

Supporting Critical Care and Redeployed Staff

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1. Huddling

Rationale

Feedback from Wellbeing Week, group anxiety management sessions and communication in ICU questionnaire unveiled that many staff feel there is a lack of debriefing after shift/critical events.

Incident debriefing can help alleviate symptoms of moral distress and decrease the incidence of burnout, and regular debriefing can help reduce compassion fatigue (Haglund and Schmidt, 2017; Mirzazadeh, *et al*, 2015; Sugarman and Langston, 2019).

Action Taken

Take Stock debrief tool presented at Clinical Governance in September to encourage use amongst medical staff.

Have attempted to use Take Stock as a tool for end of shift huddles, however has proven difficult due to staff being across 3 units and the acuity of the units

Further action required

Matron led huddles Monday-Friday before handover

Continue to promote the use of Take Stock after critical incidents

Trial using ICS "How to Huddle" guide for end-of-shift huddle with staff

Look into meditation, grounding techniques, walks and spaces for staff to offload before going home, if required

During recovery phase, will need to arrange debriefing sessions for staff

Liaise with: Lindsay Ayres, Emma Addie, Andrew Lynes, Barbara Borgatta

2. Relaxing/ Self-care/ Anxiety & Stress Management

Rationale

The Communication in ICU questionnaire found that many staff were struggling to “switch off” at the end of their shifts. Staff have also expressed that they struggle with symptoms of anxiety and stress whilst on shift.

Action Taken

The psychology team facilitated group anxiety management sessions for staff in October 2020. Posters of grounding techniques have been put up in the staff room.

A Mind PT zoom session has been arranged for staff to help with methods of stress relief.

Further Action Required

The Cheshire & Merseyside Resilience Hub have stated they will send links to self-care and meditation videos, these can be made accessible to staff via email, facebook support groups, and hopefully work ipads. It would be even more beneficial if a “Wobble Room” (away from the donning area) could be set up for staff with aromatherapy oils and an ipad with the meditation videos on, so staff have a private space to relax and switch off. The Hub will be able to provide face-to-face self-compassion workshops for staff when the workload of the unit allows. They could also provide twice weekly mindfulness sessions when the unit is less busy.

Liaise with: May Sarsam, Roisin Cunningham, Vicky Edwards, Barbara Borgatta, Naomi Powell

3. Accessing psychological 1st aiders

Rationale

Redeployed theatre staff had requested a drop-in service where they would have an opportunity to speak with someone and offload. Provides a safe space for staff to talk to someone and seek advice on support services.

Action Taken

Initially, a drop-in service was hosted by myself however this meant the service was not regularly available to staff. Following a meeting with Organisational Development in November, a twice weekly wellbeing drop-in service hosted by Psychological 1st Aiders has been set up. This has primarily been accessed by theatre staff. On discussion with Crit Care staff, it became apparent that they struggle to be relieved off the floor to attend sessions during a shift. Additionally, some did not wish to attend sessions mid-shift as they were worried they would become upset and struggle to carry on for the remainder of the shift.

After liaising with Organisational Development again in January, a virtual drop-in session was piloted on the 25th and 26th of January. Following the pilot, a regular virtual drop in service will be available to staff twice weekly throughout February. The service is promoted via posters, emails and private facebook group. A face-to-face service continues to be available. Additionally, five theatre staff have been identified as wellbeing leads to help champion the support services available.

Further action required

Continue to support the service and encourage staff to utilize it. The use of the service will be reviewed and if it has been regularly accessed during February we will request for the service to continue to be available to staff. The PFAs contact me with themes that are worrying staff and I address those issues to the best of my ability.

Liaise with: Vicky Edwards

4. Accessing Psychological Support

Rationale

As staff have been under duress for a prolonged period of time, many suffer with anxiety and stress, some even display signs of PTSD.

Action Taken

After liaising with the Psychology department, a series of drop-in anxiety management sessions were held. The psychologists covered themes such as grounding techniques to help staff cope with symptoms of anxiety whilst on shift.

Regular emails and posters are sent to staff to inform them of how to self- refer to the specialist staff support psychologist

Further Action Required

The trust is currently in the recruitment phase for a staff and patient psychologist to be appointed to the Royal and Aintree ITUs. Once appointed, it will be my hope that they can help provide consistent support to staff.

Liaise with: Lindsay Ayres, Jane Hutton, Roisin Cunningham

5. NHS England Mental Health Survey

Rationale

Following Greenberg *et al* (2021) survey of the mental health of ITU staff during covid-19, a nationwide survey is being undertaken to capture the mental health of ITU staff across England who continue to work under pandemic conditions. The results of the survey can provide evidence that will enable us to reduce the workload of the unit in future by offloading to other areas, whilst staff recover.

Action Taken

The survey has been advertised on private facebook groups, via email and posters. Members of the wellbeing team will help to champion the survey to ensure as many as possible are completed.

Further Action Required

To review the responses and identify the needs of the workforce and how we can support them.

To use the data as evidence for the workforce's need for a recovery period after the surge.

Liaise with: Lindsay Ayres, Andrew Lynes, Sarah El-Sheikha

6. Buddy Support Group (for news starters and redeployed staff)

Rationale

A Buddy System was started before the pandemic as a support for new starters. New staff could choose a "Buddy" from a group of experienced Critical Care staff. This would be a person they could confide in and rely on emotional and clinical support.

Action Taken

This has now been expanded to include theatre staff and as they were not familiar with critical care staff, they were divided into groups, each with 2 or 3 team leaders. These are identified individuals that they can approach with any issues or offload to. The Critical Care

Support facebook page has also been set up so new/redeployed staff can receive updates on wellbeing/support services that are available. Also, it allows them to communicate with their buddies. Updates and wellbeing information is also distributed to staff via email.

Further Action Required

As many more new starters, redeployed staff and student nurses have joined the team, we will need to obtain a list of their names and email addresses to ensure they receive information on the support services available.

Members of the wellbeing team can inform new staff of the support services available and offer to invite them to the Facebook support page.

It may be beneficial to have information on wellbeing support services added to new starters induction packs.

Liaise with: Michael McQueen, Emma Addie, Ian Abernathy, Rebecca McAlinden, Hayley Ennis, Kate Cheetham, Naomi Powell, Amie Reddy, Raegan Wignall, Patricia Burton

7. PACE (Peer Assessment after Clinical Exposure)

Rationale

PACE is an assessment that has derived from the Secondary Traumatic Stress (STS) Survey. Secondary Traumatic Stress can lead to burnout which is a syndrome of emotional exhaustion, depersonalisation, and reduced personal accomplishment (Bride *et al.*, 2004; Dominiguez-Gomez and Rutledge, 2009). This survey will help to identify a need for further for individuals following critical incidents, i.e. counselling. The 4 week repeat assessment provides the opportunity to assess whether the symptoms of stress have subsided or manifested, thus identifying the potential need for continued support.

Action Taken

A mixture of Crit Care staff (HCAs, Band 4,5,6,7 and medical staff) were PACE trained in November 2019. However, it has proven difficult to complete the assessments, in particular the 4 week assessment, as the pressures of the unit prevent staff from being able to take time off the floor during a shift.

Further Action Required

There is a need to provide more identified staff with PACE training and they will need protected time in order to be able complete their 72 hour and 4 week surveys.

Furthermore, they will need opportunities to hold meetings to discuss common themes identified in assessments and also as an opportunity to debrief.

Liaise with: Kristina Sillitoe, Michael McQueen, Tim Astles

8. ICS Strategic Framework for Peer Support

Rationale

This is a model of training staff to support their colleagues through awareness of workplace stressors, listening skills, supportive conversations overseen by clinical psychology. This could provide a systematic approach to intervening to sustain staff who are coping well, support those who are struggling and ensure those who may be unwell receive timely mental health assistance. (ICS, 2021; Williams *et al*, 2021).

Action Required

The ICS recommend 3-5 peer supporters for every 10 beds, thus roughly 8-13 for Aintree Critical Care and they would need allocated time in order to cover their input. Access to a Clinical Psychologist will be required in order to provide 1.5 hours group clinical supervision and advice every 6 weeks. Staff would be required to attend 75% of supervision to maintain title of Peer Supporter. It would be beneficial for members of the Wellbeing Team to complete the one day training (provided by the ICS) as it would equip them with the skills to carry out the role, and will also help towards their professional development.

Liaise with: Intensive Care Society

9. Supporting New Starters during Supernumerary Period

Rationale

Due to the acuity of the unit and changes to ITU nurses to patient ratios, new starters have not always had the opportunity to remain truly supernumerary and at time have been treated as tasks. Thus, there are shifts where they have been completing tasks they are delegated in order to provide patient care, and thus have missed out on learning opportunities. Furthermore, some have expressed a lack of exposure to various patients (i.e. post-ops, traumas) due to a majority of patients being Covid, so they have not had the level of exposure required to know how to care for these patients. It can also be difficult for mentors to find the time to sign new starters competencies as they may frequently be allocated in the Covid areas, or due to the increased pressures of the unit.

Action Taken

Supernumerary period has been extended to 8 weeks.

Further Action Suggested

? Would be beneficial to have a more structured approach to allocation during the supernumerary period to ensure exposure to all patient groups

? Protected teaching time as groups, i.e. on topics such as ventilator titration, inotropes, NIV

? Protected time for mentors to sign their paperwork and identify learning needs

? Allocate an experienced staff member to work alongside staff that are new in the numbers for a few shifts to ensure they are confident, and competent in their role, work through Step 1 competencies and to help identify learning needs.

Liaise with: Ian Abernathy, Rebecca McAlinden, Emma Addie

10. Making Staff Feel Valued

A. Education/ Professional Development

Rationale

Provide staff with opportunities to develop professionally.

Potential to help with staff retention.

Action Required

Provide opportunities to be involved in projects they're interested in and allocate staff into team's who lead in a topic they are interested in.

Opportunities to attend clinical governance meetings so staff can champion their projects or raise any concerns that they have.

Regular sim training and teaching sessions

More funded courses and study leave for staff

B. Positivity/Rewarding Staff

Action Required

Equalisation of workload between Aintree and the Royal,

Star of the month/ hug in a mug/ buffets

Positive feedback from relatives/MDT

Good news on patients who have been transferred elsewhere/ those who have been discharged home after prolonged ITU stay

Liaise with: Emma Addies, Lindsay Ayres, Ian Abernathy, Rebecca McAlinden, Hayley Ennis, Mandy Murray

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