

REDEPLOYMENT DURING COVID-19: EXPERIENCES FROM ACROSS THE NHS

C Stavers¹, R Hassack² & J Foster³

¹North of England Commissioning Support

²North of England Commissioning Support

³Alder Hey Children's Hospital

Since the outbreak of the COVID-19 pandemic many NHS staff across the country have been redeployed to different roles to support frontline services and in some cases moved to different NHS organisations. We have compiled some of the experiences of NHS staff who have been stepped up during the pandemic, doing whatever was needed to help the NHS through a challenging time. In this article we have a range of staff experiences from the North of England Commissioning Support Unit (NECs) as well as a personal account from Jenny Foster who joined Alder Hey's Yellow Army and volunteered in the Intensive Care Unit.

EXPERIENCES FROM THE STAFF AT NECS:

Since the start of the COVID-19 pandemic, NECS have initiated a redeployment process across our workforce where employees have temporarily been asked to work in either different surroundings to their usual work place, in a different line of service or for another NHS organisation within our local health economy. We have been keen to hear from our colleagues who have been redeployed and have captured some of the experiences from multiple teams across our unit. This is what we discovered when we touched base with a few:

Lynne Dawson works as Communications and Engagement Assistant who has been redeployed to a local CCG in the North East to make phone calls to people who have identified as being vulnerable and who have been recommended to shield

themselves for 12 weeks. *"The calls involved asking a series of fairly general questions on whether they had access to food and medicine, what support they were getting from friends and family, if they felt isolated or at risk to their safety and about their wellbeing and how they were coping with isolation. I then recorded and flagged any support required, including food shopping, befriending, mental health support etc. I'm used to speaking directly with patients, but in the past four weeks it's been quite a different experience, and I have spoken to some lovely people who genuinely really appreciate all the support from the NHS and other partner organisations."*

Kendra Lannon is a CHC Nurse Assessor and has been redeployed to the Discharge Management Team at a local hospital trust.

“This particular Discharge Team is one I already know. Back in November I worked with them to help strengthen our links and improve processes. So I had some experience of working with the team and it felt familiar. When redeployment was mentioned I was happy and started with the team the following day. The main positives I am taking from this experience is that we have successfully got people out of hospital quickly when we have had to, and this is something we can learn from. After the pandemic we may be able to streamline our processes and this would make a big difference.”

Dave Welch from the NECS Provider Management team is providing operational support to the delivery of services at a North East hospital trust. *“I have been working alongside the Clinical Director for Trauma and Orthopaedics to lead and adapt the service during the pandemic, and develop and implement a number of Business Continuity plans. Having worked in Provider Management over the years, I have been able to gain a broad understanding of the Foundation Trusts but more importantly I’ve been able to develop great relationships with colleagues that work in these organisations. It was this that brought about the request for me to provide support and essentially be deployed to support the Trust frontline services during the COVID-19 pandemic. This is an experience I will probably never have again in my career, particularly in terms of seeing how people can come together effectively across the NHS with a shared purpose. It really does make me proud to work in the NHS.”*

Jon Quine is a Commissioning Delivery Manager in the NECS Commissioning Delivery Team. His role involves working on commissioning and transformation of acute services. He is also a registered Physiotherapist. Jon was redeployed to the Intermediate Care team a local hospital trust. *“My redeployed role was within community rehabilitation, predominately working with patients requiring intermediate care following discharge from hospital, so those patients who are no longer acutely unwell and are on the road to recovery, but not yet ready to go home. The only challenge I faced initially was trying to remember some of the clinical reasoning skills used in the assessment of the patients, but as I started shadowing it all started to come back. It’s like riding a bike – you don’t forget how to care for patients. Some of the support systems may have moved on, but patient care remains the same.”*

Jane Hall is a Manager in the NECS Clinical Quality team and previously in her career she headed up a local Neonatal intensive care unit. Her role in Clinical Quality involves

overseeing providers to monitor quality and performance. During COVID-19, Jane was redeployed as an ITU nurse at a local hospital looking after COVID-positive patients. *“I have seen a lot of emergencies, but over the four weeks I was redeployed it meant working in a completely different set of circumstances, particularly seeing so many critically ill patients. The experience felt like well managed chaos. The environment was difficult but the staff worked as if it was business as usual and they adapted incredibly well in such a short time. For me it was about putting my clinical head back on and getting through it. The staff I’ve had the privilege to work with have been the big positive in this experience. They have just made the best of it.”*

Though at first redeployment can seem quite daunting and challenges will have been faced along the way, the use of the employee’s transferable skills and previous learnt knowledge has helped in succeeding in their new role. Overall the experience has been very worthwhile, rewarding and a great learning curve as it is something the staff would have probably never experienced in their normal career. We can also reflect that with the support from NECS we can see how people can come together effectively across the NHS with a shared purpose, especially in these challenging times.



ALDER HEY YELLOW ARMY — JENNY FOSTER'S STORY OF VOLUNTEERING THROUGH THE PANDEMIC:

I recently volunteered to support our wards, as part of the Alder Hey yellow army initiative. This initiative was in response to the COVID-19 pandemic, which asked for non-clinical volunteers to support the front line during the unprecedented times.

I chose to volunteer within the intensive care unit, particularly in the adult intensive care ward, which cared for 11 COVID-19 positive patients to ease the pressure of our neighbouring adult trusts during the peaks. This was a first for us at Alder Hey, in the hospitals history, to create an adult ward.

Before the COVID-19 pandemic, we all went about our daily work in relatively small specialist teams on the periphery of the hospital, only interacting with other teams when we needed discuss finances. As a business accountant, unsurprisingly I'm usually nowhere near an operating theatre or in clinic.

For the first time I can recall, I truly understood the phrases such as I feel like a "like a fish out of water" or "A rabbit in the headlights".



Things have changed, drastically. Not only for Alder Hey, but every NHS trust in the country, in fact, the world has changed. We've moved from a fairly normal world, to something I've never seen in my lifetime, and while we try to figure out what the new normal looks like, I am truly thankful for the experience.

Within the hospital many of my friends and colleagues have stepped into different volunteer roles over the last few weeks, and I watched in awe as operating department staff (ODPs) were also redeployed as front line clinical care givers, I've also watched my colleagues in finance up their game, such as the procurement team facing the unenviable challenge of organising a constant supply of appropriate PPE, and Gordon from the income team and Kevin from procurement race around with their trolleys stocking every inch of the hospital, whilst others volunteered to conduct daily stock takes, PPE training and create, implement and resource a rota hub.

Also, so many of the team who have small children, or vulnerable relatives to take care of, any they have all done a sterling job at adapting to our new way of working, whilst looking after our loved ones, not once letting the quality of the service we provide decrease.



One of the tasks I undertook was to conduct FIT testing; this was to ensure all relevant staff was fitted with an appropriate mask suitable for their face shape. I was amazed by the different types of masks.

My role as a yellow helper was to firstly, ditch the traditional yellow helper t-shirt, which was designed to identify the helpers from clinically trained staff and prepare for my 12 hour shift by changing into scrubs, this included wearing crocs!!!! (Comfort over fashion, I'm afraid) and go to the daily co-ordination session in the staff room, to be allocated my responsibilities for the day ahead, including location and tasks.



I started the day filling the stock cupboards in each POD, and then filling up each nurse's trolley in each POD, filling up the soap and glove dispensers dotted around the wards, and wipe down services. The cleaning mantra was if you can see it, wipe it clean.

Most shifts I was assigned to support POD 5, the adult ward. This meant I needed to wear full PPE, which at times, was really hot, and uncomfortable to wear for long periods. Concerns nationally about PPE also play on people's minds, and as they were scarce, there was limited opportunity to change them throughout the shift.

To free up as many trained nursing staff, I was often tasked with "donning" and "doffing" staff to enter and exit POD 5. This meant sequentially putting on (donning) and the safe order for removal (doffing) and disposal of personal protective equipment (PPE) in the correct order.

I've always been organised (but my family might describe me as bossy), so it didn't take me long to get the donning area organised, which included arranging footwear by size. Before long the process was streamlined, and working like a well-oiled machine, or an efficient manufacturing line.



As most of the PPE were single use, the process extended to also the safe disposal of the consumables used in the POD, including double bagging, tagging, disinfecting labelling and leaving to rest for at least an hour in a "secure area" before it could be sent to general waste.

Footwear required adequate disinfecting, after every use.

A wonderful critical care consultant kindly explained to me that oxygenation can be significantly improved in patients with acute respiratory distress by correct positioning. On occasion, I was asked to help reposition patients who were sedated and on ventilators because of COVID-19. The clinical term is to "prone" and "de-prone".

It requires seven people to "prone" or "de-prone" each patient safely. For those patients stable enough to be moved, an anaesthetist manages the endotracheal tube (breathing tube), whilst we make sure all the other lines and monitoring equipment are safely moved with the patient into a safe, useful and comfortable position.

This might sound simple but it's hot, physical work. It's made more difficult as we are all wearing full PPE. Speaking through masks and behind visors can make communication trickier. Everything is done methodically, professionally and in a caring way.

The team I worked with included anaesthetists, physiotherapists, pharmacists, nurses, surgeons, intensive care, to name a few. We all worked with good humour and effectively as one team. Everyone was anxious and worried for their patients and their families. They are also worried about their own families, friends and colleagues too, but they faced the challenge head on. I stood on my doorstep every Thursday,

to clap our heroes, and seeing them in action, made me so very humbled, emotional and extremely proud to be part of this incredible organisation.

I was really impressed by the amazing ICU team working with support from the theatre nursing and ODP staff. Everyone in the hospital including management, domestic, catering, volunteers, nursing, portering, non-clinical staff and everyone else has really pulled together and stepped up to the mark. You can feel confident that all patients received quality care from a dedicated team.

The most poignant instance during my time as a yellow helper, and one that will stay with me for a long time, was how the staff dealt a very, very sad situation, when it became clear that a particular patient would succumb to this terrible disease. Two daughters were given the opportunity to spend some time with their father for the last time, and to keep them safe, I assisted in them with appropriate PPE.

The staff took the time to find his favourite songs, surround him with family photos, and took some photos of these precious last moments., explaining to the family, that they may never want to look at these photos again, but in time, if they felt ready, they were always there as a keepsake.

The amount of support from outside was incredible, (apart from my waistline) as so many people and organisations sent in token of appreciations such as cakes, drinks, face and hand creams too.



Alder Hey are now planning for our “restart”, and although we may not know exactly how the finished article will look, I am comforted that the leadership within the trust, and the strength of the relationships with our partners, I truly believe, any challenge can and will be overcome.

For me, professionally, the challenge is to unravel the finances, and work alongside my colleagues to ensure Alder Hey maintains its reputation as a world leading children’s hospital with a sustainable future.

For me personally, the challenge will be adapting to the new normal, as I am a creature of habit.

SUMMARY:

The COVID-19 pandemic has presented a huge challenge to the NHS and its workforce but the staff from across the NHS have really risen to that challenge. The experiences in this article are only a few of the many redeployment and volunteering stories that have taken place over the last six months where thousands have stepped out of their comfort zones, used their transferable skills to support frontline services.

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