VAST Programme

Valuing All Staff Together:
Growing and Training our Future Workforce

Executive Summary

North West Paediatric Critical Care, Surgery in Children & Long Term Ventilation Operational Delivery Network

CONTENTS

GLOSSARY AND ABBREVIATIONS

AHP: Allied Health Professionals
C&M: Cheshire and Merseyside
ED: Emergency Department
EHW: Emotional Health and Wellbeing, often synonymous with mental health
GM: Greater Manchester
HCSW: Healthcare Support Workers, including Healthcare Assistants, Support Workers, Family Workers, and other unregistered support staff
HEE: Health Education England
L&SC: Lancashire and South Cumbria
NW: North Wales
NWODN: ODN footprint area
ODN: Operational Delivery Network
PCC: Paediatric Critical Care
POA: Paediatric Observation and Assessment
Regional leads: Educators leading the implementation of the VAST programme based in C&M, GM, and L&SC

EXECUTIVE SUMMARY

Introduction
Using funding obtained through Health Education England (HEE), as part of the Respiratory Surge in Children Programme, the North West Paediatric Critical Care, Surgery in Children and Long-Term Ventilation Operational Delivery Network (ODN) initiated the VAST Programme. This sought to support paediatric teams to reflect on their post COVID-19 pandemic experiences across the Integrated Care System (ICS) and ODN footprint. The VAST Programme gave the opportunity to understand the effects of the COVID-19 pandemic, including how these affected children's services and personnel. This is essential to meet both currents and future respiratory surge service demands. This included any suggested changes to service delivery and their effects on staff resilience and well-being.

Aim:
The key aim of the VAST programme was recognising the recent challenging times faced by the NHS, and the impact this has had on wellbeing in CYP areas, to further grow, train and develop the future workforce. The programme aims to reflect on the experiences of all staff during the COVID-19 pandemic and in the post covid respiratory surge to both acknowledge staff experience and inform future staff training for both clinical and non-technical skills.

Objectives:
- To undertake a training needs analysis across the ODN footprint's paediatric workforce
- To identify key themes of challenges and areas of best practice derived from the training needs analysis
- To devise an educational or development package and disseminate across the ODN footprint's paediatric workforce.
- To develop a clear implementation plan to ensure continuity of this work, and optimise sharing and learning

The programme was open to all staff who were involved in CYP's services, or were moved out of them, since March 2020. This was to include the COVID-19 pandemic and respiratory surge in children. The VAST Programme was inclusive and strived to embrace clinical and non-clinical staff across all roles. It acknowledged the fundamental changes to normal working experienced by staff across the workforce and aimed to reflect this.

This report sets out the key findings of the training needs analysis.

Methodology
The VAST Programme training needs analysis comprised of a staff survey of the ODN footprints paediatric workforce, accompanied by interviews and focus groups. It followed the process set out in NHS Digital's Education and Training Standards (NHS Digital 2021). Extensive stakeholder engagement was fundamental to the development and implementation of the VAST Programme. These stakeholders were involved throughout the development of the programme and included representatives from medical, nursing, allied health professional, and administration staff. They were from a variety of roles including management, senior management, education, and clinical practice. This included those involved in both provider and commissioner services.

Stakeholders identified which topics the VAST programme training needs analysis should cover. Pareto analysis was used to identify stakeholder's most prevalent topics to become the focus of the survey. These areas were:

- working out of area
- staff absence
- training needs and training access
- digital technology
- staff emotional health and wellbeing, and morale
- increased acuity of patients (physical health)
- increased acuity of patients (emotional health and wellbeing)

Survey questions were designed by the regional leads to address these topics. The survey was piloted in three trusts across the region. Feedback from pilots was used to make changes prior to launch of the survey. The survey ran for eight weeks during August and September 2022.

Focus groups and interviews were used to provide a more in-depth perspective from respondents, giving greater context to survey results. Following initial review of the survey responses, key areas for greater exploration were identified by the VAST Programme regional leads. These were:

- experiences and perceptions of being moved out of their normal area or role during the pandemic
- experiences and perceptions of support received during the pandemic
- experiences and perceptions of training and development during the pandemic
- perspective on the current situation or experience in work

Focus groups and interviews took place over two weeks in October 2022.

Thematic analysis was used, following the widely used six-step approach of Braun and Clarke (2006). In addition, each step in the process was subject to triangulation by the regional leads, even though each region's analysis was distinct. Initial analysis was undertaken using functions of Microsoft forms. Pareto analysis was employed to identify the most impactful or prevalent areas for focus.

Findings

A total of 642 valid survey responses were received. The breakdown of respondents was C&M= 151, GM= 308, IoM= 3, L&SC= 108, NW= 81, and non-regional= 1. As some staff reported working across multiple regions (10) this represents total cited frequency for each region.

A total of 10 interviews were undertaken (C&M n=4, GM n=4, and L&SC n=2) and 12 staff attended focus groups collectively (C&M n=2, GM n=4, NW n=3, and L&SC n=3).

Training needs and training access
The COVID-19 pandemic had a considerable impact on staff experiences of training, with 70% of respondents reporting their training had been affected in some way. Participants identified

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several themes related to the impact of the pandemic on training needs and training access. This included impact on training, training needs, and support and access. There was some variation in how staff members perceived effects on their training

The three most widespread changes to training and access identified were:
- most training moved online
- non-essential training was cancelled
- more remote training

The three most prevalent training needs due to the pandemic experience, which were not met, were:
- use of Personal Protective Equipment
- Basic Life Support
- advanced clinical skills

Digital technology
The pandemic saw an increase in the use of digital technology, including virtual meetings, patient consultations, and an increased move towards paperless systems. 86% of respondents reported that changes in digital technology were seen in their workplaces and teams, 52% reported that changes affected their service and patient care. Participants identified several themes related to digital technology use during the COVID-19 pandemic. This included accessibility, communication, education, impact on patients, service impact, staff emotional health and wellbeing, technology difficulties and virtual technology. There was some variation in how digital technology impacted services and workplaces between staff groups and regions. Staff who had received training in digital technology were significantly more likely to feel positively about its impact on their service and workplace.

Increased Acuity of Patients (Emotional Health and Wellbeing)
During and post pandemic there was a rise in the number of patients presenting with emotional health and wellbeing needs. This was noted by 78% of participants seeing an increase in the number of emotional health and wellbeing patients across the North West. Only 22% of participants reported that they felt adequately prepared to care for these patients and families. Themes were identified around the increase acuity of CYP with emotional health and wellbeing needs including the effects on staff emotional health and wellbeing, increased number of patients, and lack of training to support emotional health and wellbeing patients.

Participants identified key preparation needs to support CYP's emotional health and wellbeing, the three most significant of which were:
- basic/essential emotional health and wellbeing training
- specialist emotional health and wellbeing support
- escalation/de-escalation management training

Increased Acuity of Patients (Physical Health)
The results showed that 50% of participants found an increase in acuity of patients, and 16% of respondents felt like they were not adequately trained or prepared to care for these patients. Two themes emerged, the effects of higher acuity patients, and being unprepared. Staff who reported that they felt inadequately trained or prepared were given the opportunity to suggest what would need to change to address this.

Participants identified key preparation needs in order to care for these CYP, the three most significant of which were:
- sufficient equipment/resources
- equipment training

- PIMS-TS management

Working out of area

During the pandemic and following winter surge, staff had to work out of area – to various locations for a variety of reasons. 34% of participants reported that they worked out of area during the pandemic, this included 32% of inpatients staff and 50% of community/outpatient staff. Of these participants, 45% reported feeling supported when they moved to a new area.

Although there is some variation, moving to adult services, whether general adult wards, or adult critical care were a near universal experience across work settings and professions. Only a small minority of staff who were moved to adult areas reported feeling prepared for this. Across the ODN footprint, the three most common areas were adult general wards, adult critical care and paediatric inpatients (general wards). Participant responses revealed themes comprising adult care, logistics, new area, and staff emotional health and wellbeing.

Staff absence

Across the ODN footprint, 76% of staff reported observing a significant increase in staff absence, 80% of whom said that this had a negative impact on their workplace. Staff identified two themes resultant from staff absence: the impact of staff absence, and perceptions of staff (by colleagues).

Staff emotional health and wellbeing and morale

The COVID-19 pandemic had a marked impact on staff morale, with 57% of respondents reporting that staff morale in their area is lower since the pandemic. Some workplaces have taken steps to improve staff morale, as suggested by 43% of respondents.

The three most widespread approaches for improving morale cited by respondents, by prevalence, were:
- team meetings/briefing
- walkaround/visits
- recruitment

The three approaches to improving morale, most often used in workplaces reporting the highest current morale were:
- award/recognition
- supportive management/leadership
- team initiatives

The approaches to improving morale used in workplaces reporting the lowest current morale were:
- team meetings/briefing
- wellbeing champions/team
- recruitment

It was found that 53% of participants who identified that their emotional health and wellbeing had been adversely affected during the pandemic, reported that they had sought some sort of help. The largest proportion, 38%, identified that they consulted their line manager. Further, 70% of staff stated that they have easy and confidential access to mental health and wellbeing support in their workplace.

The three most widely reported approaches that improved staff wellbeing or reduced stress were:
- peer to peer support

- free parking
- supportive management or leaders

Participants identified several themes related to the impact of the pandemic on staff emotional health and wellbeing. This included COVID-19 risk, impact on staff, support and recognition, team impact, and working out of area. During the pandemic, there was a significant negative impact on emotional health and wellbeing, but staff have reported that this has improved since. The experiences with emotional health and wellbeing varied across the ODN.

Key recommendations from the VAST Programme

To support the provision of paediatric critical care across the ODN footprint, with appropriately skilled staff who can make best use of available resources.
The VAST Programme recommends that:
- The ODN proactively leads in identifying training needs and resources across its footprint, working with local educators, particularly regarding paediatric critical care and ventilatory support (invasive and non-invasive), through the development of an ODN education team.
- The ODN works with partner agencies across its footprint to promote the standardised care of critically unwell CYP. This should include the pooling of resources, such as through a shared repository of training and guidelines.

That staff across the paediatric workforce have the knowledge and skills to effectively care for CYP with emotional health and wellbeing needs, wherever they might be.
The VAST Programme recommends that organisations:
- Provide training on the 'essentials' of care for CYP with emotional health and wellbeing needs to all patient-facing staff.
- Ensure staff have clear processes for accessing advice and support from specialist emotional health and wellbeing staff, as well as how to navigate services.

That systems are in place which enable staff to continue accessing service-essential training and development, especially during potential disruptions.
 The VAST Programme recommends that organisations:
- Review training processes to ensure that alternative methods are considered
- Review the availability of online training and support for staff in accessing this

That the benefits offered by digital technology can be effectively realised
The VAST Programme recommends that organisations:
- Treat the current digital technology capability of their workforce as a priority
- Provide training on the fundamentals of digital technology literacy for all staff

To support staff to have confidence if asked to provide care outside of their usual setting.
The VAST Programme recommends that organisations:
- Develop clear systems for support and supervision for any staff who may work in an area outside of their usual workplace
- Consider what guidance may be required to support new members of staff on a temporary basis to different work environments

That staff, particularly leaders and managers, have the skills and confidence needed to positively support and influence colleague emotional health and wellbeing.
The VAST Programme recommends that organisations:

- Make emotional health and wellbeing 'first aid' or similar training available to staff.
- Ensure that leaders and managers are trained in the recognition of emotional health and wellbeing needs in staff, along with how to access and provide appropriate support for staff.

That staff receive the recognition and support that allows them to feel cared about and valued.
The VAST Programme recommends that organisations:
- Review their processes and methods of support and recognition, particularly team support
- Ensure that leaders and managers are aware of any opportunities and processes for support and recognition for staff within their organisation.

Conclusion

It is clear that the COVID-19 pandemic has been a highly challenging experience for paediatric services and the CYP workforce. This project has allowed the opportunity to gain a broader understand of the challenges that the CYP body experienced and gain intelligence into the detail during this time. However, it has offered a powerful opportunity to review ways of working and assumptions of the staff, and to develop insights and identify learning needs. These may allow services to navigate any future surge preparations more effectively and reduce the negative impact on the workforce.

References and Associated Documents

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Well-Being Resources

Practitioner Health

Practitioner Health is a free, confidential NHS primary care mental health and addiction service with expertise in treating health & care professionals.

Nurses, Midwives & Healthcare Support Workers - ShinyMind

ShinyMind is an evidence-based, proven mental health and wellbeing app, co-created with the NHS

Home - Doctors in Distress - Support For Healthcare Workers (doctors-in-distress.org.uk)

Doctors in Distress provides mental health support for all health workers across the UK through confidential facilitated peer support groups.

Your wellbeing (bma.org.uk)

We have a range of services and information to help support you. Our counselling service is open 24/7 to all doctors and medical students - by telephone and in person. It's confidential and free of charge.

Member Support Services | Royal College of Nursing (rcn.org.uk)

As an RCN member, you can get free, confidential advice, representation and support on a range of issues that affect you at home and at work.

Wellbeing videos

Webinar 3: Bereavement - What has Changed? - YouTube - https://www.youtube.com/watch?v=HBb4xjBu4IE

How do we relax and recharge? - YouTube - https://www.youtube.com/watch?v=A7IDjGIE3y8

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Report Authors: McBride, Joanna – Network Director
Alton, Lucy – Network Lead Nurse
Clinical Educator (Greater Manchester)
Smith, Shannon – Clinical Educator (Cheshire and Merseyside)
Torkington, Samantha – Clinical Educator (Lancashire and South Cumbria)

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