

The CLAP Study

Summary of Findings

*Caring, Learning And Pandemic response during COVID-19:
NHS Staff Experience of Working in Critical Care*





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Caring, Learning And Pandemic response during COVID-19: NHS Staff Experiences of Working in Critical Care

Executive Summary

Background and aim

The unprecedented demands on critical care units in the UK as a result of the COVID-19 pandemic have led to a variety of changes in staff working. This study explored frontline NHS staff experiences of working in critical care during the first wave of the COVID-19 pandemic. The study, funded by Medical Research Scotland through a COVID-19 Research Grant [CVG-1739-2020], and supported in part by the Wellcome Trust [209519/Z/17/Z], has helped us generate a set of recommendations. These focus on how to help staff to cope at an individual level, but also for organisations to consider how best to support staff, both now and in future surge situations like the COVID-19 pandemic.

Methods

We conducted semi-structured telephone interviews from August to October 2020 with 40 staff from four critical care units in Scotland and England (HRA ref: (20/HRA/3270). We included a range of professions (nurses, doctors, AHPs, ODPs, ward clerks) and sought the experiences of those both trained and experienced in critical care and those who were redeployed. We employed Rapid Analysis^{1,2} to analyse the data and generated several recommendations (overleaf).

Key findings

Themes that were generated through the rapid analysis led to several key findings that centred on:

- Learning and preparation
- Adjusting to new working
- Information
- Practicalities of care
- Communication/End-of-life care
- Impact on self and wellbeing

Conclusions and future work

COVID-19 has changed working practices in critical care and profoundly affected staff physically, mentally and emotionally. Adequate resourcing in terms of trained staff, appropriate equipment, a reliable supply chain of PPE and psychological support services should be made available to the health service to protect staff and mitigate the impacts of the virus.

Study Team

Chief Investigator: Catherine Montgomery **Co-Investigators (listed alphabetically):** Annemarie Docherty², Sally Humphreys³, Corrienne McCulloch⁴, Natalie Pattison⁵, Steve Sturdy⁶

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The CLAP Study Recommendations

Caring, Learning And Pandemic response during COVID-19:
NHS Staff Experiences of Working in Critical Care

Catherine Montgomery¹, Annemarie Docherty², Sally Humphreys³, Corrienne McCulloch⁴, Natalie Pattison⁵ & Steve Sturdy⁶

IRASID: 285891
HRA Ref:
20/HRA/3270
Funder: Medical
Research Scotland
CVG-1739-2020



4 Critical
Care Units
in England
& Scotland



40 semi-structured
telephone
interviews
between August
- October 2020



Inclusion Criteria:
Critical Care &
redeployed Nurses,
Drs, AHPs, ODPs
& Ward Clerks

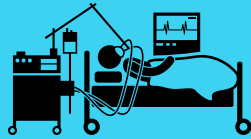


Data
Analysis:
Rapid
Analysis
technique

Learning & Preparation



Assess & do competency
training for all staff
up-front, especially newly
qualified staff



Structured orientation &
competencies focusing
on technical, logistical &
interpersonal aspects of
Critical Care working



Consistent training in
preparation for working in
Critical Care & COVID
areas



Self-directed
learning
where
requested



Orientation for
re-deployed staff to
physical layout of
Critical Care



Recognise burden of
training others,
supportive
leadership/mentorship
training needed

Adjusting to New Working



Reassure staff they
are not 'wasting
PPE' if they take
their breaks; aim
for maximum 4
hours in PPE



Night shift staff need
equitable access to
food, mental health
support & visibility of
senior staff



Social spaces
for staff big
enough to
allow social
distancing



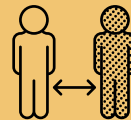
Staff should enter and
leave the unit in pairs
to check PPE & ensure
wellbeing



Reassure staff
about PPE supply
chain



Senior managers
visible daily, visiting
critical care where
possible, regular
checking-in is
important



Sufficient
donning &
doffing space
so staff don't
feel at risk



Flexibility around
redeployed staff
working patterns &
consideration of fixed
period of redeployment

Information



Daily huddle for
identifying &
actioning local
issues



Single centralised source
of up-to-date trustworthy
information accessible
in COVID areas



Daily-updated
folder in all
areas & clear
communication
at handover



WhatsApp groups as
a source of strength
& solidarity as well as
information sharing



Ability to access
information about
unit staffing demands
when not on-shift to
lessen anxiety

Staff Support & Wellbeing



Mental health risk
assessment for all staff,
with structured support
programme



Consult mental health
professionals about
appropriate forms/timing
of debrief & commit
resources



Consider
offering group
as well as
individual
psychotherapy



Facilitate exchange
& celebrate staff
contributions across
critical care &
re-deployed staff



Recognition
to staff of
what they
have been
through



Bookable appointments
for mental health
support services, not
just ad-hoc/ward
availability



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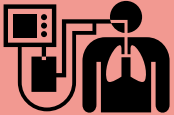


Inclusion Criteria:
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Data
Analysis:
Rapid
Analysis
technique

Practicalities of Care



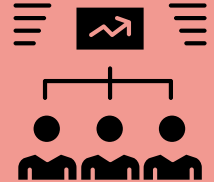
If possible COVID Critical Care should not be set up from scratch in a new area as these are the sickest patients & equipment familiarity/layout is important for swift treatment



Managers prepare staff with appropriate expectations eg patient acuity, staff ratios, role expansion, patient mortality rates, levels of personal care

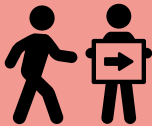


Buddy system/shadowing for all redeployed staff including those with previous but not recent experience



Where unit capacity requires increased staffing, plans in place to facilitate rapid staff deployment

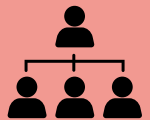
Clear up-to-date
signage for
equipment
& supplies



Redeployed staff included in email/WhatsApp communication circulated to all staff



More proactive support & visibility from senior management



Communication & End of Life Care



Prepare training & equipment for remote consultations early on



Training for staff in how to communicate with families remotely



Training/resources for all staff around communicating difficult news to families & keeping families updated without raising hopes/fears unreasonably



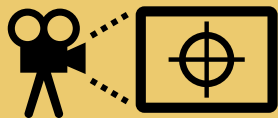
Education on DNA CPR orders



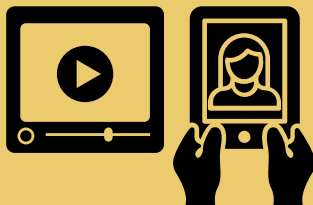
Clear protocols about death, patient care & belongings



Recognition of the impact on non-clinical staff of communicating with families & managing the administration of large numbers of deaths



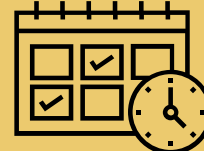
Prepare a film of the unit, make it widely accessible to families to give them a sense of the place



Enable families to see patient's progress/decline through synchronous & asynchronous secure video conferencing to establish/maintain connections with families



Family liaison team with primary responsibility for providing family support



Schedule calls so families are prepared



Allow at least 1 family member at end of life, with procedures in place

