

Perform @ Your Peak - Case Study

Alder Hey Children's
Hospital NHS
Foundation Trust

May 2021

What were the objectives of the intervention and how have these been met?

The objectives of the intervention was to raise the profile of self-care within the department. The Energy Performance and Profiler was open to all Emergency Department staff which was a good start. Anecdotal feedback about the profiler was that it got people thinking and reflecting about the mental and physical health and behaviours.

The main outcome was to see if there could be individual changes. Secondary outcomes were to see if the learning gained from individual programme participants could be disseminated throughout the department.

At individual level, we hoped to see reductions in staff sickness, improvement in morale and motivation, and improved working attitude. The time off work among P@YP participants is lower than the departmental average, but this could be attributed to the more motivated staff participating in the programme.

Participants were selected at random, but many that were offered the cardiac monitoring programme declined for reasons including: time commitment to the Zoom meetings, completion of an online diary, or general fear of the technology of the monitor itself. This was particularly prevalent among Band 5 and Band 6 nurses.

There is an appetite from other staff who did not manage to be part of the programme to participate. The discussions that have been generated from both the group Zoom sessions plus the individual one-to-one sessions have sparked conversations within the department.

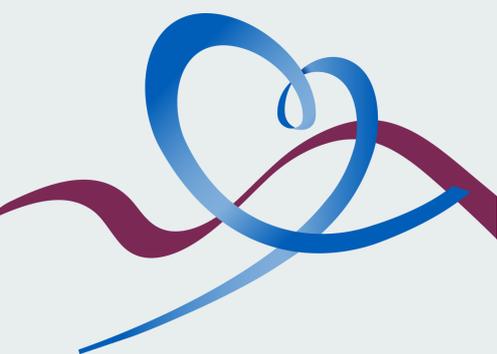
One of the ways we have raised the profile of the scheme is to use participants as storytellers during our fortnightly 'Team Time' storytelling sessions. An Advanced Practitioner spoke about the fear she had of discussing her cardiac monitoring biofeedback report, and the shock when she learned about the quality of her sleep. The ripple effect of her story saw this theme of sleep quality and how this could be improved for individuals was often overheard in staff conversations.

There were pushes during our Trust's Mental Health Week to raise the profile of the programme within our department, as well as during our departmental Kindness Week, focusing on self-care.

What was the impact?

The intervention has improved relationships between different staff groups, particularly in opening up conversations about our human behaviours at home and at work. It has been a leveller to talk about sleep hygiene, diet, exercise, and relationships regardless of your level of seniority within the department. Anecdotal evidence about camaraderie among P@YP participants is plentiful, particularly while wearing the monitors and during the group Zoom sessions.

There have been individuals who have recognised things in themselves and their behaviour and have made changes. A Band 5 nurse has made changes to her diet and exercise levels following the prompts from the Energy Performance Profiler, and seeing her energy levels during the day. She has visibly lost weight and has accredited the programme for triggering the lightbulb moment.



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Junior doctors as a cohort struggled a lot with recovery and sleep quality particularly when doing night shifts. The conversation prompted a lot of discussion about how to maximise the 'green' areas of rest and recovery, and to try and incorporate/maximise these in order to face the gruelling physiological impacts of night-shift working. Personalised strategies on how to unwind after shifts i.e. counteract the adrenaline was a common topic for all patient-facing staff. Screen time, caffeine, and alcohol use and consumption and how this can affect recovery were also common themes.

Senior doctors also learned to focus on the 'green' areas as well as the 'red' areas, to highlight what activities e.g. online shopping/gaming/spending time with friends constitutes recovery. All staff members looked at the physiological benefits of exercise, comparing and contrasting with staff who did varying levels and frequencies of physical exercise.

Work patterns also were a theme. Working from home versus on-site (admin support staff) has prompted thoughts about how incorporating a hybrid rota to promote better working life. Clinical shift days versus online meeting/admin days and the effect of digital technology on our health and sleep quality also emerged.

The group sessions encouraged participants to 'look out' for fellow participants, and every so often to ask and challenge each other on any behavioural changes they have made as a result of the intervention. There have been some clear changes (especially weight loss) as well as changes to work patterns and behaviours.

How did you transfer and embed the learning from this initiative across your organisation?

One of our participants has shared his story to the entire organisation during a Trust Schwartz Round (audience of around 75 people from across the Trust). He described how his cardiac monitoring period highlighted the periods of 'green' during his working day when he was doing work that aligned to his values. He also recognised the triggers of 'red' during the day was when he was doing work that he did not want to do (did not align to his values). This prompted him to push to increase the proportion of those values-aligned task as part of his work plan/career.

The process of cardiac monitoring and bio-feedback was pitched to the Trust Research Group to see if there could be further investment in this type of data capture to wider staff groups within the organisation. This generated interest for how this could be done for staff, but also for parents, and even for paediatric patients both in and out of the hospital setting.

The cardiac monitoring exercise from P@YP featured in the presentation to the Health Services Journal Award, where our Trust won the national award for Staff Engagement. This presentation has been shared at senior management and Executive level, promoting this initiative as a departmental case study on staff wellbeing. The take-home message was that the cardiac monitoring revealed that talking therapies and being compassionate to each other could also have positive physiological effects.

What next?

With the increased numbers and data from a single Emergency Department, we hope to analyse this in more detail with a view to promoting, publishing, and presenting the findings. We want to promote the messages learned at individual and group level through staff story. Combine the physiological data with the human story to paint a picture of rest, recovery, stress etc. so that staff who have not participated in the programme could resonate with the journey of their staff colleagues. We want to promote different staff groups and roles to make the programme accessible to all.