West London NHS Trust

"Well, well, well?" Co-producing a staff wellbeing strategy with Liaison Psychiatry staff during the COVID-19 Pandemic

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AIM

To use a Quality Improvement approach to optimise wellbeing of our liaison psychiatry services in preparation for Wave 2 of COVID-19.

HYPOTHESIS

Co-producing wellbeing offers with staff will lead to improved engagement and therefore better health.

BACKGROUND

- Liaison psychiatry staff in West London NHS Trust experienced increased acuity of cases – 33% increase in referrals after the first lockdown lifted in the summer.
- A listening event after the first wave, identified that staff wanted to address wellbeing at service level.
- A working group with input from each of the three sites in West London NHS Trust was convened.

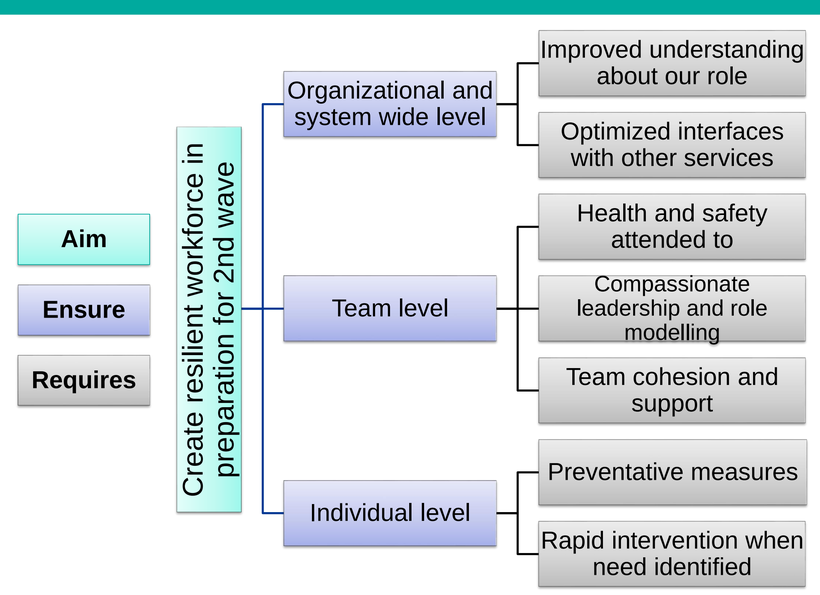
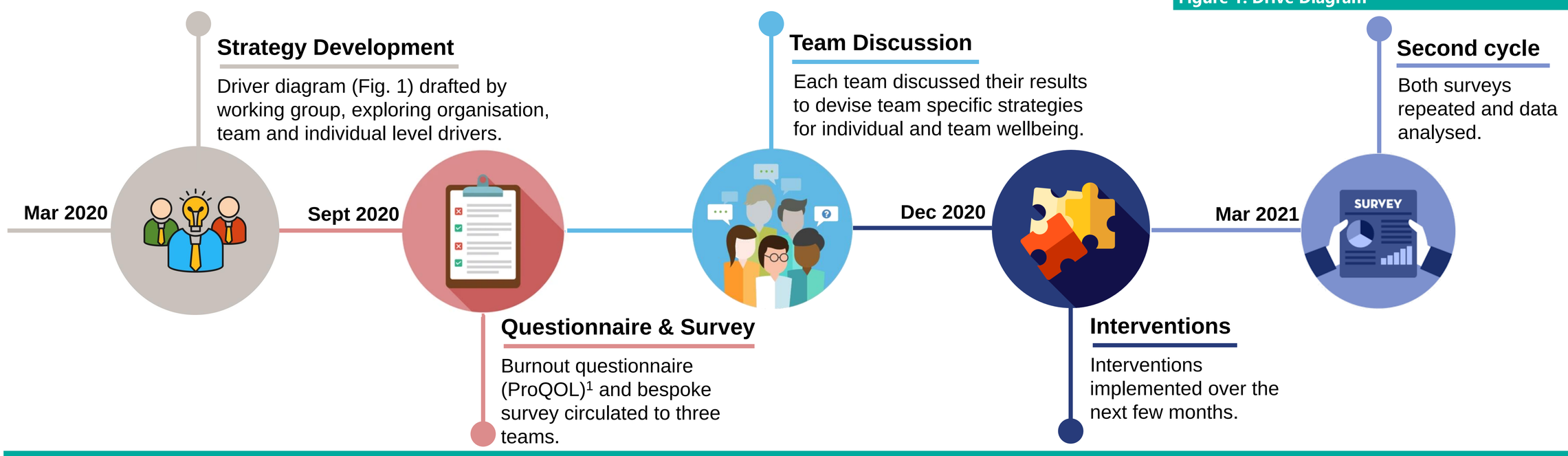
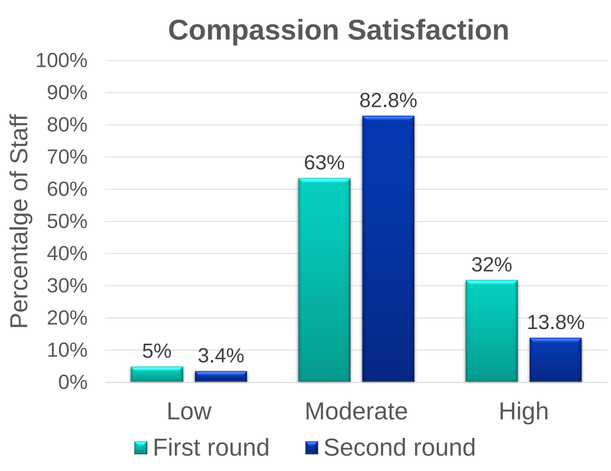


Figure 1. Drive Diagram

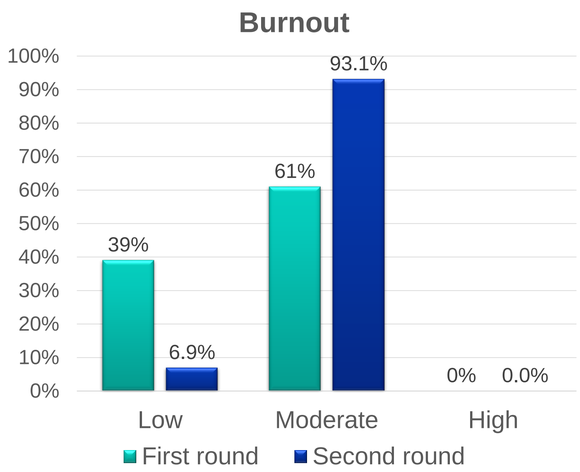
METHODOLOGY



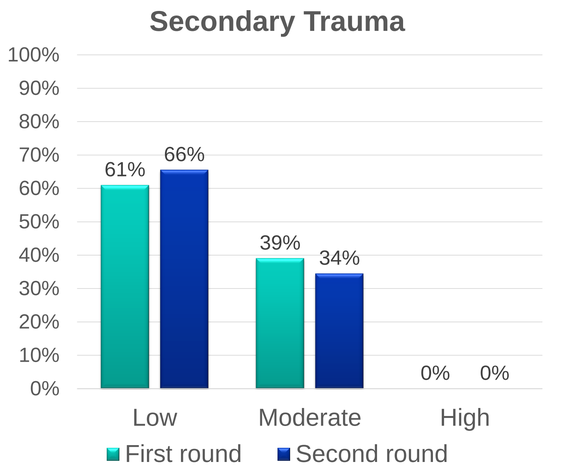
RESULTS



Compassion satisfaction: *the pleasure you derive from being able to do your work well.*



Burnout: *Element of compassion fatigue (CF); associated with feelings of hopelessness.*



STS: *work-related, secondary exposure to traumatically stressful events.*

PART A: ProQOL Results

- 41 and 29 staff members completed burnout questionnaire in first and second cycle respectively.
- 95% of staff derived at least a moderate level of professional satisfaction from their work in both cycles.
- Significant increase of burnout level from first to second cycle (61% to 93.1%) (*p = 0.024, Fisher's exact test).*

PART B: Bespoke Survey

- Overall wellbeing dropped from first cycle – 83% of staff scored at least 4/6 on a Likert scale (1= very poor; 6=excellent) in the first cycle compared to 72% in the second cycle.
- Positive wellbeing factors: majority named own team, senior support and their patients with smaller numbers talking about resources e.g food, PPE, office.
- Negative wellbeing factors: stress related to increased workload and working relationships especially at interfaces.
- Suggestions for change broadly split into working patterns, working relationships, resources, and safety.

DISCUSSION AND CONCLUSION

- Our findings demonstrated some decrease in wellbeing and increase in burnout between the first and second waves. During this time, one of the teams experienced a Covid death of a team nurse after a prolonged ITU admission.
- It is impossible to know for certain if this would have been different without the interventions and attention to wellbeing. But UK data suggests it may have been worse without engaging staff in their own well being. Nationally, 1 in 4 doctors have sought mental health support during the pandemic – three quarters of respondent finding 2nd wave slightly or much busier compared to 1st wave; 64% doctor felt tired/exhausted and 48% felt worried[2]
- The conflict at team interfaces is our next focus for attention -using fora where teams can discuss cases across their interfaces e.g. Conversation Cafes, Schwarz Rounds, aiming to build empathy for each other during these sessions.

Implementation of team level interventions

1. Workforce and work pattern

- Extended hours of medical cover
- Encourage work from home when not doing frontline clinical work
- Encourage nurse breaks
- Additional FY for 4 months
- 24/7 funding secured
- Recruited extra staff to fill gaps

2. Non-workforce resources

- Massage chair to enable rest our of hours
- Equipment i.e printers, lockers, microwave
- Refreshment provided
- Art for the offices
- Team mobile phone

3. Team cohesion & wellbeing

- Personal wellbeing goals set and supported
- Increased frequency of reflective practice
- Reinstated team teaching
- sessions
- Covid secure socialising
- Adding *wellbeing* to monthly
- team meeting as a standing
- agenda

4. Safety

- Staggered medical shifts
- Fit testing
- Lateral flow testing twice weekly
- Providing scrubs
- Supporting staff to raise concerns
- Risk assessments
- Room capacity maximum

REFERENCES:
1. B. Hudnall Stamm, 2009. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL)
2. https://www.rcplondon.ac.uk/projects/outputs/covid-19-and-workforce-impact-second-wave