



Peer Support Network

Charter



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1. Introduction

Peer support is a well-documented and researched support mechanism for people involved in events with the potential for emotional impact. Staff working in healthcare are often exposed to challenging situations though frequently do not engage in support unless it is proactively offered to them. The fallout for people affected by critical incidents can have a long lasting and significant impact on their wellbeing and behaviours and this can extend to affect the staff member's patients, families, teams and institutions.

People often find it easier to talk to others that have shared a similar experience and who can empathise with situations that arise within a shared environment. Peers may have had similar experiences, and whilst each person reacts in their own unique way, it is often helpful to share experiences.

We have developed a network of peers, working within the same healthcare environment, that have undergone extra training to listen and support staff that may be, or have been, involved in complex or challenging situations. It is important that all staff should have access to peer support and that “normal reactions to abnormal events” are not stigmatised.

Peer support is an integrated part of a network of support services within the Royal Hospital for Children. The network can be accessed by self-referral or referral from other services. such as managerial support, and can similarly refer on to other lines of support such as occupational health and psychology services. It can supplement other wellbeing initiatives as well as an individual's existing support network and self-care tools.



2. Purpose and Scope

The purpose of this Charter is to provide guidance to Trust staff on the delivery of the peer support network. The network utilises a variety of supportive tools delivered by staff trained in critical incident stress management (CISM). The peer support network is in place to help individuals who would benefit from a 1:1 peer debriefing session, as well as to support a group of staff who have been involved in or experienced an event at work that has caused them stress. It is acknowledged that individual perception of a stressor or critical incident will differ from one staff member to another.

3. Membership of the Peer Support Network

The Peer Support Network was initially piloted in the areas involved in the critical care of patients. It has since expanded to include the whole hospital with staff from the Emergency Department, Paediatric Intensive Care Unit, Theatres, General Paediatrics and Neonatal Intensive Care forming a multi-disciplinary working party to develop the Peer Support Network.

The Peer Support Network is available to *all* staff working at the Royal Hospital for Children. The Peer Supporters are from all positions within various departments including nursing, medical, surgical, allied health, health care assistants, porters and administration.

4. Peer Supporters

4.1 Recruitment and Prerequisites for Peer Supporters

Nominations for the Peer Support Network are collected from each department involved. All staff, from all disciplines, from these areas are eligible to apply. Recruitment is via internal communication through email addresses on file, verbally, and through posters in all departments, or by expression of interest.

Staff who wish to become a peer supporter should notify the Peer Support leads in each department, in person or via email. Respondents will be asked to submit a written reply as to why they would like to be involved in peer support.

All applications will be reviewed by the multidisciplinary Peer Support Network team leads and an external advisor trained in Critical Incident Stress Management.

Attendance and successful completion at an accredited course will be required prior to joining the Peer Support Network. Places may be limited due to the number of places available on training courses, though a waiting list is available.

4.2 Training of Peer Supporters

There are 2 tiers of training for members of the Peer Support Network. All members will be trained in individual sessions and attend a 1-2 day course on Assisting Individuals in Crisis. There will be an option for further training in Defusing.

The second tier will require full accreditation in Individual and Group Critical Incident Stress Management. Accreditation is through the International Critical Incident Stress Foundation Inc. (ICISF), requiring a minimum standard of training hours with an accredited instructor.

Skills must be maintained through routine application and ongoing practice and training sessions. Yearly attendance at either RHC Peer Support practice and review sessions or refresher training with a CISM accredited trainer will be mandatory to maintain the role of Peer Supporter.

4.3 Role of Peer Supporters

Peer supporters provide an informed and confidential resource for staff to share their response to stressful events, and respond in a non-intrusive, compassionate, non-judgmental and confidential manner in a supportive environment. The aim of this response is to:

1. Identify immediate needs and concerns including the offer of a peer support contact or leaflet.
2. Provide active listening.
3. Enhance both the immediate and ongoing feeling of safety and provide emotional support.
4. Promote a sense of calm and the reorientation of those who may have been emotionally overwhelmed.
5. Promote understanding, including stress reaction awareness, enabling the return of normal adaptive functioning.
6. Provide advice on self-care and coping strategies.
7. Signpost links to support services which may be needed at the time including facilitating referral, where appropriate, to:
 - a. GP
 - b. Practitioner Health

c. Occupational Health

4.4 Responsibilities of Peer Supporters

1. Peer supporters will join the Peer Support WhatsApp group to enable communication and collaboration between members, allocation to a peer needing support, and notification of training events.
2. Contact details must be kept up to date and, where appropriate, preferred method of contact is provided for inclusion on the Peer Support Network webpage.
3. If the peer supporter has a period of planned or unplanned time away from work, then they will inform a Peer Support lead of a timescale of the period of non-availability. It is not necessary for them to disclose the reasons for them being unavailable to support the programme.
4. All peer supporters must agree to the parameters of confidentiality at the beginning of the contact. They must maintain confidentiality throughout, unless there may be a risk of harm to self or others, in which case advice must be sought from an appropriate professional.
5. There is a requirement for the peer supporter to ensure that they excuse themselves from assistance or to request help from additional sources, such as occupational health, if they are facing any personal challenges and stressors. Any information disclosed will be handled confidentially.
6. Peer supporters must seek personal support immediately following contact with a staff member if the episode was sensitive or has been personally distressing. This can be through a member of the Critical Care Wellbeing focus group who can signpost appropriately or directly with Occupational Health or their own GP.
7. Anonymised confirmation of peer support episodes should be completed timeously after an episode. These can be discussed and reviewed at the quarterly Peer Support Network meeting for the purposes of ongoing assessment of needs and the development of the service as appropriate. These can be completed online, on paper or via email.
8. The peer supporter is encouraged to engage in debriefings with peer support colleagues throughout the year on an informal basis, to encourage constant self-assessment of their own emotional and mental welfare. Reflective sessions are run by trained psychologist to provide a safe space to discuss peer support. Peer Support leads are also available to meet at any time to discuss support episode concerns or just as part of an informal review process.

4.5 Peer Support Process

Peer support may be provided informally, though utilising the techniques learnt in CISM training, or through a formal meeting.

Peers who would benefit from a peer support session will be identified either by a peer support network member, by a colleague or by themselves. If identified by anyone other than themselves then the offer of peer support will be given to them, though engaging with the Peer Support Network must be entered into voluntarily.

Once a request for formal peer support has been received it should be allocated to a peer supporter within 24 hours with peer support contact initiated with 48 hours. Referrals may be verbal, online or via email (RHC.PeerSupport@ggc.scot.nhs.uk). The email address will be monitored regularly to ensure timely responses to Peer Support enquiries.

Short biographies of peer supporters are available on the Peer Support Network website on StaffNet and links through the GG&C Paediatric Guidelines. Posters of members are displayed throughout the hospital. Peers can approach a peer supporter individually or request a meeting with a choice of up to 3 Peer Supporters. Otherwise, one can be assigned randomly. The Peer Support lead rostered on when the email comes through will contact the nominated or next available, if no specific request was made, peer supporter. If there has been no reply within 1 working day then the second and third choice peer supporters will be contacted simultaneously. This process continues until an available Peer Supporter has been identified. This aims to provide an allocation within 72 hours of first referral. See Appendix 1.

Peer Support is offered no more than three times to the same individual. If it becomes apparent that further support is required, appropriate onward referral should take place e.g. GP, Occupational Health, Practitioner Health, or the Mental Health Assessment Unit.

Sessions are expected to last about 20min and should not be longer than 60min. Peer Support episodes will be documented in a confidential manner in order to assess uptake of service. Themes of the meeting will be documented with no personal identifiers in order to be used to address widespread system issues, should they arise.

If assistance during or following a peer support episode is required then the peer supporter may seek advice from another member of the PSN with the second tier of training. Psychology services are also available for support for Peer Supporters via reflective sessions, plus CISM trainers are available remotely for support. Confidentiality will be maintained throughout the PSN.

5. Group Sessions

Group sessions are coordinated following particularly challenging situations experienced by a homogenous group. Peer Supporters trained in group support will determine the best intervention for a group once a triggering situation has been identified. Challenging situations that warrant a group session may be identified by any member of staff or member of the Peer Support Network. The situation triggering it and the format of the intervention will vary depending on the situation and the department involved.

Suggested triggers for Group Interventions with a potential intervention include, but are not limited to, the list below. Cases are to be reviewed case by case as to whether they warrant a group session. Any challenging event can trigger a referral for a group debrief. Examples include:

- a. Theatres
 - i. Organ Donation (Defusing +/- CISD)
 - ii. Arrest (Defusing)
 - iii. Unexpected death of a patient (Defusing + CISD)
 - iv. Challenging cases (Defusing +/- CISD)
- b. ED and General Paeds
 - i. Unexpected death of a patient (Defusing + CISD)
- c. PICU
 - i. Moral Distress re treatment decision
 - ii. Organ Donation (Defusing in OT, CISD in PICU)
 - iii. Death of a patient (Defusing + CISD)
 - iv. Clinically significant incidents
- d. All
 - i. Major Incident (RITS/Defusing then CISD)
 - ii. Complaint against staff (RITS then after finished CISD)
 - iii. Death or critical illness of a colleague (RITS/CMB)
 - iv. Acute incident with high risk staff eg nursing students

Group sessions will include Defusing, Rest, Information and Transition Services (RITS), or Critical Incident Stress Debriefing (CISD) according to need. Defusing should occur within 24 hours of the incident or situation where CISD, if needed, can be scheduled a few days after the event.

Group sessions will require multiple peer supporters for each session, determined by the size of the group involved. Psychology services are also available to support staff following traumatic events, both for peers and for peer supporters. Video conferencing facilities are also available to allow access from multiple locations and social distancing where required.

6. Schwartz Rounds

Schwartz rounds are a new initiative under development at the Royal Hospital for Children. They comprise of regular, hospital wide, structured group forums for all staff to come together to discuss the emotional and social aspects of working in health care.

The rounds have been demonstrated to reduce feelings of stress or isolation at work and facilitate improved insight and appreciation for each other's roles within the facility. They help staff to feel supported in their jobs by providing time to reflect as well as breaking down barriers and hierarchies between staff.

Supporting staff, both through Schwartz rounds and Peer Support, better enables them to provide compassionate care for patients, who are at the center of our roles. We anticipate the Schwartz rounds will link in bidirectionally with the Peer Support Network. Themes for the rounds may be generated from recurrent themes identified anonymously from peer supporters and additionally peer support will be available for all staff were a Schwartz round topic to generate thoughts or reactions that an individual may wish to discuss with a peer supporter.

7. Other Peer Support groups

Links exist with the GGC Medical Peer Support and the new GGC wide Peer Support group, developed in collaboration with the RHC Peer Support Network and Medical Peer Support teams.

The Medical Peer Support group utilize CISM training for their Peer Supporters for 1:1 episodes and share a similar structure and review process. Cross referrals and shared training opportunities exist between the networks.

GGC Peer Support offers training in Psychological First Aid to allow 1:1 support across disciplines and the whole of GGC. Due to slightly different training, a short bridging course would be available for Peer Supporters from this group keen to join the RHC Network. The psychology staff supporting the GGC Peer Support programme run the reflective practice sessions available to the RHC Peer Supporters.

7. Contact Information

| | |
|---------------------|--------------------|
| Chair | Dr Monique McLeod |
| Deputy Chair | Dr Siobhan Sweeney |

Peer Support Network Leads

Theatres:

Dr Monique McLeod

Monique.McLeod@ggc.[scot.nhs.uk](mailto:Monique.McLeod@ggc.scot.nhs.uk)

Paediatric Intensive Care Unit:

Dr Peter Donnelly

Peter.Donnelly@ggc.scot.nhs.uk

Marie McGale

Marie.Mcgale@ggc.scot.nhs.uk

Emergency Department:

Dr Siobhan Sweeney

Siobhan.Sweeney2@ggc.scot.nhs.uk

Karen Fletcher

Karen.Fletcher@ggc.scot.nhs.uk

General Paediatrics:

Dr Craig Swinburne

Craig.Swinburne@ggc.scot.nhs.uk

Catriona Robinson

Catriona.Robinson2@ggc.scot.nhs.uk

NICU:

Dr Lynne Beattie

Lynne.Beattie1@nhs.scot

To Access the Peer Support Network:

Email: RHC.PeerSupport@ggc.scot.nhs.uk

Online: <https://forms.office.com/r/YazMC2GXT6>

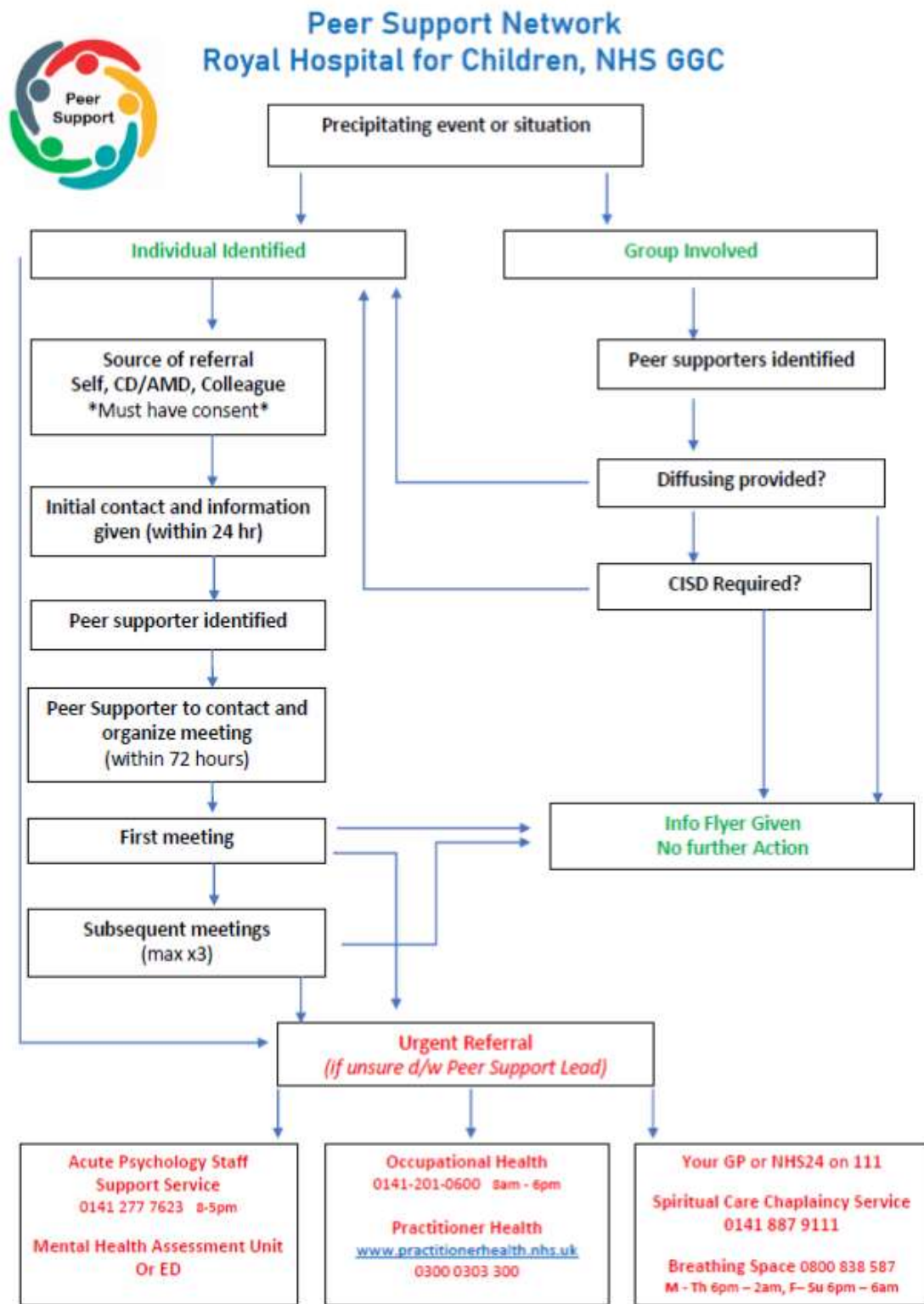


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4. Peer Support. The Center for Professionalism and Peer Support. Brigham and Women's Hospital, Harvard Medical School. 2013.
5. Suttle-Smith, T. Surrey and Sussex Peer Support Guideline. 2019.
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8. Appendices

8.1 Appendix 1 - Peer Support Network Activation Pathway



8.2 Appendix 2 - Confidentiality Agreement

Confidentiality Agreement for the Royal Hospital for Children Peer Support Network

Code of Confidentiality

A Code of Confidentiality is required for a peer support programme to be successful. This document explains the concept of 'confidential information', the circumstances in which you should share such information, and with whom.

Principles of Confidentiality

In general, everything that someone talks to you about in your role as peer supporter should be kept between you and the person whom you are supporting, whether you are using your skills formally or informally. There may be situations when you need to share confidential information for the safety of the person seeking help, the wider community, or yourself. Depending on the urgency of the situation, it may be appropriate to share confidential information with one of the peer support leads, or the psychologist supporting the team. (Contact details needed)

Sharing confidential information

In the following situations you may need to share confidential information:

- If someone has attempted or is talking about attempting suicide
- If someone is talking about harming themselves or another person
- If there is evidence of serious mental health problems
- If there is evidence of serious self-harm

Urgent situations

There is access to one to one support during COVID 19 period via the Acute Psychology Support Staff Service 0141 277 7623, line open 0800-1700, appointments able to be booked between 0700-2200 and the Staff Support line 0141 303 8968 available 0800-1800. 24/7 face to face support is available in the acute site R&R hub . Otherwise if you had serious concerns about the mental health of a member of staff and didn't feel they were safe, it would be about making sure they had a family member to support them/contacting out of hours GP or attending A&E if acute crisis.

You are not alone!

It is important to remember that you are not alone in your work as a peer supporter, and it is important to pay attention to your thoughts and feelings. You will be supported in your role as a peer supporter by the team of Peer Support leads, and there is additional support available from the psychology service. If you need support or feel burdened by something you have been told it is important that you get in touch with a member of the team of Peer support leads via the email address- rhc.peersupport@ggc.scot.nhs.uk

How to share appropriately

Once you have decided that you need to share confidential information, let the person seeking support know your decision. Explain why information needs to be shared, and that you will support them through the process. Wherever possible, disclosure of confidential information should be with the concerned individuals consent; however, there may be instances where you will need to share without it.

Encourage the individual to approach their GP, or Occupational Health themselves.

It is important that they make appointments themselves, unless it is an emergency situation.

Remember, the need to share confidential information does not arise often, but you need to know what to do if such a situation occurs.

While it can feel difficult to share confidential information, remember that by doing so you are protecting the person seeking help, their colleagues and their patients.

Policy

Sharing information that should be kept confidential or not sharing information, as defined in this code, may lead to your immediate suspension or removal from the Peer Support Programme

Reference from GMC Duties of a Doctor

“If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from a colleague, your defence body or us (GMC). If you are still concerned you must report this, in line with our (GMC) guidance and your workplace policy, and make a record of the steps you have taken.”

And

“Confidentiality is not an absolute duty.⁹ You can share confidential information about a person if any of the following apply.

- a. You must do so by law¹⁹ or in response to a court order.²⁰
- b. The person the information relates to has given you their consent to share the information (or a person with parental responsibility has given consent if the information is about a child who does not have the capacity to give consent).²¹
- c. It is justified in the public interest – for example, if the benefits to a child or young person that will arise from sharing the information outweigh both the public and the individual’s interest in keeping the information confidential.”

8.3 Appendix 3 - Peer Support Episode Documentation Forms (Individual and Group)

Peer Support Episode Documentation Form

Please complete and submit this form via teams, or to your Peer Support lead.

Allocation ID: (000004) (000000) (0000) (00) (0000)

Episode Date: _____ Peer Supporter Name: _____

Peer Support Lead: _____ Formal or Informal referral: _____

Allocation Date: _____ Date Referred (if formal): _____ Concerned individual's area of work: _____

Date of meeting(s): _____ Length of time: _____

Issues/Themes Identified

Allocation ID: (000004) (000000) (0000) (00) (0000)

Follow up/Repeat meeting/Signposting

(Please provide detail regarding how followed up post meeting, what resources given, if not again **etc**)

Review

Y.Date: _____ / / N Y.Date: _____ / / N

Feedback requested: _____ Feedback form returned (if sent): _____

Informal/verbal feedback given: _____

Episode reviewed at 4 monthly review: _____ Date: _____

Comments: _____






Group Peer Support Episode Documentation Form

Allocation ID:
(Type/Number, eg CSD6)

| | |
|-------------------------------|---|
| Group Date | Type of Group Support (eg Defusing/CMB) |
| Event Date | Event Description |
| # Invited | # Attended |
| Departments Involved in Event | |
| # Sessions | Duration |
| Format (In person/Online) | |
| Peer Supporters Involved/Role | |

Issues/Themes Identified



RHC.PeerSupport@ggc.scot.nhs.uk

Allocation ID:
(Type/Number, eg CSD6)

Follow-up/Signposting
(Any 1:1 identified, resources shared/pamphlets, 2 week post follow-up etc)

| | |
|-------------------------|-------------------------------|
| Follow-up/Check In Date | Format (In person/email/text) |
|-------------------------|-------------------------------|

Review

| | |
|--------------------|----------------------------------|
| Y (Date.....) / N | Y (Date.....) / N |
| Feedback requested | Feedback form returned (if sent) |

Feedback given (format eg email/verbal)

| | |
|--------------------------------------|------|
| Episode reviewed at 4 monthly review | Date |
|--------------------------------------|------|

Comments



RHC.PeerSupport@ggc.scot.nhs.uk

