

COVID-19, WORKFORCE RESILIENCE AND PSYCHOLOGICAL WELLBEING, Kevin Fong

SUMMARY

1. **This briefing note assesses the impact to the wellbeing and psychological health of the frontline ICU and anaesthetic workforce caused by the COVID-19 pandemic in England.**
2. **We have conducted a pilot survey of ICU and anaesthetic teams, across 5 hospitals with more than 700 respondents.**
3. **There is evidence of significant psychological harm to frontline NHS staff following the first COVID-19 surge, with high rates of post-traumatic stress amongst frontline professionals.**
4. **There appears to be psychological morbidity on a scale sufficient to significantly reduce the quality and safety of patient care.**
5. **Staff wellbeing and psychological health should be central to strategic and operational considerations for future COVID-19 contingency planning. It is likely that reduced staffing ratios in ICU have been particularly problematic.**

DETAIL

6. The surge in demand for critical care services across England was met by heavily modifying models of care and ICU staffing.
7. These included a reduction in the ICU nurse:patient staffing ratio and skill mix, to a level well below the recommendations of the 2019 Guidelines for the Provision of Intensive Care (GPICS).
8. The impact of these modifications on the workforce and patient care have yet to be formally assessed, however, there is **evidence of significant negative impact on staff psychological health, on a scale sufficient to significantly impact the quality and safety of patient care.**
9. We have conducted a pilot Pulse Survey focussing specifically on frontline ICU and Anaesthetic teams, across all grades and all roles; including doctors, nurses, healthcare assistants, operating department practitioners and administrative staff.
10. We obtained data from 709 respondents, across five hospitals, at two separate time points.
11. Overall, we found that around **45% of the survey staff met the screening threshold for probable Post Traumatic Stress Disorder (PTSD)**; with nursing staff being more likely to report more PTSD symptoms than doctors. [Table 2]
12. For comparison, in surveys of returning British military personnel, who had been actively engaged in combat during deployment in Afghanistan, the highest rates of probable PTSD, indicated by the same PCL-6 scoring system applied to our NHS staff, ran at 17% (Stevellink et al., 2018)
13. There is good evidence that mental health problems, such as **PTSD, can substantially impair a person's ability to work effectively (Rona et al. 2008) and this is especially important in staff carrying out safety critical roles.**