TEN THOUSAND MORE VOICES

You & Your Experience of Working During the COVID-19 Pandemic

February 2021

Share your story, shape our service

ACKNOWLEDGEMENTS

The Public Health Agency would like to express their heartfelt thanks to the many staff who submitted a personal experience of working during the first wave of COVID-19 pandemic. We are aware that this may not have been easy; however the valuable contribution of so many has enabled this report to be as comprehensive and rich as it is. We would also like to thank the Health and Social Care Northern Ireland (HSCNI) Communication teams for their help in the promotion of the survey and informing staff on how to share their stories. It is also important to acknowledge the work of the Trust Patient Client Experience Facilitators, without their energy and support it would not have been possible to have reached so many in such a short time.

Many extracts from the stories and free text questions have been included throughout this report, some of which have been edited to ensure anonymity of respondents. If you are interested in discussing any of the information presented you can email 10000morevoices@hscni.net.

"...One day I was talking to my 6 year old daughter, I asked her 'what if Mama doesn't go to work and stays with you all the time', she said ' how could you even think like that Mama? If you stay at home who's going to look after corona patients?.."

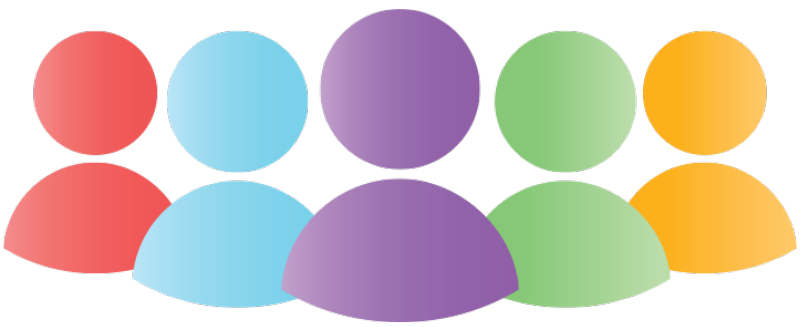

TABLE OF ABBREVIATIONS

Abbreviation	Title
BHSCT	Belfast Health and Social Care Trust
CNO	Chief Nursing Officer
COVID-19	Disease from SARS-CoV-2 Coronavirus
DOH	Department of Health (Northern Ireland)
EBCD	Experience Based Co-Design
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSCQI	Health and Social Care Quality Improvement
NHSCT	Northern Health and Social Care Trust
NISCC	Northern Ireland Social Care Council
PCC	Patient and Client Council
PCE	Patient Client Experience
PHA	Public Health Agency
PPE	Personal Protective Equipment
RLI	Rapid Learning Initiative
SEHSCT	South Eastern Health and Social Care Trust
SHSCT	Southern Health and Social Care Trust
WHSCT	Western Health and Social Care Trust

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CONTEXT

Data collection commenced in 30th June 2020 and ended 15th October 2020. In total **828** stories were collected across the region.

Returns per organisation

- **108** - Belfast Health and Social Care Trust
- **85** - Northern Health and Social Care Trust
- **290** - South Eastern Health and Social Care Trust
- **207** - Southern Health and Social Care Trust
- **34** - Western Health and Social Care Trust
- **24** - Northern Ireland Ambulance Service
- **61** - Independent Sector - Care Homes
- **1** - Independent Sector - GP Surgery
- **7** - Independent Sector - Supported Living
- **11** Other

Returns per work setting

- **391** - Community/varied non-acute
- **280** - Acute hospital
- **116** - Care Home
- **41** - Community hospital

Returns per staff role

- **303 -** Nursing
- **128 -** AHPs & Scientific
- **127 -** Admin & Clerical
- **92 -** Social Care
- **87 -** Management
- **47 -** Medical & Dental
- **18 -** Pharmacy
- **16 -** Support Services
- **6 -** Mental Health
- **4 -** Estates

ANALYSIS OF SURVEYS

Key messages and areas of reflection highlighted in this report have been identified using a range of analysis tools, these provide rich insight and understanding into the experience of the staff working during first wave of the COVID-19 pandemic.

RESULTS

Summary of the main findings in relation to the key concepts analysed through Sensemaker®.

Professional

1 Control
74% respondents indicated the changes they were experiencing were planned by management and not in their own control.

2 Prepared
70% respondents stated that they had the opportunity to practice new skills in the workplace.

3 Challenged
65% respondents reflected that reduced staffing levels was a barrier that staff faced to fulfilling their role.

4 Policy & Practice
77% respondents found the rapid change in guidelines were a challenge when following COVID-19 related policies.

5 Going Forward
72% respondents stated they required more support from managers in order to fulfil their roles going forward.

6 Telecommunications
75% respondents who used telecommunications stated that it was a positive engagement.

Personal

7 Support
68% respondents stated that they turn to their work team for support when they are concerned/anxious about work.

8 Coping measures
86% stated a change in behaviour as part of their personal coping measures including: eating pattern; exercise level; or alcohol consumption.

9 Coping with pressures
92% identified that they engaged with personal coping techniques to cope with work pressures.

10 Reducing anxiety
69% stated that to reduce anxiety during shifts staff need a place to go when on a break.

11 Factors of anxiety
74% highlighted "Fear of the unknown" as a factor causing anxiety in relation to working during the COVID-19 pandemic.

KEY MESSAGES

The following is a summary of the findings from the regional analysis of the experience of staff during the first wave of the COVID-19 pandemic. Each Trust can also review local Trust data to inform further service improvement.

- **Support by management:** Staff highlighted the importance of being supported by management so that they are prepared & safe; receive clear guidance and positive encouragement; have protected working conditions; and feel that managers are approachable and compassionate.

- **Communication, information and guidance:** The experience of staff showed that approach to communication and information sharing has an impact on staff morale and anxiety. To have a positive impact, the communication style needs to be useful and supportive, the message clear & consistent across organisations, the timing regular and adapting to the subject matter. When staff are faced with a change in job role, communication needs to include discussion, openness and assistance.

- **Wellbeing of staff:** The insight from the survey of working during a pandemic demonstrates there is a need to develop health and wellbeing strategies to support staff. This includes supporting staff to develop skills in self-care, resilience, psychological wellbeing and other personal coping mechanisms. This includes supporting staff through practical measures associated to working conditions have an impact on wellbeing, such as, breaks and Personal Protective Equipment (PPE).

  Compassionate leadership and teamwork are integral to supporting the wellbeing of staff within a stressful and changing working environment.

- **Technology:** Telecommunication within service delivery has potential to support the health and social care system where this form of consultation is appropriate. This requires training of staff, equipment & software provision, as well as an understanding of the needs and barriers from the perspective of the patient/client/carer.

Next steps:

The learning from this project will be shared widely to challenge HSC organisations to make positive changes to support the working practices and the health & wellbeing of staff during the COVID-19 pandemic.

1.0 INTRODUCTION

In March 2020 the Health and Social Care (HSC) system faced one of its greatest challenges as the COVID-19 pandemic took hold in Northern Ireland. The impact of this on the working environment and pressures faced by staff has been profound therefore it was recognised the importance of learning from the experiences and of further work to support the voice of the staff through 10,000 More Voices. The 10,000 More Voices Initiative has been commissioned and funded by the Health and Social Care Board (HSCB) and the Public Health Agency (PHA) to provide a person centred approach to improving and influencing experience of health and social care services. This initiative supports exploration of people's experience through analysis of their stories: identifying key elements of positive experiences; and understanding what needs to be improved. The insight and knowledge that staff have from their experience working in the health and social care system is pivotal to service improvement and the delivery of quality care to patients. The health and social care system have a responsibility as employers and this survey enables learning by listening to the experience of staff and understanding of the key messages shared.

On 30th June 2020, the 10,000 More Voices Initiative opened a project exploring the staff experience of working during the first wave of the COVID-19 pandemic. The focus was for any staff working on the front line with patients in any part of the health and social care system, including independent sector (with a particular focus on Care Homes) to share their experience. This project is closed on 15th October 2020. In total of 828 surveys have been processed through Sensemaker® Analyst. This report represents the collective messages from the stories shared; however a number of briefing papers have supported learning on staff psychological wellbeing (August 2020) as shared through the Health and Social Care Quality Improvement (HSCQI) Learning System Workshop and a briefing paper on staff redeployment (September 2020) was prepared to support work on improving the processes for Redeployment during the Pandemic (Appendix 1).

2.0 PROJECT AIMS & OBJECTIVES

2.1 Aim

To explore the experience of all staff who work within a health and social care setting during the first wave of the COVID-19 pandemic.

2.2 Objectives

1. To support staff to share their experience through narrative and robustly analysed qualitative data.
2. To explore the impact of COVID-19 in relation to the job role. Key concepts include the opportunities, the barriers and challenges.
3. To understand the personal impact of COVID-19 in managing the new stresses. Key concepts include coping strategies, support networks and factors to relieve anxiety.
4. To highlight the positive experiences of staff during the COVID-19 pandemic.
5. To identify areas of improvement to support staff during the COVID-19 pandemic.

2.3 Target group

The project invited experience from staff working directly with patients: across Health and Social Care (HSC) organisations and the independent sector; in both hospital and community settings; and across all roles and bands.

3.0 METHODOLOGY

3.1 Survey Design

In line with Experience Based Co-Design (EBCD) 10,000 More Voices promotes the principals of co-production through engaging service users in the design of the survey at the start of each project; however in light of the restrictions during the COVID-19 pandemic it was not possible to undertake a design workshop. Therefore the design of each survey was informed by discussion through literature review on staff health and wellbeing and also discussion a number of health and wellbeing groups across the region. This supported the identification of key concepts and informed the final design of the staff experience survey. This survey was piloted with a group of staff in a Care Home and a group of staff in an acute setting to shape the final product.

3.2 Engagement

1. Promotion of the project was led by the PHA in collaboration with the Department of Health (DOH) and HSC Trusts. A variety of approaches were adopted to engage staff including: corporate communication within each HSC Trust; and a social media announcement. To ensure the survey was available across the health and social care system the primary method promoted was for the survey to be submitted using an online link. Staff were advised that they could print or request a hard copy of the survey and mail it directly to the 10,000 More Voices team. An interactive pdf was also generated and shared by email for return to the 10000morevoices email account. This was the first time this method of engagement was tested and offered an easy access version for staff during a busy and pressured time.

3.3 Data collection

All data collection was anonymous with no personal identifiable detail recorded. All raw data from postal surveys, pdf returns and telephone consultations was collated and entered onto the Sensemaker® Analyst Online programme by 10,000 More Voices team. This online programme supports the analysis of narrative of all returns and identifies the key themes shared by respondents. Data was managed in line with Data Management Guidelines for 10,000 More Voices and 10,000 More Voice Governance Processes. Data collection period was from 30th June 2020 to 15th October 2020.

COGNITIVE EDGE

3.4 Survey Design

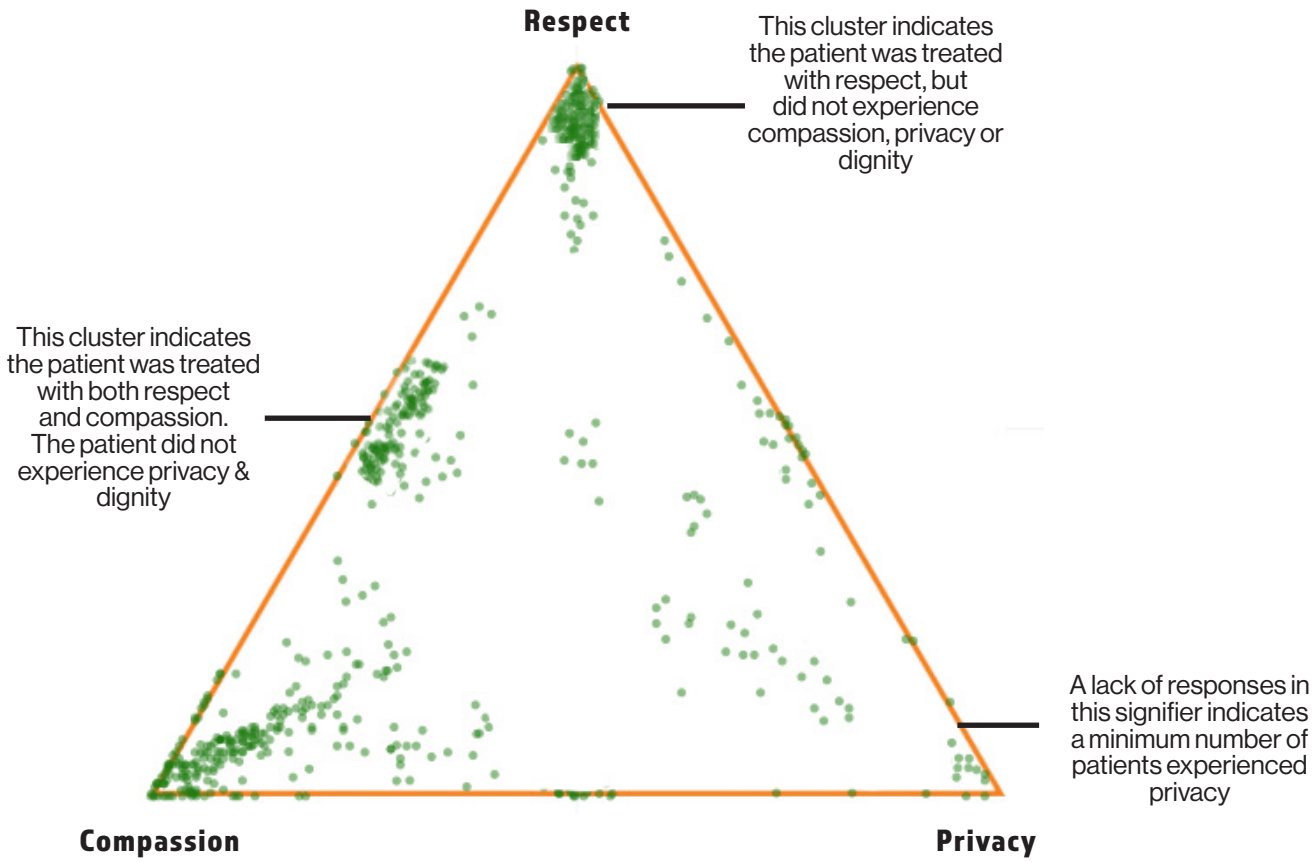
Using Sensemaker®: Understanding the responses.

The following outlines the concept of Sensemaker® with particular reference to the analysis tools known as Triads. When completing the survey all respondents were asked to describe their most memorable experiences during COVID-19 pandemic. The second section contained a number of statements to support the respondent to reflect deeper on their experience. These responses are recorded in Sensemaker® in the form of a Triad (triangles) included in Section 4.0 of this report.

Triads illustrate pattern formation and clusters of response to each statement. In relation to triads the dot was plotted according to the relevant answers selected; if none of the responses applied the respondent could tick "this does not apply to me". Each dot within the triad represents an individual experience of the resident, relative or staff, with each individual story accessed through the analysis software. A high concentration of dots in a specific area identifies an emerging pattern in relation to the answer. An example of responses to a triad is demonstrated in Figure 1.

Figure 1. Example of a Triad

Responses to statement: In my experience I was treated with...



3.5 Limitations

- The availability and time of staff to reflect upon and complete the survey was limited due to pressures related to working during the COVID-19 pandemic.

- Survey design with Sensemaker® is an academic data collection tool requiring a level of understanding around concepts such as triads. An easy access version was developed to support data collection across all groups.

- The majority of returns were within HSC Trusts with limited responses for independent sector. It is recognised for future studies the importance of developing promotion strategies which supported wider engagement with the whole of the health and social care system, or to develop a project specific to the independent sector.

- It is recognised the majority of returns were from a white ethnic background and for future studies additional promotion to support wider representation of other ethnic origins.

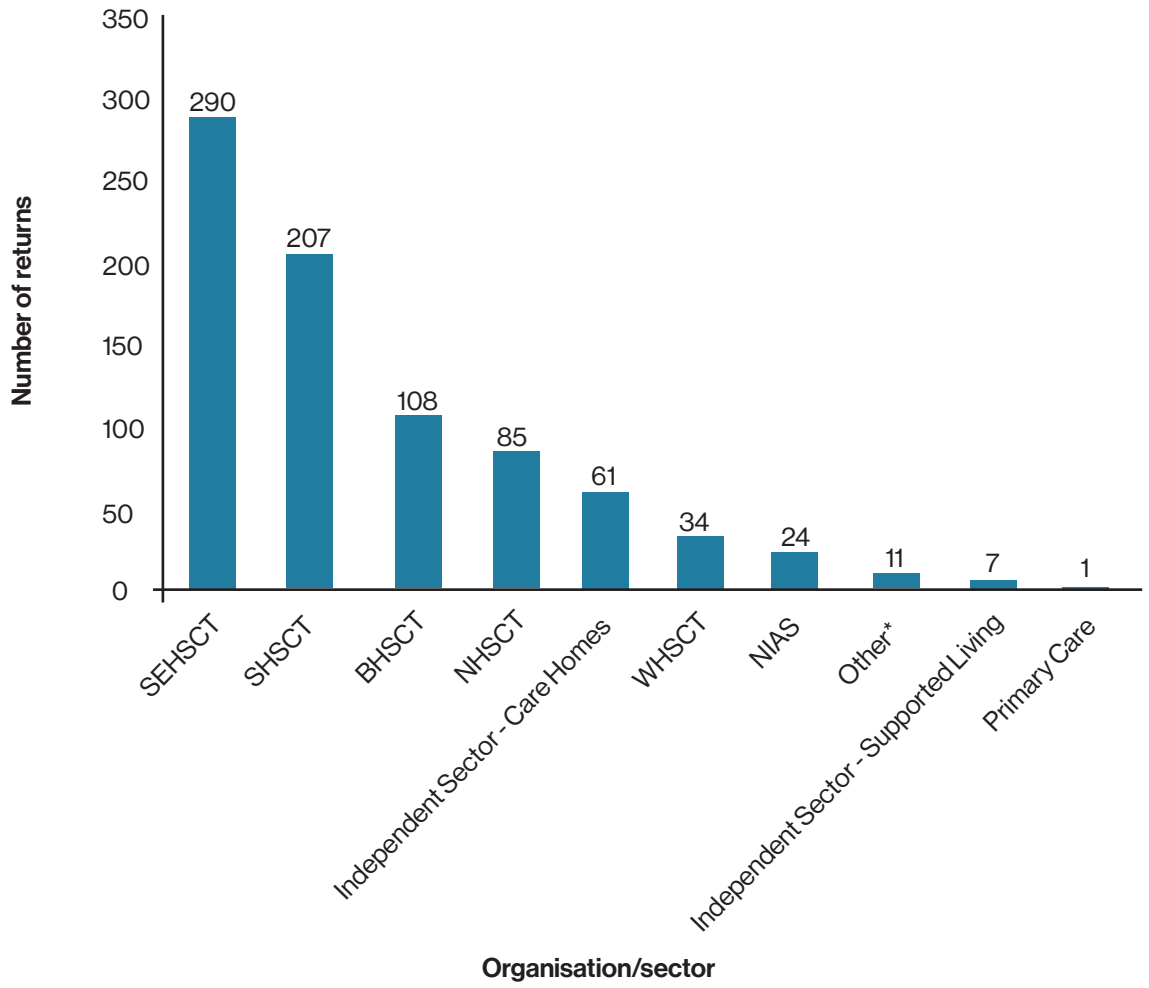
4.0 FINDINGS & ANALYSIS – THE STAFF VOICE

4.1 Overview of Returns

The staff experience project launched on 30th June 2020 and closed on 15th October 2020. In total of 828 staff returned completed surveys sharing their experience of working during the first wave of the COVID-19 pandemic. The first step of the survey was to build context around the experience through a small number of closed statements as illustrated in the following figures.

Figure 2 illustrates the returns according to organisation, demonstrating engagement across the health & social care system. There were limited returns within Primary Care and supported living. It is recognised a higher number of returns were received from Care Homes as this was promoted as part of another project into the experience of residents, relatives and staff in Care Homes during the first wave of COVID-19. The report relating directly to experience of Care Homes can be accessed through www.10000morevoices.hscni.net.

Figure 2. What section of Health and Social Care are you employed by?

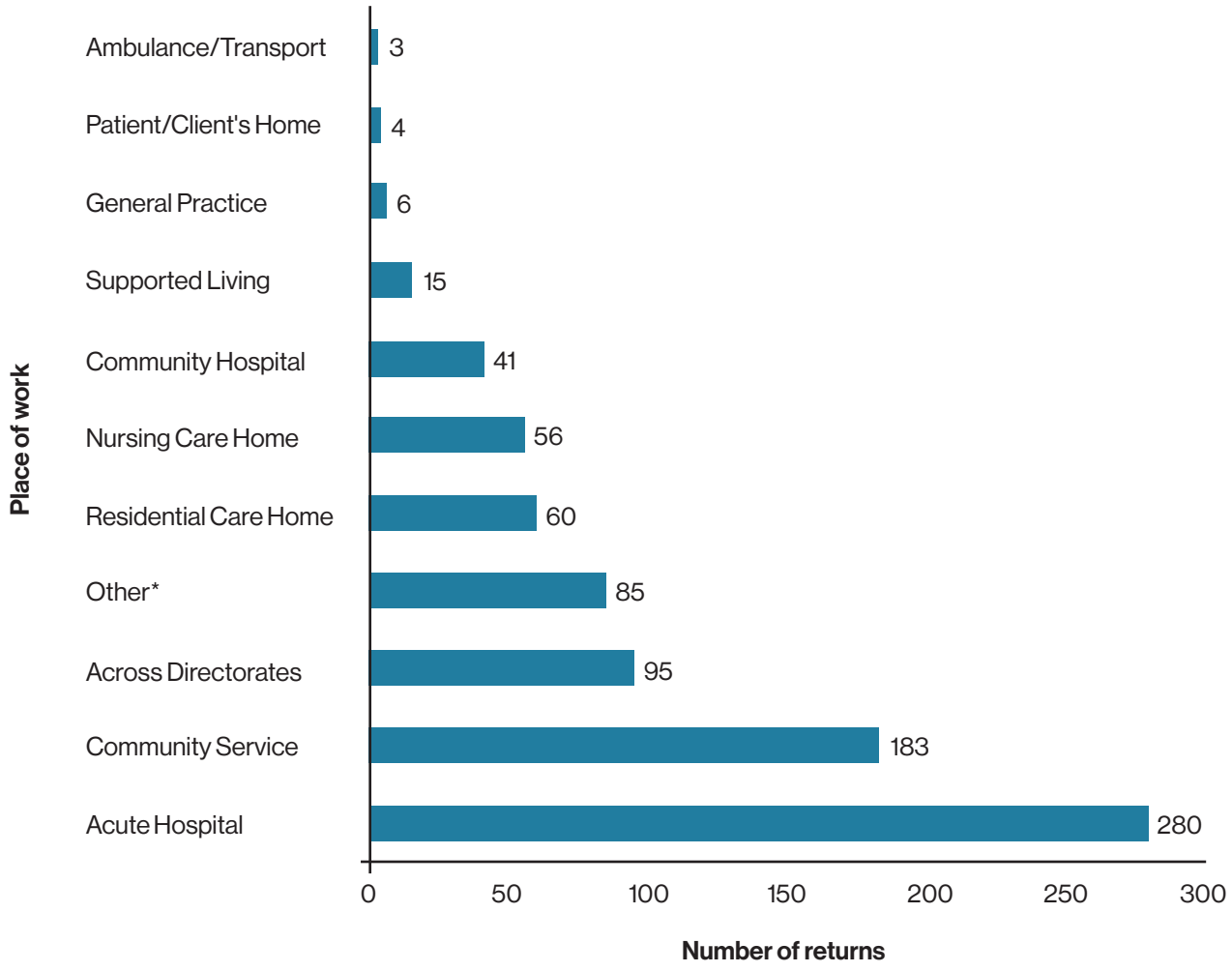


Other n=11 included staff from: Community Pharmacy (n=3); Community Health (n=2); Agency (n=1); Public Health Agency (n=1); HSCB (n=1); BSO (n=1); Care home (n=2).*

Figure 3 illustrates where the respondents defined as their place of work. It is recognised 39% (n=321) worked within a hospital setting. 22% (n=183) worked within community services.

Across Directorates represents staff working in management or administration roles or within clinical services which interface with acute and community services. The job roles of respondents that stated Across Directorates as their place of work (n=95) are as follows: Administrative n=27; Management n=11; Allied Health Professionals (AHPs) n=24; Social Workers n=7; Consultant n=3; Nursing n=17; and Support Services n=6.

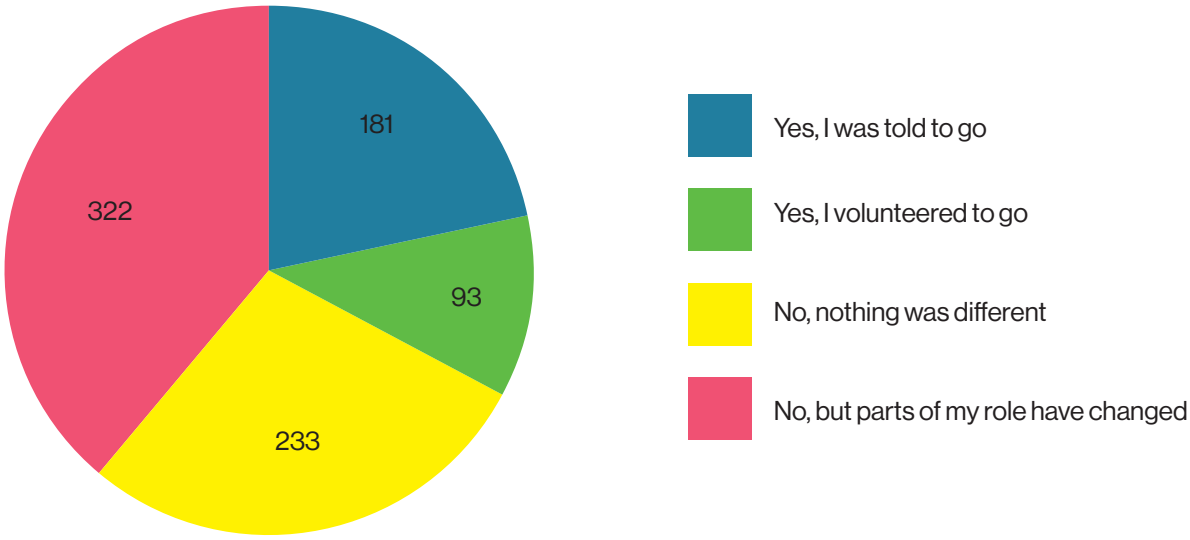
Figure 3 At this time where is your place of work?



Other n=85 included as place of work: pre-hospital/ambulance (n=13); various settings (n=4); working from home (n=9); Clinic/non-acute hospital (n=11); day centre (n=3); business support/administrative (n=15); COVID-19 testing (n-2); mental health (n=3); agency (n=1); community services (n=8); schools (n=1); primary care/independent sector (n=3); social care services (n=4); community pharmacy (n=3); health improvement/ planning (n=3); Prison (n=2).*

Figure 4 illustrates whether the staff were redeployed or if their role changed during the first wave of the pandemic.

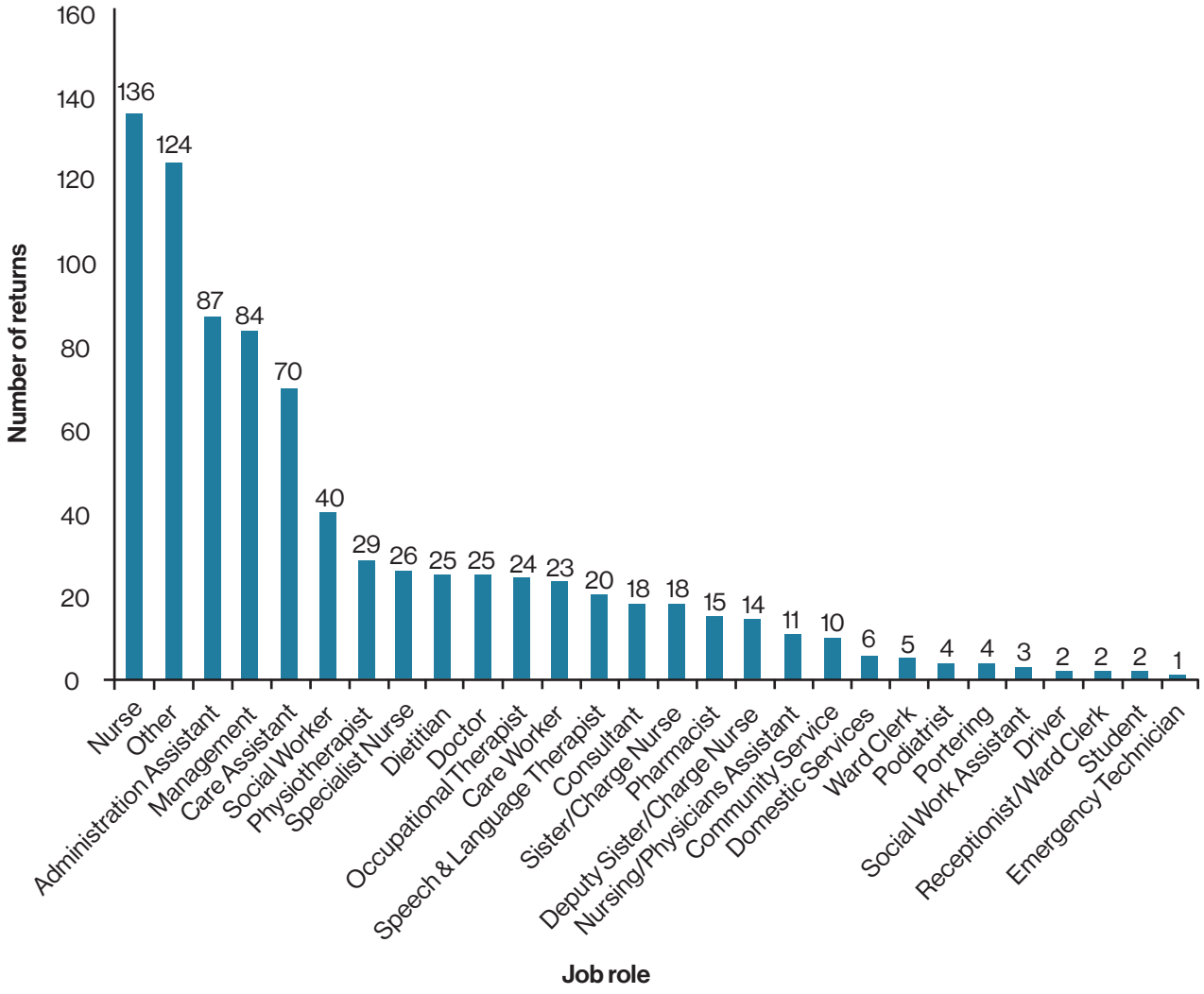
Figure 4 Have you been redeployed from your usual role/department (for example, to support patients on the frontline in response to COVID-19 pandemic)?



The majority of responses (39%/n=322) were not redeployed but acknowledged their role had changed; 33% (n=272) of returns were redeployed, either through directive by the organisation or through voluntary process.

Figure 5 illustrates the job roles of the respondents during the pandemic. It is evident that nursing is represented the most. There was a high level of response of staff from the combined AHPs, care assistant, management and administrative roles. The category "Other" includes a range of administrative, AHPs, Social Care and broader support roles. A deeper dive into the experience of each profession can be extracted and explored in future studies.

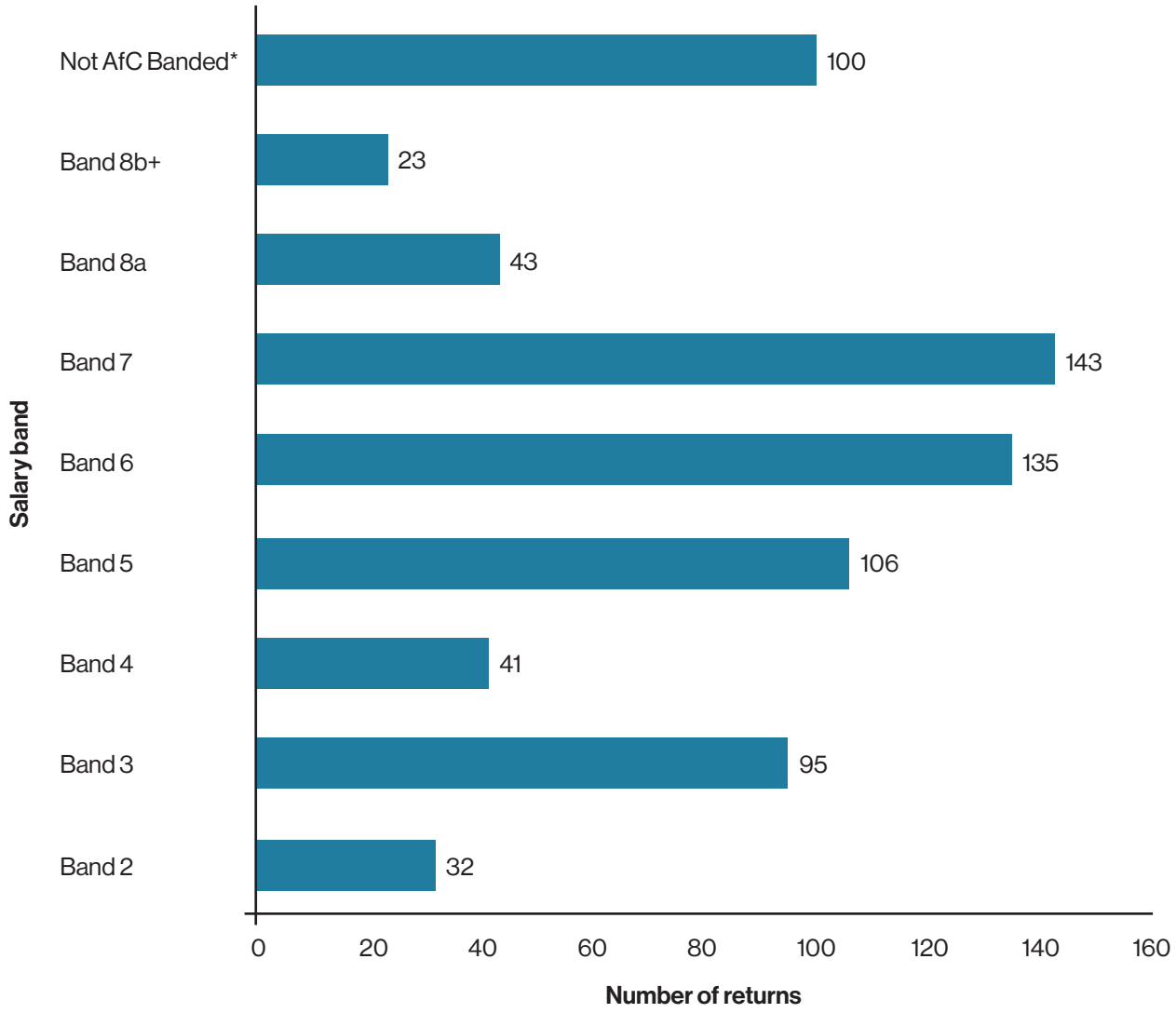
Figure 5 What is your job role during COVID-19?



Other n=124 included as job role: Administrative n=30; Management n=1; AHPs n=15; Social Care n=23; Mental Health n=6; Nursing n=4; care assistant/critical care n=1; ICU n=6; Medical n=2; Primary Care n=1; Emergency services n=5; COVID-19 testing n=1; Medical Laboratories n=1; Dental n=1; Pharmacy n=3; Care Home n=3; Community services n=3; Maternity n=1; Support services n=5; Estates n=5; Advocate/Volunteer n=4; Chaplain n=1; unrecorded n=2.*

Figure 6 illustrates the spread of bands that responded to the survey. 13% respondents (n=110) did not answer this question. 12% respondents (n=100) answered that their pay was not banded under Agenda for Change (AfC) pay scales. Nearly half of the respondents (46%/n=384) came from Bands 5-7.

Figure 6 What band are you employed as?



Not AfC banded n=100 included staff with job roles as: Care assistant n=22; Care Worker n=8; Community service n=1; Consultant n=10; Doctor n=19; Nursing n=12; Management n=15; Pharmacist n=2; Porter n=2; Other n=9 (of which were 6 Social Care staff, and 2 Care Assistants and 1 Specialty Doctor).*

Appendix 2 includes further context of returns relating to demographics.

The following section explores the experience of staff according to eleven core concepts, presented as Triads. Each concept is formed as a statement with three signifiers (as explained in Section 3.0). Most of the triads are based upon appreciative enquiry, exploring the strengths within the concept. However it is important to be cognisant of the respondents who did not identify with any of the signifiers and indicated this was not part of their experience. The number of responses per Triad are shown in Table 1.

Table 1. Number of responses per triad question

		Number of responses		
Triad	**Concept**	**Completed the question**	**Not part of their experience**	**Not selected**
Triad 1.1	Being in Control	778	50	-
Triad 1.2	Being Prepared	603	225	-
Triad 1.3	Being Challenged	589	239	-
Triad 1.4	Policy & Practice	770	58	-
Triad 1.5	Going Forward	654	174	-
Triad 1.6	Telecommunications	269	246	313
Triad 2.1	Support	806	22	-
Triad 2.2	Coping measures	713	115	-
Triad 2.3	Coping with Pressures	661	167	-
Triad 2.4	Reducing anxiety needs	675	153	-
Triad 2.5	Factors of anxiety	722	106	-

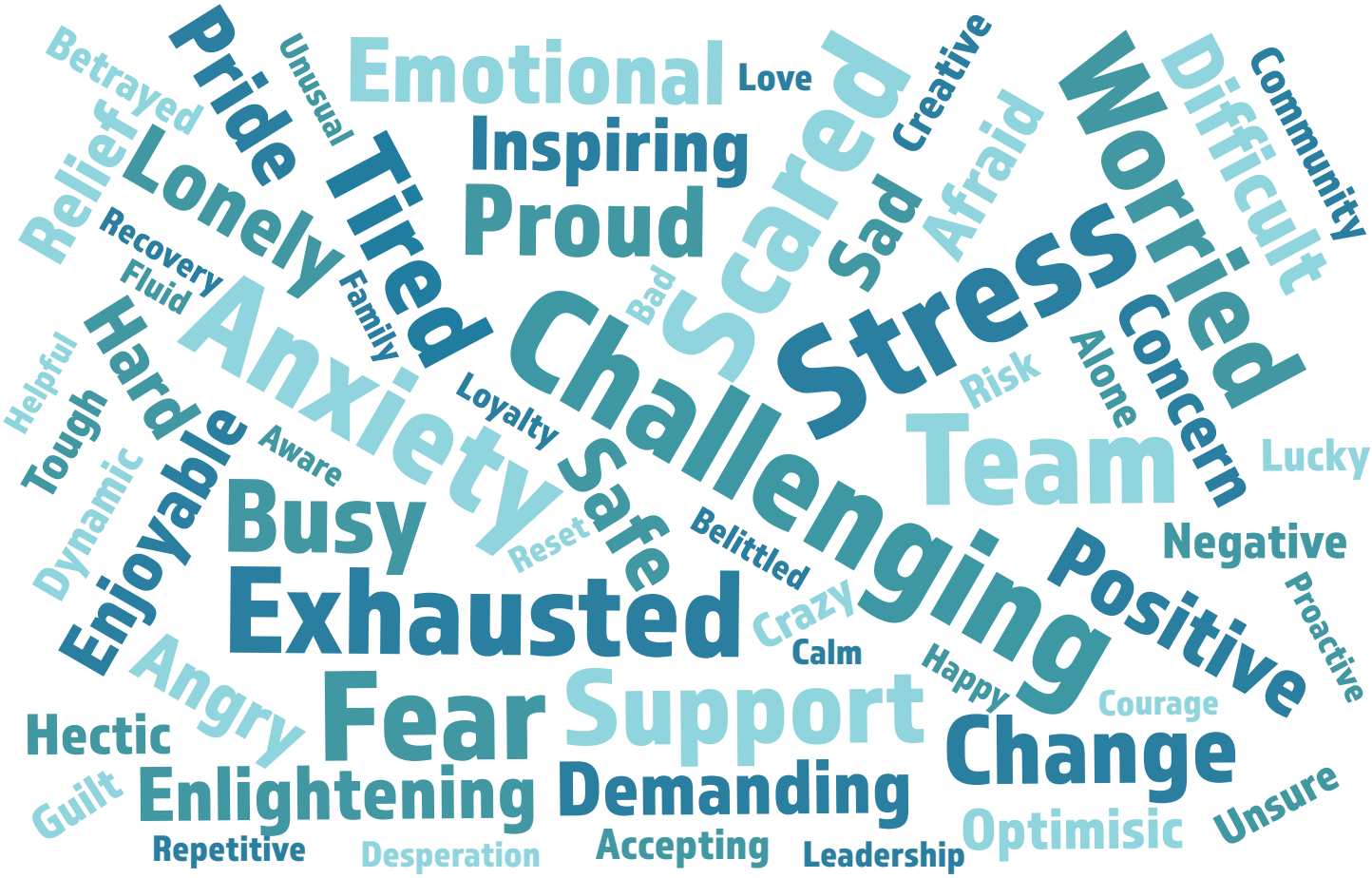
In Triad 1.6 there is a third group of "Not Selected" n=313 reflecting the number of people who did not use telecommunications during this time. This is included in the analysis in Section 4.2.6.

4.2 Summary of Experiences

The following section presents an overview of the findings of the core concepts included in the staff survey. These are further enriched and illustrated through the words of the staff. It is important to acknowledge each of the context questions in Section 4.1 can be used to filter the data and inform deeper understanding of the experience of a particular context (for example briefing paper on the experience of being redeployed during the pandemic). The following analysis supports the understanding of the data as a collective.

Staff were invited to summarise their experience in 3 words. Figure 7 illustrates the thoughts and emotions staff related to working during the COVID-19 pandemic.

Figure 7. Word Cloud illustrating the response to the statement "Summarise your experience in 3 words"



4.2.1 Being in Control

In the management of COVID-19 many staff within HSCNI have experienced changes to their daily job role. Figure 8 illustrates the extent to which staff felt in control of the changes they were experiencing. 778 respondents answered this question. 50 respondents felt that the responses provided were not applicable. Of the three signifiers, 74% respondents (n=577) included "Planned through my management" in their response. This is the dominant signifier. 52% respondents (n=400) included "In response to issues in practice" in their response; and 37% (n=291) included "Influenced by me" in their response. The central cluster includes 16% of responses (n=127) meaning the three signifiers were part of the experience.

Figure 8. Triad 1 (n=778). Being in Control: In response to the COVID-19 pandemic changes in my work were:

It is evident from Figure 8 that planning through management was highly influential in the changes to daily job roles and this is reflective of the context of an emergency planning response.

Within the narrative there are stories showing the pressure faced by management, feeling responsibility for patients and for staff, internalising their own stress and the demands of delivering care during a pandemic.

"...Work as we knew it completely changed in a matter of days. The pace of work was exceptional with services and hubs being set up rapidly in response to the threat of COVID-19. The most memorable moments will definitely be the discussions with staff about redeployment and front-line work. As a manager I was aware of how it might feel for staff to work frontline, potentially putting themselves or family at increased risk. I did not look forward to these conversations, but knew that they needed to happen. The response of staff, however, was phenomenal - they were so selfless and committed..."

The narrative also included stories of staff feeling unsupported by management and of there being a lack of communication regarding changes to their post.

"...From working in endoscopy, to being redeployed to ICU is a scary and nervous change. We had no choice in the redeployment, rather told by our manager we were going to ICU..."

"...I feel we have been treated appallingly by the higher management, shifted from pillar to post to suit other people with no regard to how we feel about it or how unsettling it is. I hate coming to work at the minute and my team feel the same. The only positive is the fact our team are solid, we get on well and are able to support each other. All we can hope is to get back to normal ASAP..."

"...Mostly a very negative experience- no communication with managers for at least 6 weeks into pandemic. I feel that the manner in which my team (and others have mostly said the same) were redeployed created huge, unnecessary levels of anxiety and stress for the staff, the entire team, myself included, feel they were treated like a commodity with little to no regard of how we felt. We were moved from ward to ward on daily basis for the first week or so, not necessarily related to our specialty..."

Conversely there are also examples of how management supported staff during change.

"...Overall I feel the working environment and team work was excellent. The management were on the ball for all eventualities and that no improvement or support was necessary..."

"My working experience throughout the pandemic has been mostly positive. Although this was a worrying time for all and at the beginning of the lockdown I was quite scared and anxious, I feel that our Assistant Director was supportive for which I am grateful, we were provided with laptops for working from home to adhere to social distancing... My Head of Service and line manager have also been great..."

"It has mainly been a positive experience. The ICU staff nurses have been patient and understanding. My clinical skills have improved and developed over my time here. My manager was also redeployed and she was very supportive and I felt I could approach her with any issues."

As well as this the narrative contained stories of the mixed experience by staff in terms of the leadership and planning perceived to have been carried out.

"Positives - working with supportive managers as part of team which established a new & unique service. Band 7 & 8B showed excellent leadership skills, were respectful of all staff & valued each team member's contribution & opinion. Negatives - lack of communication from senior management including executive team. Lack of visible leadership from Executive Team... Questionable decision making, no risk assessment of staff as part of re-deployment. No assessment of skill set, home circumstances. Staff treated as numbers not people with real fears & anxieties."

The narrative demonstrates the willingness and understanding of staff to respond according to the demands of the services, often working within new and challenging settings.

"...Staff just couldn't do enough! Everyone wanted to help, especially in the early days. I personally worked with an amazing team. We were all redeployed and set up a new service in days. None of us had any prior experience. But everyone just got on and got the job done each day to the best of our ability. It wasn't perfect and improvements were made daily but it was amazing..."

"...I have always worked in Day Care therefore when I volunteered my services during COVID-19 pandemic. I was placed in a residential care setting which was initially somewhat overwhelming. Very quickly I was made to feel so welcome by both staff & residents & we acknowledged that we had a task ahead of us with the same aim & goal. Shift work was another challenge but I feel that I adapted very quickly as I offered my assistance, care & support anywhere required, ensuring residents were always at the forefront & we worked together extremely well as a team. I will never forget my redeployment experience as although it was a surreal time for us all we rose to the challenge & achieved a very positive outcome..."

The narrative relating to change shows the pressure faced during the intense circumstances of the first wave of the pandemic. It is clear that emergency planning measures were necessary and staff roles were changed by managers in response to the pandemic. Reflections can be drawn on the approach taken to this process in terms of: discussion with staff when planning how to deliver services; ongoing communication of decision rationale and service requirements; roles of senior management and roles of line management in the support of staff. The professionalism and dedication of the staff is evident in the narrative through their willingness to care for those in need despite the impact upon themselves.

4.2.2 Being Prepared

Figure 9 considers the opportunities that staff may have experienced as a consequence of the pandemic. 603 respondents answered this question. 225 respondents felt that the responses provided were not applicable. Of the three signifiers, 70% respondents (n=420) included "Practice new skills in the workplace" in their response. This is the dominant signifier. 62% (n=375) included "Work within a new team" in their response; and 43% (n=260) included "Attend training for new skills" in their response. There is a central cluster, with 26% respondents (n=157) answering that they experienced the three signifiers equally.

Figure 9. Triad 2 (n=603). At this time I had have the opportunity to:

The experience from the narrative provides insight into the responsibility and dedication of staff both in relation to working in a different team and to the new skills gained to meet the demands of this period. There is mixed feedback in relation to the quality of the experiences.

"...I've learned airway management, equipment, infusions pump and a lot of others. It is a very scary period and confusing also as we're not sure what we're allowed to do and what not, the situations are very different from what we're used to and I feel like we don't get enough training for these. Not getting supervised properly..."

"...I was redeployed to ICU during the COVID-19 pandemic. I had never worked in ICU so it was a completely new area for me... I embraced the training and took on board as much as I could but considering a new member of staff to ICU is given a mentor for 3 months to be redeployed to an area with no mentor and working with different staff each shift I was extremely stressed..."

"...The training on donning & doffing PPE was minimal and there was never anyone available to assist us so I felt it was unsafe..."

"...The positive reaction and dedication of staff to ensuring the health and safety of service users has to be one of the most satisfying and memorable moments despite having their own concerns, the impact on their lives, family etc. Their willingness to adapt to very different working conditions and embracing training needs to ensure they could do their work to the high standard they set themselves..."

"...I have learned different breathing equipment, drug preparations and how to document in ICIP. During this period I met lots of staff from different departments and shared our experience... Sometimes not getting enough training or supervision..."

The location and intensity of training varied for staff. There were staff that had to deliver and receive training in a pressurised environment and the narrative provides insight into how difficult an experience that was. Also there were staff that had been given the training in advance, yet it was still challenging to initially use of these skills in the way that was demanded by the pandemic.

"...During this we were also responsible for the bed side teaching of staff who were redeployed to critical care, this at times could be very stressful as we often had up 2 or 3 nurses trying to teach how to care for a critically unwell ventilated patient who was on the maximum therapy they could receive. Although I would be always grateful for those staff who joined our ranks to deliver care to these patients, I often wonder if our senior management grasped how intense the experience was. This was constant, we didn't get a break from the relentlessness of trying to provide the best care to patients whilst trying to train and supervise nurses who had little or no experience of ICU..."

"...The consultant training us for proning was so reassuring and took time with us. Donn/doff trainer was really good but it also magnified the seriousness of our role. The first day was nerve wracking - being in ICU, working with ill patients, finding our new normal, doing the proning, dealing with long shifts... but 7 weeks after, we are comfortable doing our job, the ICU staff have been amazing and we are glad we have helped in a small way..."

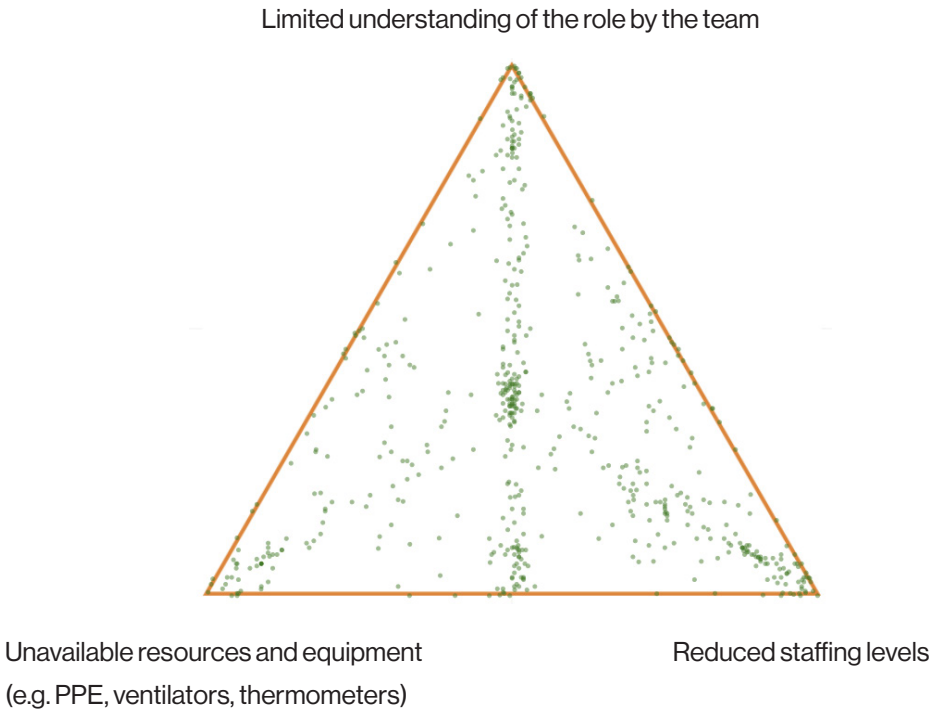
"...I am particularly proud of our unit. We pulled together and planned on how we were going to tackle this pandemic. In fact I do feel we were ahead of game in preparation and training. We had a member of staff acting up as Ward Manager due to sickness, who not only had to learn a new role but also tackle a pandemic..."

Reflections on the opportunities and the related narrative show the importance of team culture and cohesiveness. Within the planning of service delivery it is essential to consider the factors that can potentially support or undermine this. The experience of working through the pandemic has provided learning on how to approach training and staff changes during the pandemic, for example, empowering staff to integrate into new roles & teams, not supporting training strategies within a highly pressured service; and staying focused upon the ultimate aim of delivering safe care through skilled staff.

4.2.3 Being Challenged

Further to the opportunities experienced during the COVID-19 pandemic Figure 10 considers the barriers that staff faced in the fulfilment of their role. 589 of respondents answered this question. 239 respondents felt the responses provided were not applicable. Of the three signifiers, "Reduced staffing levels" was the dominant signifier as indicated by 65% (n=380) of respondents. The other two signifiers were each cited by nearly half of respondents, 49% respondents included "Limited understanding of the role by the team" (n=291) and 47% respondents included "Unavailable resources and equipment" (n=278) in their response. There is a central cluster showing 21% respondents (n=124) experienced the three signifiers equally.

Figure 10. Triad 3 (n=589). Being Challenged: In response to COVID-19 the barriers to fulfilling my role in the work place were:



Within the narrative the impact of reduced staffing was shown, and the pressure and lack of support that staff felt was described.

"...Most staff redeployed and increased workload to cover for their caseloads. Feeling burn-out. Staff still redeployed and their ongoing caseloads divided among team - extra work and risk management. Expected to absorb same - no extra time allowed. So many changes to keep up with..."

"...Covering staff absences with no additional support- No guidance regarding appropriate use of PPE- Minimal contact with managers, lack of support and a sense of being forgotten during the COVID-19 pandemic..."

"...Staffing shortages resulted in working approximately 15-20 hours extra every week for all the management team. Managing staff anxiety and sick leave and shift cover was very stressful..."

Staff level issues existed before the pandemic and this as well as the additional time needed for caring roles due to PPE is reflected in the narrative.

"...Pre-existing gaps in staffing cover provide challenges in meeting needs of service through COVID-19 further putting patients at risk..."

"...Due to PPE everything is slower so we need more nurses. Everyone who was redeployed has gone back so we are back to normal. There is more monitoring, testing and isolating when nursing COVID-19 patients. More team and nurses would work better. Other than that, my job is fine!"

Within the narrative there were stories that illustrated the ways in which staff felt they had a limited understanding of the new role. There were many factors related to this barrier, for example, redeployment to a new speciality, several years of a gap previous to working in the area, not receiving adequate training, not feeling supported within the new team. This barrier relates to the difficulties of the working conditions as well, such as staff working multiple roles as they were deployed part-time.

"...I had to be redeployed which was difficult as I was redeployed to a job which I have very little knowledge of..."

"...It has also been frustrating the ICU staff not knowing people's previous ICU experience and therefore not utilising their skills appropriately and treating all 'nurses the same' whether they were 2 months out of ICU or 12 years..."

"...I have worked in a non-acute environment for 18 years, when the COVID-19 crisis hit my department was closed down and we were redeployed to various areas. I was redeployed onto a busy medical ward not having worked in such an environment for almost 20 years. The training offered was after redeployment and online, bar a 20 minute run through of end of bed documentation. The ward environment had changed greatly since my last time working in such an environment. This proved to be extremely stressful both physically and mentally..."

The narrative shows that in order for staff to be able to fulfil their role it is necessary that they feel supported and have effective communication channels. The experience below shows when this is not the case that there is an impact emotionally on the staff, on team functioning, and on resources as learning was missed.

"...I was absolutely petrified to be working in ICU, in a strange environment with a team I did not know. I had no induction and no nominated 'go to person', either did any of the redeployed staff. The communication from management was not good and my own management team have had little to no contact with me since I was told I was had to redeploy to support the Trust. I have witnessed many wasted resources and indeed things could have been managed in a more supportive way for staff and in a way that would have had less wasted resources..."

The barrier of unavailable resources and equipment is broad ranging and during the pandemic went much further than medical equipment. Within the narrative PPE issues were repeated, the availability of PPE and also the impact of PPE on the actual providing of care. There were difficulties described including: the uncertainty and continuous change of services; the pace of updates in information and guidelines; the severity of illness of the patients; and the absence of family within the hospital wards was especially felt.

"...As a manager it was a terrible emotional and heart breaking experience, I was making decisions for my whole home and lacking support and guidance. My major issues were the lack of PPE and ensuring my residents and staff were properly protected."

"... I felt there was a lack of advice, support and resources in the beginning of the outbreak and then it almost became overwhelming."

"...All the redeployed staff working together and building good team relations during a difficult time. As well as how ill patients with COVID-19 became and how quickly they deteriorated - this became particularly difficult as family members weren't allowed to visit..."

The experience between staff was variable, the narrative also included stories in which highly skilled staff faced each issue and felt confident, resourced, and in teams sufficiently staffed.

"...While COVID-19 had everyone on high alert staff pulled their resources together to provide a service. The flexibility and dedication of staff was stark as they managed to provide a service with a reduced staffing..."

The complexity of the healthcare system and the much varied roles and functions of services provided, mean that the barriers that staff faced in the fulfilment of their role in the workplace are scattered as visually portrayed in the triad of this concept. Further analysis of the narrative per discipline, service type, and delivery setting would support local learning at a service level.

4.2.4 Policy & Practice

Figure 11 considers the challenges that staff faced in terms of following COVID-19 related policies. 770 respondents answered this question and 58 respondents felt that the responses provided were not applicable. Of the three signifiers, 77% (n=594) included "Rapid change in guidelines" in their response. This is the dominant signifier. 60% (n=461) respondents included "Conflicting messages from leaders" in their response; and 22% (n=167) included "Apathy in the workplace" in their response. There is a central cluster showing 14% respondents (n=104) experienced the three signifiers equally.

Figure 11. Triad 4 (n=770). Policy & Practice: At this time the challenges to following COVID-19 related policies are:

The narrative repeatedly demonstrates that staff experience included facing challenges to the following policy due to the rapid change in guidelines.

"...The biggest challenge was the unknown with COVID-19 and what we were dealing with. There were new guidelines all the time and adapting to a new way of working. Getting used to wearing PPE all the time and not having as many face to face contacts with clients and families was a particular challenge. A different way of working both in the office and out in the community whilst adhering to social distancing measures..."

The pace and frequency of guideline changes were challenging and in the narrative staff describe feeling unequipped to follow it.

"...The speed we had to change the direction of our work often with little guidance and the frequency of changing DoH guidelines and procedures for childcare providers for early social workers. Challenging trying to keep up. DoH issued guidance for providers before systems had been put in place to implement this guidance..."

"...We were forever being told that PPE guidelines were changing making us feel unsafe and anxious. Consultants would tell us to wear masks 24/7 and protect our eyes when nursing COVID-19 patients. Infection control told us off for wearing masks in the corridor yet here we are 3 months later being told to wear masks 24/7!"

The narrative provides insight into the signifier of conflicting messages from leaders, as it shows that there was a difference in the interpretation of the guidelines between teams and this inconsistency created problems in terms of following policy.

"...Solidarity of the team was the main pro - It was difficult dealing with the constant changes and adjustments that were made on a daily basis and what we should and shouldn't be doing regarding AGP/PPE/ etc. Also the frustration re the above and the difference in the wards was hard, i.e. every ward was doing things differently and didn't understand AGPs /donning/ doffing etc..."

Visually the responses are clustered along the left side of the triad, demonstrating that staff felt the challenges to following policy was influenced by both the conflicting messages from leaders and the rapid change in guidelines.

"...Biggest memory is how haphazard the management of COVID-19 has been, the constant changing guidelines on PPE, the misinformation and changing information leading to a chaotic at best scenario. If following WHO guidelines a constant approach would have been achieved. The poor quality of masks and aprons appalling and no feeling of being protected from COVID-19..."

The level of direction and communication from leaders has an impact on the understanding of policy and the ongoing adherence to it, the narrative showed experience of the related challenges.

"...What I believe did not go well- I feel that communication from Senior Management Team down was poor. While initially policies and procedures were put in place for staff in Community Team it seemed then as if all staff 'ran for the hills'. While the option to work from home was positive there appeared to be no consistency across teams as to how to manage this with staff who were present in the office having to manage difficult phone calls and situation. The guidance re physical distancing has been interpreted differently across community teams with some having clear guidelines and others not - thus left to work out their spacing themselves in buildings that will never facilitate the guidelines. As restrictions began to ease at times staff and management are becoming complacent and focus on distancing is poor..."

The narrative includes stories of there being policy differences between agencies and this was a challenge.

"...It has been a series of conflicting guidelines, the current set failing to recognise guidance from leading agencies on what is/is not an aerosol generated procedure! Overall government strategy has been slow to respond and often confusing..."

The conflicting messages from leaders in the narrative led to staff feeling treated differently to each other. Staff rely on leaders to enforce policy related to their safety and to fairness in the workplace, in the narrative there is insight into the effect on staff if they feel unprotected.

"...My experience during COVID-19 was extremely bad. From day 1 I felt undervalued, forgotten about and unsupported by the Trust at all levels. My department was not allowed to work from home or come in on a rota basis (which we were willing to do) even though there was 6 of us sharing an office. My colleagues all felt frightened and vulnerable with no support from management or the Trust (my own line manager was sympathetic but things were taken out of their hands). There was no risk assessment carried out of our working environment (there is one being carried out now - 6 months later which has made me very angry ...All other staff were allowed to work from home on a rota basis - myself and my colleagues were told to keep our heads down and get on with it or we could be redeployed to a worse department. All in all I am very dissatisfied with all things related to COVID-19 and the working conditions and I am now thinking about leaving the Trust which I have worked for 30+ years. I have never felt like this before - not about the pandemic but about the way I was treated. The caring profession – NOT..."

There is a minor pattern formation in relation to apathy (lack of commitment in the workplace) demonstrating how the staff were fully committed to the challenges in delivering care during the pandemic. The narrative confirms the message from the triad that staff in the HSC feel committed and dedicated to their work. Staff have worked in difficult conditions during the pandemic and faced personal considerations in order to carry out their role.

"...The positive reaction and dedication of staff to ensuring the health and safety of service users has to be one of the most satisfying and memorable moments despite having their own concerns, the impact on their lives, family etc. Their willingness to adapt to very different working conditions and embracing training needs to ensure they could do their work to the high standard they set themselves..."

There are stories that show that some staff have felt personally demoralised and devalued by how they have been treated by the wider system and found support within their colleagues.

"...I honestly feel devalued and like am I only a number. We all coped together on the ward but lack of communication from high managers left us feeling demoralised and devalued..."

"...Back in March we were asked to either volunteer to go to another department or we would have no choice and would be moved to try and adhere to social distancing. The 'threat' of being moved to a COVID-19 Ward was always imminent if we did not volunteer. I subsequently did volunteer to go to another department - not actually moved as there were too many already there. I've been left floundering as there has been zero support from manager. She has subsequently gone off sick and the manager above her never responds to concerns..."

The story above details an experience where the staff member was undermined by a directive management style, they were made to feel insecure in their post, and left feeling devalued and unsupported. This staff member in their story continued to do what they could to follow policy but the challenge came more from team dynamics, the level of protective products available, and a lack of support or communication from management.

"...The guidelines stipulated by Government and Trust were not taken seriously. When I broached the subject to colleagues who had been off sick and subsequently returned I was accused of being a bully. This was brought to the attention of the manager.... PPE and any other sanitizing products were not provided. Had to beg to get the basics. Instead I provided my own to protect myself. At no point did the manager ever ring/visit to check that all the staff were healthy, protected or had any concerns. She just wasn't interested. Would rather sit in a 'bronze room' and deal with obviously bigger issues than human resources!"

This story demonstrates the frustration felt by the staff member, but other issues are raised within it regarding the back-up support procedures for staff when the manager is on sick leave, and the checks on this to ensure this role is being provided. The narrative provides insight into staff expectations and how meeting these can be challenging due to systemic issues.

Further to this the narrative provided insight into the impact on the personal lives of staff of working during the pandemic and the policy that was enacted. Consideration of challenges to following COVID-19 related policy, from the narrative leads to the question of whether the approach taken requires to be reviewed and if the demands placed on staff were unreasonable.

"...Staying away from family to prevent me bringing COVID-19 into our home. We were used - we were redeployed unnecessarily - too many staff concentrated in one area - lots of downtime led to increased anxiety - we were given jobs to do that we weren't trained to do - it was not safe for staff or patients. There were enough trained staff in the area to do the job. Management was very poor. Managers were not visible..."

The narrative also shows the positive experience of staff and how the challenges related to policy led to the building of stronger relationships between services.

"...Stronger team relations. Improvising to achieve goals. Learning additional skills. Well supported. Uncertainty. Confusion on COVID-19 guidelines regarding workplace and what you could and could not do i.e. working environment, working from home, etc..."

"...Good outcome was that all team having to adapt and learn quickly and this was bonding for us although all working at home. The frequently changing guidelines and rapidly introduced systems meant so much more contact within early years services with childcare providers. Now know each other better and have stronger relationships coming out of it within team and with childcare providers..."

Within the narrative there are stories that demonstrate staff feeling supported and of good staff management being provided.

"...I was very impressed how my Ward Manager pulled us all together & explained everything & kept everyone calm. It was a very frightening time and your worse fear was taking something home to your loved ones. I always remember seeing a young nurse crying in the corridor because she was so tired and scared. When you're sitting at a nurses station and you see all these people nurses/doctors with face masks on its very frightening. My ward manager moved me from the station and gave me a room for myself which helped a lot..."

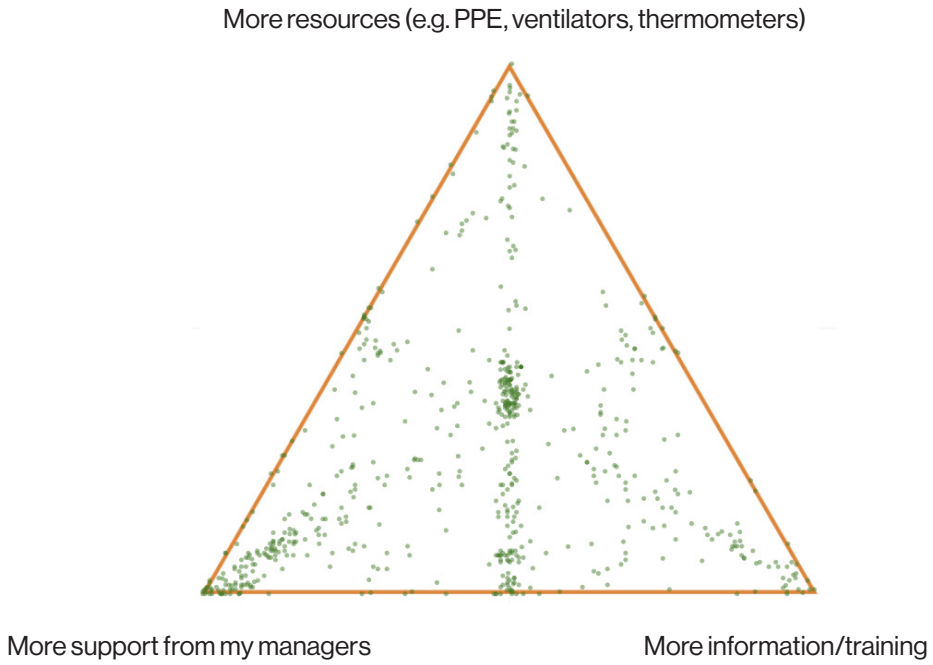
"...COVID-19 brought about fear and anxiety of the unknown for all staff. We prepared for the worst case scenarios after seeing the footage coming from Italy and other parts of the world. Managing a team it was my responsibility to ensure that staff felt safe, protected, and they had clear guidance on how to manage this pandemic. Communication was key, such as communication folders, face to face, department meetings. The meetings involved all team members within the department, as it was important that everyone was together to support each other through unprecedented times. Biggest achievement was working well together as senior leaders within the team to ensure we knew exactly how to manage, and that staff were re assured and could trust us..."

The key message from this triad is that health and social care staff are committed professionals. However following COVID-19 policy and practice is made difficult by the pace of the change to guidelines, poor communication, conflicting messages, feeling unsupported by management, being unequipped to implement due to systemic issues, and feeling pressures both in work and personally. The positive experience in relation to this triad included staff who experienced leadership and support by management and where the communication of the guidelines was clear & effective.

4.2.5 Going Forward

Figure 12 considers elements that staff require in order to fulfil their roles going forward. 654 respondents answered this question and 174 felt that the responses provided were not applicable. Of the three signifiers, 72% (n=469) included "More support from my managers" in their response. This is the dominant signifier. 58% (n=378) included "More information/training" in their response; and 42% (n=272) respondents included "More resources" in their response. The central cluster includes 25% of responses (n=161) meaning the three signifiers were part of the experience.

Figure 12. Triad 5 (n=654). Going Forward: To fulfil my role completely I require:



The dominant signifier from the triad showed that staff felt that more support from managers was the main factor that they needed going forward to enable them to fulfil their role completely. The narrative includes the elements that this is made up of, such as, information and communication, support and compassion, and a culture of equity between staff.

"...It would've helped to have regular short meetings with support and encouragement from managers, somewhere we could've fed back our concerns and worries without judgement. We received one email and had one meeting throughout the pandemic, more of this and more specific positive encouragement about what we were doing would have helped. It would've really helped to be given space in the hospital to use computers to do our notes and socially distance while working. It was very hard to avoid being on wards for too long and to socially distance in the office. It would've helped to be told right from the start by managers that our safety was important and everything possible would be done to keep us safe while allowing us to do our jobs. It felt like any complaint was us trying to get out of working rather than respecting our need to talk about our genuine fears..."

There were stories in the narrative that emphasised the value of information and good communication.

"...We had a resident with COVID-19 at first it was a frightening experience. With changes of management and staff it really helped to overcome the fear. We were updated throughout every day which I really appreciated. We also have a WhatsApp group so we are constantly informed of any changes. The resident recovered and no other person in my work place got COVID-19 which I am really proud of, I believe this was due to fantastic management throughout and total teamwork..."

"...I believe that our department was well prepared and organised before the real pressures started. I remember feeling overwhelmed with the amount of information that was provided daily. I felt frustrated at times due to the amount of staff we had on duty. Other nurses re-deployed to us and it felt like a lot of people for very little space. I felt protected and supported throughout the pandemic. I think I was surprised we were never really busy as it didn't hit as bad as we thought it was going to be. Overall it was managed well..."

The narrative provides insight into the person-centred aspects of support and the necessity to consider the health of the staff member.

"...I personally have never felt as undervalued as a trust employee after 18 years of service to the trust- to be told that in the middle of a global pandemic, the trust were declining staff laptops to let them work from home safely and to accommodate child care. I felt there was no support there at all, and if ever I felt like I was only a number it was then. I feel the Trust don't care about your personal circumstances or your family. As a result I have been considering looking for a new job outside of the trust as I feel disgusted in the way I was treated throughout COVID-19, and I have felt very disheartened and have no faith if there is a second wave of this virus that there will be any help out there for us. In terms of my boss, there was no compassion there whatsoever, as when I put in my request she advised me 'it was all about the service'..."

The story below speaks of the inequity felt by the staff member compared to senior managers and it shows how the effect of this was that the staff member felt unsupported.

"...What went well: Only 4 out of 11 staff left in our Home. Those of us who remained developed a very close bond. The re-deployed and new staff assigned to us have been fantastic. What didn't work: Our senior line managers ALL worked from home. They had no empathy for us. They sent policies/procedures which were impossible to implement/follow. They also expected us to perform tasks they would never contemplate doing themselves. There was no acknowledgement of the difficult situation we found ourselves in COVID-19..."

In terms of more information and training to fulfil the role completely, the narrative emphasises the importance of reviewing how information is shared so as to improve the functions and benefits of communication. It also highlights the mutual respect and recognition of organisations and the nourishing of close working relationships are an essential part of a positive culture.

"...Better understanding and recognition from management, a greater sense of inclusion in the processes and changes and being asked for my input/opinion without it becoming a debate..."

"...Partnerships between Trust services and care homes seem to have strengthened. We are all in this together, and hopefully the positive legacy of COVID-19 will be strengthened working relationships and improved partnership working. I was redeployed to into a role in the Trust's COVID-19 support plan to care homes. It really is a privilege to be involved in this work. The positive difference the work is making is evident and the close working relationships with care homes is great to be a part of. Communication has been a challenge due to the pace of change and the regular updating of guidance in relation to COVID-19. Given the unprecedented circumstances communication may have been as good as it could have been - but moving forward it would be good to review how information is shared, who it is shared with and when it is shared (e.g. updated PHA guidance)..."

Training during the pandemic was delivered in response to service demands and the narrative shows the experience of staff, from feeling they received a lot of training to being less prepared. Training is an essential part of staff developing the knowledge and skills that are required to safely and fully care for patients and their conditions. The narrative provides insight going forward on the preferable conditions for training.

"...It was very difficult to reassure patients when we didn't know what we were facing into ourselves, either in our working lives or our personal lives. I had to undertake a significant amount of training at that time also. I have worked in a mental health setting for over 25 years of my 27 year career. I had to prepare for going back into a physical setting, possibly with very ill patients. This was the point that I found most stressful as I felt completely unskilled and worried about my capacity to provide appropriate care to patients..."

"...From the start things kept changing on a daily basis one minute we were going to be a type of ward the next it changed to something else, at times I was very confused. Eventually I was told that my ward was turning into COVID-19 ICU. I received very little ICU training and found it very worrying and not know what to expect..."

"...Before COVID-19 really hit we had prepared with extra training, having to learn new equipment and fast. My role would extend to ICU and ventilated patients this was very scary. Everyone talking hyped the situation up. The greatest impact I suppose was seeing the patients recover and leave ICU. I did learn new skills but at what cost, my anxiety levels increased, my blood pressure increased my mood got worse especially at home. And on reflection I did become closer to some colleagues. Communication wasn't always good it kept changing. I suppose that was the nature of the beast we were dealing with..."

In the narrative, in terms of the requirement of more resources to fulfil the staff role, the reality of wearing PPE and how it has made the role more difficult is evident. The stories emphasised that staff need to feel reassured that PPE resources are in stock. The issues faced during the COVID-19 pandemic first wave included shortage of resources and equipment. Going forward the experience of staff can help inform approaches to practical requirements.

"...The hardest part of working in ICU with COVID-19 patients was the PPE. I know I had to wear it but it was so warm and uncomfortable. It made a hard job worse. As a nurse it has made me appreciate how I can adapt and push myself, setting new targets for myself..."

"...Knowing that PPE is not running short..."

"...Feel like infection control kept changing the goal posts as to what PPE was needed and when, when you see other hospitals better equipped, also being told we didn't need to wear masks on ward during the first 3 months of COVID-19, 2 months in then being told we needed to wear masks going into patients rooms and now after 3 months being told masks must be worn at all times even when not in a patients room, suddenly after 3 months signs have gone up (green, amber and red zones to say what PPE is required), hand sanitizer has appeared at the lifts....a bit late on doing all of this, this should have been done at the start..."

Provision of resources, including access to testing, was raised in the narrative and this forms part of the requirement needed for staff to feel that they are adhering to infection prevention control measures and that their personal safety and the safety of patients is being upheld.

"...Be tested regularly to see if I have the virus, so I don't give to my family and patients. Be able to wear scrubs instead of uniform. Be issued with my own goggles, visor, respirator head..."

Staff have an expectation that there will be standardisation across hospital sites in terms of infection prevention control measures, therefore it is essential that there is a clear and consistent approach to coping with demand and provision of adequate supply. The resources that are required in response to the pandemic extend to estates and how to accommodate social distancing.

"...At the start there was a poor environment - lack of hand washing, hand sanitizers, use of touch screens in the hospital and lack of response when this was highlighted. The hospital was very slow to accommodate social distancing measures - waiting rooms, one way systems, staffrooms, etc. The hospital would not listen to clinical staff wanting to make things safer - all of the above but also things like getting thermoscanners so that the nurses could stand back from the patients. Equipment available but not through usual procurement processes - red tape ahead of safety and common sense..."

"...SPACE in our clinical areas. Ward areas are busy places, with limited ability for social distancing of any kind. SPACE in non-clinical area- staff working too closely in office, medical staff with no office space to do the increasing amount of admin they are required to do..."

Communication aspects and time delays of usage were also raised in the narrative in relation to resources and equipment.

"... Lack of understanding from management regarding challenges of delivering adequate consultations in PPE with very little time allowance for all the extra things that had to be done and communication difficulties..."

The input from administration in the efficient delivery of health and social care services is also relevant when considering how to improve processes going forward.

"...Clerical errors in setting up clinics, giving the patients the wrong clinic locations and instructions. Backlog of typing. Attempts to go 'paperless' by the back door without adequate implementation/failsafe processes..."

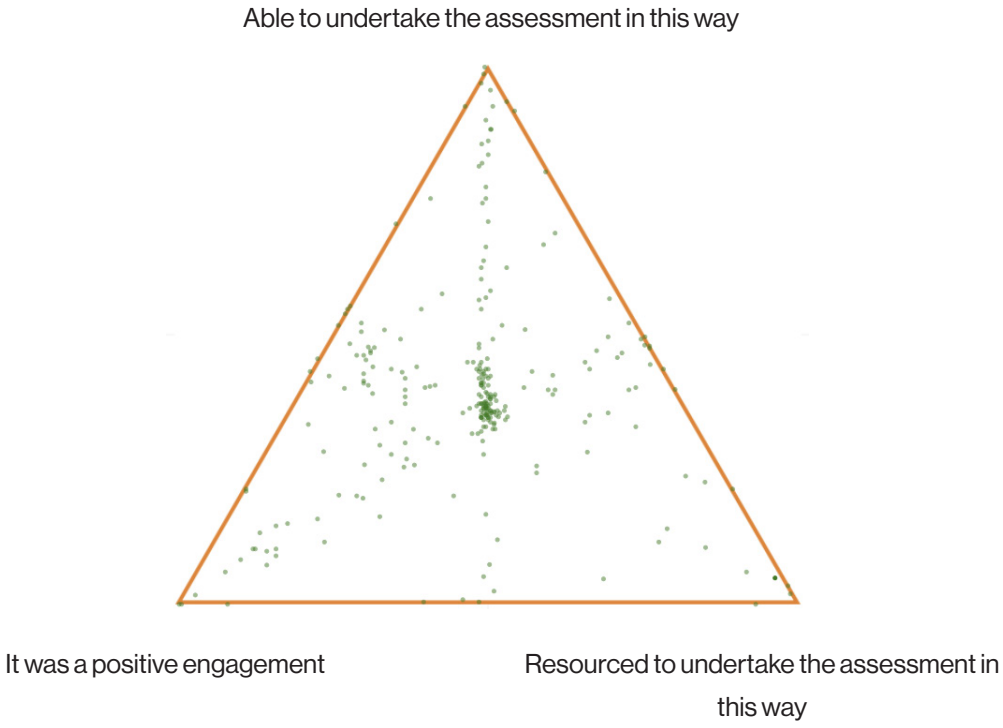
The key message from this triad is that supportive and compassionate management is vital to assist staff to fulfil their role. Information and communication needs to be provided in a manner that is useful for staff and the challenge to organisations and managers is to provide enough information whilst not overwhelming staff. In the first wave of the pandemic staff did experience issues related to resources although the influence of this in terms of fulfilling the role was predominately combined with other factors, such as, concern for safety of others, delivering effective care and lack of communication.

4.2.6 Telecommunications

Figure 13 considers the staff experience when undertaking patient assessment through telecommunications. 269 respondents answered this question as they had used telecommunications and 246 felt that the responses provided were not applicable. The remaining staff (n=313) did not select a response as they had not used telecommunications as part of assessments following the onset of the pandemic.

Of the three signifiers, 81% (n=219) included "Able to undertake the assessment in this way" in their response. This is the dominant signifier. 75% (n=202) included "It was a positive engagement" in their response; and 64% (n=172) included "Resourced to undertake the assessment in this way" in their response. The central cluster includes 49% of responses (n=132) meaning the three signifiers were part of the experience.

Figure 13. Triad 6 (n=269). When undertaking patient assessment through telecommunications I felt:



The message of feeling able to undertake the assessment using telecommunications is reflected in the narrative. The stories also showed that this method is limited and that face-to-face assessment was a necessity.

"...Virtual assessment has worked very well and clients have been very supportive of this..."

"...As much as I was able to complete assessments via telecommunications I do not feel this is the best way in completing same. Face to face allows for a more holistic and person centred approach..."

"...Phone calls don't replace assessments but are good screening tools..."

The narrative shows that some patients like this method, as they felt vulnerable due to the pandemic.

"...Telephone reviews and assessment became part of the norm, some patients preferred to interact over the phone as they were in the high risk aspect of COVID-19..."

Telecommunications as a method is dependent on the patient's ability and contentment to receive care in this manner. The narrative highlighted that there were certain age groups that responded well, such as, young people, whereas for other age groups, such as, elderly people there were issues.

"I work with teenagers, so they were skilled in using technology and engaged well over video calls."

"Telephone appointment is no good especially for the elderly"

"...Telecommunications do not work with community patients with hearing difficulties, dementia and general debility due to age..."

"...Able to have a zoom session with some but not all service users. Those able were able to express their experiences well..."

"...It's been the best working experience ever! Able to work remotely and not made to feel guilty about it. Have never worked harder and my team have been developing innovative practices with Tele-health. My caseload (children with autism) absolutely love technology and so we have been able to deliver services using zoom. Parents and children are loving at! I've been able to use zoom and complete staff supervisions and appraisals, as well as hold more regular team meetings. Only downside was not having a means top record client notes electronically as we still use the old fashioned written notes in case files..."

The stories noted that it was not possible for staff to carry out a full assessment.

"...There were significant limitations to assessing clients and circumstances via telephone/video..."

"...Assessment via phone or Zoom is not accurate in mental health, I think it leads to many false outcomes and increases the risk of missing something significant from the client..."

Difficulties were referred to in the narrative that related to the patient's ability to access this form of consultation, including having the equipment, technical capability, language barrier where English is a second language and clinical conditions, such as, dementia, hearing loss, tinnitus.

"...Connectivity was an issue, also working with people aged 65+ telephone is not always suitable..."

"...Virtual working was a second best type of work with others. It was definitely a case of do it this way because we can't meet face to face. I was able to undertake my work with children and families who were ready, willing and able to engage virtually and had the electronic capacity to do so. Some of the children and families I worked with experienced poverty and could not afford to video call, zoom or face time. For some other families, particularly those living rurally/remotely there were some issues of Internet connectivity that impacted on virtual working..."

"...With phone calls you are unable to see a patients face and therefore pick up non-verbal cues so unsure if patient had heard enough, was tiring or understood the information I was giving. I could not do a complete assessment as unable to weight someone or check their height. I am aware that patients won't remember everything discussed so requires follow-up with information being sent out in the post which requires extra time. Communication can be difficult for those whose first language is not English or hard of hearing etc..."

Within the narrative there were comments by Social Work, paediatric services, mental health services, and palliative care staff that they had experienced limitations using telecommunications for assessing patients.

"...Parents have been very appreciative of telephone contact and support throughout this pandemic, however I have had limited uptake on video communications due to the nature of the children's difficulties I see, and reluctance on parent's behalf..."

"...Relying on adult information which in the main went well but I was not able to assess the child..."

"...In mental health, telephone assessment does not replace face to face assessment as so much of the assessment relies on observation of the patient..."

"...At times it is difficult to rely on the patients recall & opinions without physically seeing these things for yourself..."

"...Virtual assessment and communications have their place and definitely should be considered as options in the future. However they must not replace the face to face work with service users in their own homes that is essential to establishing good working relationships and assessment in social work practice..."

In the narrative there were stories explaining that telecommunication methods are not adequate for some types of services, such as, care homes and hospital discharge, and that this put staff in a difficult position.

"...I felt phone assessments were not very effective, particularly dealing with clients at home alone or discharged from hospital to new placements. There was no other option but I felt deeply uncomfortable about making decisions without meeting clients and making an effort to their wishes..."

"...Telephone contact used, this very difficult especially with care homes, difficult to get information on residents especially if large numbers in one home & care home staff limited time to complete phone assessment..."

The narrative included stories where using telecommunications had been a positive engagement. Influential factors included staff attitude and confidence, and if it had worked well for patients.

"...Tele-therapy has been very positive- increased engagement with therapy from service users who otherwise don't tend to engage..."

"...Telephone reviews worked well for patients who had previously been seen in clinic but not so well for first assessments..."

"...I loved doing assessments via zoom. 'Can do' mentality rather than colleagues with a 'can't do'..."

"...I have had to make use of Zoom and other forms of technology and I feel it has been a positive experience..."

The narrative related to the signifier of being resourced to undertake the assessment using telecommunication, showed that there is a training need prior to using this method.

"...Training in use of technology such as virtual consultations. Better resources for video consultations - webcams, faster internet, iPads and computers..."

"...Telephone Triage is a learned skill and I don't think it is just a matter of picking up the phone but includes a complex listening and interpreting requirement..."

"...Online training was offered to staff but information was slow at coming through or very last minute and a lot of staff did not have the time, resources or ability to safely access training..."

The narrative raised the point of reliability of equipment, network connectivity, and ability to use the functions of the software.

"...Better access to IT solutions as zoom was unstable and resulted in communication difficulties..."

"...Better IT connectivity, telecoms, time to get training on the use of zoom, social media..."

The narrative included stories of the physical and emotional strain that some staff experienced from providing care through telecommunications.

"...I spoke to people every day on the phone who were scared, I had to provide assurance and support when not having much faith myself. I found it extremely exhausting speaking to people constantly in the call centre environment. We had good days but also very disturbing stressful days..."

"...It was overwhelming carrying out assessment by phone, not resourced or trained for this..."

"...Using telephone for all patient contact has resulted in developing pain in my neck and shoulders, and consequently headaches. I had asked for appropriate equipment on numerous occasions e.g. hands free headsets and was declined same..."

"...Need more resources for linking with patients. Only option is telephone. Trust EXTREMELY slow at any signs of progress towards improved technology..."

"...Delivering a service virtually takes longer, much much longer. It requires much more preparation time, and the ability to respond 'on the hop' is significantly reduced as the technology just isn't suitable for such 'natural' interactions..."

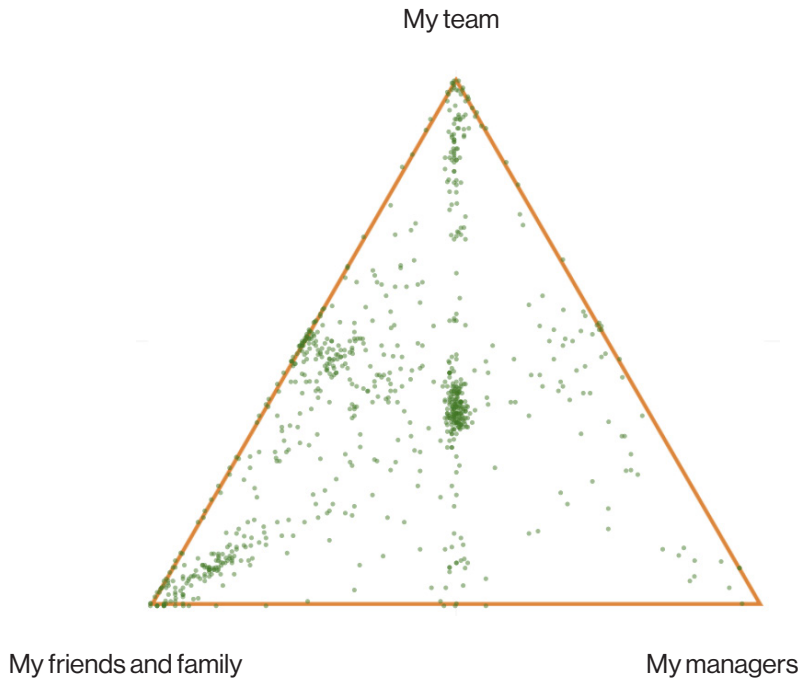
The key message related to the use of telecommunications for undertaking patient assessment is that this can be a positive engagement and staff feel able to carry out this method of appointment. However it is essential to use in conjunction with to face-to-face assessments and is not suitable for certain patients/ services. The challenge is to provide staff with the necessary training, equipment and health and safety checks.

Step 4 of the survey explored the personal impact of changes in practice in response to the COVID-19 pandemic, particularly the new pressures and stressors on staff as outlined in section 4.2.7 – 4.2.11.

4.2.7 Support

Figure 14 considers who staff turn to for support when they are concerned/anxious about work. 806 respondents answered this question. 22 respondents felt the responses provided were not applicable. Of the three signifiers, 77% (n=622) included "My friends and family" in their response. This is the dominant signifier. 68% (n=552) included "My team" in their response; and 38% (n=307) included "My managers" in their response. The central cluster includes 30% of responses (n=243) meaning the three signifiers were part of the experience.

Figure 14. Triad 7 (n=806). When I am concerned/anxious about my work the people who support me are:



The narrative reflected that staff turned to "My friends and family" for support when they felt concerned/ anxious about work.

"...Supported by family and friends..."

"...My husband, children and extended family supported me..."

The triad main clusters in Figure 14 indicate that staff found sources of support from both friends and family, and the work team.

"...I coped with the situation and felt supported by my team and family and friends..."

"...The staff team supported each other. I sought support outside of work from church and family and friends. I also used the chaplaincy in the hospital and found it a helpful space to reflect..."

However the stories also raised the worries that staff had in terms of protecting their families from infection as well as emotionally.

"...Initially I was extremely anxious and scared about working on the ward to care for patients with COVID-19. I was more scared for my family as I didn't want to put them at increased risk of getting COVID-19 so I moved out of my home to help prevent this..."

"...Staff anxieties were high, a lot of tears and fears. My main priority was trying not to bring it home to my family. Testing should have been happening for all of our team showing symptoms or not, we were out treating COVID-19 patients daily to prevent spread. I only feel the stress of it now that it's all over. We worked weekends, bank holidays, extra hours. I hope a second wave does not come again as I don't know how mentally if a lot of our team could cope with the immense pressure on them throughout the COVID-19 pandemic..."

From the narrative it was evident that "My team" provided a great source of support as indicated by two thirds of respondents in the triad.

"...Support from peers and from team in which every member pulled together to meet the crisis to the best of our collective abilities. Our day to day problem solving and support came from ourselves..."

"...As colleagues we supported each other but there was no additional support offered to us by managers..."

"...I worked with a fantastic team, who looked out for me, supported me on days when things were almost overwhelming, recognising when I was stressed..."

"...The greatest impact I experienced was the camaraderie and flexibility of staff, stepping up to the mark whilst feeling extremely anxious about contacting COVID-19..."

"...Staff resilience in the face of the unknown. How some staff have surprised me by their responses to us all being in this together (negatively). How others have surprised and delighted me by their response to the pandemic. Embracing new technology and ways of working. Can do attitude and pulling together. Staff humour even in the darker moments..."

Staff drew support in the form of the motivation of helping their patients and in the appreciation that was shown by patients.

"...We worked together as a team, supporting each other and going that extra mile for the benefit of our patients. The greatest impact was the positive feedback we received from patients we looked after..."

"...How quickly the health service changed and responded. Team spirit strengthened despite the fear of the unknown. All my staff wanted was to keep our patients and each other safe..."

The narrative provides insight into the reality of work during the pandemic, frontline staff faced extreme circumstances and need to be provided with support.

"...The way in which staff of all disciplines pulled together to get through. It was the single most awful, terrifying experience I have ever had in my career. I was so scared coming to work, not knowing was the PPE enough to protect us, was I going to take the virus home to my young family. I remember just how sick and terrified the patients were, they couldn't see their families and didn't know if they would survive. But one word that would sum up my experience in work is teamwork..."

"...I am glad to be back in my own post but feel the COVID-19 pandemic has knocked me both with my self-confidence and personally I feel I'm more anxious at work now. I would like the opportunity to meet in small groups to de-brief/have supportive counselling if needed and some recognition or reward such as an extra Annual Leave day might be good to boost staff morale. I really feel we gave our all and got nothing in return and that's not right..."

The triad showed that just over a third of respondents (38%, n=307) felt support from Managers. Good communication, openness, compassion, helpfulness and being approachable were aspects of support found within the narrative that related to this form of support.

"...I am very well supported by my Manager and always have been in my current place of work. My co-workers are excellent colleagues and our communication network within in the Home is an open door policy so that staff may come to any senior member of staff at any time for help and guidance..."

"...Manager and staff all supported each other we talked openly to each other..."

"...I felt protected and supported throughout the pandemic. I think I was surprised we were never really busy as it didn't hit as bad as we thought it was going to be. Overall it was managed well..."

"...The team and manager have been wonderful and we have been very well supported..."

"...Throughout all, my Team Lead was flexible, compassionate, fair, focused and made herself available..."

In the narrative there were staff that did not feel they were being sufficiently supported with work concerns.

"...I did not feel supported at all by management during this period of time..."

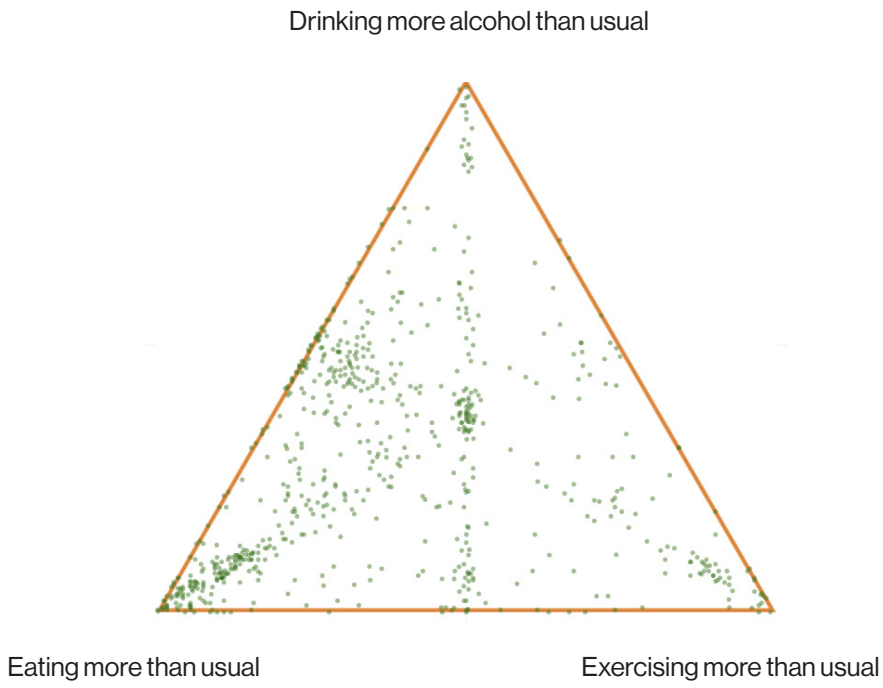
"...I think that my workload is unmanageable, I feel like I need more support..."

The key finding of this triad is that for the staff respondents, their support base leans more on relationships in their personal life and team members than on managers. Learning can be taken from the narrative on the mechanisms whereby staff feel able to access support from management. Reflecting on the powerful messages within the narrative it cannot be underestimated the key message around the importance of additional support within organisations for staff working on the frontline. The challenge for organisations & services is to embed support into everyday practices to sustain the health & wellbeing of the staff moving into future waves of the pandemic.

4.2.8 Coping measures

Figure 15 considers whether there has been a change in behaviour of staff in terms of alcohol consumption, eating pattern or exercise level. 713 respondents answered this question and 115 respondents felt the responses provided were not applicable. Of the three signifiers, 79% (n=564) included "Eating more than usual" in their response. This is the dominant signifier. 48% (n=344) included "Drinking more alcohol than usual" in their response; and 35% (n=251) included "Exercising more than usual" in their response. The central cluster includes 15% of responses (n=109) meaning the three signifiers were part of the experience.

Figure 15. Triad 8 (n=713). At this time I find I am:



The dominant signifier of eating more than usual was experienced by three quarters of respondents, yet the narrative did not contain many stories related to personal food consumption. There were several stories related to appreciation for the free food given to staff at work. The narrative also included stories of the difficulties staff faced in accessing shops for their own shopping.

Exercise was a coping measure referred to by a third of respondents and the narrative shows the stress relieving function that exercise can give.

"...I was well supported by colleagues and my manager. I have used the free apps available to staff, particularly headspace, and it has helped. I have also tried to exercise alone to clear my head in the evenings - although this was not always possible due to workload..."

"...I practiced good self-care such as yoga, meditation, arts and crafts, and exercise such as walking and cycling..."

"...I worked long hours over 7 day week as did many other managers in an unpredictable work environment with information changing frequently. I managed stress by exercise when not at work and avoiding alcohol and leaving the family home to reduce stress of cross infection..."

Drinking more alcohol than usual was included by nearly half of respondents, this is largely in combination with one or both of the other signifiers.

"...I did not sleep well at night, I consumed larger than normal volumes of alcohol and I cried and prayed to God to help me before and after each and every shift..."

"...I did walk more which helped so much, initially I drank more but this was short-lived and the as a result I probably drink less alcohol now than I did previously..."

The key finding from this triad is that in answering the question 86% (n=713) of respondents acknowledged that there had been a change in their behaviour as part of personal coping measures during the pandemic. The challenge to employers is to relieve the stress faced by staff and that where needed is to provide support to staff as they try to cope with mentally, physically and emotionally draining work. Some of the healthy lifestyle and mindfulness programmes delivered by the HSCNI to staff were referred to in the narrative.

4.2.9 Coping with Pressures

Figure 16 looks at the mechanisms that staff feel help them to cope with the pressures of work during the COVID-19 pandemic. 661 respondents answered this question and 167 respondents felt the responses provided were not applicable. Of the three signifiers, 92% (n=610) included "Engaged with personal coping techniques" in their response. This is the dominant signifier. 23% (n=152) included "Explored Health & Wellbeing opportunities through my organisation" in their response; and 16% (n=107) included "Sought professional support" in their response. The central cluster includes 9% of responses (n=60) meaning the three signifiers were part of the experience.

Figure 16. Triad 9 (n=661). To help me cope with the pressures of COVID-19 pandemic I have:

The narrative provides insight into the pressure staff had to cope with and varied according to the specific service area. The main pressures discussed were:

- Increased workload/highly pressurised work setting
- Reduced staffing levels and working conditions
- Safety concerns and risk of infection
- Increased anxiety and personal concerns
- Training issues/lack of confidence in new clinical setting
- Impact of PPE on staff physically and on caring for patients
- The volume of seriously ill patients and death
- Impact of family visiting restrictions
- Uncertainty and pace of change to guidelines

"...Being expected to function on high levels of stress and pressure. Emotional turmoil. Limited support from Trust..."

"...Huge pressure both initially and now to restructure and adapt to needs. Anxiety levels among staff and patients significantly increased..."

The major dominant signifier in this triad is that staff engaged with personal coping techniques in how they coped with the pressures of the COVID-19 pandemic.

"...Learned the need for self-care, (am) very good at looking after others, learned I need to take care of myself between sleep, nutrition and relax time..."

"...I found it helpful to go to a quiet place for a break when I became overwhelmed by the sadness of situations... Outside of work, walking and exercising outside helped me to switch off..."

The narrative related to health & wellbeing opportunities shows that staff were informed via organisation wide emails and by managers of the programmes available.

"...We encouraged health and wellbeing activities, e-Learning, ZOOM yoga..."

"...My boss made me well aware of wellbeing programmes online from the trust..."

"...People were treated differently dependent on their team even though roles were similar. As a result I felt that I had to go to Occupational Health - who were great. But this caused added stress and made my health issues worse. I used the advice from the well-being weekly trust email..."

The narrative is limited regarding stories of where staff sought professional support. There are several stories that reveal the stress, anxiety, worry, uncertainly and pressure staff experienced.

"...I went to psychologist to talk as I was not sleeping well at night before work shifts to get advice on this. I was very tired and the emotional & physically workload was tough when I had so little sleep. I was dreaming of work & me being ill with COVID-19 & spreading it to others & the fear that gave me. Not nice seeing patients deteriorating from COVID-19. I would cope with this by discussing it with other members of work team..."

"...I have also had the chance to become involved in specific efforts in response to COVID-19 - staffing a psychological support line for staff. I have been glad to be able to support my colleagues on the front line..."

The key finding in this triad is that the majority of respondents engaged personal coping mechanisms. The challenge for organisations is to help staff avail of this method of coping with pressure; to explore how to support staff build personal resilience and apply coping strategies during the pandemic.

4.2.10 Reducing anxiety needs

Figure 17 considers the things staff need while working during a pandemic so as to reduce their anxiety during shifts. 675 respondents answered this question and 153 respondents felt the responses provided were not applicable. Of the three signifiers, 69% (n=469) included "A place to go when on a break" in their response. This is the dominant signifier. 59% (n=398) included "More breaks throughout the working day" in their response; and 42% (n=284) included "Provision of meals and refreshments" in their response. The central cluster includes 25% of responses (n=166) meaning the three signifiers were part of the experience.

Figure 17. Triad 10 (n=675). At this time, to reduce my anxiety during my shift I need:

The dominant signifier in this triad is a place to go when on a break. The narrative included some stories of staff having concerns regarding social distancing and challenges associated to this during breaks. Given the high intensity of the work environment it is understandable the staff need a quiet or disconnected space for break times.

"...I coped by distracting myself during break time and as much as possible not talk about COVID-19 or the patients during this break. I also had plenty of rest in-between shifts. The work place provided food, drinks, comfort, as much PPE as we needed, and a wobble room..."

"...Limited resource for staff to take breaks, not enough space in canteen and cafes closed..."

Issues were raised in the narrative of the actual ability to take breaks given staffing levels and work pressures. Also the impact of PPE on break times due to changing times required. More breaks were referred to in the narrative directly as a consequent of PPE.

"...More regular PPE/mask breaks for all staff as the face masks have broken my skin out in a rash and given my cold sores up my nose. Wearing PPE all day is exhausting, especially when you are on your feet running about a day centre all day. More mental health support services for staff to reflect on their time working during a pandemic. I experienced panic attacks and anxiety, which I worked through myself as I wasn't aware of any help I could get from work..."

"...Often breaks had to be cut short to ensure you were back in a reasonable time to get your PPE on. You never finished on time as you had to doff and wait for a shower, this would mean that it could be 9.30pm before you left the premises. In addition as I had the added responsibility of being in charge of the unit, quite often I didn't get to my own breaks until quite late or I took less time, so that I could be available to the staff caring for the patients..."

The provision of meals and refreshments by the HSC organisations and donations from the public was appreciated by staff in the narrative. Stories did include the issue of queues to purchase other items.

"...Thankfully the general public were very kind and donated meals to us (ICU Team) as well as our own staff providing frozen meals that could be heated up in a microwave..."

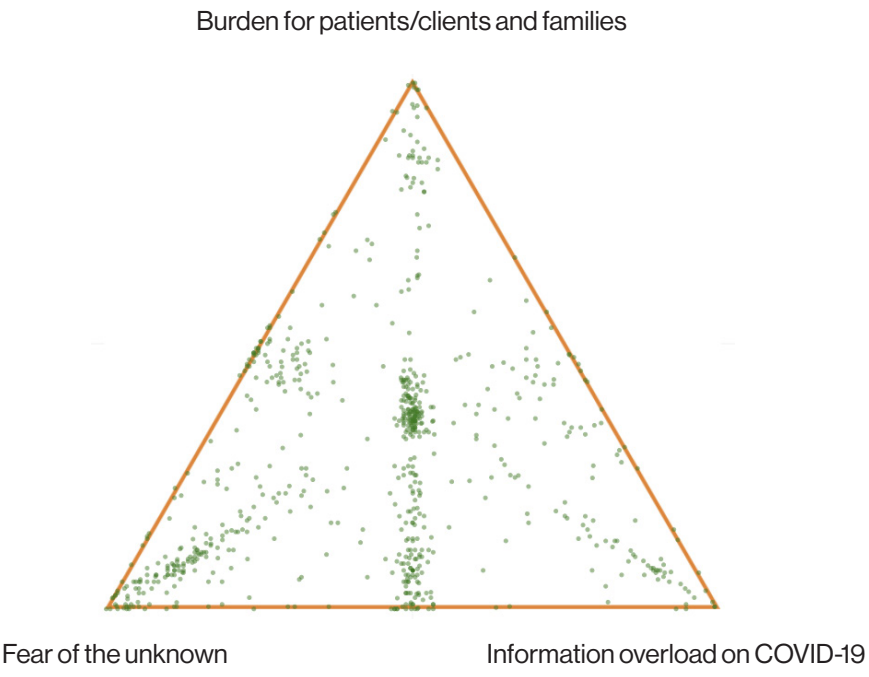
"...Whilst free food, tea and coffee were appreciated by staff the queues were extremely long at all access points for those wanting to purchase other items at tea break and lunch especially..."

The key message in this triad is the need for staff to have a place where they can go and relax during their breaks, and also for time allowance to be given for service essential elements such as PPE changing routine. The challenge is the provision of accommodation and additional time for large volumes of staff when the service is under strain. Consideration also needs to be given to catering systems and staffing requirements to ensure these are compatible.

4.2.11 Factors of anxiety

Figure 18 considers what staff need while working during a pandemic, so as to reduce anxiety during shifts. 722 respondents answered this question and 106 respondents felt the responses provided were not applicable. Of the three signifiers, 74% (n=533) included "Fear of the unknown" in their response. This is the dominant signifier. 56% (n=401) included "Information overload on COVID-19" in their response; and 54% (n=393) included "Burden for patients/clients and families" in their response. The central cluster includes 27% of responses (n=196) meaning the three signifiers were part of the experience.

Figure 18. Triad 11 (n=722). When I have felt anxious about COVID-19 the factors which contribute are:



The dominant signifier was that staff anxiety was increased by fear of the unknown. The narrative had several stories of staff indicating the uncertainty they had felt and the negative impact of this. There was uncertainty related to many factors of work and personal life, such as, to the changing guidance, to whether staff would be redeployed, to family worries and the risk of exposure to infection, to childcare needs, to the opening status of schools.

"...I had a duty to my professional role also. I was overcome with fear & it was very much a case of a fear of the unknown!"

"...Initially the fear of the unknown, the inability to plan for what was coming, the feeling of a lack of understanding and support from my manager about what my usual job role entailed and that it would continue to need me to work in it despite COVID-19 restrictions..."

"...It was frightening at first, fear of the unknown, fear of becoming ill, fear of bringing illness to your family. Also feeling of duty, this is my job and I want to do my best for patient and fellow workers at this difficult time..."

"... the amount of reassurance staff needed is very memorable- managing the anxiety secondary to such rapid change- and particularly those staff left in a vacuum of no childcare provision- despite all the advertised childcare options I had multiple staff who despite great flexibility and willingness to use leave etc. had nowhere to turn too and have felt completely left behind or that they weren't able to provide their normal level of service. These were the secondary pandemic impacts- beyond fears of the virus etc..."

Within the narrative it was apparent that communication could be used as a way to alleviate fear of the unknown.

"...Better communication, acknowledging openly the challenges. Management being more transparent..."

The narrative displayed how staff felt a burden for patients/clients and families. On an emotional level, the pandemic created a heart wrenching scenario of deaths without families able to be with their loved one, and staff did what they could to comfort their patients. On a compassionate level staff could empathise with the pain and suffering families were experiencing. Also on a practical level, staff missed the valuable support that families provide to inpatients.

"...The lack of family with in the unit will always stay with me, especially during patient's final moments. I found this particularly challenging as these patient's families trusted us to hold their loved ones hands during their final moments..."

"...The greatest impact was probably the emotional content of the work I was doing. The pain of COVID-19 restrictions on family members when a loved one was hospitalized, deteriorating, dying or dead. And the lack of ritual around mourning, restricted funeral rites. Just so much pain for people. That really broke my heart thinking about that. On the plus side, just working with some of the most conscientious, industrious and committed people across our services. Inspiring..."

Within the narrative the effect of information overload as a contributing factor to staff anxiety is raised by respondents. The pace and changeability of the guidance did have an unsettling effect as staff were feeling concerned, uncertain and working in highly pressurised conditions.

"...Information changed daily and staff were anxious... At times there was a communication overload with a lot of information being forwarded and difficult to keep abreast of the current guidance."

"...Information changed many times throughout the day."

"...I would dry up the tears shake myself down and go back to what became like a battle field of increased demands - emails full of new information which needed implemented urgently, staff shielding, reviewing processes, staff with COVID-19 symptoms off and some staff returning..."

"...Speed of change- need to interpret and disseminate rapidly information/guidance that is ever changing..."

Conversely for some staff the narrative reflects that they felt they did not receive sufficient information and that caused anxiety. The stories show that as the staff roles across the health and social care sector are vast, staff groups did experience the pandemic in differing ways.

"...Confused information and slow dissemination of information..."

"...The lack of information from our manager at beginning and throughout pandemic was not great and led to a lot of worry about being redeployed to a front line office, into laundry etc. which caused a lot of upset and concern..."

"...I worked from home so there was a distinct lack of communication and I had to go looking for information myself..."

The narrative provides a deeper understanding of the experience of staff and factors that contribute to anxiety as outlined in the three signifiers of this triad, and for many staff they experienced a combination of all of these. It also demonstrates the other contributing factors to staff anxiety and that the impact of practical arrangements, such as, child care, work patterns. The stories reflect too the staff response to these factors and show the strength of the resolve and dedication of the health and social care workforce.

4.2.12 Looking forward

The final section of the survey asked staff to reflect upon the **positive aspects** of the current way of working. The following list summarises the responses and reinforces the key messages shared throughout Section 4.0.

- Support given to patients and clients
- Safety being made paramount
- Team work and camaraderie
- Resilience, adaptability and bonding within teams
- Better communication between nurses
- Better partnership working between the teams & professionalism
- Engagement between teams and senior management
- Increased interest in how Primary Care can be supported and the input of Multi-Disciplinary teams
- Training in new skills and equipment
- Working with new people and new environment

- Discovering new ways of working in the future, for example, where telephone based work meets needs of patient and service
- Reduced footfall in working environment increased efficiency and concentration
- Reduced numbers in the office helped compliance with social distancing
- Working from home and the benefits of saving time travelled, better work/life balance
- Enhanced infection prevention control measures and systems to manage this
- Sufficient resources
- Sense of pride and fulfilment in the Care Home sector and increased recognition in the importance of the residents of Care Homes

Within the survey staff were asked to reflect upon the actions **that would improve** the job and support staff at this time. A number of suggestions emerged in this section and are shown below.

- Working pattern and conditions
  - Flexible working hours an flexible rota systems
- Transition period between redeployment setting to previous role
  - Fairness in the allocation and use of office space
  - Working from home rota
- Breaks during shifts
  - Provide a space to go for breaks
  - Allowance of more breaks “Even for water”, and that mandatory breaks be built into the work day
- ICT systems
  - Improvements related to the IT infrastructure
  - E-rostering technical support
- Leadership by medics
  - Senior doctors to act as leaders and guide staff with regard to protocols
- Clear guidance and information
  - On PPE protocols
  - On families visiting hospital services
  - On supporting staff
  - On managing staff anxiety
- Mental health support
  - Counselling sessions
- Management style
  - Supportive to staff
  - Listening to stressors and worries of staff
- Communication
  - Regular, clear and concise communication from management that answers questions
  - One reporting system to meet the needs of corporate and regional recording of data
  - Two-way communication that listens to staff and not just an organisation global email – a method to

feedback

- Teams with expanded roles to be provided with support during rebuilding phase
- Realistic expectation of the volume of work
  - PPE donning & doffing increases consultation time
  - Appreciation of the strain that PPE causes, such as hearing loss from fluid shield masks and the impact of this
  - Time for cleaning and IPC measures between clinics
- Safety and infection prevention control
  - More monitoring, testing and isolating processes for those nursing COVID-19 positive patients
- Estates
  - Space for social distancing to assist staff to adhere to guidance
  - Finishing of repair work by maintenance
- Human Resources
  - Better pay and conditions
  - Reduction of registration fee
  - Parental leave
  - Quicker recruitment
- Recognition of all roles
  - Staff came to work every day from various roles and bands, and some staff from lower Bands felt unacknowledged in their input during the pandemic
  - Recognition of the caring and practical skills of the domiciliary staff
  - Recognition that Social Work played a vital role during the pandemic supporting people in the community
  - Recognition of the sacrifices and dedication of nurses
  - Recognition of community services staff
- Staffing
  - Sharing out of COVID-19 positive patients, felt unfair that some staff always allocated COVID-19 side
  - Enhance Out of Hours mental health services – need more practitioners on duty
  - Extra member of staff on day shift to support breaks
  - Allowing staff to return to pre-COVID-19 roles
- Documentation
  - Electronic information
  - Need to ensure all aspects of core standards of note keeping being upheld
  - AHP section in case notes, not mixed within medical notes

The key message is that there are several areas of positive practice as well as many suggestions for improvement that have been outlined by the experience of staff working during this period. The challenge is to use this insight to the benefit of patients, staff and organisations. It is evident within the narrative that essential to achieving this is a culture of listening and valuing each other.

"...More understanding, empathy and genuine support for staff. Feeling listened to about future service developments. Not just a management drive..."

"...I feel that there is a massive disconnect between senior management and the people who actually provide the care. Decisions are made constantly that affect the day to day running of services that impact directly upon patients and staff and yet neither get to be meaningfully consulted. Where consultations do take place, they seem to follow a routine where the decision has been made and only small tweaks can be made. In the current climate of co-design and co-production, there needs to be massive steps taken to include the people who do the work in any changes that are required. The result would be a far better way of working for the patients and hands on staff..."

Communication to reduce anxiety and uncertainty is vital during the planning and rebuilding of services, the impact of this on staff morale is direct and can be either positive or negative depending upon how it is handled.

"...Clear direction of the plan for the coming months I know there is a lot of uncertainty but staff really feel in limbo at the moment as there are a number of things being redesigned..."

Staff are the critical element in the provision of health and social care, and the experience of what it was like to work during the first wave of the COVID-19 pandemic demonstrates their professionalism, commitment and humanity.

5.0 AREAS FOR REFLECTION AND LEARNING

The following section summarises the collective messages from the staff who shared their experiences of working during the first wave of COVID-19 pandemic as identified in Section 4.0; it also outlines the challenges and areas for reflection to prepare and support staff during further waves of COVID-19 pandemic.

5.1 Support by management

The final section of the survey asked staff to reflect upon the positive aspects of the current way of working. The following list summarises the responses and reinforces the key messages shared throughout Section 4.0.

- To cope with the pressures and uncertainty of working during a pandemic, staff require support from management prior to, during and following redeployment. The approach to this by management has an influence on whether this process is a positive or negative experience for staff. Staff need to: feel informed & safe; be given clear guidance and positive encouragement; have protected working conditions; and feel that managers are approachable.
- To provide services when staffing levels are reduced, staff require additional support from management. Without adequate direction and support when working during these stressful circumstances staff reported feeling demoralised and undervalued.
- Preparedness and capability in practice are key pre-requisites to the provision of safe care. During the first wave of the pandemic staff had to develop their skills and confidence in delivery of services under extreme conditions. Staff require to be supported in their training in a manner that upholds the safety of the patient and the well-being of the staff.
- The inclusion of PPE within working practice has a direct impact on the physical demands of work on staff as well as on the interaction with patients when delivering care. Management need to allow for this and make adaptation where needed.
- Working conditions during the pandemic require consideration of staff needs, and the caring of such to prevent 'burn out'. Management within their role need to provide support measures to ensure that staff break time and duration of shift length is protected.
- Fairness of working conditions within and across services, should be promoted by management if the service needs allow as a way to support staff working during the pandemic, such as, spreading among staff evenly the work to care for patients infected with or of free of COVID-19, flexibility of working hours, working from home, and access to technology.

- Management need to be supported to fulfil the demands of their role. Both in terms of support for themselves as staff members and to provide compassionate leadership. Management need clear direction from the Executive Team in order to provide a consistent approach.

5.2 Communication, information and guidance

- Communication with staff needs to be consistent and regular. Too much or too little information and inconsistency between organisations has an overwhelming effect.
- Lessons from the first wave of the pandemic showed that the continually changing guidelines added to the difficulties faced by staff. Whilst COVID-19 was a new virus and working during the pandemic involved responding to emerging new evidence, the approach to communicating with staff needs to be useful and supportive.
- Fear of the unknown added to anxiety during the first wave of the pandemic and consideration of the methods of sharing information is required. Different approaches can be helpful and the method of sharing information requires to be tailored to the subject matter and audience.
- The communication style used during redeployment should include discussion with staff and openness. When the service requires staff to undergo a major change in job role, good communication act as a source of support and help to assist staff.

5.3 Wellbeing of staff

- The pandemic has had extensive impact upon the health & wellbeing of staff and there is a need to develop health and wellbeing strategies to support staff in light of the ongoing and long term nature of the pandemic. This includes supporting staff to develop skills in self-care, resilience and other personal coping mechanisms. Practical measures include additional time to rehydrate during a shift and areas where staff can remove PPE for a short time to rest.
- Compassionate leadership and teamwork are integral to supporting staff within a stressful and changing working environment. The culture of the organisation requires to promote this ethos.

5.4 Technology

- Utilising telecommunications within service delivery requires training of staff and equipment and software provision. The pandemic has provided insight on where this form of consultation is appropriate and this is an area that could be beneficial to explore further.

Next steps

The analysis and key messaging from the regional study will be shared with strategic forums to influence plans for the continued rebuilding and transformation agenda within Health and Social Care.

Copies of this report can be downloaded at **www.10000morevoices.hscni.net**. It is the ambition of the 10,000 More Voices team that this project supports ongoing conversation and challenge about how we can continue to make positive changes to support the health & wellbeing of staff during the COVID-19 pandemic.

This report presents an overview of the narrative shared as part of the regional project, however further analysis can be supported to explore key themes through the filter questions, for example, experience by organisation, profession, or clinical setting. For further information contact the 10,000 More Voices team by email at 10000morevoices@hscni.net or the HSC Trust PCE Facilitator (details listed in Appendix 3).

6.0 APPENDICES

Appendix 1 – Staff Redeployment paper (September 2020)

The paper on the thematic analysis of the experience of redeployment can be accessed at:
https://tinyurl.com/yy458zvy

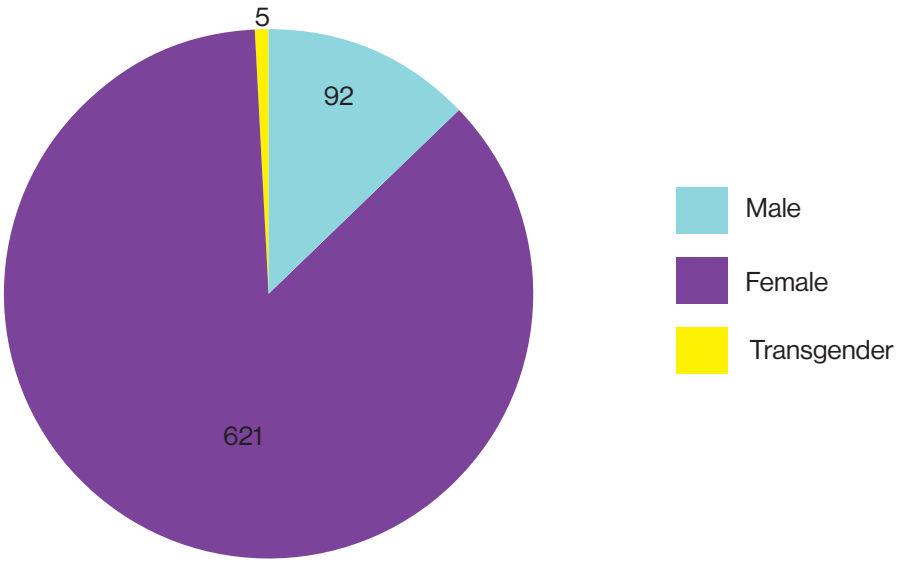
Appendix 2 – Demographics

1a. Age

This data was collected as part of the project however the information was not available through Sensemaker® Analyst due to a design fault.

1b. Gender

718/828 (87%) of respondents indicated their gender and this is shown in the chart below. 110 respondents (13%) chose not to answer. The majority (86%) indicated they were female.



1c. Country of birth

715/828 (86%) of respondents answered the question of their country of birth and this is shown in the chart below. 113 respondents (14%) chose not to answer. 87% (n=622) of respondents indicated that were born in Northern Ireland and 13% (n=93) were born outside of Northern Ireland.

1d. Ethnic Group

715/828 (86%) of respondents answered the question asking of which ethnic group they were and this spread is shown in the table below. 113 respondents (14%) chose not to answer.

Ethnic group	Number of responses (n=828)
Any other ethnic group	2 (Asian n=1, Filipino n=1)
Black African	1
Chinese	4
Indian	4
Irish Traveller	4
Mixed ethnic group	3
Pakistani	1
White	696
No comment/blank	113

This spread suggests that in future studies efforts should be made to increase the rate of responses from all ethnic groups as only 3% (n=19) of respondents were other that the ethnic group 'White'.

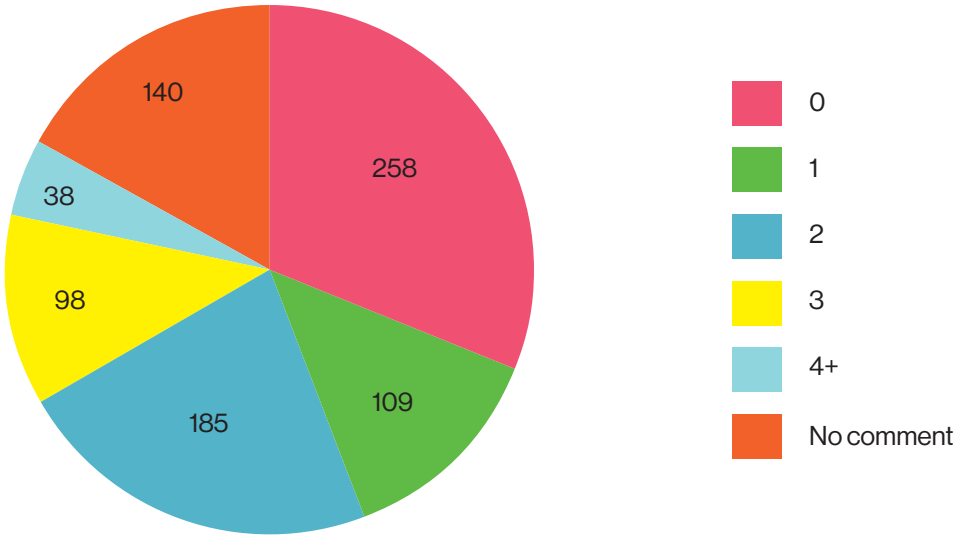
1e. Sexuality

661/828 (80%) of respondents indicated their sexual orientation and this spread is shown in the table below. 167 respondents (20%) chose not to answer.

Sexual Orientation	Number of responses (n=828)
Heterosexual	632
Gay	12
Lesbian	8
Bi-sexual	7
Other	2
No comment/blank	167

1f. Number of dependents

688/828 (83%) of respondents answered the question of whether they had dependents and this spread is shown in the chart below. 140 respondents (17%) chose not to answer.



The chart shows that 63% (n= 430) of respondents indicated that they had caring responsibilities. Given the wider societal impact of COVID-19 on people this provides HSC employers with insight into the additional demands on staff outside of work.

Appendix 3 – HSC Trust Patient Client Experience Facilitators

Name	Role	Organisation	Email address
Barry Murtagh	Patient Client Experience (PCE) Facilitator	Belfast Health & Social Care Trust	Barry.Murtagh@belfasttrust.hscni.net
Sarah Arthur	Patient Client Experience (PCE) Facilitator	Northern Health & Social Care Trust	Sarah.Arthur@northerntrust.hscni.net
Emma Campbell	Patient Client Experience (PCE) Facilitator	South Eastern Health & Social Care Trust	Emma.Campbell@setrust.hscni.net
Mairead Casey	Patient Client Experience (PCE) Facilitator	Southern Health & Social Care Trust	Mairead.Casey@southerntrust.hscni.net
Vi Gray	Patient Client Experience (PCE) Facilitator	Western Health & Social Care Trust	Vi.Gray@westerntrust.hscni.net

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http://10000morevoices.hscni.net