

# Start well → End well

## 3 STEP TEAM PROCEDURE

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The Staff Wellbeing Psychology Team

 #StartWellEndWell

We recommend all teams follow each of the  
3 steps below everyday:

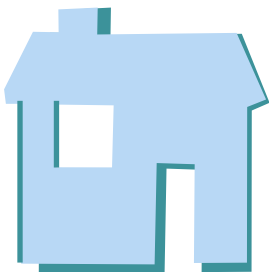
(Please laminate and display pages: 2, 3 & 9 in work areas.)



### 1. TEAM CHECK IN



### 2. (OPTIONAL) STOP FOR 15 PEER-TO-PEER DEBRIEF



### 3. CHECK OUT

#### Other Support Available:

- Staff Wellbeing Psychology Team - 1:1 team support and advice (*email below*)
- #20minCareSpace
- Me+MyTeam Training ([staffwellbeingpsychologyteam@nbt.nhs.uk](mailto:staffwellbeingpsychologyteam@nbt.nhs.uk))
- TRiM - Trauma Risk Management - For a trauma screening assessment ([TRIM@nbt.nhs.uk](mailto:TRIM@nbt.nhs.uk))
- EAP: Employee Assistance Programme (0800 030 5182)
- Occupational Health (01173 423400)

# STEP 1: TEAM CHECK IN

FOR USE ON ALL WARDS DURING COVID-19 AT  
THE START OF EACH SHIFT:

## A ALLOCATION

- STAFF MEMBERS CALL OUT THEIR NAME AND ROLE
- ALLOCATE TODAY ROLES AND PLACES OF WORK; IDENTIFY SUPERVISORS
- ENSURE CLEAR NAME / ROLE LABELS FOR ALL



## B BEDS

- HOW MANY EMPTY BEDS ON THE WARD?
- WHERE ARE THE COVID-19 PATIENTS?
- IDENTIFY PATIENTS REQUIRING 1:1



## C COLLEAGUES

- SICKNESS AND ISOLATION UPDATES
- LAST MINUTE ADJUSTMENTS TO THE ROTA



**D DEATHS** - ANTICIPATED OR ACTUAL DEATHS AND EXTRA SUPPORT NEEDED FOR THESE

**DISASTERS** - FALLS, CONFUSION, NON-COVID-19 INFECTION ON THE WARD

**DEBRIEFS** - AS REQUIRED. NOMINATE SENIOR MEMBERS OF STAFF TO LEAD THIS  
(SEE STEP 2: STOP FOR 15 PEER-TO-PEER DEBRIEF)

## E EQUIPMENT

- PPE AVAILABILITY AND UPDATES
- WHO IS FIT TESTED
- UPDATE OF MEDICATION SHORTAGES
- EQUIPMENT PROBLEMS, AND SOLUTIONS



## F FEEL SAFE TO SPEAK UP

IF YOU...

- NEED A HOT DEBRIEF
- ARE NOT OKAY OR WORRIED ABOUT A COLLEAGUE
- CONCERNED ABOUT SOMETHING HAPPENING ON THE WARD
- YOU OR OTHER NEED SUPPORT



**FINALLY**

**TOP TIP:** SET YOUR ALARMS FOR 30 MINUTES BEFORE THE END OF YOUR SHIFT  
TO CARRY OUT STEP 3: CHECK OUT

**WE'VE GOT THIS. WE ARE MAKING A DIFFERENCE**

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**STEP 2:**  
(Optional)

# STOP FOR 15

## Peer-to-Peer Debrief

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Adapted from resources from Edinburgh Emergency Medicine for teams at NBT



**Facilitator says:**

“ Thanks for coming together, is everyone ok?

We are going to have a 15 minutes debrief, the purpose is to maintain good communication, a sense of belonging and efficacy in treating patients during the COVID-19 Pandemic.

All information discussed is confidential. ”

# S

## ummarise what has happened

One individual (facilitator) to summarise what happened, inviting input from rest of the team to gather full account. The focus should be on the facts not judgements.

# T

## hings that went well

Facilitator to lead discussion on things that went well, highlight the strengths as a team, and what made a difference today; encourage team input throughout.

# O

## ppportunity learning

Facilitator to draw upon what has been learned that can help the team tomorrow, any strengths and resources the team have noticed in the event.

# P

## romote wellbeing

Facilitator to make space for difficult emotions, anything that the team may want to offload, encourage thinking about what might be helpful at this time, and ask if there is anything that can be done to promote wellbeing as a team.

*Finish by directing team to avenues of further support, and encourage reaching out if they feel they need to (see below).*

If you feel that your or your team require further support around a traumatic event then please contact:  
**TRiM (Trauma Risk Management)** for a 1:1 or team trauma screening assessment (TRIM@nbt.nhs.uk)

**OR**

**The Staff Wellbeing Psychology Team** for other advice or support (staffwellbeingpsychologyteam@nbt.nhs.uk)

## STEP 2: (Optional)

# STOP FOR 15

## Peer-to-Peer Debrief Information

 #StartWellEndWell

Adapted from resources from Edinburgh Emergency Medicine for teams at NBT

## STOP for 15:



**When:** Whenever a challenging event occurs the team is **encouraged** to carry out a peer-to-peer debrief for the wellbeing of colleagues and patients. **STOP for 15.**

**What:** A brief, structured, **peer-led conversation** to reflect on the situation, notice any unhelpful thoughts (e.g. around blame, shame) and reactions, gather learnings. This should not be confused with a mandatory '1:1 psychological debriefing' which is contraindicated for staff.

**Who:** Everyone involved should be invited (including witnesses) but the **session must remain voluntary.**

**Facilitator:** Should ideally be a senior member of staff who was nominated at **Step 1 Team Check in.** If the nominated member of staff feels they cannot lead it they need to hand it over and join the peer-to-peer debrief as a participant.

## Why an optional peer-to-peer debrief may be helpful:

- ▶ To maintain and increase communication and connection within teams, particularly around challenging circumstances.
- ▶ To reduce the cumulative impact of working in a demanding setting such as ours, but particularly important during this challenging period of COVID-19.
- ▶ To check in with colleagues own wellbeing, and consider both **self and team care** so that all colleagues feel supported and to access additional support and advice as needed (e.g. a trim assessment).

## Guidance on how to lead a peer-to-peer debrief:

- Ask all those involved in the event to **STOP** for 15.
- Due to clinical pressures the peer-to-peer debrief may not be immediate but should be offered at the earliest opportunity - Make a moment.
- It only needs to take 15 minutes.
- Ideally away from the main clinical area. Sit down together if you can.
- Work through the 4 stages - **S T O P** - read through the guidance below.

## Ground rules:

Please read the following to the group

- ▶ **"Peer-to-peer debriefs must be safe, supportive, inclusive and collaborative."**
- ▶ **"We encourage everyone to speak but this is NOT compulsory.** There is NO place for arguments, accusations or criticism."
- ▶ "Kindness and encouragement needs to be at the centre of this process."
- ▶ **"Everyone** needs to feel able to share experiences of the event without judgement, regardless of your role."
- ▶ **"This debrief needs to be empowering...** We are working together towards the same, shared goal... When it's finished we need to feel better not worse!"

# S ummarise what has happened

3 Minutes

- Facilitator: Nominate one individual to summarise what has happened.
- All others should be invited to add their own perspectives of what happened. This helps to fill in the gaps like completing a jigsaw puzzle so that everyone is on the same page. If someone opts not to speak, respect that.
- Remind as needed: Let's focus on the facts, not judgments.

# T hings that went well

3 Minutes

- "What were some of the things that went well and why?"
- "What were some of our strengths as a team?"
- "What made a difference today?"

# ppportunity for learning

3 Minutes

- “What have we learned as a team that we can draw upon tomorrow?”
- “What strengths and resources have we noticed in this event? And others?”

# romote wellbeing

3 Minutes

- Make space for difficult emotions: “Is there anything you need to offload?”
- Remind the team: “These difficult feelings are likely to settle over time.”
- “Let’s think about what will be helpful now?”
- “Is there anything we need to do to promote wellbeing as a team?”

*(Cont. on next page.)*

*(Cont.)* **FACILITATOR TO ALSO SAY:**

- “Finally, if following this STOP-15 peer-to-peer debrief you feel you would benefit from additional 1:1 or Team support please contact:

▶ TRiM (Trauma Risk Management) for a 1:1 or team trauma screening assessment (**TRIM@nbt.nhs.uk**)

OR

▶ The Staff Wellbeing Psychology Team for other advice or support  
**(staffwellbeingpsychologyteam@nbt.nhs.uk)**”

## Facilitator - How to close the debrief:



- ▶ Thank everybody for attending.
- ▶ Note key learning points.
- ▶ Remind the group of any strengths and resources.
- ▶ Remind them they can access additional support.
- ▶ Facilitator to contact Staff Wellbeing Psychology Team if they would like to talk through their experience of facilitating a peer-to-peer debrief.



# STEP 3:

# CHECK OUT

Daily end of shift check list



Our work is demanding, and our current climate makes it more so. We are human beings, and we are doing our best. It's important we can look after ourselves, and each other, to enable us to look after our patients.

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30 minutes before the end of our shifts – with a colleague or in your teams – go through this daily checklist:



Are there any outstanding jobs our colleagues need help with?



What went well?



Is there anything to offload before you go?



Are you okay? Are your colleagues okay?



What have we learned that will help us tomorrow?

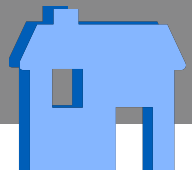


Who can we thank before we leave?



Lastly: What one thing will you do to take care of yourself?

Now it's time to focus on life outside of work. It's important to rest and recharge.



**Top tip:** Set an alarm on your phone for 30 minutes before the end of your shift as a reminder to check out.

If following **STEP 3 (check out)** you feel that you or your team require further support then please contact:  
**TRiM (Trauma Risk Management)** for a 1:1 or team trauma screening assessment ([TRIM@nbt.nhs.uk](mailto:TRIM@nbt.nhs.uk))

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