

Creating conditions to maintain staff safety and wellbeing

Guidance from The King's Fund and
innovations from three NHS boards and
Mount Sinai Health System in New York



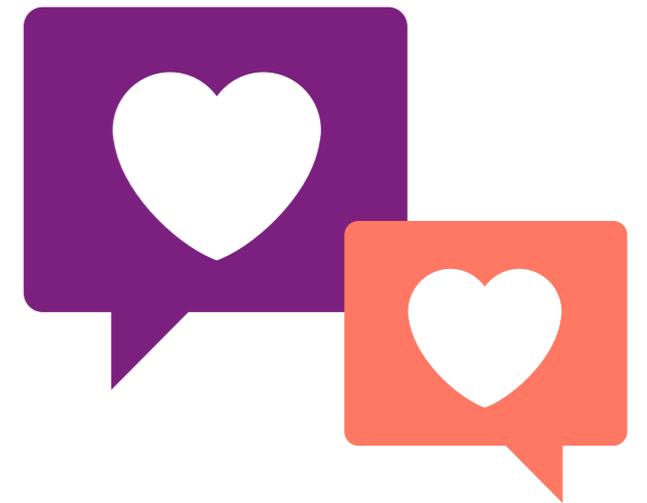
INTRODUCTION

Working during COVID-19 placed enormous strain on staff and on staff. Ensuring staff stay well and healthy is essential to their ability to deliver the best care to patients.

Here we present thoughtful and detailed guidance from the King's Fund's COVID Trauma Response Working Group including a number of innovative interventions teams can quickly test and implement to support staff in multiple ways to suit different circumstances and needs

We also present an example of how Mount Sinai hospitals in New York developed a specialist task force to deliver a system-wide approach to understand, design and deliver a collaborative, and co-ordinated way to address staff well-being needs

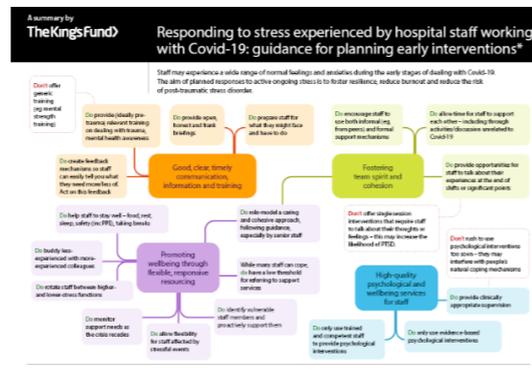
These resources and innovations show how flexible, whole system approaches can help create the right conditions for ensuring staff stay well and safe



The King's Fund's COVID Trauma Response Working Group (comprising of specialists in psychological trauma specialists and wellbeing leads at NHS trusts) has created guidance for those planning early interventions to reduce stress experienced by hospital staff during COVID-19.

Supporting staff during a pandemic requires a number of different responses as staff experience stress in multiple ways and there is no 'one size fits all' solution. The guidance outlines a series of planned interventions that can be rolled out independently of one another to suit different circumstances and need.

Click [here](#) to view quick reference infographic of the guidance



The intervention 'do's and don'ts' are focused on meeting four key needs seen in the system:

- Good, clear, timely communication, information and training
- Promoting well-being through flexible, responsive resourcing
- Fostering team spirit and cohesion
- High-quality psychological and well-being services for staff

EXAMPLES FROM THE SYSTEM

Here are some examples of interventions we have captured from the system to help support staff



Good, clear, timely communication, information and training

As COVID-19 continues and staff who have had different experiences (such as shielding, at home working or being redeployed) return to their teams (or find themselves in new teams), Sherwood Forest Hospitals have created a 'Re-connecting Toolkit' (and supporting resources) to help staff adjust and work effectively together.



Sherwood Forest Hospitals

NHS Foundation Trust

High-quality psychological and well-being services for staff

NHS GGC has created a number of resources and services to support staff. These include (and are not limited to):

- Staff Relaxation & Recuperation (R&R) Hubs
- Acute Psychology Staff Support Service (APSSS)
- COVID-19 confidential Staff Support line
- Going Home Checklist

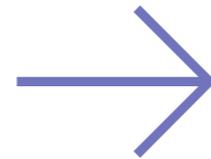
More information available [here](#)

Good, clear, timely communication, information and training

NHS Lothian have developed a series of resources and tools to allow staff the opportunity to feedback their experiences and have open and honest conversations

A great resource to help this is their 'Staff Wellbeing Huddle' template available [here](#).

These types of communication options can also allow senior staff and managers to '**promote well-being through flexible, responsive resourcing**', identifying needs and responding at pace.



Working in the NHS can be a rewarding and challenging experience. It is important that we find ways of checking-in with staff on a daily basis, to surface frustrations/concerns and take actions improve the work environment/conditions. The huddle framework below can be used to run a 10 minute staff well-being huddle at the end of a shift or days work. This can be done face-to-face or virtually.

What went well?

How was teamwork and communication?

How did you look after each other today?

What are you proud of as a team today?

What could have been better ?

Any patient or service delivery issues causing a concern?

Has anyone had a conversation that caused you upset or distress?

Has anyone been unable to find equipment or advice that they need today?

Has anyone been asked to do anything they are not comfortable doing today?

Lessons learned & improvement ideas:



Creating an Employee, Faculty, and Trainee Crisis Support Task Force



At the Mount Sinai Health System (MSHS) in New York a need to provide support to staff was identified as the COVID-19 pandemic broke. In early March 2020 an MSHS Employee, Faculty and Trainee Crisis Support Task Force was developed.

The task force included:

- **Behavioural health specialists**
- **Human Resources experts**
- **Well-being leaders from across the health system**

A rapid needs assessment model was used to identify the three priority areas which were considered central to staff well-being:

- **Meeting basic daily needs**
- **Enhancing communication of reassuring and reliable messages**
- **Supporting psychosocial and mental health**

The task force developed a series of initiatives for each priority area which will be discussed on the following slides



Meeting basic needs

Concern: PPE provision

The team heard staff concerns on safety due to lack of PPE provision or clarity over supply.

Solution: The team sourced sustainable supplies of PPE and created (and has maintained) clear and transparent communications with staff to remove anxiety over supply

Concern: Transportation
Sharing rides and public transport can put staff and others at risk. However single passenger options are expensive.

Solution: The team were able to secure:

- Free staff parking
- Bike rental options
- Discounts for car rental

Concern: Shortage of childcare provision

Solution: An institutional-wide volunteer programme was created to provide essential childcare by linking clinical staff with non-essential staff as well as other available resources

Concern: Taking COVID-19 home

Solution: The MSHS housing and real estate team has sourced additional in-house call rooms, offsite housing and worked with local hotels/institutions to ensure that should staff fall ill they can isolate from loved ones

Concern: Malnutrition

Solution: To ensure staff can stay healthy the team has responded by ensuring new processes and means of delivering food to staff are provided

Enhancing communication

Lack of clear and consistent messages caused confusion among staff. Finding solutions and new ways of communicating at pace was essential.

1. Streamlined messaging and a new platform

A comprehensive website was developed and staff receive a daily communication with all updates. This single regularly updated resource has limited the possibility of mixed messaging and information overload.

2. Engaging with staff

The team collects regular feedback from staff to understand and respond to information needs. Weekly system-wide virtual town hall meetings have developed to ensure staff can provide feedback on key messages they are hearing.

3. Keep it short and say thank you

Faculties have been advised to send short, bulleted email updates and to hold daily or weekly (whichever is considered most appropriate) conference calls with staff outlining the most critical information.

The task force has also provided the communications team with 'wellness messages' by collaborating and consulting with mental health experts to provide tools and suggestions for maintaining well-being during COVID-19. In addition, regular inclusion of appreciation and gratitude messages in system-wide communication has been included to maintain staff morale.

Supporting psychosocial and mental health

The task force team developed a number of new services and options for staff to get the support they needed and developed a number of resources, accessible at all times for staff

Resilience and Self-care

Yoga classes, music therapy sessions and mindfulness activities were made available for staff. The task force also advertised the availability of free apps which allow staff to do classes, sessions and activities in their own time. In addition social networking groups were created for staff to support one another

Group debrief support

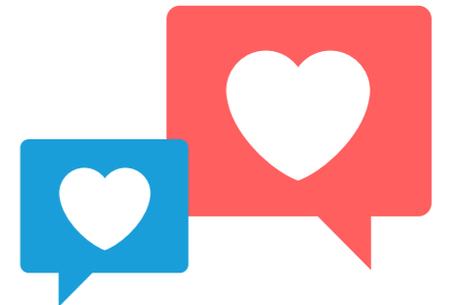
Regular virtual social-worker or psychologist facilitated support group sessions were arranged. A programme of spiritual care group sessions were also started.

Crisis management

24/7 immediate mental health crisis management advice was made available and to increase the capacity of existing support and develop new initiatives, trained mental health staff were deployed to units in need (either virtually or in person)

Individual debrief support

A system-wide support helpline was created and the existing counselling and spiritual care services were made more accessible to staff as additional sessions were created. Additionally, staff were advised of government and non-profit organisations helplines available to help them



Collaborative working

"An existing infrastructure of well-being champions embedded within clinical departments and residency training programs has allowed for real-time access to understanding the challenges and concerns of physicians, while nursing and advanced practice provider leaders have captured the needs of their constituents—all in an effort to funnel concerns through the task force to leadership to inform resource allocation and communications."

Central to successfully developing new staff well-being and support initiatives across a large health system required significant coordination and collaboration.

The task force included members from numerous groups to ensure decisions could be made at pace. Members were representatives from:

- The Office of Well-being and Resilience (OWBR)
- Human Resources
- The Employee Assistance Program
- The Recreation, Security and Housing offices
- Infection prevention
- The Communications team
- Institutional, department and divisional leadership
- The Departments of Psychiatry, Nursing and Social Work

A work group strategy was used to plan, review and deliver the initiatives for the priority areas. Furthermore, the task force developed close working relationships both the leaders across the system, hospital, and departments and the healthcare staff themselves.