



Supporting healthy, effective teams working under pressure – a psychologists perspective

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1st February 2022



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For copies of the following resources -email:



StartWellEndWell@nbt.nhs.uk



MeAndMyTeam@nbt.nhs.uk



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The context we work in



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The context of covid-19

NHS North Bristol NHS Trust | Staff Wellbeing Psychology team
Resilience is between us not just within us

Critical care staff suffer trauma and severe anxiety due to COVID-19 - UK study

By Kate Kelland

3 MIN READ



LONDON (Reuters) - Nearly half of staff working in intensive care units (ICU) in England in the COVID-19 pandemic have severe anxiety, depression or post-traumatic stress disorder, with some reporting feeling they'd be better off dead, according to a study published on Wednesday.



Accepted 15 June 2021

*“Among an NHS workforce weary after 16 months dealing with the pandemic there is a mixture of **apprehension, nervousness, fear, a here-we-go-again resignation at the return of a familiar foe, stoical readiness to do their best again**”*

NHS

‘Dread and anxiety’ among NHS staff as Covid cases surge again



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Our strategy – 5 key areas



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Strategy 1. Reducing Barriers – specialist, embedded support



- 25% reporting 'burnout' and 36% of Consultants experienced illness in the last year as a direct result of work stress
- 47% of doctors in NHS hospitals thinking of leaving
- Impact on patient care- 42% recently attended work despite not feeling well enough to perform their duties
- But **barriers accessing support** – stigma, 'non-stop', specialist context



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Ben – junior doctor

- Moved to elderly ward during 1st wave of pandemic. Witnessed patients dying without their family.
- Difficult decisions around who to prioritise for care. 2nd wave – moved to ITU –intrusive images / nightmares consistent with PTSD and moral injury
- ‘Should be able to cope’ low mood / hopelessness / wanting to leave NHS. Unable to see family.

Intervention:

- Compassionate confidential specialist support.
- Validating / normalising ‘context is abnormal not you’
 - Access to specialist trauma-focused psychological intervention – EMDR
 - Encouraging connection with family / friends / peers. Helping him to reconnect to what matters to him.



Outcome:

- No longer experiencing trauma symptoms.
- No longer taking psychotropic medication.
- Exercising and seeing family.
- Continuing in training and in a placement he is enjoying.

“

QUOTE

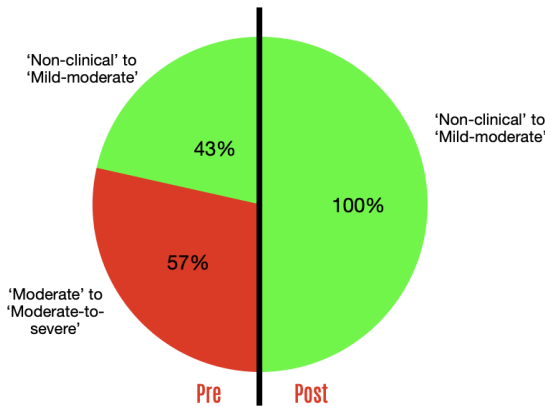
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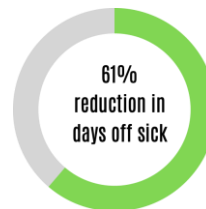
Individual support



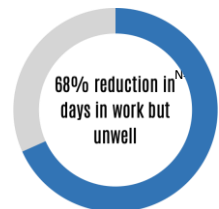
‘Moderate’ to ‘Moderate-to-severe’ levels of psychological distress fell from 57% to 0% of staff following individual support.

“
*I think it is an excellent service and even better that **we are supported to attend during work time.** The small amount of investment of time from the trust to allow me to attend has certainly helped me be much more **productive**, and feel a more **valued team member** again, re-building my confidence*
”

Absenteeism



Presenteeism





Strategy 2. Moving beyond individual resilience

NHS North Bristol NHS Trust Staff Wellbeing Psychology Team
Resilience is between us not just within us



So, we need to foster interpersonal and team wellbeing, not just individual qualities



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<p>What matters to you in your work?</p>	<p>When you are at your best what does that look like?</p>	<p>What's the most meaningful part of your work?</p>
<p>What makes you proud?</p>	<p>What makes a good day?</p>	<p>When your team are at their best what does that look like?</p>



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Bespoke Team Support



Between January 2021 and September 2021, the Staff Wellbeing Psychology Team have supported:
Responded to 125 requests for bespoke team support, Reaching 1824 staff and managers



Bespoke Workshops

E.g. on team culture and psychological safety, suicide risk in emergency clinicians

OurSpace & Care Space

Facilitated space for reflection and connecting with what matters to staff and teams.

Responsive drop in sessions

E.g on COVID wards, following staff bereavement

Me+My team

E.g session for managers and team leaders, to help support the supporters.

Start well → End well

A framework to foster healthy team cultures and weaving wellbeing into routine operational processes, developed by

Developing Training Packages

E.g 'Leading with Care' session for OneNBT Manager programme, Staff | Trauma Support pathway and trauma awareness module



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Intervention to support Ward after COVID Outbreak in Patients and Staff



Referral:

- Referral from Senior Nursing Lead for urgent support for the ward. Exhaustion, recovering from illness, and coping with patient deaths. Worry that a questionnaire from virology could make them feel blamed.

Intervention:

- Individual sessions for **Ward Manager**
- Individual sessions for **nurse directly involved** in a particularly challenging aspect of outbreak.
- 6 x 30 minute **small group sessions** on the ward for staff to attend – to aid reflection and coping and any learning to be had about the outbreak. Liaison with Divisional Director of Nursing and Virology leads.

Thank you very much for the time and effort we received. I think this initiative by NBT within this period of massive change and stress will have been invaluable to support staff and ensure we have the support mechanisms we need

Outcome:

- **Feedback: staff felt supported and listened to.**
- **Compassionate and non-blaming way of investigating learning from outbreak.**
- **Format encouraged free and non-defensive conversation.**
- **Relieved pressure from Ward Manager**
- **Allowed space to check staff wellbeing and signpost to extra support if needed.**

Thank you so much for taking your time to see us. We are working so hard on helping other people that I think its been easy to forget about our needs, just someone there to open up to and for them to understand, to show us what we are thinking is normal and to just put things in the perspective to get our line of thought in a more positive way has really helped me personally, even in that short space of time.

Team support

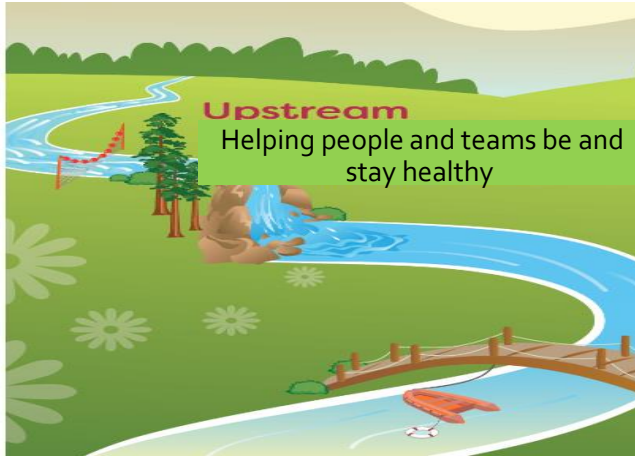


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Strategy 3. Being proactive (not just reactive)



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Bespoke wellbeing intervention within Emergency Services

Request:

- Concerns re Junior Docs mental health & suicide risk

Intervention:

- Bespoke package - Peer to Peer support – more sustainable, all staff included.
- Consulted with ED consultant, ward sister, Drs, local Psychologist.
- Developed interactive training for all staff, plus supported staff-led working group to consider the anonymous feedback received

Outcome:

- Training 5-6 times per year.
- Team are **checking in & out more** with each other and having more PITSTOPS (see Start Well>End Well)
- **More able have conversations w. colleagues of different professional groups.**
- Staff **more aware** of other available support in NBT e.g. ACT courses, trauma focussed I:I.



“ Great session and wish this sort of awareness/support had been available years ago – THANK YOU! (consultant) ”

“ Being more aware of how people are managing in work and asking if they are ok. Ensuring people know I'm happy to listen. (Nurse) ”

“ I will remember that the struggles/thoughts I have had are shared ones (clinical fellow Dr.) ”

Team support



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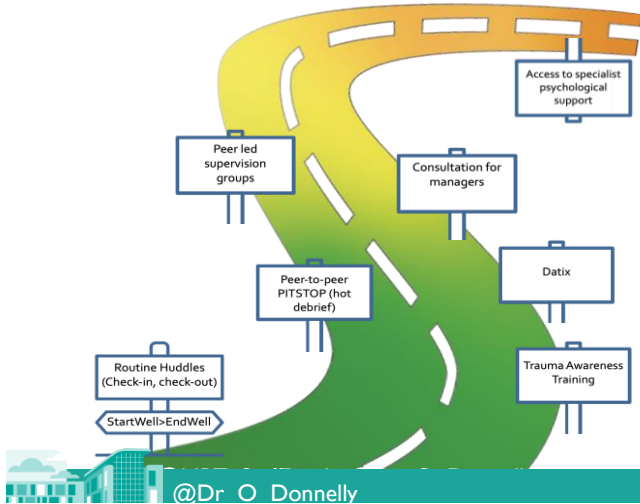
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NBT Staff Trauma | Support



Supporting our colleagues with the psychological impact of experiencing and witnessing work-based incidents



Clear signposting for responsive support for those experiencing ongoing symptoms of post-traumatic distress e.g. PTSD

- Datix reporting
- Psychology-led debriefs
- Major incident coordination
- Evidence-based psychological assessment & interventions

Preventative approaches that foster healthy team cultures e.g.

- StartWellEndwell
- PITSTOP Training
- Compassionate leadership sessions
- Restorative supervision

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Strategy 4. Being pragmatic - Tailoring to our health-care context



Start well → End well

A practical framework for fostering team connection, compassion, and effectiveness



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NBT & BNSSG Vaccination Hub



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Strategy 5. Supporting our leaders and 'culture carriers

"Culture is key. There is a very strong relationship between line manager support and mental wellbeing."

Dame Carol Black

"The most important influence on psychological safety is the nearest boss. Signals sent by people in power are critical to employees' ability and willingness to offer their ideas and observations."

Amy Edmondson, 2008



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Me+My team



- ▶ 1. Me+MyTeam - what we mean by 'resilient teams'
- ▶ 2. Psychological safety
- ▶ 3. Team-based values
- ▶ 4. Diversity and inclusion
- ▶ 5. The power of compassion
- ▶ 6. Phases of response and recovery
- ▶ 7. Psychological distress - normal reactions to abnormal situations
- ▶ 8. Being trauma informed
- ▶ 9. Supporting your team through bereavement and loss
- ▶ 10. Supporting the supporters - your own wellbeing as a leader or manager

Facilitated 1:1 consultation sessions for team leaders and managers to reflect on the **wellbeing of their team**, and practical ways to **support team dynamics and team wellbeing**

“ I found it useful to attend with colleagues, and I hope that attending together will help us apply the learning to our team as a whole (as well as the smaller teams that we lead). ”

“ You are doing **extra-ordinary** work supporting colleagues and patients ”



For a copy of the pack email MeAndMyTeam@nbt.nhs.uk

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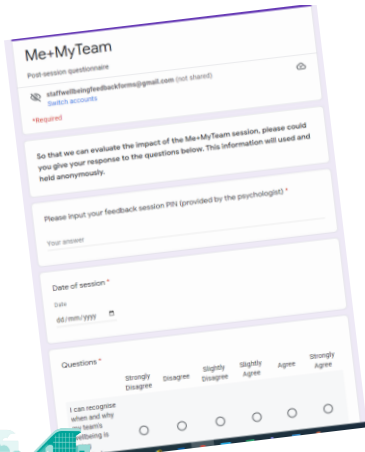


Me+My team



Using version 2 of Me+My Team at NBT

To date, 27 managers and team leaders across 17 different teams have been supported across NBT using the **updated version** of Me+My Team.



59%
Increase in understanding of **psychological safety** when it comes to healthy teams and how take steps to increase this within teams

34%
Increase in understanding of how to support teams when they experience something **potentially traumatic**, and where to go for further help when required

31%
Increase in confidence in recognising when **extra support** is needed and where to access this

17%
Increase in ability in exploring **team values** and how to bring these to life in work



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Our strategy – 5 key areas



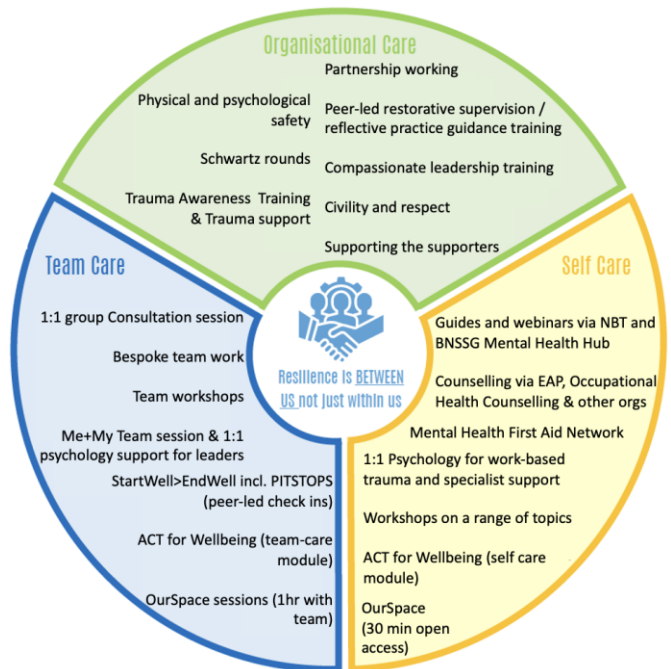
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NBT's Wellbeing Approach

- Embedded support
- Specialist interventions
- Tiered pathway



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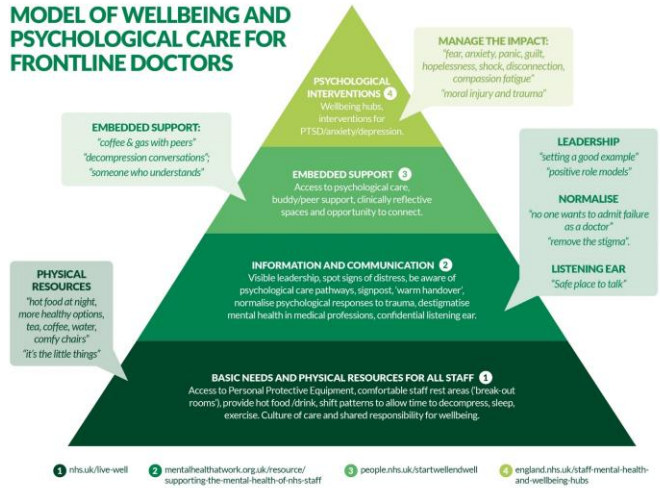


NBT's Wellbeing Approach



- Embedded support
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MODEL OF WELLBEING AND PSYCHOLOGICAL CARE FOR FRONTLINE DOCTORS



Article

The COVID-19 Clinician Cohort (CoCCo) Study: Empirically Grounded Recommendations for Forward-Facing Psychological Care of Frontline Doctors

Jo Daniels ^{1,2,*}, Jenny Ingram ³, Anna Pease ⁴, Elaine Wainwright ¹, Kate Beckett ¹, Lalitha Iyadurai ⁴, Sophie Harris ¹, Olivia Donnelly ², Tom Roberts ^{2,7} and Edward Carlton ^{2,7}

1 nhs.uk/live-well 2 mentalhealthatwork.org.uk/resource/supporting-the-mental-health-of-nhs-staff 3 people.nhs.uk/startwellendwell 4 england.nhs.uk/staff-mental-health-and-wellbeing-hubs

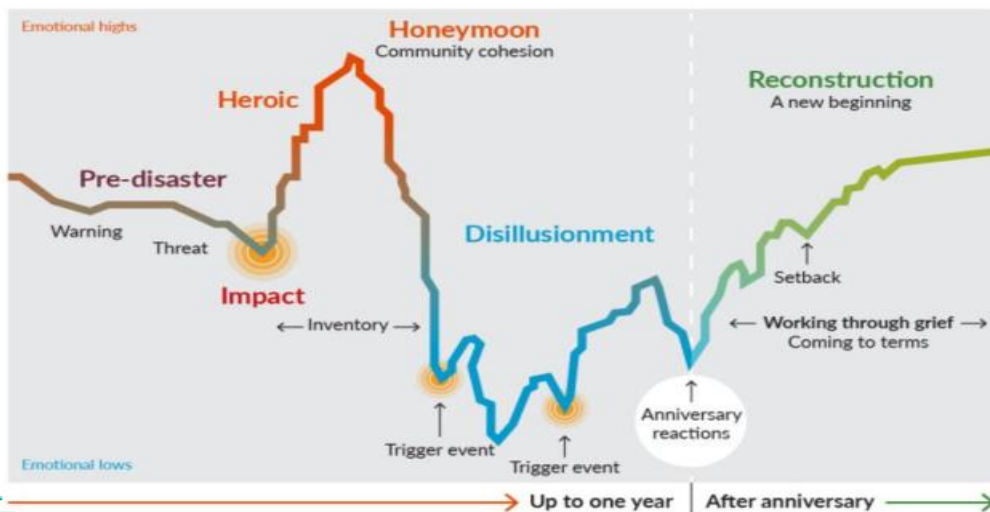


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Staff wellbeing – Our work isn't done..



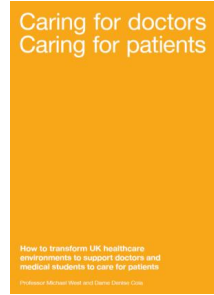
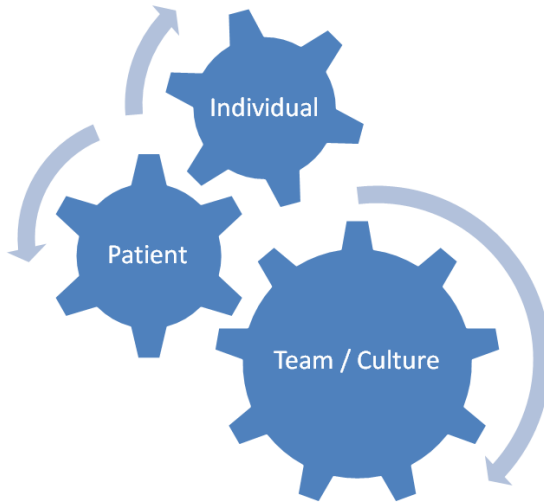
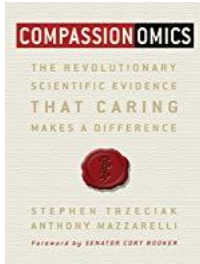
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Why this is so important

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Resilience is between us not just within us



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Stay in touch

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