



Wellbeing is the **Golden Thread** that runs through our work

In the Intensive Care Society, we have advocated for staff wellbeing to be a key driver in intensive care.

Staff wellbeing directly drives clinical quality and safety. In high-acuity environments like intensive care, workforce mental health is not a peripheral “add-on”. It is the foundational framework that protects our staff and patients. True wellbeing is a dynamic state requiring changes to job design, leadership, and proactive culture.

The [Intensive Care Society \(ICS\) Workforce Wellbeing Best Practice Framework](#), first written in 2020 and revised in 2026, was the basis of the Thriving at Work programme that followed. The key message: staff wellbeing is not the cherry on top of the cake, it should be the golden thread that runs through all that we do.

The Core Philosophy: The 3-Level System

Wellbeing cannot rest solely on individual resilience. It must be integrated across three system levels: system (the whole unit); team (staff groups within the ICU) and individual.

Systemic Factors

Adapting the physical environment, scheduling, and organizational design to meet Health and Safety Executive (HSE) standards.

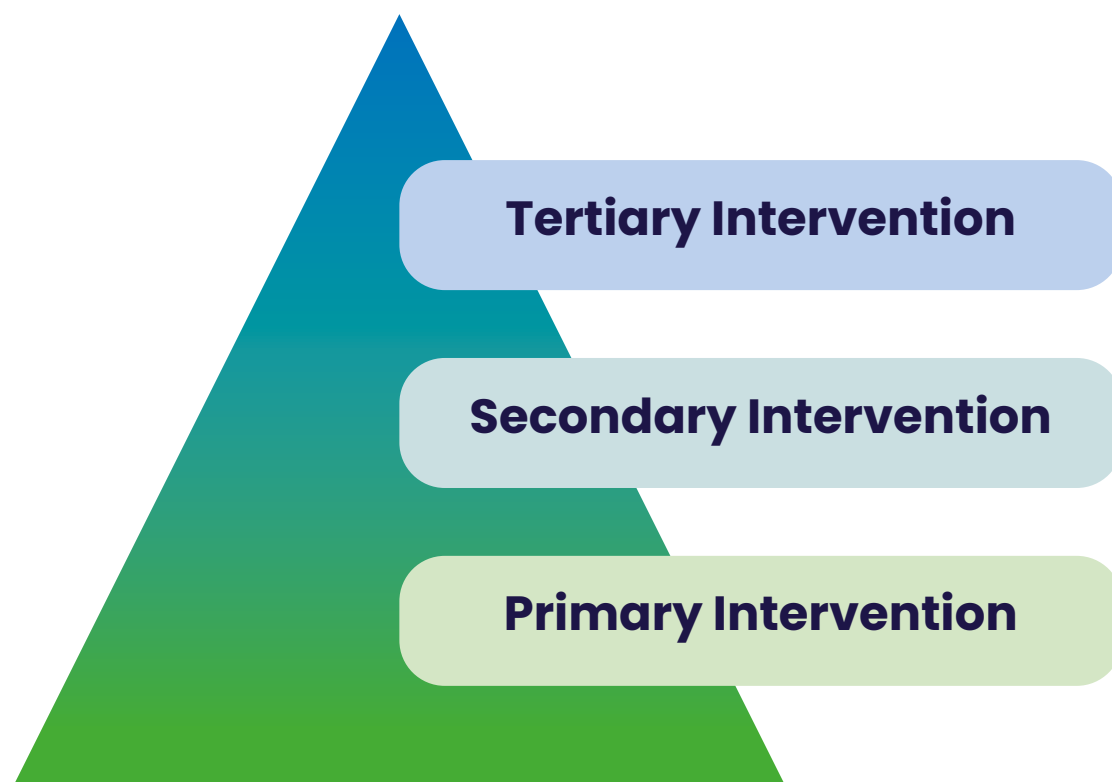
Team Dynamics

Cultivating supportive peer structures and psychologically safe units.

Individual Skills

Equipping staff with tools for stress management and processing moral distress; individual job design to balance demands with resources.

The 3 Tiers of Intervention



ICS Thriving at Work advocates for three tiers of intervention

Primary Prevention (Proactive Systems & Conditions)

- **Job Control:** Giving staff greater autonomy and clinical input.
- **Rostering Systems:** Aligning rotas with sleep science to prevent severe fatigue.
- **Workplace Value:** Fostering cultures where employees feel visible and appreciated.
- **Staffing Safeguards:** Audit and adhere to strict national staffing ratios as mandated in GPICS V3. Maintain a forward-looking workforce tracker to manage high-turnover vacancies and succession planning.
- **Career Flexibility:** Design flexible job plans that adapt to an employee's changing needs over their career lifespan.
- **Infrastructure Investment:** Provide clean social areas, showering facilities, and direct access to natural light to reduce operational strain.
- **Targeted Pastoral Care:** Ensure access to pastoral support, considering some of the higher risk, rotating, or short-term staff.



Secondary Intervention (In-the-Moment Support)

- **The ICU Huddle:** Running structured team brief/debrief sessions as part of the clinical shifts.
- **Shift Checklists:** Considering the End of Shift Checklist to separate work from home life.
- **Trauma Response (TIM):** Implement the [TIM: Team Immediate Meet](#) tool immediately following any clinical event causing acute distress.
- **Micro-Pauses:** Normalise the use of a “Mindful Minute” to reset physiological stress during shifts.
- **Peer Support:** Training embedded unit members to have supportive conversations.
- **Professional Nurse Advocates:** Supporting staff through restorative clinical supervision.



Tertiary Intervention (Responsive or post-hoc Care)

- **Post Event Team Reflection:** Using the ACP UK guidelines to offer post-event reflective group support.
- **Psychological Care:** Securing direct, fast-tracked paths to evidence-based psychological therapies and occupational health services.
- **Managing Loss:** Deploy the [Unexpected Death of a Colleague First Aid Kit](#) to manage communication and acute shock following a workplace loss.

