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28 April 2020

Dear Colleagues,

**Delivering a whole system response to Covid-19:
Guidance for the deployment of Health Board staff to
community settings**

Context

1. This guidance has been developed in response to NHS Scotland health boards being asked to deploy health board staff to community settings during the current Covid-19 pandemic. It has been designed to ensure that staff can be deployed to community settings safely and effectively and sets out some high-level principles that should be considered, alongside local operational arrangements.

2. At all times, any staff being deployed outwith health board settings should be fully aware of their rights and responsibilities and health boards should be mindful of their continuing obligations to ensure the health, safety and welfare of staff volunteering for such assignments. **This guidance document should be shared with any staff being asked to alter their role, so that they are fully aware of and understand the governing principles. It should also be shared with any host organisation, in order that all parties are aware of their obligations.** Further information is set out on the governing principles below.

3. This guidance clarifies the Scottish Government's position that, in these emergency circumstances, everything possible should be done to ensure a whole system health and social care response to Covid-19. This can only be done effectively, by looking constantly at demand for services across the system and adjusting our deployment and skills-mix according to the changing demand profile. It

Addresses

For action

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should be recalled that, as an increasingly integrated health and social care system, acute, primary care and social care services must work collectively to attend to the health needs of the people of Scotland. Where there are capacity issues in one part of the system, the effects may be felt across the system as a whole.

Delivering a sustainable community response

4. The community response to this pandemic will require individuals and teams to work flexibly, to meet the needs of all people in community (e.g. social care, care home, care at home) settings. We expect H&SCPs in collaboration with NHS Boards, Local Authorities, and Primary Care to support appropriate increases in staff to meet these demands. This response must ensure sufficient numbers of suitably qualified and skilled staff to facilitate social distancing and isolation and to ensure effective infection prevention and control processes can be applied within care homes settings.

5. To achieve this H&SCP's must work very closely with NHS Boards and Local Authorities to secure staff from both the substantive and returner pools. A national recruitment programme is ongoing; it is expected that H&SCPs proactively advertise the availability of resourcing from this pool, to meet the staffing needs of local authority, third-sector and private care providers.

What staffing assistance might health boards be required to provide

6. Scottish Ministers' clear expectation is that where appropriate and feasible, staffing from health-boards is provided by 'mutual-aid' to assist with the following:

- To deploy sufficient staff to address care-home staffing shortages
- Bolstering senior and experienced nursing capacity in care home settings.
- Promoting safe and effective infection prevention and control practices and supporting compliance with the extant guidance, through both nursing and public health teams.
- Support to district nursing and wrap-around care teams providing end-of-life care.

7. Community nurses and AHPs who are working at senior practitioner and advanced practitioner levels might be required. Other clinical specialists including medics professionally qualified and/or experienced in the care of older people might also be able to be mobilised. Community nursing and AHP senior and advanced practitioners are competent decision makers, many of whom have additional skills and training in advanced clinical assessment, prescribing medicine, and confirmation of death. These groups of staff may be utilised to work alongside general practice and secondary care e.g. hospital at home teams, virtual ward and psychiatry, to support more care in the community including anticipatory care planning, and end of life care.

8. It should be noted that there are extant local arrangements in place to support the deployment of staff in community settings, both from within health boards and from local authorities to in house services, third-sector and private providers of care. This

guidance is designed to facilitate the continued operation of any such local arrangements and should be read as such.

Governing Principles

- No staff member should be compelled to undertake deployment from their ordinary health board setting into a community setting; the request to undertake such a temporary assignment is not-compulsory.
- Staff who decline to take such an assignment should not feel pressurised either by their line manager or peers for not doing so.
- Where staff are being deployed into community settings, they should be fully apprised of the nature of the assignment and its duration, their principal duties and shift-patterns, who they will report to whilst on assignment and who their local line-manager will be. Immediate line management whilst on assignment should be provided by the manager of the service; professional leadership will continue to be provided by the employing health board.
- It is only appropriate to deploy students into community settings that have been assessed as suitable for hosting students. Noting the arrangements already in place for recruiting students into the service during this pandemic, in ordinary circumstances nursing students being deployed to community settings will be placed in partnership between their existing training institution and the relevant community host; with NHS National Education Scotland being the employing organisation.
- Should any issues arise, at any point in time, during the assignment, it is expected that the staff member will be able to raise a concern with either the manager of the service to which they have been deployed, or their existing line manager within the board, or both. There is a clear expectation that any such concerns will be appropriately acted upon.
- Staff should be assured that they remain substantive employees of their health board, that all existing terms and conditions of their employment will be maintained, and that they remain subject to appropriate professional indemnity whilst on assignment.
- Staff should be assured that they will not be expected to undertake any duties outwith their sphere of professional competence, duties for which they have not received appropriate training and/or do not feel confident to undertake.
- Staff should be assured that they will continue to have access to appropriate PPE that is suitable for the duties they are being asked to undertake whilst on assignment.
- At all times staff maintain their existing professional obligations, must act appropriately whilst deployed from their health board. They must comply with any reasonable instructions provided by their temporary line manager and all senior staff in the local line management structure. Staff must be aware that they maintain, at all times, their extant health and safety obligations, both in respect of themselves and other colleagues.
- Registrants will also be supported in line with the Statement from Chief Executives of statutory regulators of health and care professionals regarding how they will continue to regulate in light of novel coronavirus (Covid-19).
- Both NHS Employers and host community organisations retain their rights, in accordance with their own service provision responsibilities, to suspend or

end deployments, and return/recall staff to their employing organisation. Noting the objectives set out above, this should be done sensitively, and where possible, by mutual discussion, to minimise service impacts.

- **Additionally, NHS Scotland employers have the following responsibilities:**

- A continuing obligation to promote the health, safety and welfare of staff who have volunteered for temporary deployment to community settings.
- They must ensure that appropriate placement arrangements are in place covering any staff on assignment.
- They must ensure that staff are fully apprised of their rights and responsibilities, per the governing principles set out immediately above.
- They must ensure that appropriate contact is maintained with employees on assignment and they must act promptly to deal with any concerns raised by an employee on assignment.
- Where there is any issue arising requiring investigation and/or remedial action, howsoever arising, in respect of the conduct, capacity, capability or other matter relating to the discharge of an employee's duties whilst on assignment, any such investigation, and any such remedial action (including, but not limited to, disciplinary action and dismissal), shall be undertaken in accordance with the existing suite of employment policies governing the employee's substantive employment with the employing health board.

- **Additionally, community service providers with whom NHS Staff are being placed have the following responsibilities:**

- A mutual obligation to promote the health, safety and welfare of any NHS staff member placed with them on temporary deployment.
- Further, they have an absolute responsibility to ensure that their own staff and service users treat any NHS Staff placed with them on temporary deployment with dignity and respect.
- Any incident that gives rise to concerns relating to discrimination, bullying, harassment, or abuse, howsoever arising, must be appropriately investigated, documented and recorded. Furthermore, the host organisation must inform the NHS employer in a timely manner and proactively furnish them with information necessary to undertake their own investigation and/or to satisfy themselves that the host organisation has dealt with the matter appropriately.
- They must only ever ask staff to undertake reasonable and appropriate activities, in accordance with their skills, their professional registration and licensing status.
- They must be mindful of the staff member's working time and extant contractual arrangements; working time and any overtime is subject to the agreement both of the staff member concerned and the employing NHS health board.
- Host organisations should be mindful that staff deployed from health boards will likely be used to different standard operating procedures

etc. and should ensure that staff are appropriately familiarised with the new working environment.

Yours sincerely,



Gillian Russell
Director of Health Workforce



Professor Fiona McQueen
Chief Nursing

ANNEX 1

Guidance for NHS staff who volunteer to be deployed to the Care Home Sector

The coronavirus pandemic will require our Health and Social care workforce to work in new ways and in new contexts. At times, it will also require that staff work beyond their usual scope of practise, or in contexts that may be unfamiliar.

This has been recognised by statutory regulators of health and care professionals in their joint statement <https://www.nmc.org.uk/news/news-and-updates/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus/>. The statement recognises the vital role that health and social care professionals play, identifying the need for them to work in partnership and to use professional judgement to assess risk and to deliver care as safely as possible. This need to ensure judgement is informed by relevant guidance and the values and principles set out in professional standards, is emphasised.

Registered professionals will be expected to adhere to professional rules and standards and use judgement in applying the principles to situations that they may face during the pandemic.

This will be particularly important where NHS staff volunteer to work out with the NHS in social care settings, for example in the care home setting. As the Covid-19 pandemic progresses Care Homes are coming under increasing staffing pressures and as a result NHS Boards will be asked to support this setting and volunteering staff may be working in areas which may be out with their normal scope of practice.

It is likely that NHS staff who volunteer to be deployed in care homes may be asked to provide support in three different scenarios:

1. Deployment into care homes where there are challenges in providing appropriate care to residents as a result of either increased staff absence or where additional staff are required to implement social distancing and isolation guidance effectively.
2. Deployment into care homes where the health care needs of residents has increased significantly as a result of covid-19 where it is necessary to provide health care on a 24/7 basis where this has not previously been the case.
3. Enhancement of peripatetic health services to support increased health care needs in care home and care at home settings including supporting palliative and end of life care.

NHS Staff who volunteer to be deployed into care homes

The NHS Board will continue to be the employer of staff who volunteer to be deployed into care homes and will continue to provide indemnity and to be responsible for the health and safety of its employees. The care home provider will also have a responsibility to ensure that the health and safety of health board employees is protected in the same way as substantive staff.

It is recognised that the care home environment may be unfamiliar to NHS staff and that many of the policies and procedures will differ from those operating in the NHS.

Care homes are regulated by the Care Inspectorate and are required to comply with standards which include a requirement to develop local policies and procedures which comply with the standards set by the regulator. NHS staff who volunteer to be deployed to care homes should ensure they familiarise themselves with those local policies and procedures. This will be particularly important in terms of provision policies in relation to provision of care, management of medicines, documentation and health and safety matters.

Infection prevention and control procedures will be in place for the management of COVID 19. This will include provision of personal protective equipment(PPE). Care homes will be required to ensure NHS staff volunteering in the care home sector are provided with appropriate should be afforded appropriate PPE in line with HPS guidance. <https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/#guidelines>

All registered nurses can delegate tasks to others in accordance with the NMC code. Further support for decision making in relation to delegation can also be found in the decision support framework produced by the Northern Ireland Practice and Education Council which has been adopted for use in the 4 countries of the UK. This may be helpful to registered nurses when making decisions about delegation in the care homes and can be found at https://nipec.hscni.net/download/projects/current_work/provide_adviceguidanceinformation/delegation_in_nursing_and_midwifery/documents/NIPEC-Delegation-Decision-Framework-Jan-2019.pdf

Management of medicines in care homes has been identified as an area where there may be a significant difference in approach between care homes and the NHS. The care inspectorate has produced guidance on this which can be found at <https://hub.careinspectorate.com/media/1514/guidance-about-medication-personal-plans-review-monitoring-and.pdf>

In addition the Royal College of Nursing has also produced guidance on medicine optimisation in care homes which can be found at <https://www.rcn.org.uk/clinical-topics/medicines-management/medicines-management-in-care-homes>

Unregistered staff who volunteer to be deployed from the NHS to care homes should only participate in medication management if they have undertaken the necessary training as set by the Care Inspectorate or are being supervised to do so by a registered nurse in line with NMC code.

If NHS employed staff identify any concerns in relation to clinical practice, delivery of care, the environment, health and safety or policies or procedures they should escalate this to the care home manager and their NHS line manager immediately. Resolution to the concerns should then be sought between the care home and NHS and appropriate action taken to resolve concerns raised.

An appropriate induction to the care home setting together with clear line management and escalation processes will ensure a safe environment for NHS staff working in the care home setting.

Where possible Health Board staff who volunteer to work in the care home setting should not be asked to take charge in this setting. In exceptional circumstances staff who feel sufficiently familiar with the setting can be asked if they would be prepared to take charge of a shift, but should not be required to do so.

Enhancement of peripatetic health services provided to care homes

Where peripatetic health services are provided by Health Boards to care homes, for example enhanced district nursing or AHP services the employee should continue to adhere to NHS Board policies and procedures as per normal practice. It is anticipated that these services will be increased significantly through the pandemic and therefore staff who do not normally provide such services may be asked to do so. It is important that NHS Boards ensure appropriate induction is in place and that staff are made aware of appropriate NHS board policies and procedures in relation to clinical practice, documentation and health and safety including lone working when providing services to care homes.

Staff should also be advised of procedures for escalation of any concerns in relation to provision of peripatetic care to care homes.

It is expected that NHS Boards will ensure that separate community teams are in place for the delivery of care to COVID19 positive patients and those patients who are immunocompromised or shielded.

Further Guidance for Nurses and Allied Health Professionals working in the community can be found below.

<https://www.gov.scot/publications/coronavirus-covid-19-nursing-and-community-health-staff-guidance/>