



Personal Outcomes Stories during COVID: Learning from practice

Your role and organisation: Catherine Moar, Team leader, Alcohol Liaison, Edinburgh Royal Infirmary

How have you been able to keep a focus on what matters to people during COVID?

Our role totally changed during this period as we were not seeing the people we usually see. Normally a big part of what we do is go and see patients who are admitted who are showing signs of alcohol related health problems.

For the past couple of months, we have had more of a focus on offering support to emergency and ward staff. We have got to know a lot of the staff in the Emergency Dept and in acute. That has felt positive as we are tucked in a room away from the wards normally and we can feel a bit cut off.

What have you had to do differently and what made this possible?



Really, it's been about making ourselves known to staff. So we did very short tea tray interventions at the start, where we would go and do a quick talk on what support was available. The offer was there to have a space to take time out and decompress if the pressure was getting too much. We have been able to provide that support but just as the wards were not overwhelmed, the numbers of staff needing support has been manageable too. I think quite a lot of us have been thinking that support should have always been there for staff. Particularly last Winter when things were really hard to manage and Winter wards were set up.

Normally we wear our own clothes in our roles but we have switched to uniform. This has caused some confusion. If a patient on a ward asks me to perform a nursing task, I'm not going to refuse and I have found myself caught up in a bay more than once!

What have you noticed that has been better?

We have worked closely with other staff who are supporting staff, including spiritual care and emergency dept staff and have had regular meetings to discuss how things are going, what issues are emerging and so on. Our sense is that having that support available makes staff feel valued and supported. I think better understood too.

One of the unexpected changes has been the set-up of the Pilot's lounge in the hospital, organised by the Wingman Charity. Airline cabin staff who've been furloughed volunteer to come in their uniforms and provide a table service to hospital staff in the postgrad education centre. So you can get a pilot coming over to ask if you want tea or coffee! There has been a mutual benefit there as staff from different airlines have been hearing worrying news about their jobs at various times. We've been a listening ear for them too.

How did this make you feel?

In the weeks leading up to lockdown and for a while after, there was a lot of adrenaline for staff, and for me, as we were watching the news from Italy and had to be prepared for the worst. We did prepare really well during that period.

We didn't get to the stage of overwhelm that was experienced in Italy or in London. The curve began to flatten before Louisa Jordan was really needed. I would say that we are seeing more physical ailments in staff now and there is a flatness to the atmosphere. It's a challenge because even though COVID cases are tapering off, we can't really 'get back to normal.' We don't really know what to expect as lockdown eases off – in terms of changes in infection rates, the backlog of other health issues that has built up and then there are all the social issues around people's jobs and so on. That is hard for everyone.

What have you learned through this?

I have learned about the value of wellbeing support being made available to staff. I think in health and social care there can be too much expectation that staff absorb emotionally challenging events and just keep on without a chance to process things. It has taken a global pandemic to put a spotlight on this but it needs to continue.

Anything else you want to tell us?

There is so much we don't know yet about how this will play out. That is hard for everyone. I worry about what's to come. In our team we expect people to be coming in after relapsing with their drinking, and that has started. There will be people using alcohol as a response to the challenging circumstance in which they have been bereaved during this too.