

Staff Experience Journey

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SUMMARY

Wellbeing has been high on our agenda in Critical Care for many years with various interventions being implemented to support our team. We have adapted our approaches to wellbeing and implemented interventions to improve staff experience, introducing the focus on the psychological safety of our team, including structured huddles focused on our staff as well as patient safety.

INTRODUCTION

Our unit is a 36 bed Adult Critical Care within a Major Trauma Centre and a 14 bed Surgical Special Care Unit (SSCU). Pre-2018 the unit went through a period of service transformation to achieve an 'Outstanding' CQC report, but we reflected that there was little investment in the staff. This is where the journey began and continues.

KEY POINTS -

- Co-creation within the MDT
- Staff needs in addition to patient needs.
- Data collection and information sharing
- Staff Experience group focused on team wellbeing, inclusion and celebration events.

WHAT?

2018-2020 heavy focus on wellbeing

- Asked the staff what was important to them. We focused on basic needs of our team, supplies, improved rest facilities, air conditioning in staff room. Changed to 12-hour shifts from 13.5-hours.
- Cultural celebrations annually,
- In house staff awards and Trust values awards promotion.
- 'Improving working lives project' with 4 workstreams (wellbeing, Datix, Simulation training and post-incident support).
- Team training including creating a Critical Care CISM team to support with post incident psychological debriefs and 'defusing' training for all Senior Staff Nurses.

2020- COVID-19

- Ongoing work for team wellbeing, supported by staff support and clinical psychology.

2021- Rebuilding

- Staff fed up with 'wellbeing', felt tedious.
- Recovery work- staff support and counselling service sessions, clinical psychology support sessions
- Skills to peer-support- psychological first aid and wellbeing conversations.
- PNA's trained- employed full time Lead PNA for Critical Care & SSCU and continued training sessional PNA's on the unit.
- Normalising that it's not a weakness to seek support
- Signposting, Managers, PNA, staff support, psychological wellbeing hub- encouraged to access various support

Developed a new focus on psychological safety.

SO WHAT?

We formed a Psychological Safety QI project group within the MDT. Our vision is *'The entire critical care workforce is inclusive and individuals have a feeling of being valued, and mutually respected within the team. They have psychological safety where individuals are empowered to speak up with ideas, questions, concerns or discuss and learn from mistakes.'*

- explored reasons for poor team psychological safety using root cause analysis and pulled-out themes which could be used to develop interventions.

- we developed a psychological safety questionnaire. This showed staff did not feel safe, e.g. "All members of this team feel able to bring up problems and tough issues" we had a negative response a median response of "sometimes" 3/5 on Likert scale. We repeat this survey annually and have seen this improve to "agree" and 4/5 Likert scale following interventions.

Interventions:

- structured huddles (check in/ huddle/ check out) focusing on 'Who, How, What' to encourage our team members to ask how each other are, who needs support with tasks, patient care etc. or any learning needs, keeping the staff members at the forefront of the huddles.
- enabling and encouraging the culture of speaking up, sharing, focusing on the staff members needs as well as the patient's.
- Matron 'time to talk' sessions
- PNA support
- Status exchange for MDT handover
- New starter induction presentations from Matron, PNA and introduction to CISM.

NOW WHAT?

We continue to engage with the team, encouraging co-creation and engagement from the MDT. We repeat our psychological safety survey annually and analyze the data and adjusting our implemented tools. We utilize the UHNM Staff Voice for timely data and respond to any comments- using this information to adapt.

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