helps to structure staff development and reduces uncertainty.	• Set performance criteria must be communicated at the outset. • A time frame must be attached to the period and there must be regular monitoring and feedback opportunities for both parties. • Have a reduced notice period during this time. The notice period must be identical on both sides.

[4]A formal interview means the candidate has been interviewed by their prospective line manager and at least one other person. The interview should ask questions which probe the suitability of the individual based on the job description for the role. The interview should be recorded by both of those interviewing and the notes passed to the HR file for storage.

5.3 Ongoing Support

This area is concerned with how we care for and support staff on an on-going basis. It is the proactive management of mental-health in the workplace, rather than the reactive role which is discussed in the "Managing Distress" sector.

The following processes are encouraged for someone wishing to adopt the Charter:

What	Why	How
Signpost individuals and their families to well-being support	To increase the opportunities for people to spot distress and then for them to know what to do with that information	"Crisis cards" issued to new staff members. These will include the contact details for: • The HR department • A confidential counselling service funded by the employer • The Samaritans and/or other external contact points As well as • List common indicators of mental health • Offer basic advice on how to support someone in distress
At least one organisation wide mental health awareness event every 12 months.	To encourage everyone to be aware of mental health and to improve people's confidence in talking about issues.	This could take the form of: • a guest speaker, • training • an internal promotion on the services offered • discussion groups
Have a Recognition Policy or system	Positive recognition is encouraging and motivating for staff. It is more powerful than tangible rewards.	This is best developed based on the organisations culture. Whatever is developed should: • Make it clear that anyone in the HEMS organisation is eligible to recognise a colleague • Offer ideas for informal recognition between colleagues and a set a formal process for organisation led recognition • Be equitable for all parties by removing any possibility of bias towards certain roles or types of individual
Adopt a Wellness Action Plan (WAP) template	There is a growing demand for innovative and proactive ways of managing mental health at work. WAPs are a personalised, practical tool we can all use – whether we have a mental health problem or not – to help us identify what keeps us well at work, what causes us to become unwell and the support we would like to receive from our manager to boost our wellbeing or support us through a recovery.[5]	Organisations should: • Adopt a template for use across the organisation • Ensure a WAP is utilised after every mental health-related absence • WAPs should be held as part of a person's confidential HR record There are many different templates available through mental health charities. These can be adopted unchanged or you can customise them to your own branding and terminology to suit your needs.

[5]Definition from Mind.org

What	Why	How
Have at least 1 in 10 directly employed staff trained in Mental Health First Aid	Mental Health First Aid is an internationally recognised qualification. Mental Health First Aid England aim to have 1 in 10 people in possession of this qualification by 2027. On completion of the course Mental Health First Aiders have: • An in depth understanding of mental health and the factors that can affect wellbeing • Practical skills to spot the triggers and signs of mental health issues • Confidence to step in, reassure and support a person in distress • Enhanced interpersonal skills such as non-judgemental listening • Knowledge to help someone recover their health by guiding them to further support – whether that's self-help resources, through their employer, the NHS, or a mix	The Adult MHFA 2 Day is available across the UK. Details of your local training providers can be found by visiting your appropriate national database of registered trainers which will be either: Mental Health First Aid: England, Scotland Wales or Northern Ireland Emergency Response Crews should include a proportional amount of MHFA representatives (i.e. one in ten) An alternative would be to develop your own training.
Debrief process	To help people to understand what has happened which will help them to learn from it.	Please see separate section 5.3.1.
On-Call Provision	To enable duty crew members to have an immediate discussion with an experienced clinician about a mission they have attended which has impacted them. This is not to provide a counselling service but to offer a "hot" debrief to crew members who have been impacted by a role and wish to seek advice and/or support.	Depending on the skill mix of the HEMS organisation, the on-call lead could be a Doctor or a Paramedic. What is essential is that: • The on-call lead is clearly communicated and accessible to those on duty • The on-call lead is an experienced paramedic or NHS Consultant grade Doctor • There is a clearly defined On-Call Policy • The on-call period is 24/7 to ensure late finishes and delayed reactions to distress are able to access the On-Call lead.
Line management clarity	The first person someone will normally want to speak to is their line manager. That person therefore needs to know who their line manager is and how to contact them.	• Each person must be formally advised of who their manager is and their contact details should be shared with them. • One-to-one meetings (formal or informal) should be completed monthly.
Confidentiality statement	People might be confused on the boundaries of what can and can't stay confidential. This increases the likelihood that they won't open up.	Consider developing a confidentiality statement or commitment which sets out who you can speak to when you have concerns and what they will do with the information.

What	Why	How
Documentation of management discussions	It is very easy for individuals to think of themselves as friends before they think of themselves as managers. Managers must document all meaningful exchanges they have with staff. Keeping conversations "off the record" is not helpful and diarising meetings and conversations helps to track progress and maintain a professional relationship.	• Notes can either be handwritten or stored electronically. The member of staff should know they are being made and should be able to see copies, if they wish. • These notes should be stored in line with the principles of GDPR.
Expressly prohibit bullying and harassment	Aside from being a responsibility of an employer the presence of bullying and harassment is detrimental to everyone in the organisation.	Anti bullying and harassment programs should include: • a standalone Anti-Bullying and Harassment Policy • an example of unacceptable behaviour being bullying/harassment within the Disciplinary Policy • be covered by mandatory training

5.3.1 Debrief Process (HEMS crew specific)

There are three different types of debrief and it is important everyone has access to each type. Nobody should ever be made to debrief a case unless they want to or are ready to. But, reluctance to debrief something, could be a sign that all is not well. A Standard Operating Procedure or similar should be in place to outline the processes for each type of debrief.

Debrief Type	Timescales	Possible debrief methods
Hot Debrief	Immediately following a distressing situation. A crew will be supported in taking themselves off-line for a hot debrief.	Conversation on scene involving all crew (and possibly other emergency services who have responded) Conversation at hospital after patient has been handed over (can include emergency services as above) Contacting On-Call advisor for support with debrief
Warm Debrief	In the days following a distressing situation	TRiM referral Contacting a senior clinician or supervisor to discuss the job Coordinating a joint debrief with whole crew or a 1-2-1 session if a team member feels more comfortable in that setting.
Cold Debrief	In the weeks or months that follow the incident	Schwatrz Round Death and Disability Session Team meeting

5.4 Managing distress

The NHS defines a mental health crisis as follows:

"A mental health crisis often means that you no longer feel able to cope or be in control of your situation. You may feel great emotional distress or anxiety, can't cope with day-to-day life or work, think about suicide or self-harm, or experience hallucinations and hearing voices.

A crisis can also be the result of an underlying medical condition, such as confusion or delusions caused by an infection, overdose, illicit drugs or intoxication with alcohol. Confusion may also be associated with dementia.

Whether you experience a sudden deterioration of an existing mental health problem, or are experiencing problems for the first time, you'll need immediate expert assessment to identify the best cause of action and stop you getting worse."

Almost everyone experiences or comes into contact with staff experiencing poor mental health. This area details how we can help support staff experiencing such an episode. It relies on the ability of managers to have conversations about mental health, although anyone is also welcome to support, provide information about mental health and signpost staff to support services.

The following processes are encouraged for someone wishing to adopt the Charter:

What	Why	How
Have independent counselling in place	Trained professionals will offer another opportunity for someone in distress. Even having this service available will be reassuring to staff. Confidentiality is crucial: Unless the counselling has been agreed as a formal referral the HEMS service should not expect any further details on the content of the sessions.	• Counselling should be provided by a local but external and independent organisation • An organisation should allow every individual at least 6 sessions of counselling, paid for by the organisation • Ideally this service should have confidential access, however for the purposes of audit and invoicing there may be occasions where the individuals name will be shared with the HR team to confirm their validity as a member of staff. That should be made clear before any costs are incurred.
Have a key contact system in place	If someone is being investigated or placed on alternate duties due to any type of concern, they will want to be able to access an impartial person for support. This does not replace the role of the line manager.	The most appropriate person could be: • Someone from HR • A more senior manager • A supervisor from another team • Someone from the individual's employer The reasons for the designated person, should be clearly documented and communicated to the individual at the point they are advised there is an investigation/concern.
Record/Update Next of Kin details	Should there be a crisis situation with an individual having accurate Next of Kind details are essential.	• The HEMS service should hold Next of Kin details for all staff. • Organisations should invite staff to update next of kin information every 12 months. • Organisations must be clear as to when they will use Next of Kin information.
Management training	Managers are the most likely contact point for someone in crisis. By having this group of staff trained in dealing with mental health difficulties they will be able to feel more confident in how they respond. Manager training was recommended for 46 out of 47 (non-emergency) organisations reviewed by Time to Change in 2013-2015.	• Whether the training is mandatory or optional, it should be offered to all managers at least every 18 months. • Training should be informed by research data
Return to work (RTW) programme	Staff may be confused or anxious about how they can transition back into the workplace so they delay and remain at home.	Support and communicate opportunities for RTW programmes to all staff and managers, regularly. • Effective RTW strategies include: • Agreeing on work projects in advance • Looking at short term reductions in hours which gradually build up to full working hours • Engaging with Occupational Health providers for advice • Drawing up a timetable together on what will happen over the first few days/weeks back at work • Agreeing a Wellbeing Action Plan

5.5 Organisational learning

Honest reflection and learning are vital to our ongoing sustainability and the effectiveness of what we do. This section instructs that, when an issue arises, we will assess our systems and processes to identify problems, implement changes and regularly review Charter effectiveness. Organisations will also proactively invite learning opportunities and share findings among peer organisations.

The following processes are encouraged for someone wishing to adopt the Charter:

What	Why	How
Stakeholder meeting group	To bring together all employers who provide staff in the HEMS operation so that information can be shared.	At least one representative from each employer should be present at a bi-annual meeting which focuses on the welfare of staff.
Review HR metrics	To observe changes, take corrective action (if needed) and celebrate achievements.	• The HR metrics and anonymised qualitative data captured as part of this Charter should be shared with staff and the leadership team. • The results should be delivered with context, meaning successes are celebrated and ideas to make improvements, which will positively impact the data, are shared.
Maintain communication with other Charter holders	Knowledge sharing helps everyone to learn lessons and improve.	The HR lead for each Charter holder can make contact and share non-sensitive information between organisations to share ideas and learning.
Invite feedback	This should be continually encouraged. It demonstrates and inclusive culture and one which respects all opinions.	• To formally capture information, measure success and ensure consultation in line with HSE requirements a staff survey should be offered to everyone engaged in the service. • Whether the survey is developed locally or an external provider is used, it must allow all staff, regardless of employment relationship, to engage in the process. • Anonymity should be mandatory within the survey and results must be shared with the HEMS service leadership team/board. Responses to the information which is shared in the survey should be documented and shared with staff.
Stress Risk Assessment	Carrying out a stress risk assessment is a good way of tackling workplace stress before it becomes a more substantial issue.	There are various templates available online. The Health and Safety Executive has one or you could develop your own from existing risk assessment templates.

Thank You

Thank you to everyone who has helped contribute to this document, be it one word or a significant concept you have helped to shape this final version.

Thank you to Eliza and Leo McQueen for their ideas, care and artwork. And to Kirsty for everything.

It is only fitting that this Charter should end with the words of the man who inspired it. It summarises the experience of writing this charter and how we believe Dr McQueen would have hoped we responded to his difficulties. To complete the process of adopting the charter the quotation on the following page should be displayed prominently in all crew rooms.

"It is a creative mind that finds a way
to craft a learning experience."

Carl McQueen
son, brother, husband,
father and Doctor