

**Your unit’s name:**

 **Your ODN:** Choose an item.

**Email address:**

When you have completed this tool, the data will be fed anonymously into an Intensive Care Society Database. Please indicate if you do NOT wish for this to happen.

I do NOT consent for my data to be used. [ ]

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**Published:** October 2021.

If you have any questions or comments regarding the tool, please email wellbeing@ics.ac.uk.

Assurance and Improvement Tool v2

Intensive care as a positive place to work:

Workforce wellbeing best practice framework

**Purpose of this tool**

This is a tool to enable your intensive care unit to self-assess against the Intensive Care Society Workforce Wellbeing Best Practice Framework (published October 2020). It is intended to highlight strengths in your unit’s approach to the experience of work and spotlight those areas for further work. We recommend that this process is carried out by a group of representatives across your intensive care unit, including clinical staff, the management team, wellbeing lead, in addition to input from your wider operational management and clinical leaders. Ideally this should be done as a joint process to allow time for discussion.

**Instructions for the tool**
 **Assurance section**: There are ten core recommendations, which are then further subdivided into four key factors. Use this tool by self-assess against the four factors under each recommendation, scoring each factor as “Not met”, “Partially met”, or “Fully met” using the drop-down box in the right-hand column.

**Improvement section**: Write the action(s) (or ideas for action) which need to be taken to improve your unit's progress for the recommendation. Ensure that you add who is responsible for the action, along with the action deadline.

**Recommendation 1 (purposefully at the end of the tool)**
We recommend as a fundamental principle that the approach to wellbeing is primary preventative and focussed on the core conditions to thrive at work, rather than solely the provision of wellbeing support.

We advise that you go through recommendations 2-10 with this in mind, and then we will prompt you to consider this overarching principle at the end of this form.

Recommendation2: Effective leadership is fundamental to staff wellbeing.

## Background

Relationship with managers, and having the right leadership approach, is the strongest predictor of workplace wellbeing. Interventions and initiatives to develop leaders are largely considered to be a primary level of intervention. Leaders should create conditions for setting the core purpose and direction of the service. It is important for belonging that staff feel they can make some contribution to shaping this direction.

Leaders should support the team culture through a willingness to set the scene for psychological safety, inviting continuous feedback. They should also ask and listen at every available opportunity - ensuring visibility and availability of support. Leaders should be supported to develop their self-awareness and emotional intelligence, which should include their knowledge of psychological trauma and staff wellbeing.

The intensive care unit benefits from the functionality of its Clinical Director, Matron/Lead Nurse, and Operational Manager, and the ongoing relationship between this triumvirate and more senior hospital management. The questions relate to the clinical leaders within the intensive care unit- band 7 nurses, band 8 nurses, operational management, clinical director, allied health, and other clinician leads

## 2a. Assurance Tool for Recommendation 2

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| **2.1** | **LEADERSHIP SELECTION:** Processes are in place to select leaders for their values, behaviours, and attitudes as well as their technical performance. Those attitudes should include a transformative and compassionate approach. | Choose an item. |
| **2.2** | **LEADERSHIP SELF AWARENESS:** New leaders can access to training, coaching/mentorship and 360-degree leadership evaluations such as the NHS Healthcare Leadership model, are supported to develop their self-awareness and emotional intelligence, and have knowledge of psychological trauma and staff wellbeing. | Choose an item. |
| **2.3** | **COLLECTIVE LEADERSHIP:** Opportunities are available for staff to learn their role to play in the strategic direction of the service (for example, it is integrated in PADRs, job plans, meetings). | Choose an item. |
| **2.4** | **LEADING FOR WELLBEING:** There is an ICU Wellbeing Lead, with protected time to focus on wellbeing and a recognised mental health profession (for example, Practitioner Psychologist). | Choose an item. |

## 2b. Unit Improvement Questions for recommendation 2

Please use the following to answer this section:

* With regards to this recommendation, what are our ideas and plan of action.
* Who is responsible.
* Review date.

# Recommendation 3*:* Staff need clear communication and opportunities to feel engaged with the work.

## Background

Engagement is considered the opposite end of the spectrum to burnout. Therefore, a key mitigating factor in workforce wellbeing is how leaders should engage and include all staff. Staff should be kept informed and involved in all changes, and specifically, those that will likely affect them, although the pragmatics of this will vary depending on the size of the unit and the time available to the management team.

## 3a. Assurance Tool for Recommendation 3

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| **3.1** | **COMMUNICATION:** Communication on the unit takes a network approach (for example, Band 5, 6 ,7 meetings, newsletters, briefings) | Choose an item. |
| **3.2** | **FEEDBACK:** There is a system in place for continuous feedback from all staff (for example, meetings or a designated email) | Choose an item. |
| **3.3** | **UNDERSTANDING:** New staff have an induction to understand how the department is managerially structured, and how its processes are supposed to be functioning | Choose an item. |
| **3.4** | **CONTRIBUTION:** Individuals have the opportunity to put their ideas into practice to develop and innovate the team | Choose an item. |

## 3b. Unit Improvement Questions for recommendation 3:

Please use the following to answer this section:

* With regards to this recommendation, what are our ideas and plan of action.
* Who is responsible.
* Review date.

# Recommendation 4*:* Job design and access to job-related resources (especially staff) impacts people's ability to care for patients, and therefore staff wellbeing.

## Background

A core part of the experience at work is the way that the working day is designed, and the balance of demands and resources. A useful framework for understanding this is the Job Demands-Resources model. When job demands exceed the resources, there is a risk of work-related stress. In addition, scarcity theory indicates that when resources are low in any area, it becomes an additional burden of focus and reduces cognitive capacity. For example, if staffing is stretched, staff inevitably become focussed on staffing levels, and reduced in their ability to consider other issues, impacting on innovation (at least) and potentially leading to clinical error.

## 4a. Assurance Tool for Recommendation 4

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| **4.1** | **STAFFING:** Staffing and staffing ratios adhere to the standards set in [GPICS V2](https://www.ics.ac.uk/ICS/ICS/GuidelinesAndStandards/GPICS_2nd_Edition.aspx), with annual audits and a workforce tracker; workforce planning is in place | Choose an item. |
| **4.2** | **ROSTERING:** Staff rostering complies with Health and Safety Executive recommendations for sleep and rest and the working day allows for downtime and breaks | Choose an item. |
| **4.3** | **JOB DESIGN/PLAN:** Staff should be able to find meaning and purpose within their role and have some choice and autonomy at work. Junior staff may not have job plans but have chance for autonomy through projects and innovation. Senior staff job plans are flexible and consider an individual's changing needs over their career; are linked to strategic aim of service; is available for band 7s as well as consultants | Choose an item. |
| **4.4** | **APPRAISAL:** A consistent appraisal approach for all staff is in place. This offers opportunity for engagement and belonging and encourages talent and new opportunities. | Choose an item. |

## 4b. Unit Improvement Questions for recommendation 4:

Please use the following to answer this section:

* With regards to this recommendation, what are our ideas and plan of action.
* Who is responsible.
* Review date.

# Recommendation 5: Access to education and opportunities for progression improve people's experience of work, sense of purpose and development.

## Background

Education is fundamental to staff recruitment and retention but, with staffing pressures, some units struggle to protect this vital resource. The Education team should be multi professional, and include the training of established staff, as well as more junior or newer staff. Staff should stand a fair chance for progression, and engagement with formal and informal education is an element of this.

## 5a. Assurance Tool for Recommendation 5

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| **5.1** | **STANDARDS:** The Education team is (at least) at the minimum ratio set by [GPICS V2](https://www.ics.ac.uk/ICS/ICS/GuidelinesAndStandards/GPICS_2nd_Edition.aspx). Learning objectives are aligned with national standards for intensive care. | Choose an item. |
| **5.2** | **FAIRNESS:** There is a clear, open, and transparent structure for how all individuals can apply (e.g. an application form) and be allocated funding for education or attendance at meetings. | Choose an item. |
| **5.3** | **TIME:** Allocated time or time back for training; Protected learning days are used to bring the team together to learn, improve and build better relationships | Choose an item. |
| **5.4** | **CONTINUOUS LEARNING:** There is a move towards a learning environment, e.g. The Paediatric Intensive Care framework, Learning from Excellence, has been considered to encourage an innovative environment | Choose an item. |

## 5b. Unit Improvement Questions for recommendation 5:

Please use the following to answer this section:

* With regards to this recommendation, what are our ideas and plan of action.
* Who is responsible.
* Review date.

# Recommendation 6*:* A safe and fit for purpose physical environment with both essential facilities for staff and infrastructure for patient care are essential to staff experience of work.

## Background

Ensuring the good provision of adequate facilities for staff helps to highlight the value placed on them by the department, and by the wider organisation.

## 6a. Assurance Tool for Recommendation 6

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| **6.1** | **SOCIAL SPACES:** Clean, comfortable, and well looked after social areas are available | Choose an item. |
| **6.2** | **REST AND CHANGING:** Rest and showering/changing facilities are provided | Choose an item. |
| **6.3** | **LIGHT:** All users of the service have access to natural light | Choose an item. |
| **6.4** | **MEETING SPACES:** All users of the service (patients, visitors, and staff) have access to formal and informal spaces to come together (staff rooms and education/meeting rooms, family rooms) | Choose an item. |

## 6b. Unit Improvement Questions for recommendation 6:

Please use the following to answer this section:

* With regards to this recommendation, what are our ideas and plan of action.
* Who is responsible.
* Review date.

# Recommendation 7: Relationships with peers and unit culture should be actively shaped by leaders.

## Background

Workforce culture can be defined as “how we do things around here” and is the collective values and beliefs influenced by the core nature of the work, history, leadership, and key individual. The 24-7 nature of the ICU can disintegrate the sense of team, so we need to encourage teams to spend time together to build relationships and develop a culture of talking and spending time together.

## 7a. Assurance Tool for Recommendation 7

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| **7.1** | **TIME TOGETHER:** Teams are encouraged to spend time together; meeting structure; huddles; simulation etc. | Choose an item. |
| **7.2** | **PSYCHOLOGICAL SAFETY:** A culture of psychological safety is enabled (including freedom to speak up process, and a Just Culture approach). | Choose an item. |
| **7.3** | **PEER SUPPORT:** Formalised Peer Support models are available. | Choose an item. |
| **7.4** | **HEALTHY WORKING RELATIONSHIPS**: Buddying Schemes; Strained relationships and bullying are proactively managed; use of Civility Saves Lives; local Workforce/Human Resources procedures are in place to manage repeated bullying behaviour. | Choose an item. |

## 7b. Unit Improvement Questions for recommendation 7:

Please use the following to answer this section:

* With regards to this recommendation, what are our ideas and plan of action.
* Who is responsible.
* Review date.

# Recommendation 8: Monitor & measure wellbeing and factors which are influencing it.

## Background

Consider an annual wellbeing measure in your unit (for example, HSE Management Standards Indicator Tool) and act on the findings of that tool. It is worth having a Wellbeing Lead, with dedicated time and expertise to deliver this measure, and consider embedding wellbeing within continuous improvement cycles.

## 8a. Assurance Tool for Recommendation 8

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| **8.1** | **MEASURE:** Regular (e.g. annual or bi-annual) wellbeing measure (e.g. HSE Management Standards Indicator Tool) is taken | Choose an item. |
| **8.2** | **TAKE ACTION:** Findings from the annual wellbeing measure are translated into an action plan | Choose an item. |
| **8.3** | **LEAD:** Wellbeing Lead is employed (with dedicated time and expertise to deliver this measure in conjunction with the management team) | Choose an item. |
| **8.4** | **LEARN:** The experience of staff at work is embedded within continuous improvement cycles, which includes feedback to staff on active processes to improve the core conditions of work. | Choose an item. |

## 8b. Unit Improvement Questions for recommendation 8:

Please use the following to answer this section:

* With regards to this recommendation, what are our ideas and plan of action.
* Who is responsible.
* Review date.

# Recommendation 9: Understand and mediate the staff stress and trauma response.

## Background

The clinical nature of caring for the intensive care patient shapes the staff, their relationships with each other, and with external departments. Working with high workload, with high acuity, complexity, sometimes limited options for treatment, high death rates and trauma shape the natural coping tendencies of intensive care staff. Staff are then vulnerable to psychological and moral distress, and sometimes mental health problems. Staff will sometimes utilise avoidant methods of coping to manage high exposure to psychological trauma. Staff benefit from learning how to manage the demands of their role and recognise the way stress may manifest for them, including recognising symptoms of post-traumatic stress and offering systems to process trauma through individual and group conversations. However, it is also important to note the definition of work-related tress where demands exceed resources and not lay the locus of disturbance in the individual alone.

## 9a. Assurance Tool for Recommendation 9

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| **9.1** | **STAFF TRAINING:** A person with a recognised professional qualification in mental health or psychology provides awareness training regarding work-related stress | Choose an item. |
| **9.2** | **MANAGEMENT TRAINING:** Managers are trained in wellbeing awareness for their staff | Choose an item. |
| **9.3** | **CHECK IN:** Regular check-ins are held at the start and end of the shift, particularly in more testing shifts; potentially including principles of psychological first aid | Choose an item. |
| **9.4** | **REFLECTION:** Reflective practice approaches are used to process the emotional burden of the work (e.g. Reflective Rounds, Schwartz Rounds, Compassion Circles and team supervision) | Choose an item. |

## 9b. Unit Improvement Questions for recommendation 9:

Please use the following to answer this section:

* With regards to this recommendation, what are our ideas and plan of action.
* Who is responsible.
* Review date.

# Recommendation 10: Intensive care staff should have access to professional support and evidence-based Psychological Therapies.

## Background

The nature of the work is such that some will find they need a professionally trained confidential space to reflect and recover from work-related stress. For others, the pressures outside of work can make work feel untenable. Embedded professional Practitioner Psychologists within the multi-professional team to work with staff, patients and families is a gold standard model recommended by [GPICS V2](https://www.ics.ac.uk/ICS/ICS/GuidelinesAndStandards/GPICS_2nd_Edition.aspx).

## 10a. Assurance Tool for Recommendation 10

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| **10.1** | **OCCUPATIONAL HEALTH:** Staff can access occupational health at work | Choose an item. |
| **10.2** | **PEER SUPPORT:** A Peer Support approach is made available | Choose an item. |
| **10.3** | **SIGNPOSTING:** Information about local wellbeing resources is promoted within the unit | Choose an item. |
| **10.4** | **INTERVENTION:** There is an embedded professional Practitioner Psychologist for staff delivering evidence based psychological therapies and direct wellbeing support to staff | Choose an item. |

## 10b. Unit Improvement Questions for recommendation 10:

Please use the following to answer this section:

* With regards to this recommendation, what are our ideas and plan of action.
* Who is responsible.
* Review date.

# Recommendation 1: The fundamental principle of this framework is that intervening for wellbeing should focus on primary preventative measures to enable for conditions to thrive and be well at work.

**Background**
Primary preventative measures include approaches to job design, job resources, education, communication, engagement, infrastructure, and environment.

Secondary and tertiary interventions include wellbeing education and access to psychological therapies.

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| **Having completed this tool, how would you rate your unit on its focus on primary preventative measures?**Not met – We have no focus on wellbeingPartially met - We have some preventative principles, but we mainly consider wellbeing through secondary and tertiary measuresFully met – Our focus is preventative | Choose an item. |