Supporting Staff
After Incidents
(SuStAIn) at UHP
SuStAIn

Introduction

Design and Process

- Matt Julian – Consultant Anaesthetist

Subjective assessment of the process

- Helen Halls – Perinatal Principal Clinical Psychologist

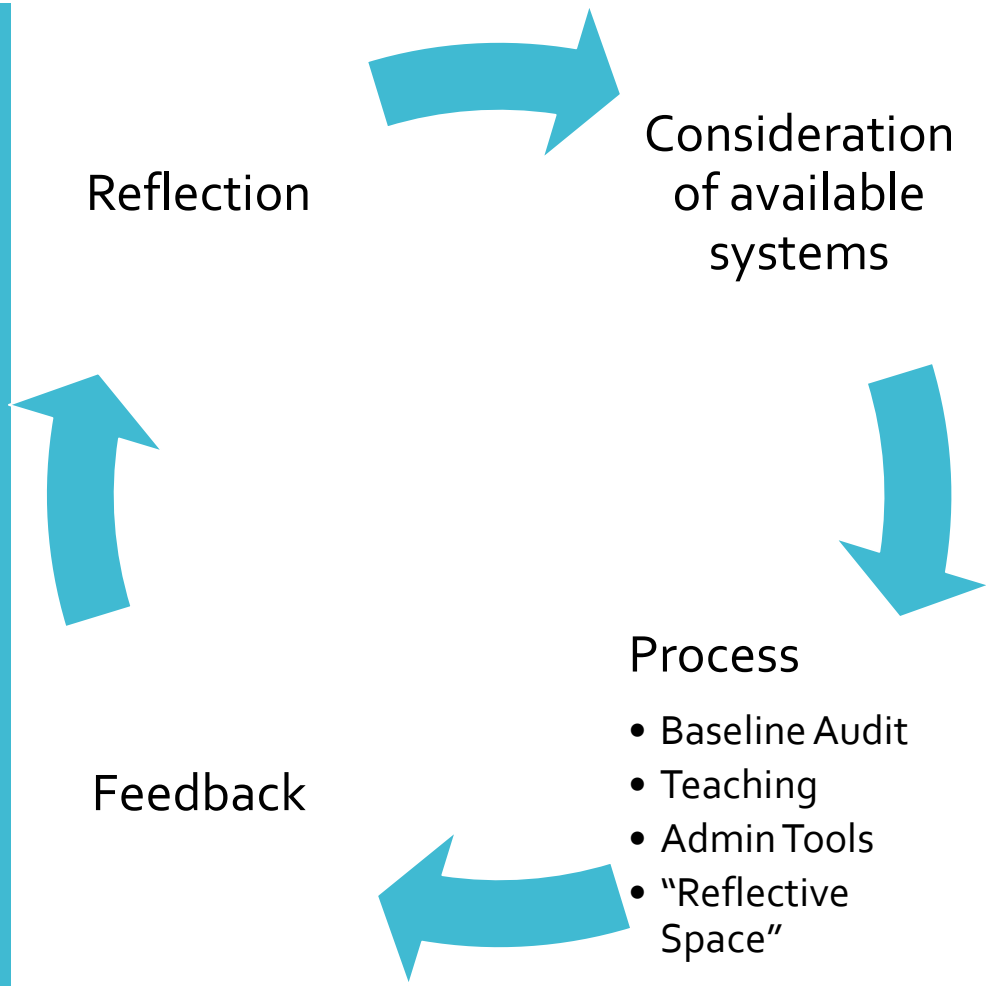
Barriers and Opportunities

- Marianne Rowntree – Band 7 midwife ,Labour Ward co-ordinator

What and Why?

- Spring 2021
- Anecdotal experience that staff were not getting support – conclusion reached independently by multiple people
- Using Agile (–ish) methodology developed a process now in early implementation

Process

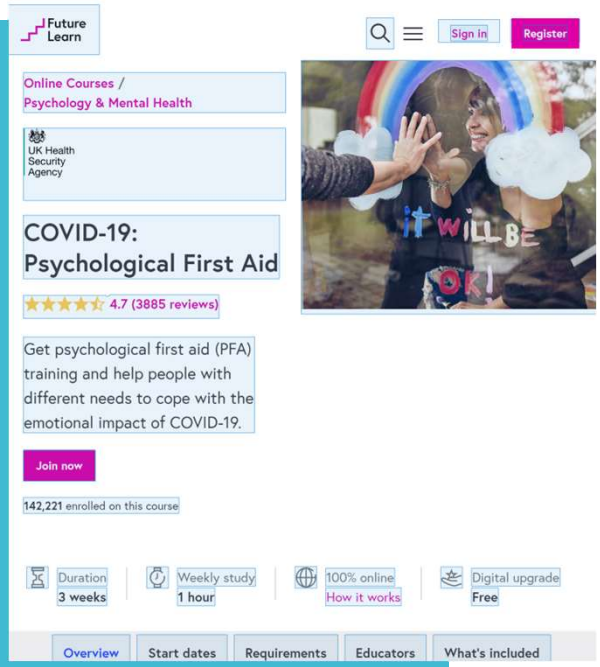

Reflection
Consideration of available systems
Process
• Baseline Audit
• Teaching
• Admin Tools
• "Reflective Space"
Feedback

SuStAIn

- Staff trigger/recognise incident
- 'Debrief'
- Intervention
  - Peer trained in Psychological First Aid
  - Resources to support self help/adjustment

- Data collection/administration using Microsoft N365 suite
- Reflective space provided by psychologist

Use of MOOC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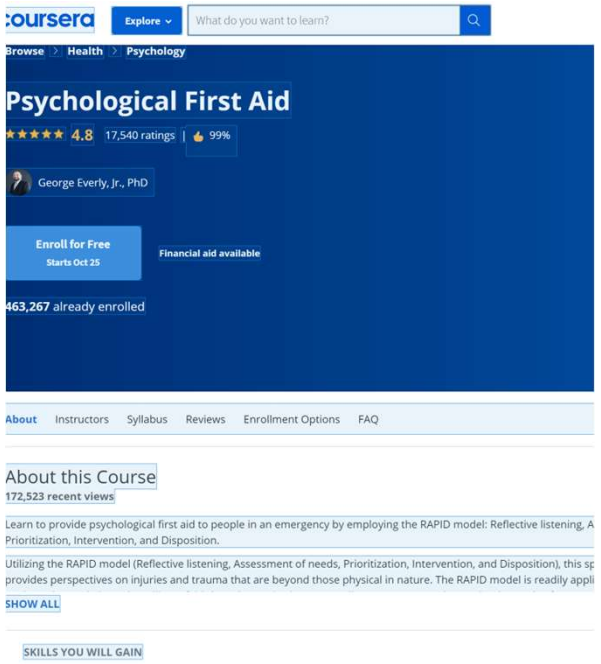
COVID-19: Psychological First Aid
4.7 (3885 reviews)
Get psychological first aid (PFA) training and help people with different needs to cope with the emotional impact of COVID-19.
Join now
142,221 enrolled on this course
Duration
3 weeks
Weekly study
1 hour
100% online
How it works
Digital upgrade
Free
Overview
Start dates
Requirements
Educators
What's included


coursera
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Psychological First Aid
4.8 17,540 ratings | 99%
George Everly, Jr., PhD
Enroll for Free
Starts Oct 25
Financial aid available
463,267 already enrolled
About
Instructors
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Reviews
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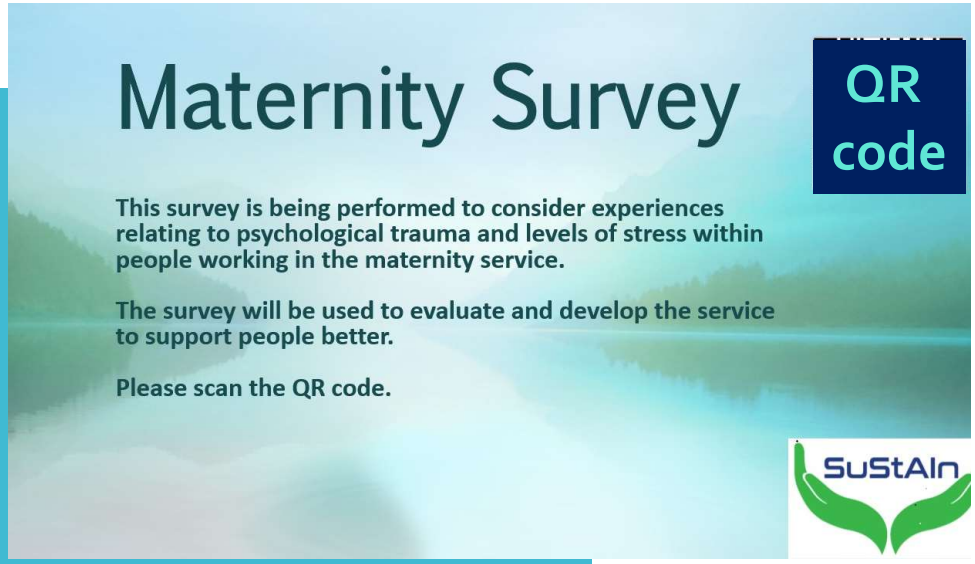
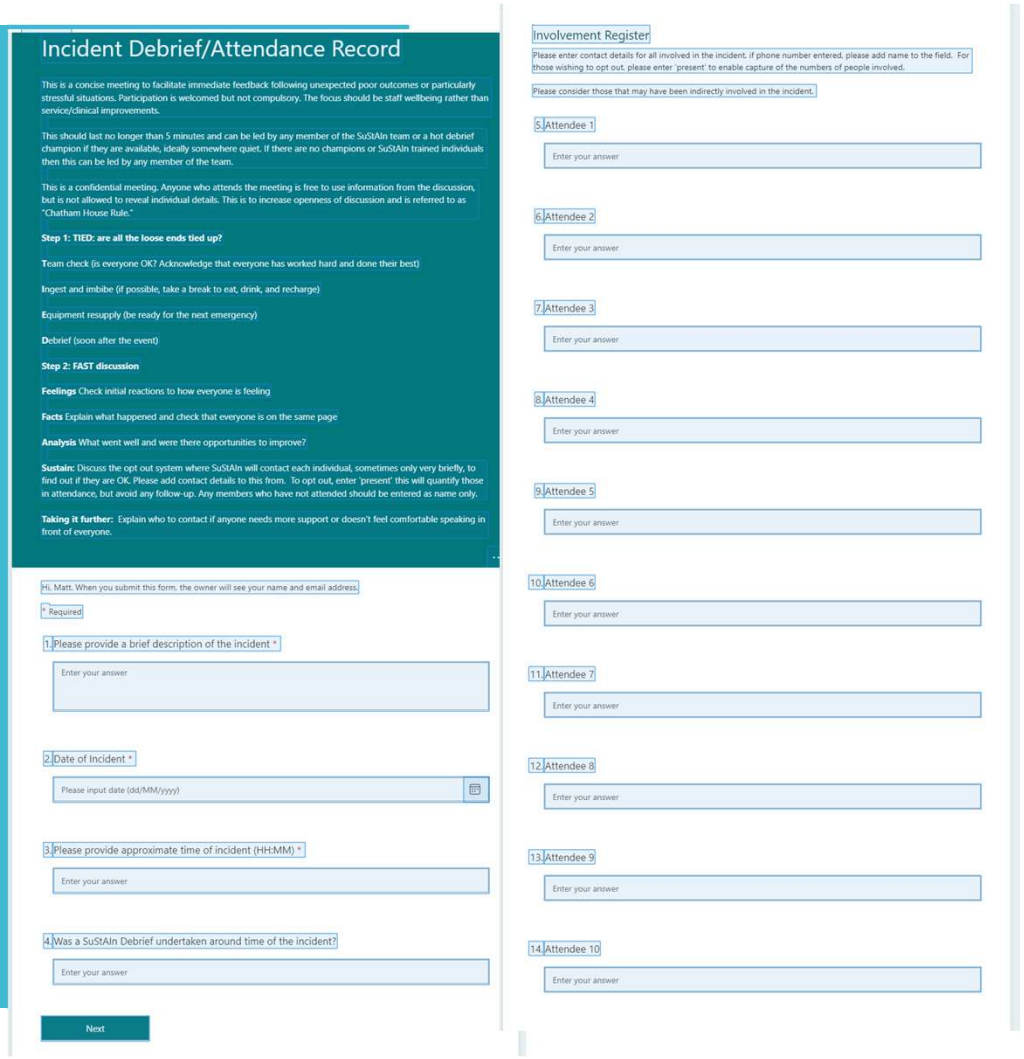
About this Course
172,523 recent views
Learn to provide psychological first aid to people in an emergency by employing the RAPID model: Reflective listening, A
Prioritization, Intervention, and Disposition.
Utilizing the RAPID model (Reflective listening, Assessment of needs, Prioritization, Intervention, and Disposition), this sp
provides perspectives on injuries and trauma that are beyond those physical in nature. The RAPID model is readily appli
SHOW ALL
SKILLS YOU WILL GAIN



- Enable disseminated capture of information



Incident Debrief/Attendance Record

This is a concise meeting to facilitate immediate feedback following unexpected poor outcomes or particularly stressful situations. Participation is welcomed but not compulsory. The focus should be staff wellbeing rather than service/clinical improvements.

This should last no longer than 5 minutes and can be led by any member of the SuStAIn team or a hot debrief champion if they are available, ideally somewhere quiet. If there are no champions or SuStAIn trained individuals then this can be led by any member of the team.

This is a confidential meeting. Anyone who attends the meeting is free to use information from the discussion, but is not allowed to reveal individual details. This is to increase openness of discussion and is referred to as "Chatham House Rule."

Step 1: TIED: are all the loose ends tied up?

Team check (is everyone OK? Acknowledge that everyone has worked hard and done their best)

Ingest and imbibe (if possible, take a break to eat, drink, and recharge)

Equipment resupply (be ready for the next emergency)

Debrief (soon after the event)

Step 2: FAST discussion

Feelings Check initial reactions to how everyone is feeling

Facts Explain what happened and check that everyone is on the same page

Analysis What went well and were there opportunities to improve?

Sustain: Discuss the opt out system where SuStAIn will contact each individual, sometimes only very briefly, to find out if they are OK. Please add contact details to this from. To opt out, enter 'present' this will quantify those in attendance, but avoid any follow-up. Any members who have not attended should be entered as name only.

Taking it further: Explain who to contact if anyone needs more support or doesn't feel comfortable speaking in front of everyone.

Hi, Matt. When you submit this form, the owner will see your name and email address.

* Required

1. Please provide a brief description of the incident *

Enter your answer

2. Date of Incident *

Please input date (dd/MM/yyyy)

3. Please provide approximate time of incident (HH:MM) *

Enter your answer

4. Was a SuStAIn Debrief undertaken around time of the incident?

Enter your answer

Next

Involvement Register

Please enter contact details for all involved in the incident. if phone number entered, please add name to the field. For those wishing to opt out, please enter 'present' to enable capture of the numbers of people involved.

Please consider those that may have been indirectly involved in the incident.

5. Attendee 1

Enter your answer

6. Attendee 2

Enter your answer

7. Attendee 3

Enter your answer

8. Attendee 4

Enter your answer

9. Attendee 5

Enter your answer

10. Attendee 6

Enter your answer

11. Attendee 7

Enter your answer

12. Attendee 8

Enter your answer

13. Attendee 9

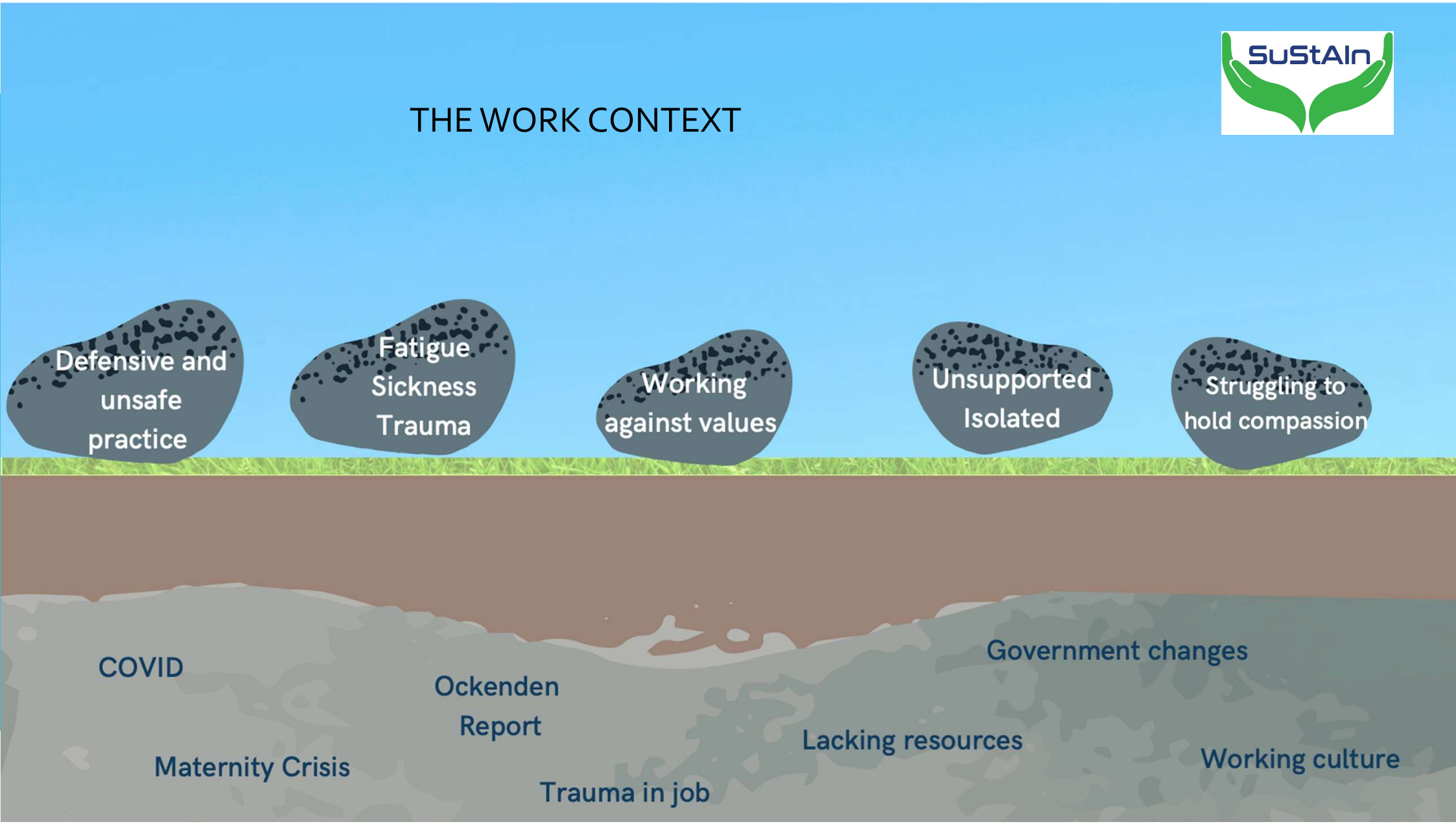
Enter your answer

14. Attendee 10

Enter your answer

- Details the 'debrief'
- Capture participant details

THE WORK CONTEXT



STAFF SURVEY

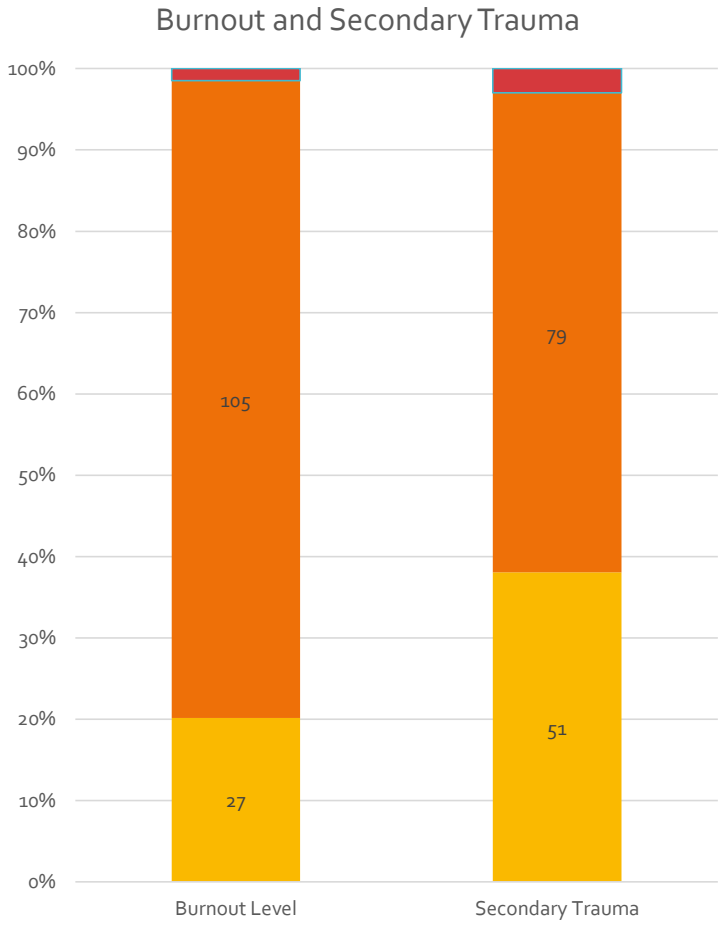
- 4 components, via MS Forms
  - Demographic information
  - PROQOL 5 questionnaire (Professional Quality of Life Questionnaire version 5, 2009)
  - Free text responses relating to stress/protective measures

135 Staff Responses Responses

Burnout and Secondary Trauma

	Burnout Level	%	Secondary Trauma	%
Count High	2	1.48148148	4	2.96296296
Count Modereate	105	77.7777778	79	58.5185185
Count Low	27	20	51	37.7777778

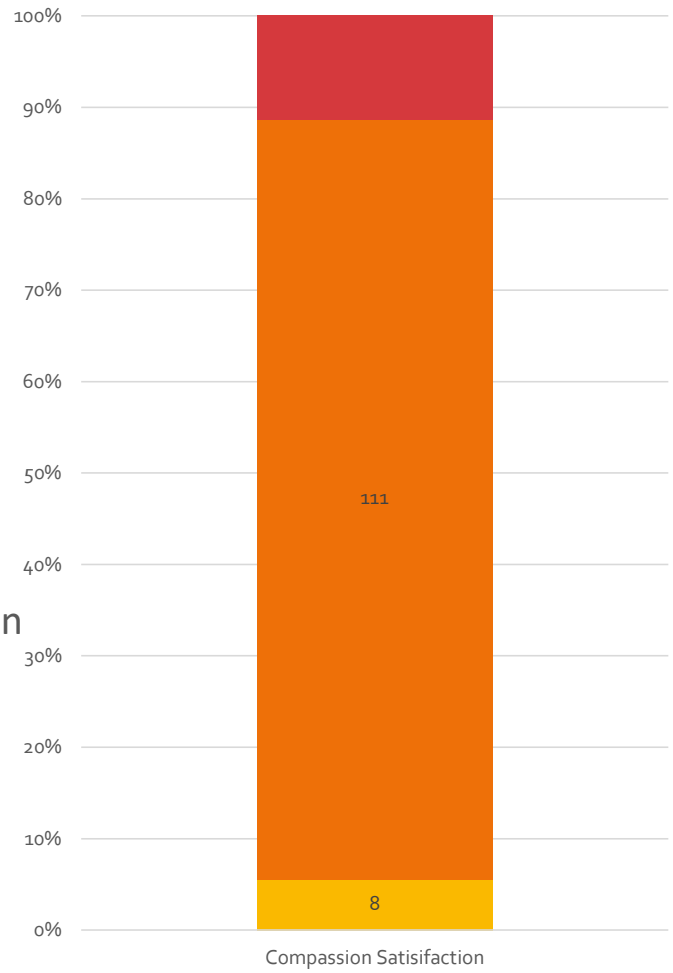
Low < 23, High >41 - Note: higher scores suggest difficulties

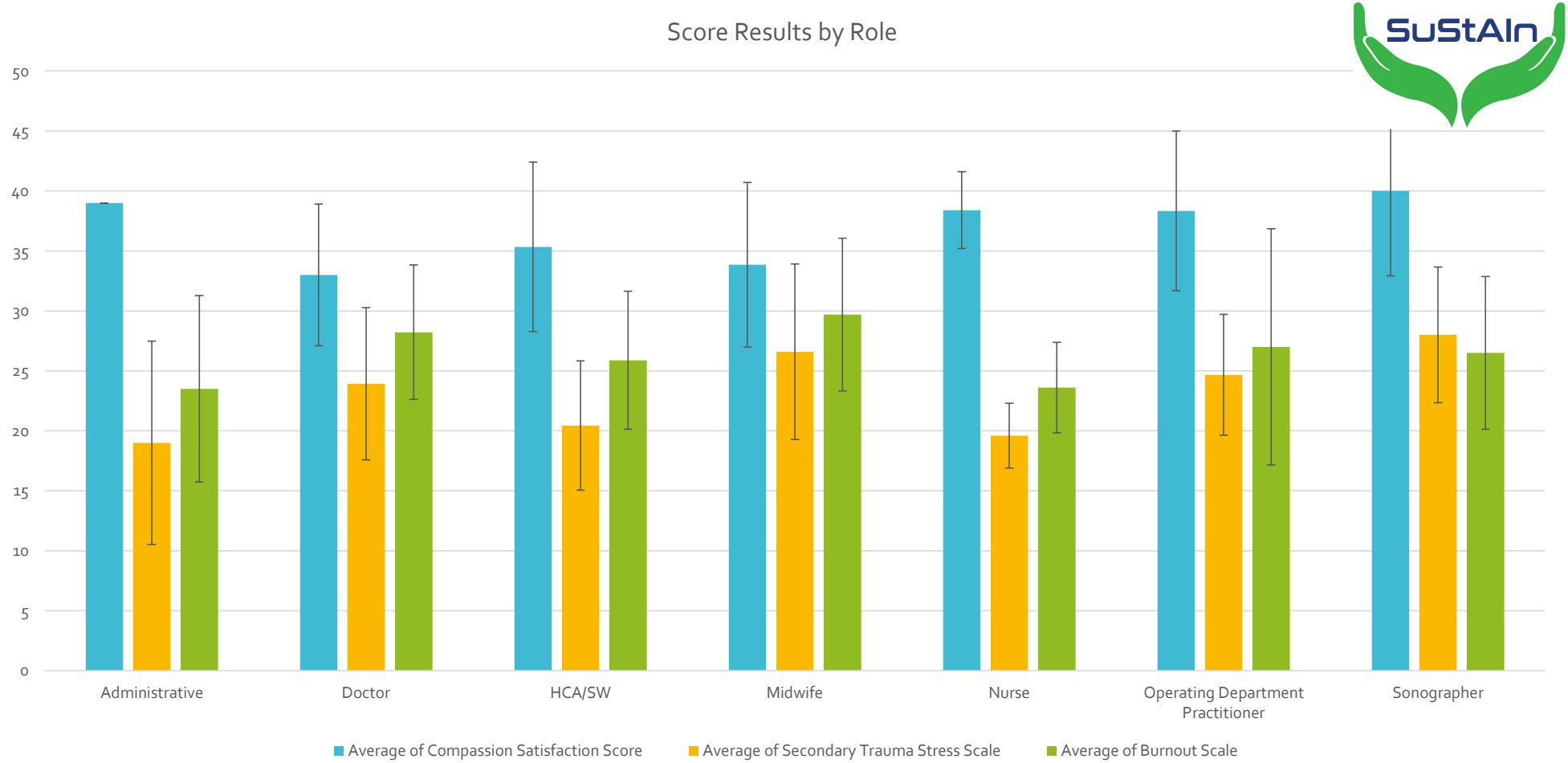


Compassion Satisfaction

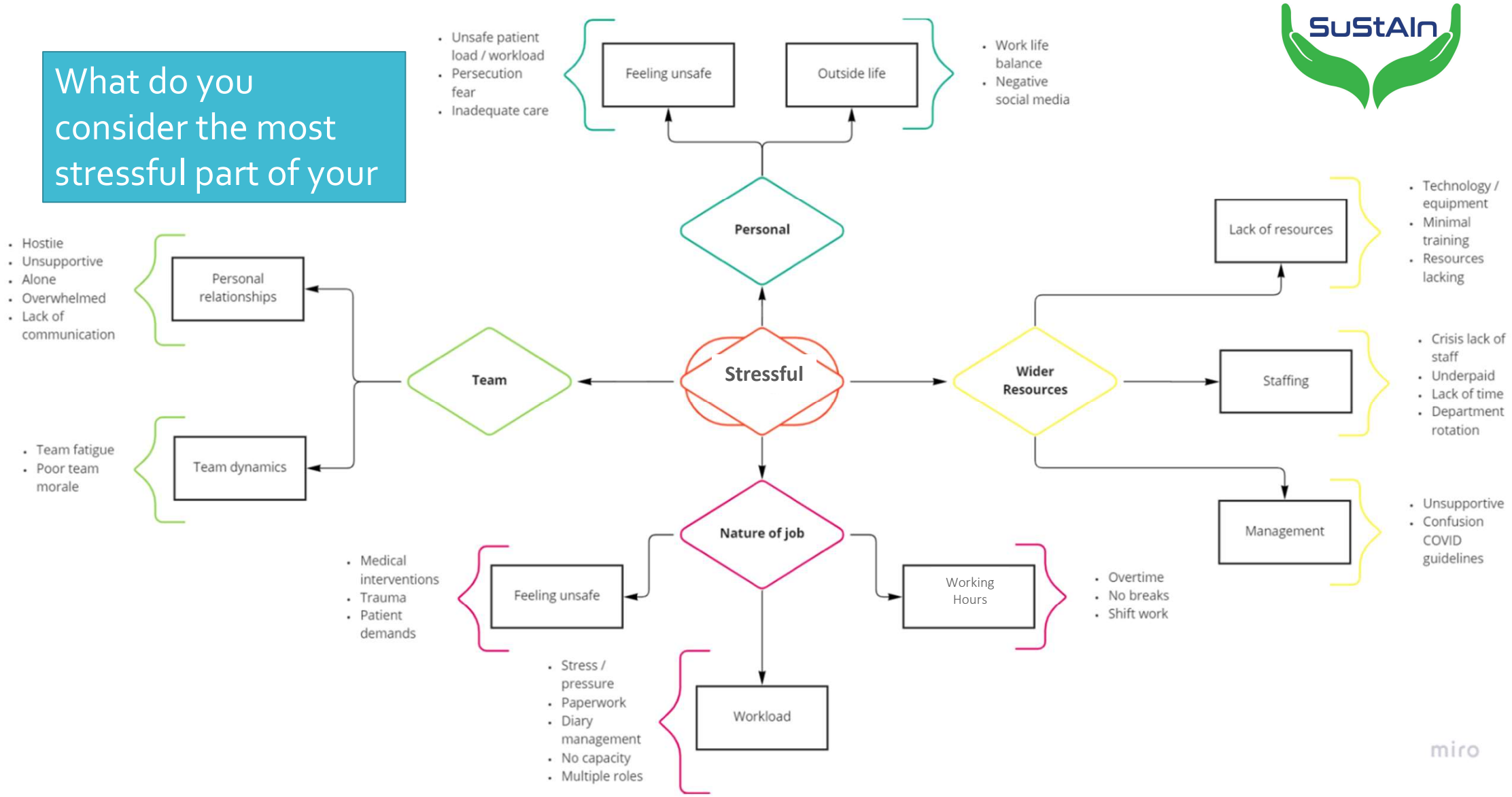
	Compassion Satisfaction	%
Count Low	8	5.92592593
Count Moderate	111	82.2222222
Count High	15	11.1111111

Low < 23, High >41 - higher scores represent greater satisfaction



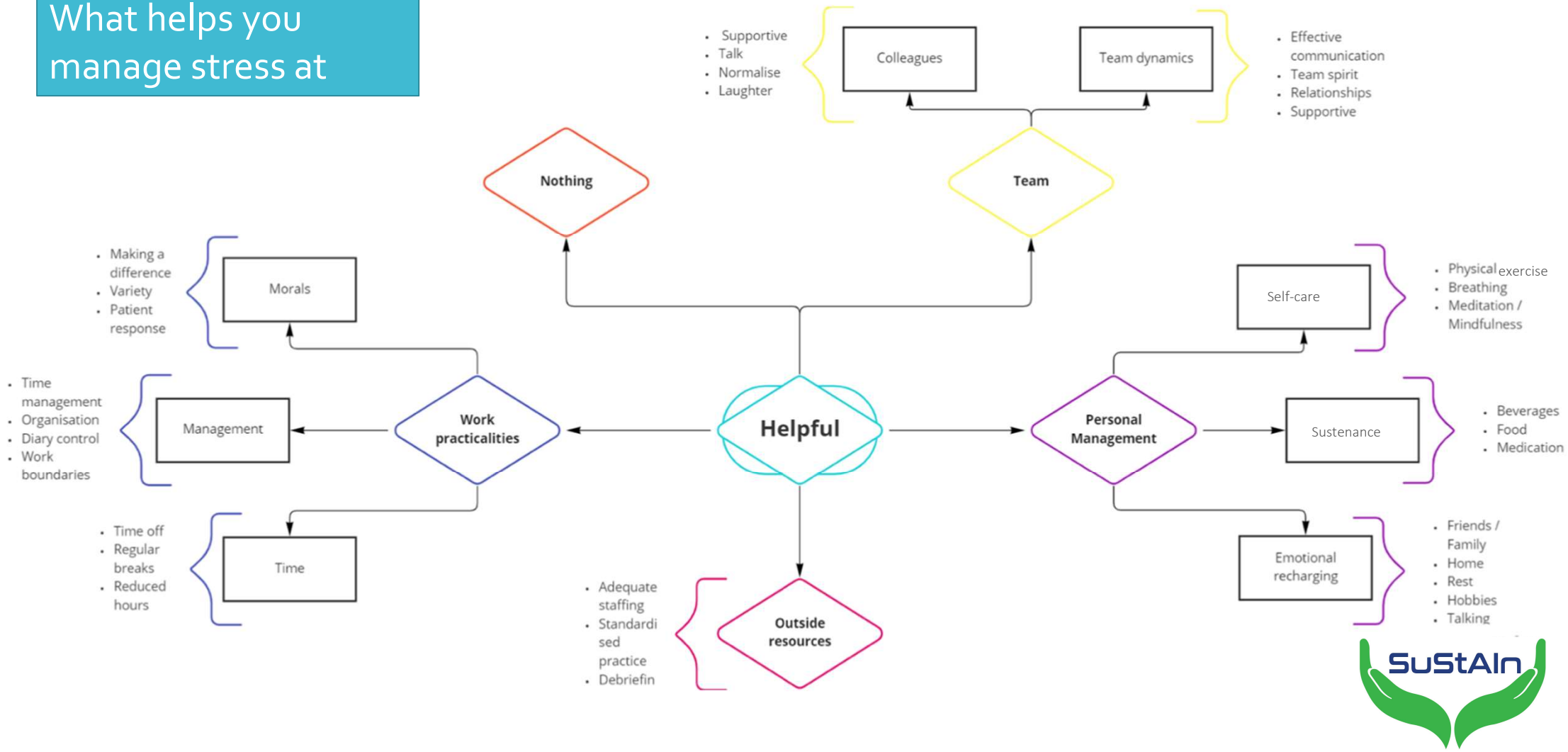

Score Results by Role
SuStAIn
50
45
40
35
30
25
20
15
10
5
0
Administrative
Doctor
HCA/SW
Midwife
Nurse
Operating Department Practitioner
Sonographer
Average of Compassion Satisfaction Score
Average of Secondary Trauma Stress Scale
Average of Burnout Scale

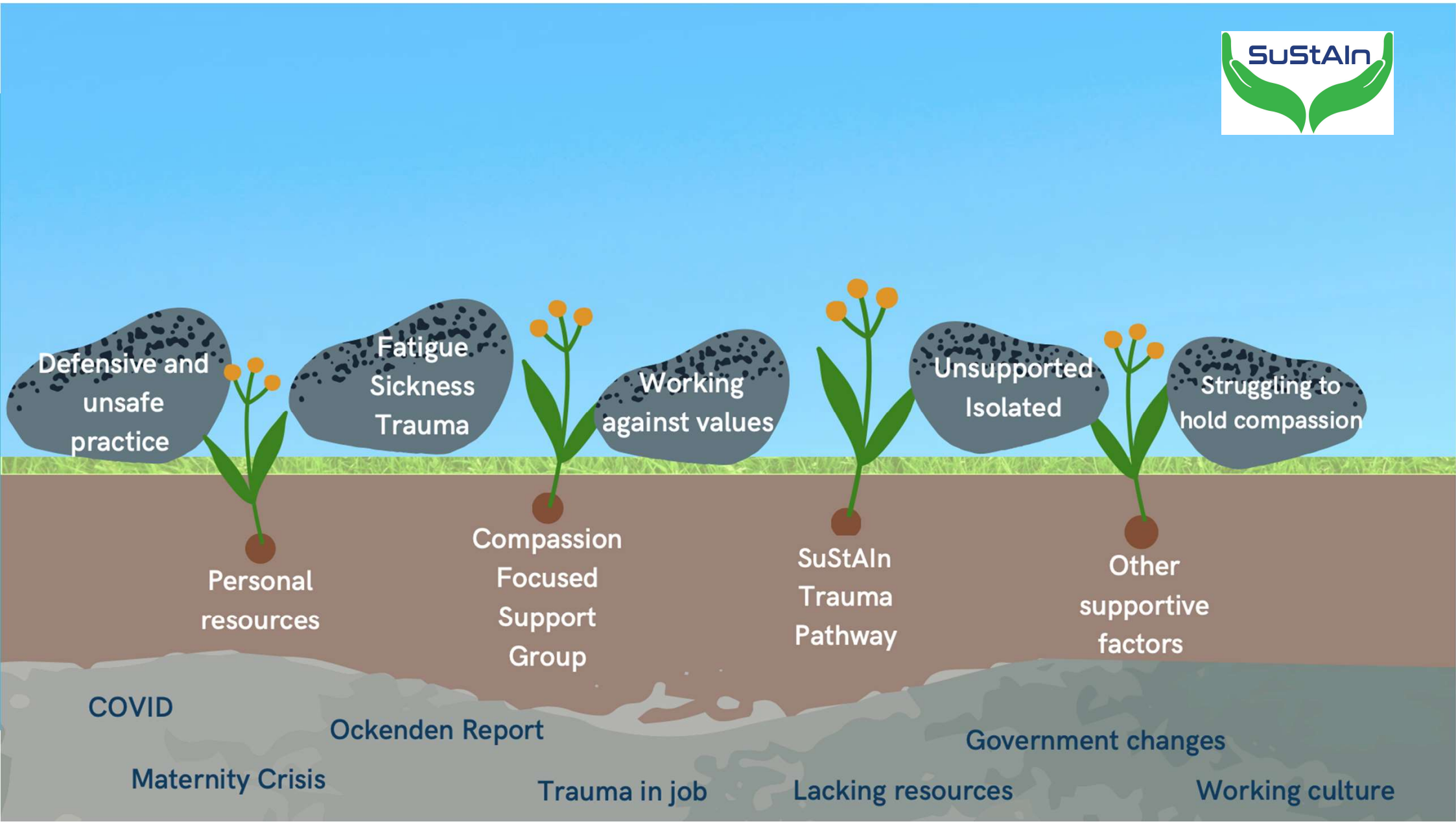
What do you consider the most stressful part of your



miro

What helps you manage stress at




SuStAIn
Defensive and unsafe practice
Fatigue Sickness Trauma
Working against values
Unsupported Isolated
Struggling to hold compassion
Personal resources
Compassion Focused Support Group
SuStAIn Trauma Pathway
Other supportive factors
COVID
Ockenden Report
Maternity Crisis
Trauma in job
Government changes
Lacking resources
Working culture

Reported Thoughts about the intervention

kind and thoughtful approach my thoughts and feelings were validated

I was unclear that the conversation was as part of the sustain process- had I known it was, I would have discussed in more detail but I believed at the time it was somebody just briefly checking in.

at present time there is no follow up care apart from occupational health which for me personally only just had been through.

It felt very caring and positive to have a **difficult situation acknowledged** and be able to explore my feelings around that.

Reported thoughts about the whole process

Great initiative! Really important way of providing support and potential role in identifying recurring problems/ issues within systems or individuals.

I really appreciate just the knowledge that there is a system in place for myself and my colleagues following an event that is concerning for them. Knowing the support was coming, was help in itself.

I feel there needs to be more lower grade staff as people are more likely to talk if its peer to peer, also more advertising how to start the process.

Sustain – challenges and barriers

Our primary challenges : Engagement , FINANCE , Time

Engagement

- Increase inclusion/recruitment
- Embed/normalise the process
- Increased, and more open, support from organisation

Funding

- Clear support for engagement in training is essential
- Currently administrative and leadership burden is high
- Psychology input is essential

Time

Individual time commitment is high at the moment

?Improve with expansion of team

Overcoming barriers

- Demonstrate effect – short and longer term
- Growth and recruitment
- Increase organisation buy in
  - Psychology
  - ?Data platform
  - Expansion

Any questions

matt.julian@nhs.net

- Also, we need to acknowledge the contributions of
  - Rachel Roberts
  - David Viira
  - Victoria Weare

References

- B. Hudnall Stamm, 2009-2012. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL)