

A Survey into the Workforce utilised to Support Critical Care Units during COVID-19



June 2020

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1. INTRODUCTION

Two short surveys were developed in collaboration with the Intensive Care Society (ICS) and the Operational Delivery Network (ODN) representatives, and disseminated via Survey Monkey over the month of May 2020. One was specifically for critical care managers/nurse leads to complete, the other for staff who were redeployed into critical care. Surveys were circulated via the Adult Critical Care Operational Delivery Networks (ACC ODN) and advertised via social media platforms.

The aims of the surveys were to obtain a snapshot of the additional workforce mobilised to manage critical care surge during the COVID-19 crisis, specifically:

- To identify the numbers of additional workforce that were redeployed to critical care units to support surge capacity during the COVID-19 pandemic,
- The source of this redeployed workforce,
- Support mechanisms of those redeployed,
- Roles applied within critical care,
- Experience from both those redeployed and from Matrons/Nurse Leads who utilised this additional workforce.

It is hoped that the data returned can help inform areas of good practice, and identify areas for improvement in future, should the need for staff redeployment to critical care be required again.

Results for the two surveys are provided below, and themes identified from the data and comments received.

2. DATA RESULTS

2.1 Management of Redeployed Staff. 44 responses were received from critical care Matrons/Lead Nurses.

Q1

How many WTE were used in addition to the usual Critical Care Workforce

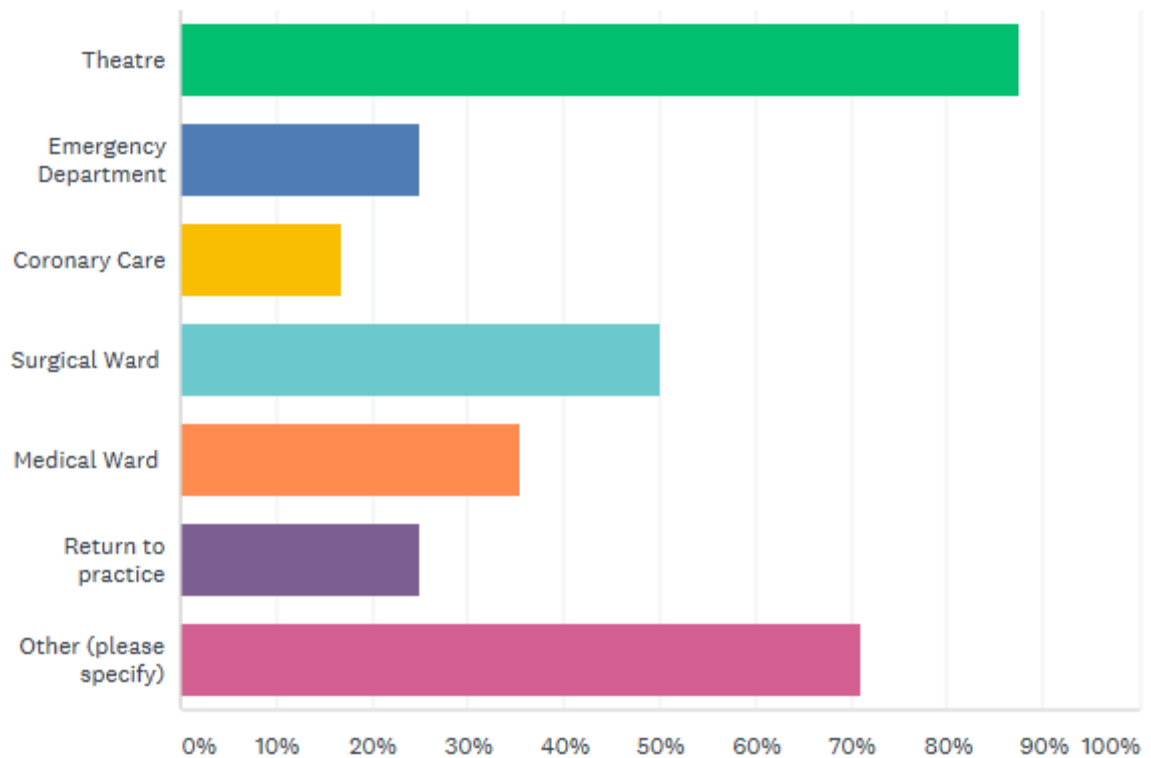
Answered: 44 Skipped: 5

ANSWER CHOICES	RESPONSES	
Nursing	95.45%	42
Non-nursing	72.73%	32
Medical	56.82%	25
AHP	54.55%	24
Other	25.00%	11

Q2

Where did these additional staff come from?

Answered: 48 Skipped: 1

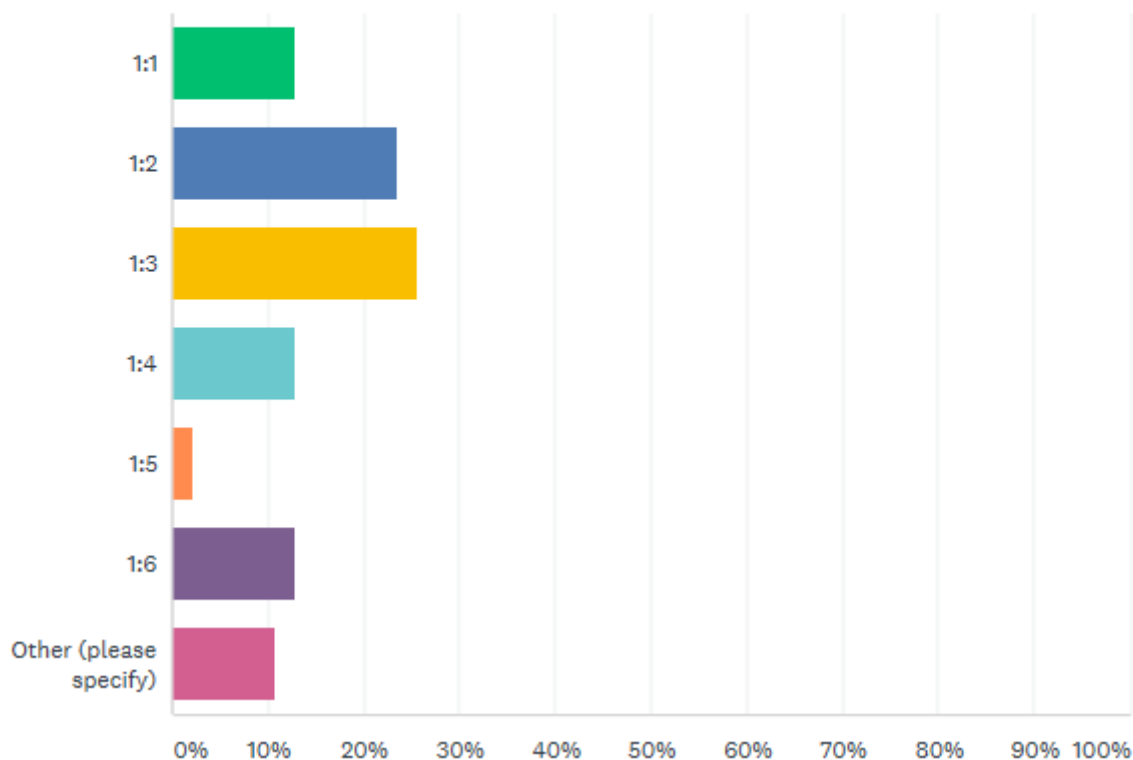


ANSWER CHOICES	RESPONSES	
Theatre	87.50%	42
Emergency Department	25.00%	12
Coronary Care	16.67%	8
Surgical Ward	50.00%	24
Medical Ward	35.42%	17
Return to practice	25.00%	12
Other (please specify)	70.83%	34
Total Respondents: 48		

Q3

What was your maximum Critical Care to patient ratio

Answered: 47 Skipped: 2

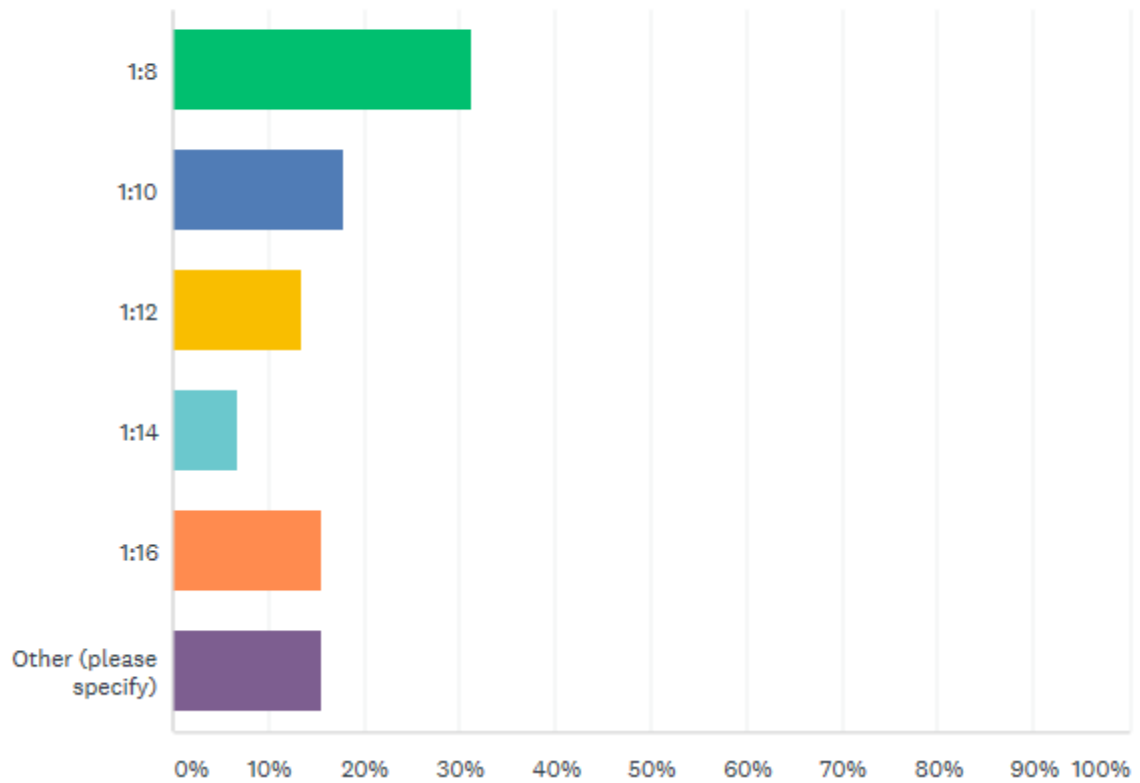


ANSWER CHOICES	RESPONSES	
1:1	12.77%	6
1:2	23.40%	11
1:3	25.53%	12
1:4	12.77%	6
1:5	2.13%	1
1:6	12.77%	6
Other (please specify)	10.64%	5
TOTAL		47

Q4

What was your maximum Consultant to patient Ratio?

Answered: 45 Skipped: 4

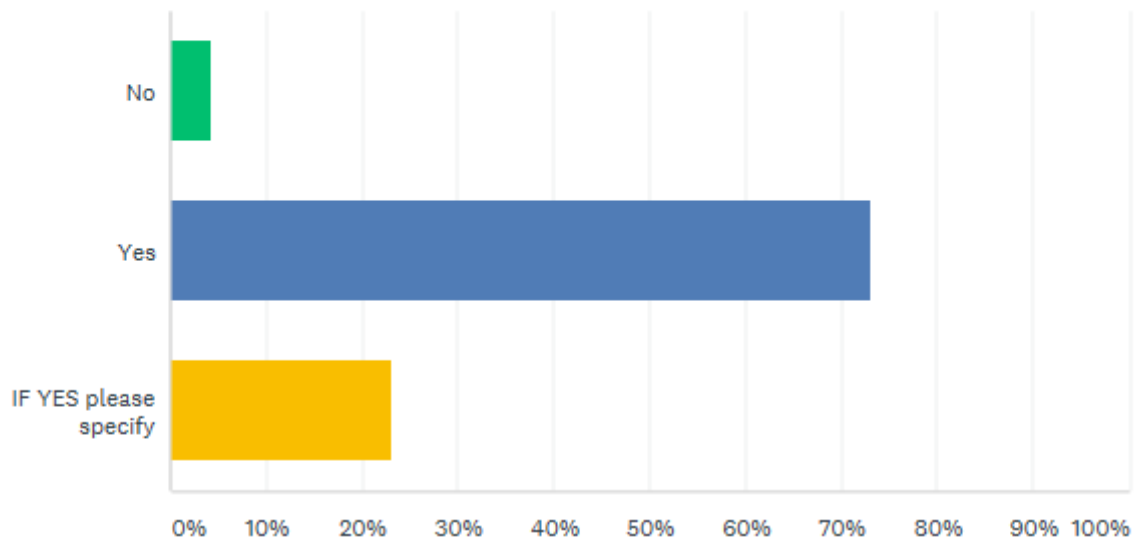


ANSWER CHOICES	RESPONSES	
1:8	31.11%	14
1:10	17.78%	8
1:12	13.33%	6
1:14	6.67%	3
1:16	15.56%	7
Other (please specify)	15.56%	7
TOTAL		45

Q5

Do all of your staff have access to well being resources?

Answered: 48 Skipped: 1



ANSWER CHOICES	RESPONSES	
No	4.17%	2
Yes	72.92%	35
IF YES please specify	22.92%	11
TOTAL		48

Q6

Any other comments

11 comments were received for this survey, these are listed below:

- Unsure of exact wte who came to support. Staff came from Theatres and ex-critical care staff redeployed from other areas of Trust. Temporary staffing also utilised to increase numbers.
- Clinical psychologist, phone apps, health and well-being, departmental support groups
- Unsure of staff levels required on critical care as extra but provided recovery and anaesthetic practitioners.
- Huge amount of non ICU staff some excellent support, but many were a hindrance more than help. Many didn't want to be in ICU & lots of challenges with 60-70 additional staff on days, then nights & weekends very low numbers.
- Can't answer 2 questions as I don't know the answer

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- Was quiet in our hospital with patients so didn't have to surge staff, however we trained everyone up
- High sickness absence among redeployed staff
- Our admin clerical staff were removed and this had a significant effect on nursing staff.
- There needs to be very clear advice from the ICU professional bodies to advocate ICU nurse to patient ratios not exceeded 1:3 in Covid. They are so complex and often in MOF this has to be a minimum staffing ratio.
- Moving forward looking at a hybrid model of nursing in Critical Care to maintain the skill of redeployed staff.
- We lived our best life!

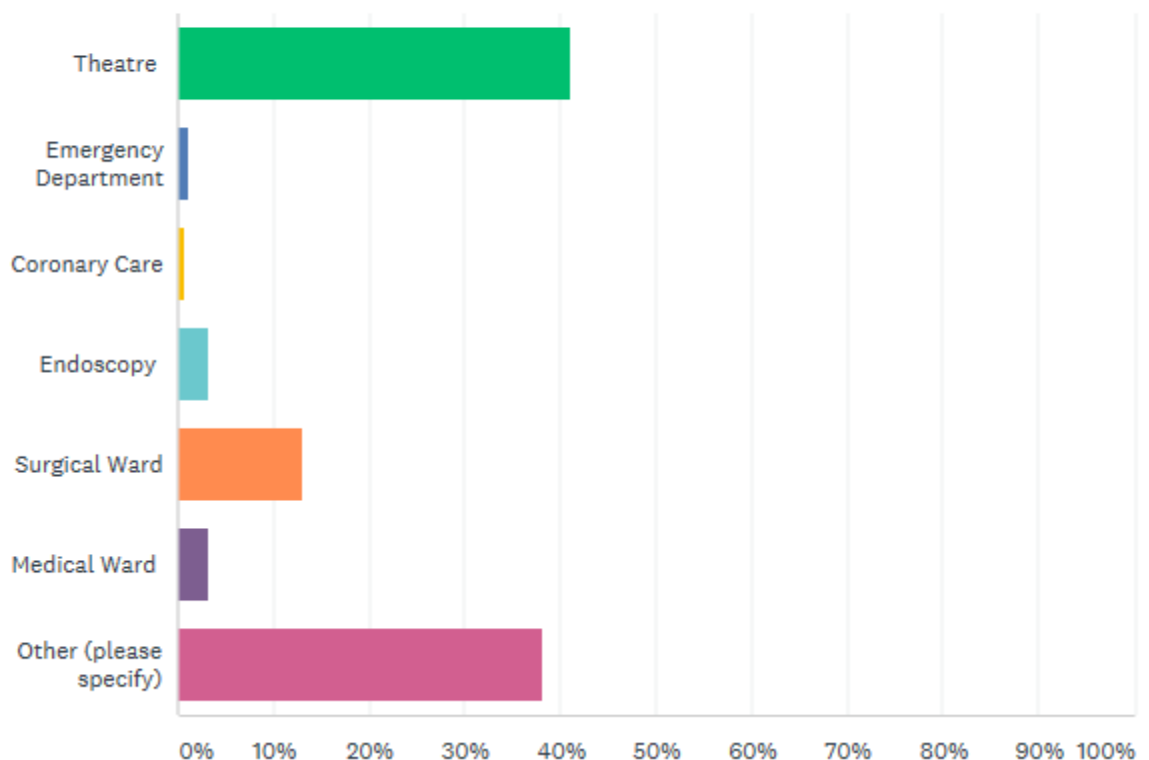
2.2 Re-deployed Staff to Critical Care Results

This survey received 413 responses from staff that were redeployed to support critical care surge during the COVID crisis. The results from the 7 questions are provided below:

Q1

Where do you normally work?

Answered: 413 Skipped: 0

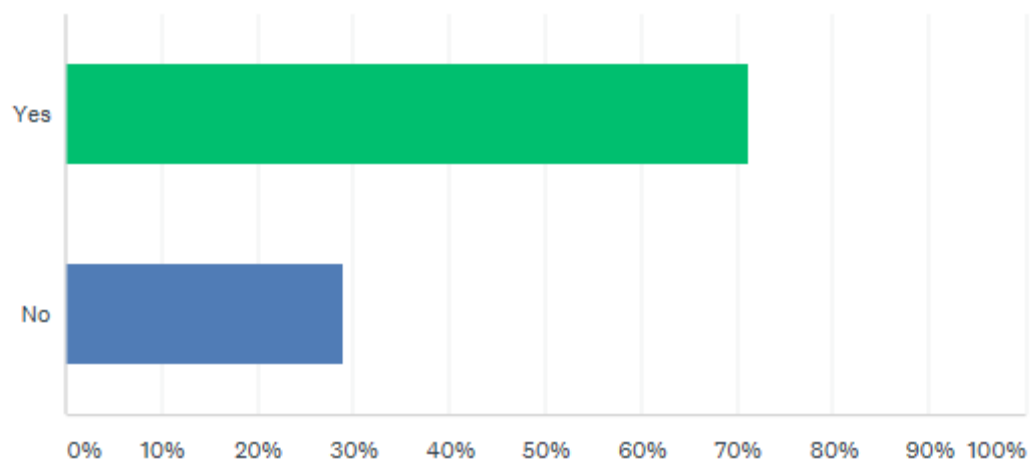


ANSWER CHOICES	RESPONSES	
Theatre	40.92%	169
Emergency Department	0.97%	4
Coronary Care	0.73%	3
Endoscopy	3.15%	13
Surgical Ward	13.08%	54
Medical Ward	3.15%	13
Other (please specify)	Responses	38.01% 157
TOTAL		413

Q2

Are you a registered nurse ?

Answered: 413 Skipped: 0

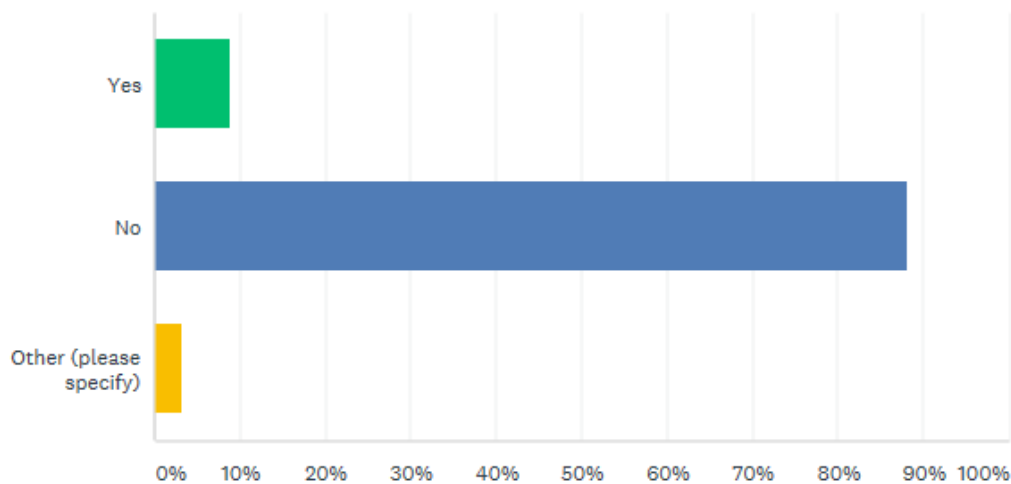


ANSWER CHOICES	RESPONSES	
Yes	71.19%	294
No	28.81%	119
TOTAL		413

Q3

Have you returned to practice?

Answered: 413 Skipped: 0

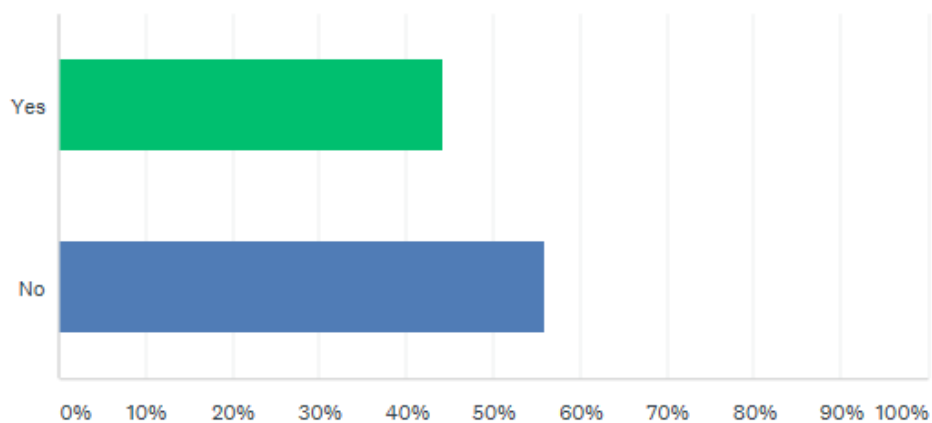


ANSWER CHOICES	RESPONSES	
Yes	8.72%	36
No	88.14%	364
Other (please specify)	Responses	3.15% 13
TOTAL		413

Q4

Do you have previous critical care experience?

Answered: 413 Skipped: 0

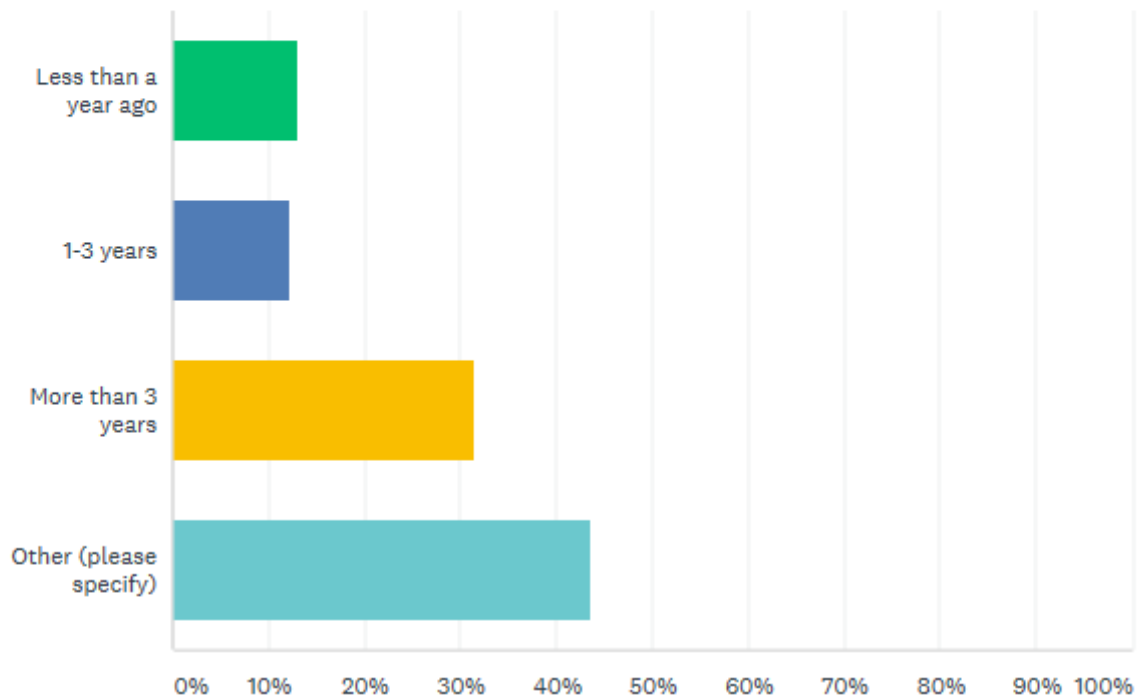


ANSWER CHOICES	RESPONSES	
Yes	44.07%	182
No	55.93%	231
TOTAL		413

Q5

If yes was it:

Answered: 287 Skipped: 126

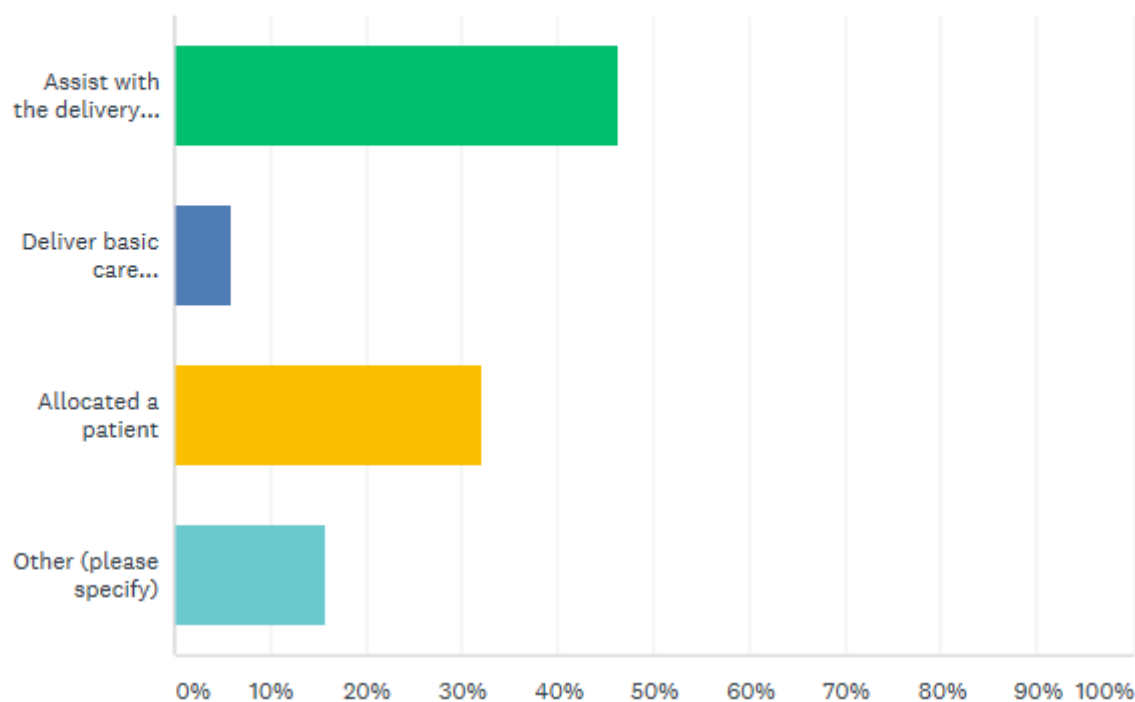


ANSWER CHOICES	RESPONSES	
Less than a year ago	12.89%	37
1-3 years	12.20%	35
More than 3 years	31.36%	90
Other (please specify)	Responses 43.55%	125
TOTAL		287

Q6

What was expected in your role:

Answered: 408 Skipped: 5

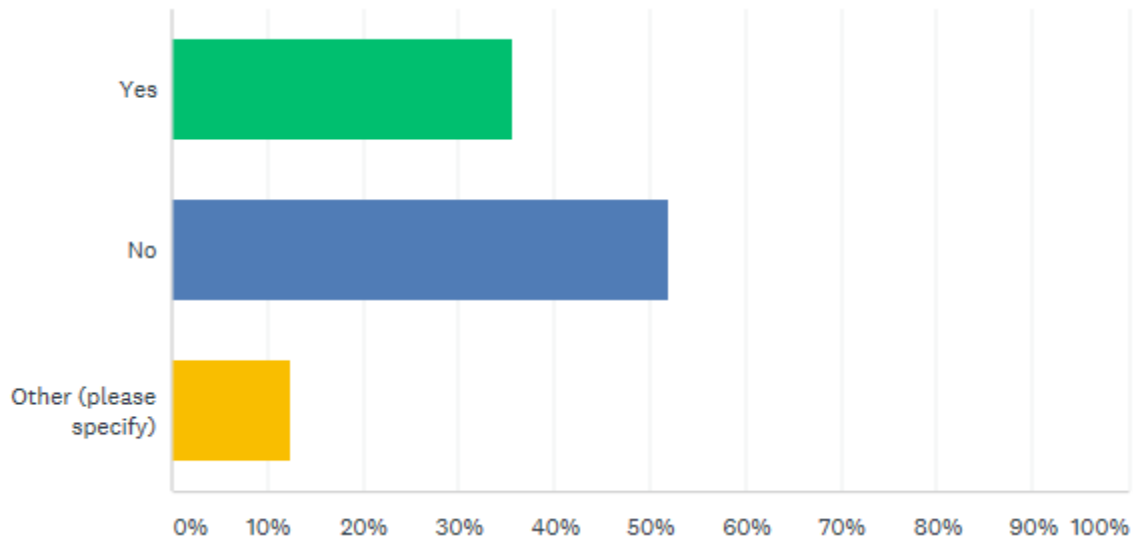


ANSWER CHOICES	RESPONSES	
Assist with the delivery of critical care under supervision of a Critical Care nurse.	46.32%	189
Deliver basic care unsupervised	5.88%	24
Allocated a patient	32.11%	131
Other (please specify)	Responses	15.69% 64
TOTAL		408



Has this experience made you consider a career in Critical Care ?

Answered: 410 Skipped: 3



ANSWER CHOICES	RESPONSES
Yes	35.61% 146
No	51.95% 213
Other (please specify)	12.44% 51
TOTAL	410

3. Other Comments

234 additional comments were received at the end of the survey. These have been placed under 3 themes and listed below, although some are interchangeable.

A) Relationships, Well-being and Support

- General experience in ICU is good, apart from being treated as a spare part and being humiliated and intimidated by certain member of ICU staff
- I thoroughly enjoyed my experience on Critical Care and was grateful for the chance to help.
- Very supportive senior team in ICU. Notably stressed junior team, still supportive but stressed
- We were really well supported so although at the end I was allocated a patient that was only after a good period of supervision, I never felt unsupported. I would love to work back in critical care but need regular hours.
- All staff & management whom I have worked with or had any dealings with have been fully supportive, understanding & extremely helpful. The department is a credit to the trust

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- Feel it worked well but long term psychological impact of close interest for me as a nurse leader
- Some of my colleagues have felt like they have been used so that ICU staff can go for breaks or do paper work while they monitor the patient. However, I have not experienced this myself
- I have found the experience pretty poor. The interaction from the Band 7s has generally been appalling. I felt undervalued and unappreciated. I feel that the way the critical care unit has been run through this, especially when we are volunteers moving away from our comfort zone, has been a disgrace. My name has not been remembered and I've been made to feel like a spare part on so many occasions. Not once has a band 7 in the whole 9 weeks I've been doing this has asked how I've been getting on or if they can help with anything.
- The staff have been very supportive during the redeployment. I have enjoyed my time in critical care and learned a lot
- I was very supported by staff on ITU and made to feel welcome.
- I was happy to help but found it a very traumatic experience as I have never been a ward nurse or ICU nurse.
- A great experience in unusual times. All staff were friendly and accommodating.
- I was extremely well supported by critical care staff
- It was a joy to work within the team again.
- It was overall a positive experience in terms of being looked after by the existing critical care staff and being back in that environment
- Happy to have helped out by supporting critical care staff and patients
- Left critical care for burn out reasons, did not want to return and did not find the experience positive or felt supported
- I felt very supported in my redeployment; the staff and managers were very caring and friendly
- Felt well supported
- Still don't like night shifts
- Some staff were amazingly supportive, others rude and unprofessional.
- Absolutely horrendous experience being redeployed to ITU. Before all of this, we were all specifically told by ITU and our own department, we would NEVER be expected to look after any patients alone. I have been going to many shifts in ITU for the last 2 months and I must say I have only worked with 2 ITU nurses - one was supernumery and so I was expected to do all of her IVs for her (another thing we were told we should not be doing). I can count the number of kind/nice ITU nurses on one hand. The majority of them are very unkind, disgustingly rude and have a severe attitude. I have looked after level 1, 2 & 3 patients alone, with very little to no help. When asked for assistance with something I was unsure of, I got a filthy look or 'how do you not know how to do that'. I would never recommend anyone to work in ITU. What staff do for the patient's is amazing - but a serious talk needs to be had with how ITU staff act towards those who have been sent to HELP. We are NOT ITU trained and unlike them, we do not get 6 weeks of being supernumery. The 'experience' has left me feeling very depressed, isolated, stupid and incompetent.
- Given very little support on duty and on many occasions was left alone with a level 3 patient, didn't feel welcomed to the unit on many shifts, some staff very rude & unhelpful. Had a 2 hour training session 3 weeks in which was too late.

- This shift was probably the worst shift I have had during the crisis and ended with the regular critical care nurse making unfair and passive aggressive remarks about the organisation of some elements of care during the handover. I came away from this feeling like I had done an awful job and didn't want to continue to work like this. I received feedback from the sister in charge of the shift who told me I'd done a good job. I still came away feeling deflated and awful because of the interaction that I had, it resulted in a migraine and 1 day sickness. I have found the majority of critical care band 5s and 6s to be supportive and welcoming to me, I have met some really knowledgeable and kind individuals who have made stressful shifts feel much better. Leadership have not always been helpful about shift allocation and have had limited communication with my line manager at times, unless she initiated a face to face meeting in the unit office. I was given some flexibility with regards to working weekdays and not doing nights and weekends.
- I was glad that I have helped my previous colleagues and friends during the Covid 19 pandemic. I will never rethink twice I will help them in anyway as it was my professional calling.
- Been/felt unsupported.
- The start of my redeployment didn't go the way I was told it would go. From my first shift I was given patients and expected to start where I had left off many years previous. I felt very vulnerable and emotional. It was up to me to speak up and say this isn't how it should be. Some staff weren't told of the supernumerary status. I was also left with staff on HDU with very sick patients whilst the majority of experienced staff were taken by ITU, again I wasn't supported and neither were the staff I was left with. One comment I will remember is, 'well supernumerary goes out of the window goes out the window at times like these' I felt this was not a safe way to practise. I will say I was very well supported and encouraged after the first 2 shifts and couldn't fault the team effort in HDU. It's a great team to work with.
- Assumed better experience than actually had. Felt very out of depth. Involved in never event. Haven't slept properly in four weeks. Considering early retirement!
- Want to go back to ICU.
- My experience has been largely positive.
- I have already done 10 years of ITU experience and also working bank in ITU.
- I am a registered ODP and I have had an amazing time. I have really enjoyed the whole experience and would definitely consider a career in intensive care if the opportunity arose.
- As many others have probably said, ODPs have historically been made to feel unwelcome and have gone unrespected in critical care. Now we've demonstrated our worth will opportunities to fully up skill be available or will it return to how it was before?
- The team have been incredibly welcoming and keen to teach which has made all the difference. I feel much more confident and useful than I did at the start.
- I'm a senior ODP with 20 years' experience; I enjoyed putting my anaesthetic & recovery skills into practice in ITU.
- Confirmed for me why I am an ODP not a nurse.
- I am a band 6 ODP usually working in scrub role in emergency surgery. After 2 hours basic training and one shadow shift I was given a ventilated patient every shift. There was little support and a Datix was completed criticising me for not giving antibiotics due at the time my extubated patient was being re intubated. Management (band 7) level very unsupportive and just stayed in their office. Told me this week the worse thing about ITU was wearing the

FFP3 mask. No acknowledgement of the deaths I've witnessed including that of a colleague. To top it off being an ODP I would never be employed in ITU in my trust.

- I am an ODP, I felt very utilised in my role during my time in ICU.
- The support from critical care nurses has been fantastic however using theatres and anaesthetic machines to care for these patients is wholly inappropriate.
- I was well looked after by ICU colleagues.
- I've applied for and taken a job on ITU as a result of being redeployed, never considered leaving theatres prior to covid.
- No support from management.
- I'm an ODP currently helping on ICU. I have been supervised and left on my own with patient. Really enjoyed the experience but it's not for me. But I do think ODP's should be given the opportunity to apply for ICU jobs.
- Made me realise how much I missed intensive care nursing.
- I had a career in Critical Care 22 years ago and have enjoyed returning but I have a senior role in nursing which I enjoy and suits me better now as I am nearing retirement age. However I always consider myself as an ITU nurse at heart.
- All staff have been very welcoming in critical care. I have felt supported throughout.
- I was a Sister in critical care for 20yrs left for a change in career.
- For me it has broken down barriers for our profession we do a similar role in theatres caring for unconscious patients (including without supervision) monitoring and adjusting drugs - it was time for our professions to step up and support CCN and hopefully will forge support and potential to learn both ways.
- All of the staff have been amazingly kind and taught me so much. I truly admire what they do every day.
- I retired from Matron post and returned on reduced hours in a non-clinical role.
- I feel that we should've been more supported and had a meeting together to discuss what the expectations were as we had conflicting information. I feel that we should've been paired up on a 1 to 1 with an ITU nurse and to be signed off on tasks. I feel that we also should have liability cover in place to protect us as we are doing a role outside of normal working duties. I feel a lot of people would've felt more comfortable and support with this
- I've been working in ITU redeployed for 8 weeks now. Have recently started taking own patients. HDU and ventilated. Lots of transferable skills from NICU. Have learnt lots. Staff very supportive. Have never been asked to do what I wasn't happy doing. Own patient now as more confident.
- Supported by a wonderful team at RUH.
- The trust were exceptionally supportive and helped make the experience very rewarding. I would consider critical care as a career choice, but I'd be very worried it would impact on my sporting career.
- Good team - All staff have been friendly, supportive and approachable.
- The ITU team have been welcoming helpful and have extended their knowledge freely. This experience in ITU has given me my confidence and enjoyment for my professional role back. I lost the enjoyment and love for my job. This chance to go into ITU has given me the chance to reconnect with my role for which I'm truly great full for. Their patience time effort and energy in teaching and allowing me to look after patients has been very much appreciated.
- Felt everyone worked well as a team and felt welcomed which was important.

- Feel it was very unorganised. Critical care staff very dismissive of non-critical care trained staffs input. Critical care staff have no understanding of how the rest of the hospital work.
- I felt thrown in, unsupported, I had anxiety, did not want to go to work, and cried every journey home. This is not my normal behaviour or personality, in fact I'd say I normally love work and I am calm. I now am considering leaving nursing altogether.
- I failed fit test so didn't actually get into the ward, did attend the orientation day, the whole experience was very stressful.
- It has really cemented both theatres and ICU's working relationships I have really enjoyed working with them all.
- Good days and bad days depending on who I was working with. Some ICU staff were very rude when I didn't know what to do.
- Because some people are nice to work with, and some just used you and abused you.
- Those who were supportive went above and beyond for the redeployed staff.
- I sometimes felt like I wasn't required.
- Good worthwhile experience.
- Worked in ICU 16 yrs ago. If not working in Acute Oncology I would consider working in Critical care but not nights or weekends.
- Would consider being an ICU ANP.
- It was a great experience to work in ICU. Especially when staff are so helpful and putting all there effort in teaching new staff.
- Had a good time in ITU, learnt so much.
- Glad to be of assistance
- Difficult circumstances to work there. Stressful, upsetting, working outside your known area but expected to deal with it. Knew the area needed support and was happy to provide that but not given a choice if happy to work there.
- It was the worst experience of my life we just got through in the deep end with no training and got spoke to awful by some of the staff I'm having to have counselling after my experience
- I have enjoyed being back in ICU
- I have a job lined up out of trust but if this wasn't the case I would have considered it.
- Too upsetting
- I was very worried about initially coming from level 2 critical care (surgical), to level 3 critical care dealing with patients on ventilators. I can honestly say that I feel so privileged to have been re deployed to the front line working as HCA in an ICU with amazing and dedicated staff. I've been a part of what will be a significant time in our lives for as long as we live, and our future generations. It's been eye opening, overwhelming and devastating. I've seen the first deceased person in my life, I've heard distressing cries of family members of their dying loved ones, I've seen patients slowly flat line on the monitors, I've proned patients, I've seen the worst pressure sores you can imagine, I've watched an ECMO operation, tracheostomy's and chest drains carried out. I've seen and learned so much. I can anticipate the needs of nurses and doctors. I can anticipate the needs of patients. It's been a priceless experience - I'm so proud of it, and I love telling my story.
- I had my career in ICU and moved on. Great support from all the ICU staff and fantastic team work from everyone.
- The existing staff were so supportive
- ITU staff were amazing. Welcoming, supportive and dedicated. Thank you

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- It is a pleasure to work with ITU team. They have all been great help and supportive. Thanks.
- Loved the experience in working with the critically ill patients and the great staff we met on our journey.
- All staff were lovely and amazing
- Reminded of my old ICU experience. Great support from each and every one.
- In awe of the ICU nurses, a lot of the time felt more of hindrance than a help, team however are lovely and welcoming. However that said felt hospital management see us as a number, no thought in sending us and no support whilst there. To go from 99.9% of our patients going home to seeing death and loss of hope on such a large scale has been harrowing.
- My experience in ICU was a very good one.....support from ICU staff was excellent. I'm so glad to have had the opportunity to work in that setting
- The ICU staff have been very supportive
- Fantastic experience made better with excellent ICU staff support
- Help was always there when needed however and I have never at any point felt uncomfortable or unsafe. I have loved it and thank my trust STHK for the opportunity.
- I really enjoyed the experience but realise I'm probably a bit too old for this full time again! Blooming knackered... and that's probably the PPE that made it so tiring
- It is continuing to be a good experience despite the challenges. I am a registered ODP
- All critical care staff were very helpful and supportive which made redeployment enjoyable in such difficult times.
- I thoroughly enjoyed my refresher course in ICU nursing but the stress of covid pts was worrying
- It was a wonderful experience. ICU nurses were very supportive. Learned a lot
- Nurse 42 years, this had very scared experience
- I have done what I needed to do and while the ITU nurses were around to ask for help and they did their best. It still left me feeling like I had been thrown in at the deep end and used. When the patients had become a lot less I still wasn't allowed back to my normal job and carried on being given patients on my own while their staff had annual leave and did office work !!! Fuming !!
- Very supported by incredible critical care staff
- Nice to be back but don't want to stay!
- Needed a lot more support
- Having no ITU experience I felt out of my depth and on occasions a bit of a spare part
- I have found ITU staff so supportive at this stressful time, and staff redeployed from other areas all appreciated the support we each gave to each other
- Good experience during a challenging time for everyone. The aid of the support of ICU nurses helped everyone learn in this environment
- Fabulous support from the clinical facilitator, CNM and all the ICU staff in Letterkenny University Hospital. Felt so supported and appreciated. Second to none experience in such a difficult challenging situation for everyone.
- Staff in Letterkenny university hospital ICU were absolutely amazing
- Great experience
- Felt supported and appreciated by the Critical care staff. But not supported or appreciated by the theatre management.....little contact until 7 weeks in to see how we are. Not asked, but told about the redeployment, with little notice. Although the Critical care Band 7 did consider my reasons for leaving critical care and accommodated my needs.

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- This experience for me personally has been really positive. It has helped massively with my confidence and has made me consider my career options. The critical care staff on 4E have been nothing short of amazing. Patient and understanding, and have supported us right from the beginning. I am completely in awe of all of them. I can only praise them all for welcoming us. I feel privileged to have had this experience, albeit in difficult circumstances.
- An extremely valuable experience that will stay with me for a very long time, thanks to the support of all staff in ICU.
- Staff very helpful and supportive.
- I have enjoyed this time in ICU, very frightening, scary and apprehensive at first, as We've worked with covid 19 before, one of my worst memories will always be not being able to hug or hold my colleague when they were needing one so much x
- I don't understand why more hospitals do not allow ODPs to apply for ICU positions.
- A very stressful experience but... working with some amazing staff - will need some support afterwards though.
- My first job after nursing school 16 years ago was in sexual health. I have never worked on a ward, going up to critical care, I was petrified. There was no need to be, everyone was so lovely, friendly and patient with me and all the buddies. The whole team expressed gratitude of having us as buddies.
- I was really anxious about being re deployed, but was really supported during my time on ICU. The staff were really nice and helpful.
- Off duty could have been organised better. e.g. days off together, avoidance of long stretches
- I am always willing to return to the fantastic ICU, where I worked for many years. The staff are brilliant, offer fabulous care time and time again, whilst being humble and dignified and totally professional. Absolutely the best team !!!
- I have done my best to support a great team; it has been difficult and desperately sad at times.
- I'd just like to thank every member of the ICU team for their time, effort and even throughout all of this difficult time found the time to teach. You're all amazing.
- Traumatized by experience overwhelmed & treated like donkey - no leadership. No breaks long hrs in PPE - off late 1-2hrs
- It's always something I have thought about doing again
- I found the experience challenging from an emotional point of view. Everyone very supportive.
- No feedback about going back, little information about timescales etc.
- Negative effects on my mental health from being redeployed
- No discussion whether we went to critical care and no support from our management when in critical care but lots of help and support from the critical care team and management. Feeling emotionally and mentally drained due to all the death and situations we have had to deal with
- Lack of support from senior staff.
- Although very frightening at the time once I settled in I found it a good experience. Unfortunately a very sad experience but the support and teamwork were exceptional.
- Did not need to be redeployed as did not have many patients so got moved around to different wards. Not a nice experience, mental health effected

- The staff made me feel really welcome and appreciate that working in ICU is very challenging especially over the last few months
 - Was traumatic and scary since it is not my expertise.
 - I enjoyed my shifts but am not ready to return yet.
 - I've loved my experience in ICU. The team are amazing. They made me feel welcome and the support they have given me has been outstanding. Every single member of staff are amazing, I'll be very sad to leave.
 - Very well supported throughout by the whole ITU team
 - Not much support offered from intensive care staff. A shame.
 - Lots of support given and a really friendly team
 - It was great to help colleagues out. The team effort was commendable
 - Nurse skills need to be taken into consideration. Every nurse involved can't be counted the same!!!!
 - It was very draining
 - Had no choice
- **Education**
 - Learned a lot
 - I enjoyed working with previous colleagues and it was good to re-examine my critical care skills
 - We were expected to help out, now we are given patients. We did have some training , and can do paperwork and some bits to help out but looking after lever 3 patients is very stressful for us who don't have any previous ITU experience. I'm just asking you how long does it take to be competent ITU nurse (in normal circumstances)? Not a few weeks. Most of the time we have support ITU nurses but just imagine how we feel. I don't sleep well. It's affecting me massively, and I have small children. And now when situation is better they are not letting us go where we usually work. If I can change my decision I wouldn't go to work there but on positive side, I've met lots of lovely nurses, have experience there which I'm proud of , I've learnt loads so in a way I'm proud of my decision. Need to mention Bok and Mandy, they are brilliant and very supportive, they are doing great job managing situation. Most of staff are great, patient, supportive and friendly which helped a lot. It looks everyone are getting tired of everything now.
 - Ensured I was able to build new skills safely. I would have considered a move to the area if I wasn't so committed to Endoscopy!
 - I found this new challenge a fantastic addition to my skill set/experience
 - On returning there was no basic induction, catch up on practices.
 - I received a teaching session about the paperwork used in critical care as an update; I didn't feel that the other practical sessions were necessary with my previous experience. At times, I have been left in sealed covid bay as the most experienced nurse (other staff being one newly qualified nurse and two ODP) with 4 ventilated patients. Critical care nurses were outside and in other bays but would need to don PPE if assistance was required. I have had to teach staff and 2 students with less experience about certain elements of care of the critically unwell patient and their management.
 - Valuable opportunity to learn and upskill
 - Zero training apart from a selection of emails which you can only access at work...if you have time! I am an ODP with zero basic nursing care training. Totally fine with OBS, pumps,

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anaesthetic machines etc. but no idea of what is expected on a ward re looking after a patient. Fortunately, my patients were HDU not ventilated and able to help me! Saying that, we are trainable and capable and used to dealing with critically ill patients just not in a ward environment. If I had my career again the role would suit me but with just 6 months to go it's a no!

- ODPs should be mentioned on this survey as many have been redeployed, supported and upskilled by the ITU team.
- I'm an ODP. Hope for nursing staff to have a better understanding of what an ODP is and does and to access our knowledge and talents better.
- We were advised that we would be fully supported and trained to care for critical care patients; this was not the case as we were allocated our own patients and left feeling very vulnerable and worried. We were not told critical care protocols or shown what paperwork needed to be completed. I felt the patient received a substandard level of care.
- Lack of training and expected to take a patient, unsafe all round! When I expressed my discomfort I was made to feel like I was causing problems by the RN in charge!
- Felt a plan should of been in place from the beginning like we had a buddy ITU nurse worked alongside them A policy to protect us as working outside our normal roles A counsellor on situ or someone to talk to as we are seeing things and doing things we aren't use to competencies signed off so we know we are doing things the correct way ODP's must be recognised as having critical experience they adds to the departments and allowed to apply for critical care roles.
- If ODPs are good enough to work in critical care during the pandemic, let's see if they can apply for a nurse role in the new normal. Like to see them explain if not shortlisted! I did like the CC network competence workbook but couldn't take my copy in ICU to get signed off in the 4 hours I was given x
- Although I have cared for a number of level 2 and 3 patients now, there was no training given and at times dangerous.
- Happy to help but lacking in information regarding time of my redeployment especially as I manage my own services. I'm juggling 2 jobs despite trying not to do so. I've also done a lot of study/ITU competencies in my own time.
- I found the experience a great learning curve, and enjoyed the chance to enhance my knowledge and practice
- I found working in ICU very interesting and I will be undertaking relevant courses to improve my knowledge in critical care.
- It was a very scary time and I felt it was too much to expect us to do when crystal care is so specialised and training is at usually at least 8 weeks supernumery.
- Really gained confidence & developed my skills. I don't like to use the word "enjoyed" as it wasn't enjoyable situation to be in but I definitely gained a lot from it. I was happy to be in the covid 19 pod and getting stuck in. I'll be straight back there should we experience another influx
- As it was quiet fortunately, unfortunately re deployed again. Felt it was a missed learning opportunity
- I have learned a lot of new skills and have felt more useful as the weeks progressed.
- I have previous ITU experience and moved into a specialist Diabetes role approximately four years ago. I have absolutely loved being back in the Critical Care environment and have seriously considered returning full-time. I would love it if there were further opportunities to

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work in critical care as part of some kind of mandatory training to prepare for future major incidents or surge admissions. I have been very lucky as many of my ITU skills are still fresh in my mind and I was able to transition back into the environment with ease and look after patients largely unsupervised.

- At the point in my career now I wouldn't move to critical care just for the reasons that I'm looking to progress in my career and moving to critical care would put my career back. If I was a fairly new band 5 nurse and wasn't looking to progress in a leadership and management role then I would have considered and probably moved after this experience.
- Great learning experience
- Think everyone should do 2 weeks a year in critical area to update/ refresh skills , valuable experience gained
- A structured national competency frame work could have implemented and monitored.
- ICU staff were so knowledgeable and experience when it came to looking after each patient
- The staff taught me a great number of skills. I have learnt a great deal. The ICU staff are fantastic, I have enjoyed it very much and was happy to lend a hand.
- Although previously very senior and experienced in acute medicine I had been away from any ward environment for 10 years. I would have valued a day of supernumerary to complete a check list of competencies. To go through all tasks under supervision on this day to give me confidence to do this solo. This one day of time could result in me being better placed to support the ITU nurse more independently without feeling like I'm more getting in the way due them constantly showing me things.
- 1 day crash course was given before working in critical care
- I would love the opportunity to do my nurse training and become a ITU nurse
- Whilst we often step up during winter pressure / flu surge (I personally have been doing this extended type role for almost 20 years) and now pandemic situations. Time and time again suggested that we have potential skills and knowledge which would lend itself perfectly to working in critical care. I have personally undertaken competency based ICU training alongside junior ICU Nurses) we have been told that we can't apply for even a novice band 5 role as we are not Nurses.
- Was supposed to be in a supporting role supervised by ICU nurse but as a registered practitioner was often allocated my own patient. I could call sister in charge if something out dude my scope of practice. No supernumerary time. Learned very fast on the job
- It definitely has equipped me with a few skills I can carry throughout my career. However, Critical care nursing, without training is unsafe and I found it made me reconsider my whole career as a nurse. It's even more unsafe when you have less than 12 months experience. Some senior staff allocated an experienced buddy; others expected newly qualified nurses to look after level 3s on their own with no knowledge of the condition, the medications or ventilators.

C) Clinical Practice

- The extremes of what I was trusted to do and not trusted to do differed from day to day
- I'm registered with the HCPC I'm not always allocated a patient, usually buddied up with someone
- The general experience of having to care for COVID patients has been hard work; everything is so laborious and the patients are really sick.

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- This was a varied experience with highs and lows but I am very glad to have been part of this team as I feel it was vital for the health and well-being of the patient and the relatives
- It was set out, that even though I had 18 month experience, 5 years ago in the area; I would not be expected to solely take patients without supervision from a critical care nurse. On my first shift, I was told that I would be supernumerary and could not do IV drugs (even with the trust and critical care drug competency). I was not supernumerary on this first shift and by my second shift was expected to do all IV drugs and manage a complex ventilated patient who required haemofiltration. I felt anxious and found it very stressful and in hindsight, feel that more supervision would have been best.
- The start of my redeployment didn't go the way I was told it would go. From my first shift I was given patients and expected to start where I had left off many years previous. I felt very vulnerable and emotional.
- Registered Operating Department Practitioners (ODPs) have transferable skills in airway support, resuscitation, venous cannulation, assisting with CVC line insertion and much more. Departments such as Critical Care and A+E Resus across the nation should seriously consider opening job opportunities up to ODPs.
- ODPs compliment the role of Critical care quite nicely. Our anaesthetic skills can be easily transferred into the ITU area but we are given the chance
- ODP's are a profession with a broad scope of skills, ESPECIALLY in Critical Care and Emergency areas. We certainly need to review why ODP's are often seen as inferior.
- Operating Department Practitioners (ODP's) in my health board were told for years that they were not suitable to work in ITU. Heard rumours that they still won't be considered suitable to work in ITU, even after being used to care for critically ill patients during the pandemic.
- As an ODP I worked in ITU unsupervised as my normal role included ITU work supervised and outreach
- I can't believe that Critical Care nurses are only a Band 5 !!! They should be at least a 6
- ODP's, can we now apply for jobs in ICU
- As an ODP I'm not eligible to work in critical care in my trust, but I'm hoping that might be reconsidered after this. Not for me personally (you'll never get me out of theatres!), but for colleagues who might have considered a career in critical care
- I'm a registered ODP
- As an ODP we have been allocated level 3 patients throughout this pandemic, yet we are still not considered when we apply for critical care roles.
- I am an ODP and we were redeployed to support ICU staff, we were supervised at the start but their staffing levels were such that myself and my colleagues were frequently given patients to care for. My question is after the pandemic would we be seriously considered for a job in critical care? We have been providing support and invaluable skills during one of the most stressful times ever seen therefore if we are not considered why?
- ODP who is an ALS, EPALS, APLS instructor. Has attended many medical emergency calls. So greater exposure to a range of acuity in patients. Have worked closely with critical care outreach in my Resus roles.
- ODPS have stepped up and acted with professionalism throughout the crisis, we were allocated patients due to our recovery skills with high need patients. In future ODPs should be considered for ITU jobs as equals and not just to fix things!
- I am an Operating Department Practitioner and feel as we have been a major contributor in delivering critical care on ITU during this pandemic we should be considered to be able to

work on ITU going forward, the consultant intensivists I have been working with also agree we would be a huge asset and should be allowed to work on ITU

- As a ODP I feel we should be considered for jobs in ITU
- NY usual role does not involve hands on clinical care. I think this experience has demonstrated the importance of Health Care Organisations to encourage and support nurse trained managers to incorporate clinical aspects such as themed 'back to the floor' days into their roles to ensure clinical skills are current should such a crisis occur in the future.
- Barely any training given, expected to manage or troubleshoot patients on anaesthetic ventilator when in my current job I don't practice without an anaesthetist and when you need a Dr in an emergency it takes time for them to don their PPE. Say we won't be left but then asked to relieve trained critical care nurses for breaks, but then have to wait for one of my own team to relieve me for a break. Lots of pressure on the same staff going into ICU when lots of staff shy away or don't want to go in, including some team leaders and managers. It has made me seriously consider my future in healthcare which is a shame as I love my normal job which I signed up to do.
- I quickly picked up some skills I did not even know I possessed. I enjoy working under direct supervision; all the ITU nurses were so patient in teaching and explaining things to us. Gradually I was allowed to look after less critical patients who were ready for the wards independently. This is something I never thought I would achieve! These were patients who were sedated and paralysed when I first arrived, then seeing them being weaned off the ventilator and the most beautiful moments seeing them go to the wards.
- Non appropriate PPE.
- I was allocated my own ventilated patient on my first shift. Very overwhelming!!
- Supportive staff and welcomed but didn't think I should have been allocated patients after 2nd week of deployment as it had been 11years since I worked in ITU.
- While we initially were told we would never be on our own, that rapidly descended into there rarely being any original ITU staff in the bay, allocated our own patients and even having to look after ECMO patients.
- Why are nurses that have been working a shift allowed to do the 8pm clap in their uniforms, no PPE, no masks, or gloves & not standing 2 metres apart.
- As an AHP it was exciting to be stretched clinically and to learn new skills and work as part of the critical care MDT

3.1 Summary of Themes

3.1.1. Relationships, Well-being and Support System within ICU

The overriding theme seems to be lack of support, feelings of being undervalued and respected. Some feelings of hostility experienced from ITU staff; although some comments state units have been kind and felt happy in the workplace. Many staff felt the experience has impacted negatively on their mental health, with some severe cases resulting in them considering leaving the NHS. No mention of the opportunity for debriefs to manage stress levels or experiences of the workplace. Positive comments reported that the redeployment has resulted in an appreciation of the ODP role and broken down some barriers between care groups.

3.1.2 Education

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The prominent issue raised within this sector is the lack of training when entering into a 'critical care' role. A lot of staff comment on not feeling prepared in terms of education and perhaps not having the right level of supervision and mentoring throughout their redeployment, which caused feelings of insecurity when caring for a L3 ventilated patients. Although there are some good experiences of rapid training to prepare staff to a very basic level.

3.1.3. Clinical Practice

The survey received a lot of comments from ODP's requesting opportunities to be considered to work in critical care and apply for nursing roles. They felt their clinical skills benefited and contributed positively to the running of the department. Some concerns related to lack of correct PPE, and lack of training and supervision on its use; some have commented they felt the care they were giving was unsafe practice. Overall general acknowledgement that clinical practice was provided as safely as possible, but within the constraints of the available workforce and imposed IPC practices.

4. Conclusion

These surveys aim to obtain low level information on the types of workforce and their experiences of those redeployed to aid critical care units during the COVID-19 pandemic. Despite the relatively poor return from critical care unit Matrons/Lead Nurses, data indicates a high percentage of redeployed staff unsurprisingly came from theatre settings.

Comments received indicate a range of staffing experiences, but it is hoped that this data/information provides some insight on the range staff used and experiences from redeployed staff, to support critical care during COVID-19, and in turn aid local review and lessons to be learnt for the future.