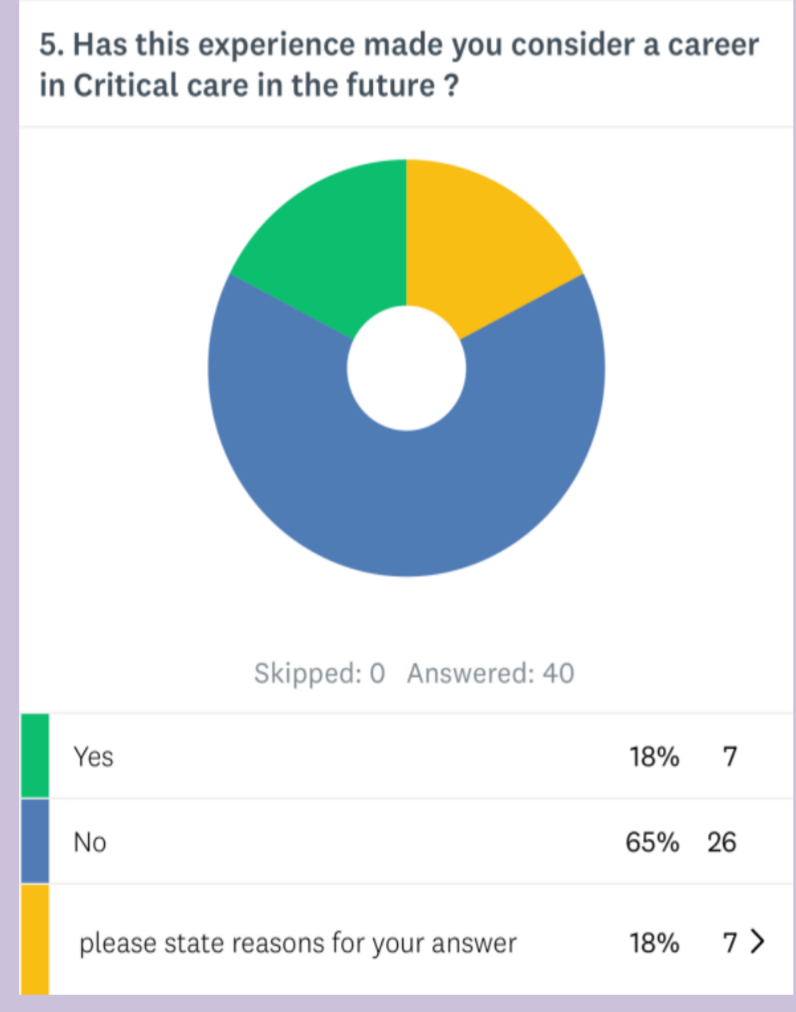
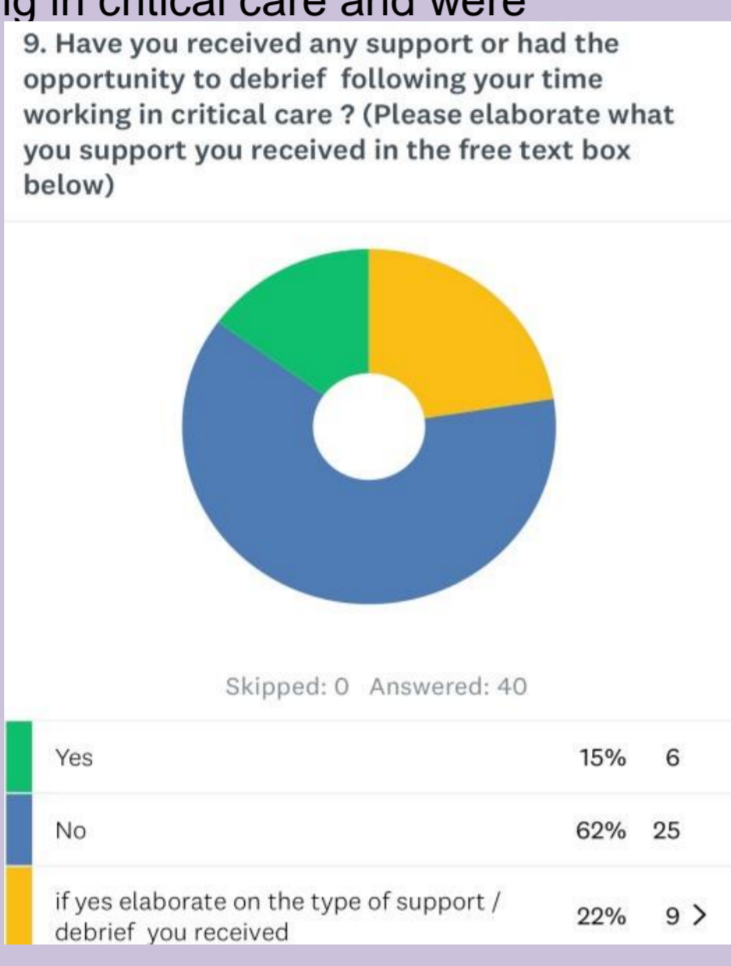


Background

- Critical Care Staff are regularly exposed to stressful situations and moral distress in their work.
- Staff support and wellbeing standards and recommendations have been added to the Guidelines for the Provision of Intensive Care v2 (ICS 2019)
- A recent study by Greenberg, Westong, Hall, Caulfield, Williamson and Fong in 2021 highlighted the probable rate of PTSD of ICU frontline staff as 39.5% which is nine times the rate of PTSD in the General public and double that of military personnel who had been in recent combat . 1 in 7 of the study participants reported suicidal or self harm thoughts.
- During the pandemic, NHS Trusts had to increase their surge capacity of critical care beds and this also meant redeploying staff to help in meeting rising demands for critical care.
- Many of these staff had no or minimal experience of working in critical care and were redeployed to work in environment have had no support following their redeployment into critical care. If critical care trained staff were experiencing high levels of PTSD what about staff that had been redeployed into critical care ?.
- A small scale study conducted by CMCCN of redeployed staff experiences of being redeployed into critical care from 13 Trusts showed that 62 % had not received any support or opportunity to debrief following their time working in critical care
- Staff who had support felt it been very sporadic and often it was self sought rather than facilitated by their employers.
- The survey by CMCCN in 2020 found that 65% of staff would not consider a career in critical care following their redeployment- some citing the experience had had major impacts on their mental health and want to leave the NHS for good.
- Local workforce data suggest this has lead to increased sickness and staff leaving their posts particularly within theatres
- The NHS Health and Well-being framework (2019) recommends the need for 'check-ins' with staff, which is not something routinely or formally done
- The introduction of Listening Spaces for redeployed staff facilitated by their Critical care network would help redeployed staff by Increasing capacity to cope (Our NHS people, 2021)
- A clear way to help people to cope with their workplace anxieties and act as a signpost for staff to get further help
- They feel valued by being listened too and more likely to be called on again if needed and also more likely to stay in their employment.
- Concerns are addressed at source and feed back via CMCCN
- The consideration of personal and work place stresses can enhance the person's well-being



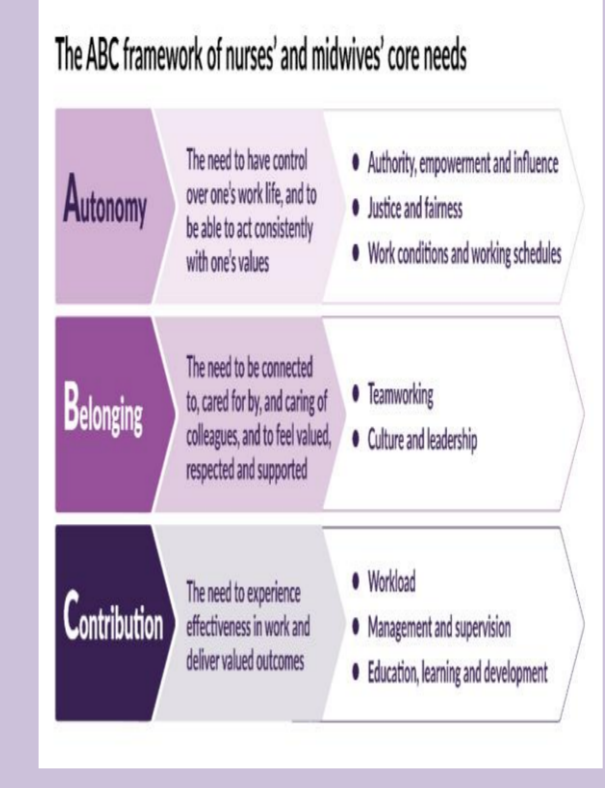
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The role of the PNA

Wallbank (2007) cites the role as restorative to a professionals ability and their capacity to think. Their role is to create a positive, nurturing supportive environment for staff:

- Restorative clinical supervision to reflect productively and oppose negativity (Macdonald 2019)
- It involves taking a step back, looking back in and considering new ideas.
- Focus on what can be changed
- Importance of normalising feelings (Wallbank 2007)
- Encourage colleagues to think about their own health.
- It also encourages collaboration, engagement: and most of all staff feel valued and listened too.
- The Kings Fund (2020) ABC framework of nurses/ midwives core work needs: autonomy, belonging, contribution
- People will start to reflect upon about their own areas of knowledge and skills looking at how they can contribute to developing high standards of care.
- Encourage staff to become involved in projects to increase autonomy and contribution
- Collaborative approach to quality improvement:- (A-Equip - NHSE 2016)
- Solution focused approach to create a positive creative working environment for the individual



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Listening Spaces for Staff Deployed to Critical Care during Covid

Concept of listening spaces created by Russell and Jones in 2020
 Many workplace conversations are not conducive and can be often superficial or rushed due to the busy nature of the workplace and time constraints.
 It involves creating a space that feels conducive to sharing feelings / worries /concerns
 Creating a specific impartial time for people to come together in a safe space and share with each other how they feel about their experiences, what they are thinking about and really feeling like They will be listened in non-judgemental way by an impartial person. Listening spaces give staff the opportunity to reflect
 It is an simple and light structure in which everyone has the opportunity to share their thoughts and feelings with an equal amount of time allocated to each person . Delivered weekly – total of 8 per session
 There is also an element of solution focussed therapy within these sessions and they allow participants to come up with their own solutions to their mental health and wellbeing whilst at work.
Example Questions :
 How are you and what is on your mind ?
 Any feelings and reflections in light of you being redeployed to critical care during Covid.
 Any solutions you would like to make to you feel supported within your workplace
 This also gives the facilitator the opportunity to sign post the participants to further mental health and wellbeing help if needed.
 Facilitator must disclose any patient safety incidents / risks to the participants manager - this will be explained fully before the start of the session. There will also be a feed forward mechanism to inform employers of key summary of concerns / worries.
 CMCCN work closely with Cheshire and Mersey Resilience Hub (CMRH) on critical care and staff who have been redeployed into critical care mental health and wellbeing.
<https://www.cheshiremerseyresiliencehub.nhs.uk/>



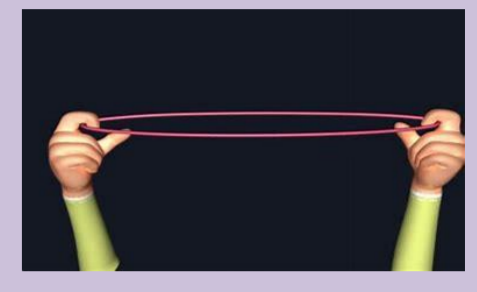
Compassionate leadership

- Core value of the NHS - Sustaining the NHS culture of giving continual high-quality compassionate care requires compassionate leadership at every level of the system and in interactions between all parts of the organisation – from a national leadership approach right down to the local teams. (West and Bailey 2019)
- Compassionate leadership means leaders listen to with interest those they lead, and arriving at a common and shared understanding of the challenges they face, empathising with and caring for them, and then taking action to help or support them.(Kings Fund 2019)
- Demonstrate compassionate leadership through showing honest concern and ensuring everyone has a voice in what matters to them.
- Actively listening to people and hearing what they say to make them feel valued.
- Compassionate leadership requires courage and the courage to listen to tough messages and concerns from those we lead..
- It also requires self-compassion and emotional intelligence



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Building resilience back into a broken workforce



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- Resilience has defined as the “ *psychological capacity to adapt to stressful circumstances and bounce back from adverse and stressful events*”. (American Psychological Association 2012)
- There is currently a common opinion with NHS staff that all it is a short training event or online resource and these are known to make very little difference. Lake (2016) states that organisational response should be more about dealing with the source of the pressure rather than teaching staff strategies to survive it
- Resilience involves creating a sustainable and meaningful framework to help develop staff own coping mechanisms in the workplace
- Resilience based approach should be person centred and fostering a culture where its ok not to be ok at times and staff should not be stigmatised if they need mental health and wellbeing support
- Self-awareness and self-care to nurture resilience but this must be meaningful and tailored to individuals.
- NHS organisations must encourage the standardisation of their employees mental health and wellbeing as routine part of workplace culture. Giving staff the help they need to maintain resilience on a long term basis.
- In terms of NHS recovery and rebuilding of services – staff health and wellbeing should be given the utmost priority as Greenberg (2021) states “ *We must recover our people before we recover our services’. We are much closer to the end of this pandemic than to the beginning, and now is the time to look forward. A period of rebuilding, resetting and recovery is needed, placing frontline healthcare staff front and centre of recovery measures, but this will not happen unless we make it happen* “.

Change Implementation

Must be
Specific – support of redeployed staff post pandemic to create A safe listening space for them to share their feelings . Solution Focused and their feelings /concerns are listened to. Signpost to Further help if needed. Time needs to be allocated for the staff to attend
Measurable – post listening spaces survey Staff sickness and retention workforce data, referrals to resilience hub and Peer review information
Achievable – doing one Trust at time, groups of 8 at one time , Benchmarking process. Feed Forward information to Trusts
Realistic – simple process – support needed From senior leadership teams in Trust's and CMRH.
Timely – needs to be done as soon as possible – plan to undertake in next 3-6 months



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Conclusion



- Post Pandemic there has been a huge spotlight shone on the mental health and well-being of healthcare staff .
- There is a moral duty to support staff that were redeployed to critical care post pandemic as critical care units could not have managed without their help
- Local Workforce sickness and retention data demonstrates staff that were redeployed to critical care are leaving their posts post pandemic.
- Close consideration to well-being of staff could lead to decreasing sickness levels and aid retention of staff.
- There is a very clear link between staff health and wellbeing and implications for patient care (NHS Employers, 2019)
- Taking time to listen to staff in a safe space makes them feel values and their concerns addressed
- More likely to help critical care in potential further surges
- NHS organisations must prioritise foster a culture of looking after staff mental health and wellbeing