



Cheshire & Mersey Critical Care Network

# Best Practice examples of supporting Critical Care Staff in the workplace

## November 2019

The need for staff support for all disciplines of staff in every department in every NHS Trust has been very well researched and documented in literature. Health professionals working in critical care settings have one of the highest rates of burnout syndrome, with nearly half of the workforce exhibiting symptoms, a report published in 2016 by the Critical Care Societies Collaborative, a group of four professional organisations – the American Association of Critical-Care Nurses, the American College of Chest Physicians, the American Thoracic Society, and Society of Critical Care Medicine. The Intensive Care Society (ICS) have published several articles and blogs on burnout too.

According to the Critical Care Societies Collaborative report, from 25 to 33% of critical care nurses manifest symptoms of severe burnout, and up to 86% have at least one of the three classic symptoms – exhaustion, depersonalisation, and reduced personal accomplishment.

In nurses, burnout is associated with reduced quality of care, lower patient satisfaction, increased number of medical errors, higher rates of health care associated infections, and higher 30-day patient mortality rates.

The report said up to 45% of critical care physicians report symptoms of severe burnout

Overall, the report suggested that the high burnout rate in critical care professionals could be attributed to the especially stressful environment in critical care due to high patient morbidity and mortality, challenging daily work routines, moving to ward areas to cover for staff shortages and regular encounters with traumatic and ethical issues. As well as an increased rate of sickness in an already short staffed environment It warned that burnout in critical care health care professionals may result in mental health disorders such as post-traumatic stress disorder, alcohol abuse and even suicidal thoughts.

Cheshire and Mersey Critical Care Network formed a staff support group in March 2019 following the results of the bi-annual Staff Safety Culture Survey conducted by the Local Service Improvement Leads (LSILs) results showed units were reporting increased levels of stress in all disciplines of staff.

These guidelines have been created to highlight best support practices within the critical care units and Acute NHS Trusts within Cheshire and Mersey. Consent has been given to share these best practices by all the authors and creators to use within Cheshire and Mersey Critical care network – if these examples are used within your unit's acknowledgement of the author must be included. Contact emails have been given for the specific staff support initiatives.

**Reference Moss M, Good VS, Gozal D, Kleinpell R, Sessler CN. An official Critical Care Societies Collaborative statement: burnout syndrome in critical care healthcare professionals: a call for action. CHEST 2016; 150(1):17-26**

## **List of Appendices**

- Appendix 1 – TAKE STOCK – Hot Debrief Tool – Max Sugarman and Sarah Langston
- Appendix 2 - Care Framework used at the Critical Care Unit at Arrowe Park Hospital, Wirral University Trust Hospital
- Appendix 3 - PACE Training Created by Kristina Sillitoe, Countess of Chester Hospital
- Appendix 4 Timeout, Discussion and Reflection (TDR) Sessions – Critical Care Unit – Warrington Hospital
- Appendix 5 – Buddy System –Critical Care Unit, Aintree Hospital
- Appendix 6 - Well being and engagement Conversations – Horsley Intensive care unit, The Walton Centre
- Appendix 7 - Southport Critical Care Globetrotter Challenge
- Appendix 8 – Shiny Minds App – The Walton Centre
- Appendix 9 – The Laura Hyde Foundation
- Appendix 10 Other staff support examples from CMCCN critical care units

## Appendix 1 – TAKE STOCK Hot Debrief Tool and Starter Pack

**T.A.K.E**  
**S.T.O.C.K**  
**HOT DEBRIEF TOOL**

Does this event meet the criteria for a hot debrief?

Unexpected death ☐ Paediatric Standby ☐ Distressing event ☐  
Staff request ☐ Unexpected Outcome ☐

**T**ake an instruction sheet

**A**sk “Is everyone OK?”

**K**now if anyone needs a break

**E**quipment issues?

**S**ummarise the event

**T**hings that went well

**O**pportunities to learn

**C**old debrief necessary?

**K**now who is present

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The TAKE STOCK tool is an adaptation of the STOPS model created by Edinburgh EM and the Scottish Centre for Simulation and Clinical Human Factors  
<https://edinburghemergencymedicine.sourcemap.com/story/2018/11/1/stop-s-stop-for-5-minutes-our-bespoke-hot-debrief-model>



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The TAKE STOCK tool is an adaptation of the STOP5 model created by Edinburgh EM and the Scottish Centre for Simulation and Clinical Human Factors

### **The TAKE STOCK<sup>CC</sup> Hot Debrief Tool Starter Pack**

Dear Colleague,

Thankyou in advance for opting to introduce the TAKE STOCK<sup>CC</sup> Hot Debrief Tool into your department. We believe that hot debriefing offers a plethora of untapped opportunities to improve patient care and staff wellbeing. This tool was created as part of a local QI Project and was found to be beneficial. Though this requires formal validation, your use of the tool will provide data to evaluate the usefulness of the tool in hot debriefing. It's use is completely at your discretion and we welcome any feedback.

This tool formalises the hot debrief process, making it more manageable, sustainable and efficient when incorporated into practice. This document highlights some guidance as to how to introduce the tool, though of course feel free to do so in way that you feel is most aligned with your departmental priorities!

We welcome any adaptations you deem necessary to ensure the tools sustainable implementation into your department, however we politely request that the original authors are credited on any iterations of the work.

If you have any questions or concerns, please contact Max Sugarman ([max.sugarman@student.manchester.ac.uk](mailto:max.sugarman@student.manchester.ac.uk)).

We sincerely hope the benefits are demonstrated to you, your team, and your patients.

Kind regards,

Created by KW for CMCCN November 2019  
To be reviewed November 2021

### **Section 1: Introducing the TAKE STOCK<sup>cc</sup> Hot Debrief Tool**

1. Print out A2/A3 copies of the TAKE STOCK poster and place them in each of your resuscitation rooms or debrief areas
2. Print a number of copies of the instruction sheet and data collection sheet (stapled together). These should then be stored in a place convenient to access. We placed them in a box underneath our posters!
3. Brief the department team on the process. We discussed the tool at both doctor and nursing handover for a week prior to implementation.
4. Prior to formal introduction, incorporate the tool into a simulation session to familiarize the process to the team
5. Once your team start to debrief critical incidents, ensure the team leader allocates a scribe for each debrief. The data collection sheets should then be scanned into a folder on your trust intranet and disposed of appropriately as per your trusts data collection policy.
6. The process for a hot debrief is described in section 2, this worked in our department, though you may wish to use it differently!

### **Section 2: The TAKE STOCK<sup>cc</sup> Hot Debrief Process**

1. Team gathers away from critical incident location
2. Facilitator takes an instruction sheet and scribe is allocated to fill in data collection form
3. Facilitator runs through TAKE STOCK tool
4. Completed data collection sheets placed in locked box in resus department
5. Sheets are collected monthly and scanned into shared folder only accessible by specified ED staff
6. Paper copies then disposed of as per trust data protection policy
7. If cold debrief is required, those recorded as present are individually invited by email
8. QI lead reviews data collection forms monthly to ensure any issues are addressed or reported if necessary

### **Section 3: Communicating your findings**

1. The tool will be formally validated in the future. To do so requires feedback from those using the tool. Please can you ask staff members to fill in the post-debrief surveys after its use.
2. At some point after the tools introduction, a data collection survey will be distributed to any trust using the TAKE STOCK<sup>cc</sup> Hot Debrief tool



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The TAKE STOCK tool is an adaptation of the STOP5 model created by Edinburgh EM and the Scottish Centre for Simulation and Clinical Human Factors

<https://edinburghemergencymedicine.squarespace.com/blog/2018/11/1/stop-5-stop-for-5-minutes-our-bespoke-hot-debrief-model>

3. We expect that by agreeing to use the tool, you also agree to participating in the data collection process when it is formally validated. If for any reason you do not wish to participate, please let us know.

## **‘TAKE STOCK’ Hot Debrief**

# **Instructions and Data Collection Form**

- Assign a debrief facilitator, this does not necessarily have to be the clinical team leader
- Assign a scribe (to fill out data collection form)
- **Instructions to the debrief facilitator:**
  - The following should **always** be read aloud at the beginning of the debrief:
  - Participation is encouraged but not compulsory
  - Anything discussed is confidential according to the Chatham House Rule (any issues discussed may be raised elsewhere, but the identity of those raising these issues **must not be disclosed** by anyone present)
  - The aim of the debrief is to improve patient care and staff wellbeing, it is not a blaming session
  - If anyone feels they require any additional support, please do discuss this with your team leader or the debrief facilitator after this debrief
- This form should be **completed by the scribe**
- Once completed, the form should be left in the box labeled 'completed debrief forms' in the ED secretaries office
- Please can the **names/trust email addresses of all present be listed below** in the space provided

Date:		Start time:		End time:	
Debrief facilitator:				Hospital ID:	
Location of debrief:					
Reason for debrief:	Unexpected death <input type="checkbox"/>	Paediatric standby <input type="checkbox"/>	Distressing event <input type="checkbox"/>		
	Staff request <input type="checkbox"/>	Unexpected outcome <input type="checkbox"/>			
Reason for not debriefing:					
Equipment Issues/Points to Action:					Person responsible for actioning:



<b>Brief description of event (5-10 words):</b>		
<b>Things that went well:</b>		
<b>Opportunities to learn/improve:</b>		Person responsible for actioning:
<b>Cold debrief necessary?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Examples of situations requiring a formal cold debrief include: <ul style="list-style-type: none"> <li>• Death of a child</li> <li>• Trauma/unexpected death</li> <li>• Staff request</li> </ul>	
<b><u>Full name and grade</u> of those present</b>		

## Appendix 2

### **Care Framework used at the Critical Care Unit at Arrowe Park Hospital, Wirral University Trust Hospital**

#### **The CARE Framework**

The CARE framework is designed to support all nurses within Critical Care. This framework aims to support experienced critical care nurses and those joining the team from other specialities/hospitals. The CARE framework will endeavour to nurture, support and empower all levels of staff within Critical Care.

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To be reviewed November 2021

O'Sullivan (2002) identified that nurses joining a new team needed additional support during the initial transition period. This coupled with the realisation that critical care is a specialised department that requires specialised training. These two factors can contribute to staff being overwhelmed and loss of confidence for new trainees entering critical care as well as additional workload for established critical care staff (O'Sullivan). Currently, WUTH Critical Care provide a 6-week induction with our Practice Educators followed by supernumerary status working alongside a nominated mentor before taking critical care patients independently. This program supports the initial transition from general ward to specialised department. The CARE framework aims to continue the support for all nurses with regards to personal development, team engagement and career pathway.

NHS Employers ([nhs.employers.org](https://nhs.employers.org), 2019) recognised that the first 12 months in a new post are fundamental towards fostering a good employee-employer relationship, therefore, impacting on retention and recruitment and patient care. The CARE framework aims to support the development of the employee-employer relationships as well as foster a positive workplace. The Staff Support Group (SSG) will endeavour to support the practicalities of the CARE Framework with the aim of achieving a more positive workplace

The RCN ([www.nhs.evidence.uk](https://www.nhs.evidence.uk), 2019) have highlighted the increased need to monitor, support and improve nursing staff well-being. They suggest that the emotional, physical and psychological well-being of nursing staff has a direct link to quality of patient care. The RCN (2019) also highlight that nursing staff who feel unsupported, unempowered, burnt out (physically and mentally) by workload and/or workplace stressors are more likely to underperform or leave their position. This is corroborated by Zhang et al (2014) who identified that critical care nurse burnout presents itself as emotional exhaustion and low personal accomplishment.

Wahlin et al (2010) specified that nurses who felt "nourished" at work, felt more empowered as a result of working within a well-functioning team in a good atmosphere. Breau (2014) suggests direct link between work environment and job satisfaction, whilst Khan (2019) states that work environment is not simply bricks and mortar but the social, physical and organisational structuring.

Subsequently, the RCN (2019) have recommended NHS trusts work towards making their staff feel valued and recognised for their efforts, knowledge and organisational contributions. NHS Employers (2019) refer to documentation from East Kent University Trust initiatives, which focused on the importance of teamwork, staff involvement and the need for individual nurses to feel cared for.

The CARE Framework and SSG aim to focus on four core areas with a view to support a team approach when welcoming new starters as well as managing individual expectations and encouraging team resilience .

### **The CARE Framework.**

#### **C - Conversation**

### Suggested formats –

1. Shared forums, 1:1 conversations/meetings with mentor/team leader/unit manager
2. Regular check-ins via text/email with mentor/line managers (\*\*HI-5 APPROACH\*\*hard copy...in appendices)

3. Identified mentor for 1 year

3 key questions - do you feel supported, do you have clear objectives, do you have adequate/timely training Appraisal/ 6 months after joining team \*\*more on hard copy\*\*

Staff councils to represent staff with line manager (achieved already in WUTH ITU)

Buddy/Mentor system - new starter to have a choice r.e. buddy. Holistic approach to Critical Care Preceptorship 6 months meeting with identified mentor/experienced colleague of choice.

Itchy feet/stay conversations. Conversations to take place every 3 months for new starters and annually for existing staff. Needs to be informal and focus around employees aspirations and their frustrations (NHS Employer.org see appendices ). \*\*I have more on a hard copy\*\*

### A - Actualise

Encourage staff to identify their

- Achievements. Critical care to celebrate individual/team achievements i.e. tough mudder, ITU course, self-study.
- Learning opportunities. Encourage self-directed learning i.e courses. Highlight during induction/shared forum/appraisals/informal chats if there are any learning needs and supporting the individual on how to achieve them. SWOT analysis. Personal development.
- Aspiration and expectations within Critical Care this can started on induction when career pathway initiated?

Critical Care Career Pathway/Career clinic Utilise a 'recognition framework' which has been shown to improve staff commitment and ambition (University Hospitals Bristol 2018 and Guys and St Thomas 2019..Appendices). eg, length of service awards, .

Develop a visual career map - Guide individuals through the map towards achieving their aspirations for their critical care career e.g. competency achievement/assessment, leadership courses for potential band 6/7 posts, link nurse role development, ITU course, acting up. It's flexible for the individual.

Resilience training/selfcare Resilience training with WUTH. Educate on methods of maintaining physical/mental well-being – MENTAL HEALTH FIRST AIDER; File with ideas regarding exercise, meditation, good mood food, wellbeing courses available at work or locally.

### R - Recognise

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Recognising the support of colleagues, efforts, achievements, patient thankyou's - Feel good Board, celebrate initiatives, good work (i.e. message on FB) Huddle i.e. what we have done well as a team as well as what we have done wrong.

Acknowledge new starters experience, knowledge and skills – Recognising individuals skills. ?How to get info without putting someone on the spot. Encourage existing staff to ask new starters about themselves and their experiences – 'START THE HEART2HEART'.

### **E - Engage**

"you said we did"

Line Manager to raise awareness of critical care initiatives open for involvement Implement on Huddle?

seek feedback peers, line manager, team leader, mentor

encourage social event involvement dog walks, weddings, breakfast club

Encourage social engagement – feel good board, staff social board, facebook page.

For further information regarding CARE Framework and its use in Critical Care Unit please contact Cathy Jones Senior Sister Critical Care Unit, Arrowe Park Hospital

cathyjones2@nhs.net

### Appendix 3

**PACE Training Created by Kristina Sillitoe, Countess of Chester Hospital**

# **PACE (Peer Assessment after Clinical Exposure)**

## **Understanding Stress Reactions**



As an organisation, the Countess of Chester Hospital is aware of the daily pressures our dedicated health care professionals are exposed to. Protecting and encouraging positive mental wellbeing for our colleagues is crucial to building psychological resilience within our workforce.

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The purpose of this leaflet is to:

- Inform you of the PACE service available
- Understand the physiological and psychological changes that occur with stress
- Advise when to seek further support if needed

Not all stress is bad. Many of us perform well under pressure and often find a buzz of excitement when pushed. This builds motivation, provides energy and keeps us focused. This is referred to as eustress and within our coping ability.

However, sometimes we can experience things at work that push us beyond our normal ability to cope with everyday stress. Some things that we encounter can even be quite traumatic.

A traumatic experience can be defined as any event that overwhelms a person's level of security, in turn causing a high-level stress that exceeds their ability to cope or integrate their emotions. Factors contributing to an experience being traumatic may include feelings of; unpreparedness, the unexpected and a loss of control. This can be down to a 'one off' incident or an accumulation of events.

PACE (Peer Assessment After Clinical Exposure) is a consensual structured programme designed to emotionally support you following exposure to a 'one off' traumatic case or when you generally feel stressed or 'Burnt Out'.

A PACE facilitator will listen to your experience and discuss what a 'normal' stress reaction is. They are here to provide you with support and guidance through an optional, confidential and supportive programme that works closely with our Well-Being Team. There will be a list of PACE facilitators within your area, approach a PACE facilitator you feel comfortable with and arrange a PACE.

What happens to the brain with stress?

Stressful situations trigger a cascade of hormones that produce physiological change. The stress response begins in the brain from all senses of sight, smell, taste, hearing and touch. Information ultimately gets sent to the hypothalamus which activates the autonomic nervous system to respond.

The autonomic nervous system acts like a gas pedal of a car, giving us the energy to fight or flee.

The adrenal glands are stimulated to release adrenaline, our blood pressure rises, we increase our respiratory rate. Sugar (glucose) is released into the blood stream to increase our energy levels and if the stress continues our bodies through the pituitary and adrenal glands release cortisol, to ensure that the gas pedal remains revved.

This response is so efficient, it happens before the brain's visual sensors process what is actually happening to us. This gives us the ability to react even before we are consciously aware of the stress.

So, what happens with our adrenaline levels?

Low levels of adrenaline give us the 'get up and go' in the morning; we feel good, have energy and enthusiasm.

Medium levels of adrenaline sharpen our senses giving us the ability to learn new things, perform and feel a buzz of excitement. However, if the challenge escalates and the fight or flight response is triggered things can feel a little more uncomfortable for us.

High levels of adrenaline over a long period of time can cause, sleep disturbance, irritable mood, tension, feelings of hypervigilance and on occasions anxiety or depression.

What kind of things can be 'normal' to expect after a particularly stressful incident?

- Feeling numb
- Difficult sleeping
- Intrusive thoughts or images
- Feeling guilty or that you could have done more
- Feeling edgy, jumpy or irritable
- Avoiding certain places, activities or people
- Difficulty in concentrating
- Difficulty in remembering things
- Feel discouraged about the future

If you are experiencing any of these things it may be that by looking after yourself, resting, eating well, exercising, doing things you enjoy and engaging in some social activities you will start to feel better.

However, if symptoms persist, it may be a good idea for you to use the additional support of PACE or our Well Being Department to help you through this difficult time.

Three days following your case is when you can access PACE. Sleep disturbance, flashbacks emotions such as guilt blame and anger are all very normal after a stressful experience.

Please be aware that they may last up to a month, which is why a second PACE assessment will be arranged after four weeks. It is also important to mention that you may feel good after a stressful situation and this is to do with your eustress levels and this is also perfectly fine.

Here are some basic Do's and Don'ts

## **Do's**

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- Do be kind to yourself. You are indeed human and allowed to feel emotions
- Do talk to someone you trust
- Do eat well. Try foods rich in amino acid tryptophan as it aids the release of natural serotonin. (e.g. fish, marmite, banana, oats, poultry, red meat and small amounts of dark chocolate)
- Do relax. If you need to turn those thoughts off from overthinking, websites such as YouTube have great relaxation techniques
- Do try meditation or yoga. We need to help the parasympathetic nervous system decrease our cortisol levels and wind down
- Do sleep
- Do continue your routine as much as possible
- Do use PACE or our Well Being department. Extra support is available for you to utilise at any time
- Do understand your reactions and be aware you may have poor concentration. Take care when driving

## **Don'ts**

- Don't be too hard on yourself. You are having a physiological reaction to stress as well as a psychological reaction
- Don't think you are weak. Your personality is not flawed because you're experiencing difficulty following a stressful event. You are just normal! Realise that an involuntary process of the brain is at work
- Don't worry about stigma
- Don't compare yourself to anyone else
- Don't resort to alcohol to aid relaxation
- Don't bottle up your feelings
- Don't miss meals
- Don't become overtired

If you decline PACE please be aware we have a dedicated Well Being /Occupational Health Team here to support you regardless of PACE. You can access their resources anytime through the self-referral process.

They will provide confidential non-judgemental support and guidance are happy to help.



If you are particularly struggling after an incident, do not hesitate to contact one of your PACE facilitators in your area, your manager or the Occupational Health Team.

Do not bottle up your emotions. Speak to someone!

Any queries over PACE contact Kristina Sillitoe: 01244 365191 [k.sillitoe@nhs.net](mailto:k.sillitoe@nhs.net)

(Creator of PACE)

For the self referral process to the Well-Being Team contact:

01244 365045

PACE Training is copyrighted and is the property of Kristina Sillitoe Countess of Chester Hospital.

## Appendix 4

### **Timeout, Discussion and Reflection (TDR) Sessions – Critical Care Unit – Warrington Hospital**

Each TDR session consists of a subject matter that can be requested by any member of the team and time is given for staff to attend the sessions.

The ultimate aim is to improve practice by allowing staff to discuss any issues within the unit and the first session carried out this week was about liver failure.

We all managed to share our current knowledge to help improve overall clinical care, especially with the more junior staff.

As well as discussing clinical practice, there is also an opportunity to highlight any issues within the department to help give guidance of the required support needed and this will be fed back to the senior staff to determine if any further action is required.

For further information on TDR – please contact Colin Roby Staff nurse , Critical Care Unit, Warrington Hospital

colin.robby@nhs.net

### **Appendix 5 – Buddy System Aintree Critical Care unit**

Buddy scheme for anyone in a new role. They will continue to have support from the current wide range of support systems e. g practice educators , mentors , senior staff team leaders e.g. but this will run alongside them .

Whilst new starters have a mentor it will be only for 6 weeks whilst a buddy will be for up to a year and will offer other support than a mentor may.

There will be an allocated team of buddies who will have guidelines to support themselves as well as the person being buddied.

The support that will be offered will help in developing and adjusting to a new role within a busy complex area. The buddies will be available for advice, offer support help and education .They will be available to discuss any issues whether professional or personal.

It is a voluntary scheme and can be accessed from induction to a year into the role and the new starter will choose their own buddy.

This will all be operated using professional guidelines and safety measures put in place for both Buddies and Buddied

For further information please contact Debbie Murphy Senior Sister /LSIL

DEBBIE.MURPHY@liverpoolft.nhs.uk

## **Appendix 6**

### **Well being and engagement Conversations – Horsley Intensive care unit The Walton Centre**

After introducing an Exit Interview, it became apparent that it was too late to improve the situation for staff who had secured a new post and committed themselves to leaving. We needed to find out what is important to them, and if they have any concerns before they decide to leave.

Literature review around “Stay Conversations” was carried out. This was done from both a nursing and a HR perspective. Suggested questions were examined and information regarding how and when these conversations should take place. “ A Stay Interview is a periodic one-on-one structured interview between manager/employee”

The Stay Interview provides the opportunity to:

- build trust/assess employee satisfaction.
- have a two-way conversation/follow-up
- discuss why position originally accepted
- Establish employee likes/desired improvements
- Identify employees at risk to leave
- Access competition information
- Reduce unwanted “turnover “

Leahey and Samuel 2017

### **Aims of the Well- being being and engagement interviews**

To create an opportunity to speak to staff, about how they are feeling about their job and their future career.

To bring to our attention any problems or worries that the staff member may have.

To analyse data and look for areas in which improvements can be made to staff wellbeing.

To Promote Wellbeing.

To positively influence staff moraleA “Stay Conversation” Questionnaire was written, carefully considering suggested questions from the literature review.

## **Wellbeing and Engagement Conversation Questionnaire**

**Name:**

**Band:**

**Date:**

- 1) What do you like most about your work on Critical Care at the Walton Centre?
- 2) What do you look forward to in your job each day?
- 3) What do you like least about your work here?
- 4) How do you feel this could be improved?
- 5) How happy are you working here on a scale of 1-10, with 10 representing very happy? (What could change that number to a 10?)
- 6) Is there anything you feel we could do, to improve the care/service, we provide for our patients and their relatives
- 7) What would you most like to learn about, and how do you feel the Walton Centre can support you with this?
- 8) Taking into account the length of time you have been working in ICU, would you feel confident as part of the team dealing with an emergency situation (ie intubation or cardiac arrest)?
- 9) Do you feel valued as a member of the team here on Critical Care?
- 10) Do you feel well supported by Senior Colleagues?
- 11) Is there a time over the past 6 months, when you have felt frustrated? Is there anything that could have been done differently to ease that frustration?
- 12) Is there anything that may tempt you to leave in the future?

Senior members of staff are recruited to help carry out the conversations.

A record was added to a shared drive, to record the names of staff for whom conversations had been completed. Conversations are carried out when the unit is not too busy, and the staff concerned are not stressed about leaving their patient. Action plans are documented and kept confidentially and staff can request an interview at any time.

For further information regarding Wellbeing and engagement interviews please contact Helen Beddows – Senior Sister / LSIL Horsley Intensive Care Unit, The Walton Centre

Helen.Beddows@thewaltoncentre.nhs.uk

## **Appendix 7 : Southport Critical Care Globetrotter Challenge**

### **( Virtual tour of the globe)**



### **Why it was done**

- Staff wanting to get fitter and healthier
- Staff feeling low in mood
- Staff not connecting ( NHS Leadership Academy 2015)
- Loneliness initiatives- mental health
- Diverse workforce- need to increase awareness of culture
- Low cost – High impact
- Promotes teamwork

### **WHO was it for**

- All staff already in teams but not really utilising support
- Wider team – medics, phlebotomists, pharmacists, domestics, physios
- Team leaders given 'sporty names'- the warriors/ athletes/heroes etc
- Marshalls identified- Map Marshall, Media Marshall, Monitor Marshall, Motivator Marshall and Mel ( the Mind Marshall)

Letters are given to all staff explaining how it works, when it will start and how to get points.  
Marshalls help with plotting the route/ keeping staff informed and counting slips

### **How is it done ?**

- Adding up the distance people have moved in a week
- Very low key !! Paper slips in a box
- Bonus points given for group activities- not team activities- so the more you do with others the more points you get but your team moves further.

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- Map Marshall identifies the route and destination and sends to the coordinator
- Staff set up messenger/ whatsapp groups to keep in touch
- Distances calculated and put on the team board
- Map Marshall sends the route and we do a Travelog- made into a magazine for all to read
- Social media used to invite staff to group activities
- Trust Facebook page/ Twitter /Trust news

#### WHEN

- database formed to keep count
- marshalls count slips in own time – takes about an hour a week
- deadline is every Friday lunchtime
- staff doing activities outside work and counting steps in work
- Group meetups to take part in other activities such as World Record Attempts and Park runs !NHS 70

#### WHERE

- Everywhere !!
- The information is on the unit in a corridor- easily accessible as on the way to the coffee room.....
- Staff completing challenges in Newcastle ( Great North Run), Hadrian's Wall walk, New York (sightseeing), French Alps (climbing) locally, ( cycling, belly dancing, yoga, swimming, walking and, housework,)
- Finishing with a walk in the lake district with a large group outing

#### Benefits

- Staff are communicating better
- Lots of staff engagement- sending pictures, meeting up –doing quizzes together
- Junior staff have said they feel more involved
- Students have asked to come back !!
- Certificates for everyone and a prize for the winning team



For further information on the Global Challenge please contact Melanie Pinnington, Clinical Educator, Critical Care Unit, Southport Hospital

[melanie.pinnington@nhs.net](mailto:melanie.pinnington@nhs.net)

**Appendix 8 - Mindfulness Apps Shiny Minds Daily wellbeing and resilience app that all staff can currently access at the Walton Centre .**



The ShinyMind App rolls out the impact of our successful Resilience programme, added to other tailored resources for NHS staff, and also creates an interactive community to improve wellbeing and resilience for every member of staff. It can engage with and connect all staff within a Trust, proactively supporting their wellbeing 24/7, for 365 days a year.

The App has been co-designed with all levels of NHS staff groups who have attended the Resilience programme, including various specific staff groups including nursing and medical staff. This has enabled the creation of a wellbeing and resilience resource designed for everyone working in the NHS.

The co-production process has been undertaken alongside staff at The Walton Centre NHS Foundation Trust, which has also allowed the cultural DNA of a high performing organisation - Gold Investors in People and CQC Outstanding - to be distilled and incorporated into the App itself.

**‘You said, we did’**

All features have been co-designed by NHS staff for NHS staff, as we asked various staff groups at all levels what they would like to see on the ShinyMind APP:

**Personable**

- Human touch with use of own name, with ‘Especially for me’ and ‘Getting to know me’ sections.

**Emergency situations**

- Emergency Bell exercises, 5 mins to help when things are hard.

**Gratitude**

- Gratitude journal to help look for the positives
- Self-compassion - Kindness
- Kindsight section to promote connection and support for self and others

**Self-awareness**

- Journaling to be able to journal and notice

**Positive messages**

- Motivational daily messages sent at random

Created by KW for CMCCN November 2019

To be reviewed November 2021



### **Photos and Music**

- Cherished memories and Positivity Playlist to boost and quieten mood
- Relaxing scenes and sounds . A Mood Bath with choice of scenery and sounds

### **Our coping skills**

- Coping Well to share across the community our tips to cope better
- A 5 mins daily activity
- A diagnostic, mindset activity and suggestions based on your diagnostic

### **Community**

- Voice messages and Positivity Posts which can be sent to individuals

### **Triggers**

- Awareness exercises so we know when things are going wrong

### **Purpose**

- Life Compass, a reminder of what's important and why we do what we do

### **Patient feedback – a Well of Positivity**

- To see the positive feedback from patients

### **Masterclasses**

- To help understanding of self
- Meditation and breathing simple effective guided breathing and meditation exercises

### **Holistic/Whole person**

things that work for home and work

### **Progress**

- Diary tracking
- Be able to use 24/7
- Access is private, confidential and can be used anywhere

**For further information on the ShinyMind app please contact [Rebecca@shinymind.co.uk](mailto:Rebecca@shinymind.co.uk)**

## Appendix 9 - The Laura Hyde Foundation



The Laura Hyde Foundation is the UK's newest and only charity that focuses on mental health awareness and support specifically for our medical and emergency services personnel. Our nurses, doctors, paramedics, firemen, police officers and carers are all exposed to stress and trauma everyday. Their selflessness and passion for helping others frequently results in them bringing home the strain and pain of their daily experiences.

Their mission is to ensure that all medical and emergency services workers have access to the best mental health support network available and remove the stigma associated with this.

This is best summarised by their tagline of 'Caring for those that care about us'

The Laura Hyde Foundation was set up in late 2017 in response to the tragic passing of Laura Hyde, a young naval nurse, who suffered with mental health issues, yet dedicated her life to helping others.

Their simple goal is helping others who may find themselves in a similar desperate situation. They have created a website with resources that staff can access for support.

[www.thelaurahydefoundation.org](http://www.thelaurahydefoundation.org)

## **Appendix 10 - other staff support initiatives from CMCCN Critical Care Units**

### **Aintree Hospital Critical Care Unit**

- Unit Staff Support Team - a small team consisting of 1 band 7, 1 band 6, 1 band 5, and a HCA, a consultant and 2 chaplains, 1 who is a nurse and was involved with the military.
- Chocolate box – chocolate bars in a box brought out at stressful times or to encourage time out.
- Hug in a Mug “a mug filled with goodies with a positive message attached to it for staff who are having a rough time and to encourage staff to look after each other.
- Safety huddle identify new starters, so people can keep an eye out for them and make them feel welcome.
- Wellbeing boards and a corridor
- Star of Critical Care Award each month.
- Garden area has had a very positive impact for both staff and patients.
- Walking groups and reading groups.
- Staff support week.
- Burnt out questionnaire and staff suggestions pre and post interventions.

### **Southport Hospital Critical Care Unit**

- Staff support group that offer support/ coaching to junior staff if needed, sign posting to debrief, health and well-being, self-referral for counselling, Cavell Nurses Trust and escalation to line manager if needed.
- Open door policy from unit manager and clinical educator.
- Staff teams with a band 6 as lead that do the PDRs & supervision if required.
- Monthly staff support meeting away from the unit.
- Debriefs: hot & cold.
- WhatsApp group for junior staff- with two band 5B acting as buddies.
- Hug in a mug & Well done in a mug.
- Well-being information board for staff.
- Staff comfort box in changing rooms (toiletries & sanitary products).
- Rehab buddy of the month for HCAs.
- Globetrotter challenge in summer months.
- Celebrations: birthdays/ leaving do's- staff are invited to bring in something for a buffet to have on breaks.
- Peer clinical supervision whilst completing CC3N National Level 4 Leadership competencies.
- Band 5a development role, 3 months acting up as band 6, with booklet with some of CC3N National step 4 leadership competencies.
- Monthly newsletter.

- Preceptor file & badge to identify them as a preceptor and may need a little more support in their first year. One year celebration event in the trust.
- Celebration event for nurses passing their post registration critical care course.
- Awards boards for people that have passed post registration critical care course, finished CC3N national step 1,2,3 or 4 competencies etc.

#### **Staff Support Measures – Horsley Intensive Care Unit – The Walton Centre**

- Motivational Positivity board for writing inspirational messages.
- Tuck shop in a locker in changing rooms.
- Hydration Station – storage area on the unit for staff water bottles.
- Regular walks organised by staff members.
- Regular nights out.
- All staff are in small teams with a band 7 leader, and a band 6
- Flexible off duty, with as many members of staff as possible getting their requests (done as fairly as possible). Holidays done a year in advance, as fairly as possible.
- In house study days available to staff.
- “Wellbeing and Engagement Conversations”, so that staff feel supported and valued, and also to look for trends in things which may be affecting staff wellbeing.
- Staff Resilience workshops
- Schwartz Rounds within the trust - Schwartz Rounds are open to all staff to reflect upon and discuss emotional aspects of their work. Discussions usually relate to a recent case or experience.
- Trust Listening weeks – 4 times a year, each based around a different theme.
- Closed group facebook page.
- Very supportive culture if somebody has just returned from long term sick/bereavement etc.

#### **Staff Support Measures – Critical Care unit – Royal Liverpool Hospital**

- Thank You/Well Done cards, these are available for any staff to give to a colleague when they feel positive feedback is due. They can be kept for revalidation also.
- Thank you emails for staff who have supported another area outside of critical care. To show appreciation for their effort and support in maintaining safe staffing in other areas. Also can be kept for revalidation purposes.
- Team building events such as Critical Care walks and Critical Care Games (which we are going to make an annual event)
- Rehydration stations – staff can have drinks as long as they are in capped/lidded containers, left in designated ‘station’ and care is taken to not drink in front of thirsty NBM patients.
- Positivity Board
- Thank you’s and compliments from service users or other teams/staff are regularly fed back to staff.
- Co-ordinator thanking staff at end of every shift for their hard work and support.
- Celebration Event for staff completing CC3N National Step 1 competences

Created by KW for CMCCN November 2019

To be reviewed November 2021

**Staff Support Measures Critical Care Unit at Arrow Park Hospital – Wirral University Trust Hospital**

- Mental Health First Aider .
- Team working/buddy system, where nurses work in small groups of 3 or 4, with the aim of providing more support
- Building Personal Resilience study days
- Feel Good board,
- Hug in a Mug,
- Hot Breakfast Sunday
- regular social events such as breakfast club, dog walks and nights out.
- WhatsApp groups and Critical care swaps and social events FB page.
- Staff meetings with a representative from each band. The band 5 representative has also met with new staff to check how they are doing.