



STAFF REDEPLOYMENT AT HDFT

SUPPORTING STAFF WHEN REDEPLOYED TO WARD AREAS FROM CRITICAL CARE

FREQUENT REDEPLOYMENTS DURING TIMES OF LOW ACUITY IMPACTING ON STAFF MORAL

- Majority of staff not confident to work in other areas of the hospital
- 96% of staff surveyed redeployed within the last 6 months
- Low morale
- Impact on retention
- Increased sickness at times of lower acuity

PROBLEM AREAS IDENTIFIED

- No orientation
- No introduction to the team
- Missed breaks
- Insufficient patient handover
- Leaving shift late
- Feelings of anxiety, apprehension & frustration
- Ability for redeployed staff to return to critical care for patient admissions

AREAS IDENTIFIED THAT MAY IMPROVE EXPERIENCE OF REDEPLOYED STAFF

- Orientation to area
- Full handover
- Omnicell training
- Movement to designated areas
- Check in from critical care team
- Understand the need of the area before redeployment
- Floating nurse or reduced patient numbers to meet the skill set of the staff member being moved
- Improved communication

IMPLEMENTATION & MONITOR

- Redeployment SOP
- Risk Assessment to ensure ICU safe to redeploy
- Redeployment staff movement list
- Orientation checklist
- Omnicell training offered
- Conversations between matrons at daily staffing meeting
- Well being support
- Flow chart for redeployment in critical care over weekends
- Feedback encouraged after each redeployment

Redeployment Checklist

Date & Time of request	
Ward area requesting support	
Name & role of requester of redeployment	
Request for RN or CSW	
Shift requested (Early/ Late/ Night)	

Action	Sign when complete
Complete risk assessment	
If unit deemed safe to support - Call ward area before redeployment to ask what support is required	
Review staff redeployment list	
Name of staff member to be redeployed	
Staff member to be given nursing induction checklist (Appendix 1 SOP for redeployment)	
Assure staff member to ring the unit if any support needed whilst redeployed	
Redeploy shift on roster (If no shift available escalate to a Matron)	
Check in with staff member during shift (this can be done by NIC, Lead Nurse, Educator, Matron, Outreach)	
Remind staff to complete survey post redeployment https://forms.cloud.microsoft/e/T6jREsEwGp	

Redeployment from Critical Care Weekends

The assumption prior to requesting redeployment is that the following steps have been actioned first

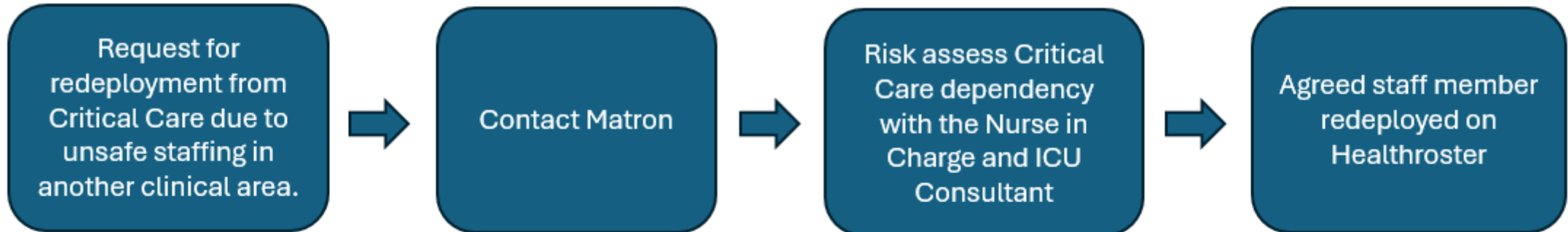
Any vacant shifts are out to NHSP

All available staff from the requesting area have been contacted to try and cover the shift internally (this needs to be time appropriate and may not be immediately possible if it's the middle of the night or early morning)

Consider utilisation of staff on Management days

Consider cessation of Non – Mandatory Study

Utilisation of practice educators where relevant



If agreed it is safe to redeploy from Critical Care send to either MECU / ARU (if LTUC requirement) or chosen 'Buddy Ward' for PSC. (A list of buddy wards identified by the Critical Care Team will be kept in the Management office).

All redeployed staff will need to be available to return to critical care within 30 minutes due to the inherent fluctuations in critical care acuity

CONTINUED AREAS FOR IMPROVEMENT

- Focus on CSW redeployment
- Liaise with ward areas & leaders
- Continuous review
- Review staffing establishment

MSC RESEARCH PROJECT

EVE GELDART

Factors affecting registered nurse
retention and attrition in critical
care units





ANY QUESTIONS?