

10,000 More Voices “Your Experience of Working during Covid-19 Pandemic -A briefing paper on the experience of staff who were redeployed

1.0 Context:

On 30th June 2021, 10,000 More Voices opened a project exploring the staff experience of working during COVID-19 Pandemic. The focus was for any staff working on the front line with patients in part of the Health & Social Care system, including the independent sector (with a particular focus on Care Homes). This project closed on 15th October 2020. The data presented in this paper is accurate on 29th September 2020. On this date a total of 824 surveys have been processed through Sensemaker® Analyst with 33% of respondents (n=272) stating they were redeployed during COVID 19 Pandemic. Table 1 further details how the redeployment was decided.

Table 1. Positive responses to the filter question “Were you redeployed during COVID-19 Pandemic

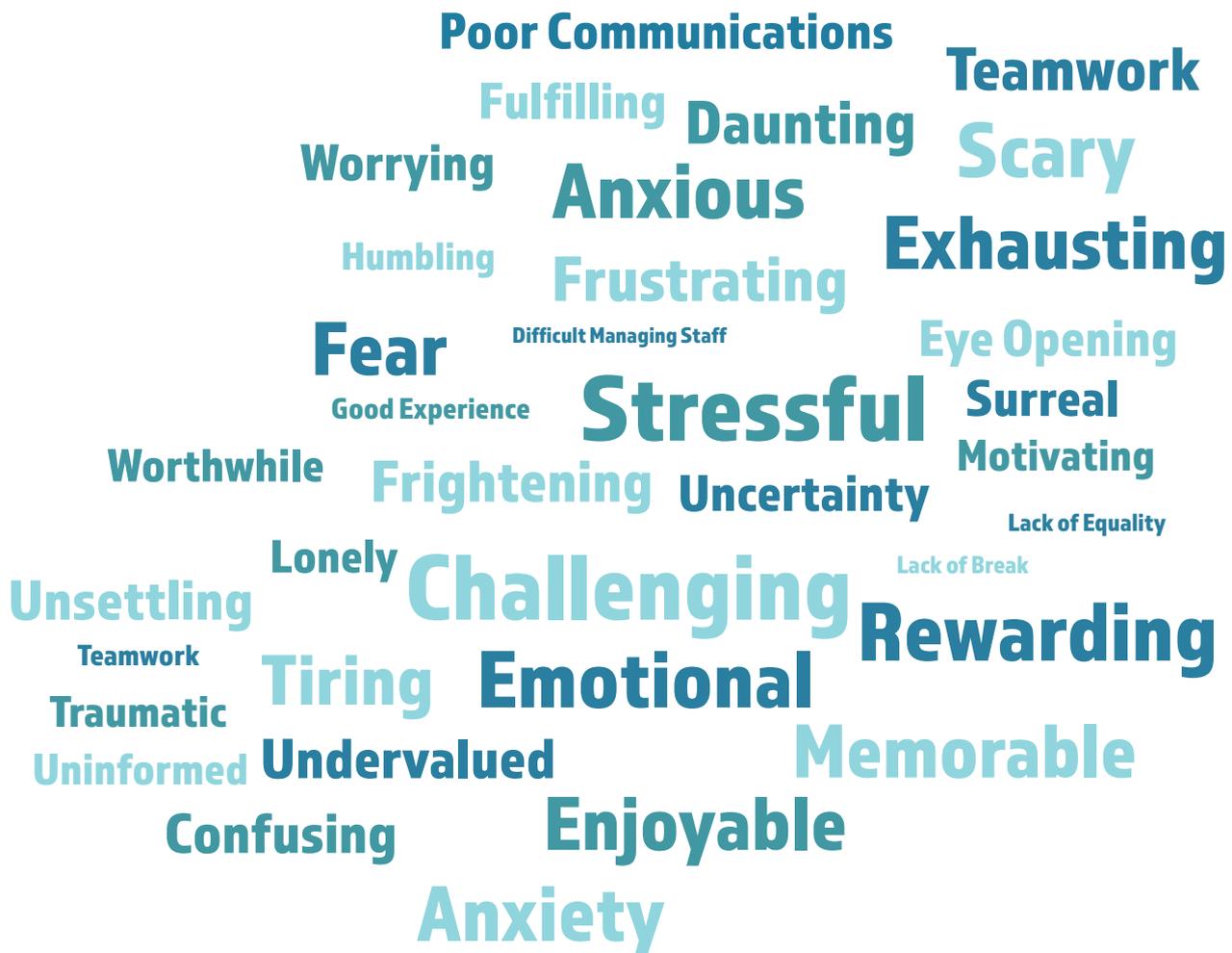
Positive Responses	Number of Responses	Percentage of Redeployed staff
Yes, I volunteered to go	93	34%
Yes, I was told to go	179	66%
Total of Positive answer	272	

Within the cohort of responses where staff were redeployed 40% were Nursing/Care Assistant/Nursing Assistant (n=110). Within all other roles listed there was representation from across all each role with the second most common role redeployed group administration/clerical/reception staff (n=25). It is also important to note 57% responses reflected upon redeployment in a community/care home setting. The remaining 43% referred to redeployment in the acute hospital setting.

Section 2.0 summarises the themes identified in the narrative shared by all respondents who were redeployed during COVID-19 pandemic and adds a further rich insight into the experience.

2.0 Key Themes and Narrative of Redeployed Staff

The following themes are illustrated using the words of staff shared as part of the project. The following word cloud illustrates the words redeployed staff selected to describe their experience and demonstrates the spectrum of emotions and responses they shared.



2.1 Integrating into a new team – the opportunity

With particular reference to staff who volunteered to be redeployed they expressed positive experiences in creating new networks and friendships through a new team. This sense of teamwork and camaraderie was also connected to the need to pull together at a time of crisis and the importance of supporting each other.

“....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...”

“... The collective sense of morale and positivity struck me initially, augmented by the fact that I had previously worked in this setting and was welcomed back into the wider ED Team with open arms. Being available to colleagues within ED to discuss the on-going mental health needs of patients (whether they presented to the Covid or Non-Covid sections of the Dept) and witnessing the same approach to care, regardless of the setting was a privilege....I'll never forget the laughter and overall good humour from all my colleagues in ED, and as I return to my substantive post in a few months I'm glad to say that I've cemented some very good friendships and working relationships”

“...I met many staff that had been redeployed from all arts and parts of the trust... people I would have never met if it hadn't been for this. There was great camaraderie amongst the staff that had been redeployed. Also a great sense of humour...”

2.2 Integrating into a new team – the challenges

It is also evident in the narrative that a number of factors presented a challenge for staff who were redeployed. These became barriers to integrating into a new team. With reference to staff who were told to go, staff expressed experience of the clinical space not expecting them, a lack of induction and a feeling of being undervalued.

“...As time passed the realisation that I was not wanted in the new department became apparent. I was never shown where things were kept and I had to constantly ask the other staff who were standing in groups chatting about the contents on their phones. The other nurses and nursing assistance were abrupt and I did not feel comfortable when asking for direction for keys/ bleach wipes/ envelopes/prescription pads/blood forms/rooms/ PPE...”

“...Induction on the first care home unit I was in was non existent. I felt unwelcome and excluded. Not knowing what to do and being left mostly on my own to wash, dress and toilet residents with advanced dementia with very little guidance..... The second care home I worked in was such a contrast. I was introduced to a team who worked together and showed genuine care for their residents. I was buddied up with an experienced carer.”

2.3 The opportunity to enhance skills

Experiences shared across the full redeployed cohort shared positive stories on the opportunity to learn new skills and knowledge and to develop outside of their contracted role. This is also reflected upon despite feelings of concern and anxiety at the start of redeployment.

“...This pandemic has allowed me to expand my clinical skills to the advanced respiratory care and identifying patients with the early signs of respiratory distress...”

“...My experience has been uplifting I have learnt new things and knowledge across the hospital setting...”

“...Whilst daunting going into a new service, this worked out well for me. I am comfortable working in most mental health settings. The redeployment has given me the opportunity to learn the workings of this team, develop good working relationships with the staff on this team (I will likely have to link with them in the future when I return to the role I was meant to take up)and build up different skills. That said, I miss using my specific OT skills as this role is more generic...”

“...I feel that this experience has increased my knowledge base again and made me realise that I still have the ability to recognize and respond to a critically ill patient. I would say that I am grateful to have been chosen to fight on the frontline during this pandemic. I will be able to look back in years to come with pride and I will be able to talk about this time with my children as they learn about the pandemic of 2020 in school...”

Conversely staff who experienced an absence of training or lack of recognition of skills reflected negatively on the experience.

2.4 Lack of clarity around the redeployment process

Within the group of staff who did not volunteer for redeployment there was a strong message around the lack of organisation or guidance on moving roles, challenges to change contracted hours and lack of communication from management on the duration of the redeployment or when it would end. This was identified as a great source of anxiety and frustration within this group. It also is identified with feeling undervalued in their role.

"...phone call received after work hours on a Friday evening advising my name was next on a list for redeployment. I was asked could I work that night or evening however explained I can only work core contracted hours due to childcare difficulties..."

"...No choice was given in where I was redeployed to which was Recovery and occasionally ICU. My age or my experience was not taken into consideration as at retirement age or would have preferred to have worked in a much less stressful area. My manager failed to take this on board despite other redeployed staff from different areas with different managers were able to be relocated to less stressful areas. Our shift patterns changed without us being asked if it suited. Lack of organisation was very apparent..."

"...I feel from a management level things could have maybe been handled better, a bit of compassion shown towards the staff that were redeployed would have meant a lot, a quick phone call/text would have made all the difference and helped to settle the feelings of anxiety and isolation I was experiencing..."

"...being redeployed at the end of one shift and expected to arrive in a ward the next day, lack of communication about the plan or duration of redeployment. Inequality in choice of who was redeployed. Arriving to a ward that was hugely overstaffed for demand in service. There was time for the redeployment to be organized and communicated better. Ineffective use of staff and level of skill already on the ward. A feeling of being undervalued and merely a number, no consideration of the difficulties of staff in terms of childcare being now in a different work pattern and family support unavailable due to lockdown..."

"... I only heard I was being redeployed when my name turned up on a rota in another ward. I received no notification and was never consulted about the decision.. I was just told to move"

"One day I was on the ward and told I was moving... I moved several times without notice and then suddenly it was over and I was expected to walk step straight back onto my previously role – no debrief, no notice, no support..."

2.5. Concern for the roles/service the staff were redeployed from

A source of concern and anxiety was the cessation or reduction in the service the person was redeployed from.

"... When I was moved I never stopped thinking about the patients I left behind. My caseload was just left sitting... people I had worked with for years were just left hanging and no one was there..."

"... I was moved from Children's ward to work with Older People – something I haven't done in years. - some of my colleagues were left to work with the children but I struggled walking away from parents and children who I am close to at a time of great anxiety. I am passionate about my job but no one above me cared..."

“...If I am being really honest - I would say my experience in COVID-19 my job role has been negative. I have struggled with my role being stood down, when my belief is that there was valuable work that could have been completed on behalf of Service Users by my team. We took Regional guidance and the trust did not challenge. I felt de-skilled and undervalued...”

“...what has not went well -lack of discussion and information about our service being stood down and getting redeployed. No follow up contact to see have redeployed staff are getting on and continuous failings to share information with staff about future plans such as when service may start up again...”

“... I missed my own job, I missed the support of my own team of colleagues and I missed my own patients who I felt were just left in limbo during the whole scenario. The district sister was very kind to me during my redeployment and often that was what kept me from going and I even contemplated leaving nursing altogether after 1 especially difficult day so I rang the sister at home and she helped me a lot. I don't feel the trust fully appreciate what it's like out there and it was actually like a war zone some days. It would be nice to be appreciated and not just told ok now that's over we need to get on with the next thing...”

2.6 Emotional challenge of facing redeployment and new scenarios

Within the cohort of redeployed staff insight was given into the emotions experienced when facing a new and challenging setting. For some staff they experienced a lack of support and compassion to deal with these matters and expressed it would have been important to have more support from senior management during redeployment.

“...being redeployed to theatre and seeing someone have a cardiac arrest in theatre and watching the subsequent CPR being performed. As I am only with the trust 3 years, it is my first healthcare job and I am employed in a Day Hospital where all our patents are fit and well and I have only seen CPR done on a dummy at BLS training, witnessing it was petrifying - I cried my eyes out...”

“...I despised my redeployment, I was the unhappiest I've ever been. I couldn't sleep properly, I cried everyday in my car on the way to/from work, I had constant heartburn and occasional diarrhoea with the stress of it all. I personally don't feel any of it went well. I felt my team where completely abandoned my our management, so much so that I intend on leaving the trust as soon as possible. Our treatment by the trust and management almost broke me completely - I was so close to rock bottom...”

“....Right from the start the upset from being told my department was closing, the feeling of anxiety nerves of not being told what was happening ,generally listening to rumours and hear say causing people to be nervous and annoyed . Being moved around so much with little are no communication, dreading the phone ringing when you where off work to be told you are being moved again to another department. the worst was being put on a ward full of Covid patients with little knowledge of anything , very poorly run and organised all around , after a day working I was testing Covid positive with it ,as well as most of the staff ,it was a complete mess...”

“...I felt exhausted and wrung out on returning to my job, in-fact it is hard to return to 'normal' and I am struggling to concentrate properly...”

Summary of discussions

Having explored the narrative behind the experience of redeployment a number of key areas are identified as important

1. Open & transparency in redeployment process to include timely communication of the redeployment with indication of end date.
2. The importance of an induction to a new clinical space and process to support integration into the team. For example “buddying system” and clarity around roles.
3. Identification of skill sets and opportunities for training in the new clinical area so support safe and effective patient care
4. Understanding of the emotional impact of redeployment and support for reflective learning or debriefing when redeployment period is over – for example support from line management and senior management through learning workshop with staff who are redeployed.