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COVID-19: Deploying our people safely

30 April 2020, Version 1.2

NHS England and NHS Improvement

Please note: This is updated guidance. The sections that have changed since version 1.1 (published 13 April) are highlighted in yellow.

Executive summary

A range of existing and returning staff are now being rapidly deployed into new clinical roles and environments, often working at the limits or beyond their normal scope of practice. In partnership with Health Education England and other national partners, we are leading a range of initiatives to support our NHS people and the health and care organisations in which they are working.

This document summarises the key considerations for the safe redeployment of staff and deployment of those joining the NHS in temporary support of our existing workforce. This document covers:

- principles to consider when deploying staff into settings and roles which are unfamiliar to them
- consideration of the issues facing each professional group
- consideration of issues relating to additional capacity from returners, students and volunteers
- position of the professional regulators
- advice on inductions
- training resources
- indemnity arrangements.

Detailed guidance on a wide range of workforce-related issues is on our website: www.england.nhs.uk/coronavirus/workforce

1. Principles

The coronavirus pandemic will require NHS staff to work in new ways and in new settings across primary, secondary and community care. At times, it will also require staff to work beyond their existing scope of practise, or in contexts that may be unfamiliar. This document sets out principles that aim to support employers in exercising judgement about how to respond to surges in demand both in relation to increased numbers of COVID-19-positive patients, and as emergency and elective care return to pre-pandemic levels of service.

Action all areas

Whereas the initial focus of the NHS response to COVID-19 has been on establishing critical care capacity, we need robust pathways to support people to leave hospital and continue their care, and assessment and rehabilitation in community settings, including end of life care. A wide range of staff groups should be mobilised to ensure that capacity can meet significantly increased demand. Community health, primary care and mental health services are all likely to be significantly affected as we enter the second phase of the NHS response.

Early deployment

Deployment of staff into clinical areas they are unfamiliar with should ideally occur early, prior to any surge in demand. This will ensure that staff can receive the right training, induction and familiarisation with a new work environment and set of processes. Even if providers have no immediate workforce requirements, it is highly likely that there will be a need for additional support when routine services are restarted. Returning and additional staff are available now but may not be so indefinitely. Providers are advised to bring additional staff on board as soon as possible so they can be allocated, trained and embedded in effective teams.

Building competence and confidence

All staff have a responsibility to work within their competence, but in establishing new services, team-based capability will be more important than individual capability. Leaders of teams and services are encouraged to think in terms of competences rather than roles. It is also critical for all staff to be aware of who is leading that team or service, and its purpose and key objectives.

Staff will bring many transferable skills with them into new clinical areas but will usually require some training, often in some quite basic aspects of delivery. Staff should be encouraged to undertake a competency self-assessment relevant to their profession (see links to profession-specific resources below). Clinical competence is context-specific and is *not* the same as confidence, or necessarily related to seniority.

Supervision

All staff working in a new clinical setting or organisation should be appropriately supervised when delivering clinical care. They should have access to a clearly identified supervisor who is competent to act in that role. The intensity of supervision (direct, remote etc) will need to be tailored to individual needs but assume that more, rather than less will be required.

Labelling

Staff should be issued with and wear identification badges that clearly state their name, professional background, the role they are now performing and grade. Many will be moving into unfamiliar teams and settings with the risk that colleagues make assumptions about levels of experience and expertise.

Health and wellbeing

It is essential that staff receive support and have access to tools to ensure they are best able to maintain good health and wellbeing. Local support mechanisms should be made readily available, and a range of additional resources can be found here.

It is also likely that staff will spend long periods wearing personal protective equipment (PPE) and it is therefore crucial that staff have regular breaks to remove equipment, rehydrate and eat.

With additional requirements for intensive positioning and manual handling there will also be an increased risk of musculoskeletal injury and employers will need to ensure that sufficient induction and training capacity is available for redeployed, new and volunteer staff.

Rosters

Working patterns may need to be redesigned with an increased presence of staff at night and out of hours. Staff, in all disciplines, and at all grades, may be needed to contribute to on-site, on-call rotas. Rosters should be designed with the assumption that a proportion of staff will be unavailable due to sickness. Organisations should continue to assess staff who may be at increased risk and take account of reasonable adjustments, individual health concerns and caring responsibilities. In the light of emerging evidence that BAME people are disproportionately affected by COVID-19, employers should also risk-assess such staff and make appropriate deployment arrangements on a precautionary basis.

Throughout, the principles of good rostering continue to apply and guidance from NHS Employers on working hours and the application of the Working Time Regulations (1998) during the coronavirus pandemic can be found here.

Prioritisation

It is vitally important that all staff feel their knowledge and skills are being used to maximum patient benefit. Organisations will have their own local processes which should be followed but teams may choose to start their shift by allocating individual roles, ensuring key services are covered when in demand and the rate of sickness absence among staff is taken into account.

Tracking

Organisations need robust measures to ensure all staff are identified and contactable, and their attendance/absence is tracked appropriately and recorded in ESR. This will require significant administrative support within each department.

Industrial relations

There is a strong expectation from staff that they will be engaged in issues around redeployment, both as individuals and through their representative bodies. Please ensure that you seek input from local trade unions on redeployment plans for your organisation, and that you are aware of the recent Social Partnership Forum Industrial Relations statement.

Further escalation

As the outbreak, and our response to it, progresses, further surge capacity, and therefore redeployment of both clinical and non-clinical staff may be needed and this should consider individual personal circumstances, including their previous experience, health and wellbeing.

2. Professional groups

Allied Health Professionals

The Allied Health Professionals (AHP) consist of 14 distinct professions from a wide range of backgrounds - paramedics, physiotherapists, diagnostic radiographers, therapeutic radiographers, speech and language therapists, dietitians, occupational therapists, art therapists, drama therapists, music therapists, operating department practitioners, orthoptists, osteopaths, prosthetists and orthotists, podiatrists - and a support workforce with a huge range of transferable skills. AHPs work as autonomous practitioners and are therefore best deployed to lead and deliver crucial therapy, clinical and technical services. AHPs subdivide into two areas of expertise: therapy/rehabilitation and science/technical.

Therapy/rehabilitation facing professionals can lead and deliver the crucial cross sector rehabilitation services to drive hospital flow, minimise admission of frail and elderly and optimise early discharge and recovery at home. The science/technical facing AHPs will maximise imaging capacity and build critical care and ambulance service capacity. AHPs may also play a significant role in maintaining scaled back, existing services across a range of sectors in the light of reduced access to wider team members.

Dentists

The dental workforce has a wide range of skills and experience that can be used to undertake activities that will support the wider NHS workforce during the coronavirus outbreak. It is expected that dentists and dental care professionals can be used to free up other roles within the health and social care system and help maintain the delivery of other non-coronavirus related essential services. Some of the dental workforce will still be required to maintain urgent and emergency dental care access and it is crucial that this is maintained in order to reduce pressure on emergency departments.

Doctors

There are 65 medical specialties and 31 approved subspecialties. Doctors start to specialise early in their careers so many may have not encountered an acutely unwell patient with a respiratory condition since early in their career. However, with appropriate training, support and supervision, consultants and GPs may be readily and safely deployed into a range of new roles to support busy clinical teams.

A large proportion of front-line doctors (trainees) are in postgraduate training, following curricula set by their College. Some will be relatively junior; others will have worked in the NHS for a decade or more. It is important here to consider not only specialty but also *stage* of training and availability of supervision will be a key issue. The Academy of Medical Royal Colleges has issued a statement on the safe deployment of trainees. In relation to non-training or staff and associate specialist grades, experience and expertise may not be

immediately obvious from existing titles and roles. Employers should determine what level of supervisory requirements will be needed to support these doctors.

Healthcare scientists

There are over 50 healthcare science specialties and 4 major sections of the workforce – laboratory (life) scientists; physiological scientists; medical physicists and clinical engineers; and clinical bioinformaticians. Healthcare scientists work in direct patient care and other indirect roles, either providing information for, or being part of multi professional teams. Healthcare scientists start to specialise early in their careers so although some will work with patients with cardiac and respiratory conditions or work in areas such as theatre, critical care or high dependency units, a large number may have never encountered an acutely unwell patient with severe respiratory problems.

Healthcare scientists such as highly skilled respiratory, cardiac and neurophysiologists may be redeployed to support managing the outbreak working with critical and high dependency care teams, supporting direct patient care, with others back-filling for those that are redeployed. Laboratory (life) scientists will be redeployed to COVID-19 testing in microbiology/virology laboratories, with training provided where needed. Medical physicists and clinical engineers will be essential in ensuring all equipment including ventilators are safe for use and maintained. They will also be critical in setting up field hospitals.

A proportion of the healthcare science workforce are in different types of postgraduate training and we will be working with The Academy for Healthcare Science to issue a statement on the safe deployment of trainees.

Nurses and midwives

Non-critical care nursing and midwifery staff will be required to deliver nursing care under the supervision of critical care trained nurses.

We have issued guidance on increasing the critical care nursing workforce in response to exceptional increased demand in which nursing staff are categorised into three groups: A) nurses, midwives and AHPs with recent/previous critical care experience of some transferable skills; B) registered nurses with no critical care skills: and C) nursing support workers. Training and achieving some consistency of knowledge and skills is key and the guidance makes specific recommendations for delivery and sequencing of this training. The Royal College of Nursing, and Royal College of Midwives have published clinical and employee guidance (including for pregnant healthcare workers) on their respective websites.

Optical workforce

The optical workforce includes optometrists and dispensing opticians who are registered with the General Optical Council along with non-registered staff (most able to handle electronic

medical instrumentation with training and guidance) and a vast property estate. Some of the workforce has expertise in delivering eyecare in a domiciliary and mobile settings. The majority are not direct NHS employees but work under contract, so any deployment of this workforce would have to be on a voluntary basis. All optometrists and some dispensing opticians have enhanced Disclosure and Barring Service clearance. A large proportion of this workforce has extra capacity as all routine eye examinations have ceased and only urgent and essential eye care is being provided by a limited number. Some of the workforce will still be required to maintain urgent and essential eye care access and it is crucial that this is maintained in order to reduce pressure on emergency ophthalmological departments.

Pharmacists and pharmacy technicians

Hospital pharmacists play significant clinical roles in most specialty teams – including acute and emergency medicine – and this is developing in primary care. Hospital pharmacists will develop their understanding of the care of acutely ill respiratory and critical care patients during post registration training. This training period often includes prescribing and health assessment.

A significant proportion of the pharmacy professions work in community pharmacy. The role for pharmacy in the community is the availability of medicines advice, support and supply close to patients' homes and without the need for appointments.

Pharmacy technicians are regulated health professionals forming a key part of pharmacy teams in both hospital and the community. They manage areas of medicines supply, usually under the supervision of a pharmacist, and are also involved in the production of medicines in hospitals and industry. Technicians provide key roles in accuracy checking, medicines reconciliation, aseptic preparation and ensuring the safe and timely supply of medicines. Their post-registration training can vary dependent on service provided.

In considering redeployment, it is important to ascertain the training and experience of individuals. The Royal Pharmaceutical Society and General Pharmaceutical Council have published statements on professional practice during the coronavirus pandemic.

Psychological professions

The expertise of the psychological professions may be usefully deployed to support staff health and wellbeing. The British Psychological Society has developed helpful guidance for both individuals and organisations mapped against anticipated phases of the outbreak.

Support and non-clinical staff

Support and non-clinical staff, including healthcare assistants and clinical support workers, are important members of multidisciplinary teams and may be deployed to assist clinical staff in a range of settings and in a variety of ways from transporting patients, assisting with

clinical recording, arranging and following up diagnostics. In addition, non-clinical staff are likely to play a key liaison role between clinicians and friends/families of patients. NHS providers in primary, secondary and community care will continue to review and deploy non-clinical staff in accordance with their existing major incident planning frameworks which normally comprise incident command centres and tactical operational response mechanisms.

We have published detailed guidance for each workforce group.

3. Additional capacity

Returners

Following an official request from the UK government, and the passing of the Coronavirus Act 2020, professional regulators have enacted emergency powers to temporarily register those who have left their professional register or (in the case of doctors) relinquished their licence to practice. The process for returners differs between professional groups. Specific information for each profession can be found at www.england.nhs.uk/coronavirus/returning-clinicians/. Those who have signed up and are temporarily registered will be contacted by our regional teams who undertake basic screening and pre-employment checks. Clinicians offering to return to the workforce are also invited to complete an online skills survey. Once these checks are complete, details are forwarded to employers so that individual professionals can be deployed where their skills are most in need.

Students

Medical students: Medical students in their final year are being invited by the GMC to apply early for provisional registration. This means that final year students who have been graduated by their medical school will be able to work as Foundation Year One doctors before August, if they are asked and willing to do so. Deployment into standalone approved training posts will be coordinated by Foundation Schools. Students at an earlier stage of their programme may want to volunteer and Medical Schools Council has set out their expectations on volunteering for employers, medical schools and students.

Nurses: Student nurses in their final six months of training could potentially be invited to join the temporary register. A decision on whether to open the register to them will be taken by the NMC in the coming weeks. Before then, students have the option of undertaking their final six months in clinical placement as a means of allowing them to continue their educational programme while also contributing to clinical services during the pandemic. A range of other measures are being implemented and implications for students are summarised in guidance for nursing and midwifery students from Health Education England.

Allied Health Professionals: Health Education England is asking universities to contact their eligible Allied Health Professional (AHP) students to discuss their options for using their education programme to help with the response to the COVID-19 pandemic. Students will soon be contacted by their university to discuss their options and will be asked if they would like to opt-in to undertake a paid employment opportunity with an NHS organisation. More information can be found here.

Similar arrangements are being made to utilise students from the scientific and pharmacy professions. More details will follow; in the meantime, please follow the links in Section 4 to the webpages of the appropriate regulator.

Volunteers

Volunteers play an important role in the delivery of NHS services and add significant value to the activities of the health care team. Volunteers will play a key role in ensuring that the nation's response to COVID-19 is effective by providing additional support to patients, NHS staff and the public. The roles which volunteers undertake will be determined jointly by the volunteers and the local NHS organisation in accordance with local arrangements. Following a highly successful call for NHS Volunteer Responders, referrals can now be made by health and local government professionals. via the NHS Volunteer Responders referrers' portal. Volunteers can be asked to help individuals with tasks such as delivering medicines from pharmacies; driving patients to appointments; bringing them home from hospital; and regular phone calls to check they are ok. Full details available here.

Guidance for staff managing members of the public with a formalised volunteering role in primary or secondary care in the NHS is available here.

4. Regulation

In a joint statement professional regulators have formally acknowledged that during the coronavirus outbreak, healthcare professionals 'may need to depart from established procedures in order to care for patients and people using health and social care services'. Should a concern be subsequently raised about an individual, it will 'always be considered on the specific facts of the case, taking into account the factors relevant to the environment in which the professional is working' and 'any relevant information about resource, guidelines or protocols in place at the time.'

Regulators are also taking permissive action to facilitate the early deployment of students or new registrants and the return of those who have recently relinquished their registration and/or licence to practice.

Full, and frequently updated, details are on the websites of the professional regulators:

- General Chiropractic Council www.gcc-uk.org
- General Dental Council www.gdc-uk.org
- General Medical Council www.gmc-uk.org
- General Optical Council www.optical.org
- General Osteopathic Council www.osteopathy.org.uk
- General Pharmaceutical Council https://www.pharmacyregulation.org
- Health and Care Professions Council www.hcpc-uk.org
- Nursing and Midwifery Council www.nmc.org.uk
- Social Work England www.socialworkengland.org.uk

5. Induction

All staff deployed to a new clinical area should receive a focused induction. This should concentrate on clinical considerations to deliver safe patient care, life support and personal protective equipment (PPE) training. Simulation-based training should be provided locally but Health Education England have also developed a range of useful online training and induction modules to streamline the healthcare workforce respond to COVID-19.

6. Training

Health Education England has created an e-learning programme that is free to access, without logging in[1], for the entire UK health and care workforce, including those working in the NHS, the independent sector and social care. The programme includes key materials to help the health and care workforce respond to coronavirus.

Content in the coronavirus programme currently includes:

- Essential guidance from the NHS, UK Government, WHO and BMJ
- Public Health England – personal protective equipment (PPE)
- Infection prevention and control
- Resources for staff working in critical care setting

[1] HEE e-LfH has removed the requirement to log in to make it as easy as possible for the workforce to access the learning resources. However, accessing content without logging in means that learning activity won't be tracked, and staff won't create a learning record. If a learning record is required (to demonstrate compliance) staff will need an e-LfH account and to be logged in.

- Resources for staff working in acute hospital setting
- Resources for staff working in primary care and community setting
- Resources for staff working in a mental health and learning disabilities setting
- Resources for nurses, midwives and AHPs returning to work, being redeployed or upskilled
- Resources for other healthcare staff returning to work
- Resources for end of life care COVID-19
- Resources for specific professions
- Resources for volunteers supporting health and social care
- Critical care and ward-based equipment guides
- Staff wellbeing and resilience during COVID-19

It is possible to select resources by role from a dropdown list. For more information about the programme visit: www.e-lfh.org.uk/coronavirus.

7. Indemnity

NHS Resolution is ensuring all NHS employees (and honorary contract holders) continue to have the right levels of protection and indemnity in place through this time.

NHS Resolution has confirmed that according to Section 11 of the Coronavirus Act 2020, clinical staff will still be protected by the Clinical Negligence Scheme Regulations 1996 if they are deployed to a new area of work at the trust, including one which is outside their normal specialty, or at a different trust, during the pandemic. The government will provide indemnity for clinical negligence liabilities associated with Coronavirus which are not covered by existing indemnity arrangements such as those provided by the Clinical Negligence Scheme for Trusts (CNST) or Clinical Negligence Scheme for General Practice (CNSGP). Doctors returning to GP practices to provide NHS services will be covered by the CNSGP. Some healthcare professionals will also have indemnity cover from medical defence organisations or commercial insurers. Volunteers who have been sourced by NHS trusts to assist with the delivery of clinical services will also be covered by these schemes.

NHS Resolution has set out its position on its website, making it clear that indemnity arrangements should not be a barrier to changed working arrangements during the pandemic. A joint letter on clinical negligence indemnity sent from the Department for Health and Social Care, NHS Resolution, and NHS England and NHS Improvement to all healthcare professionals and others working in the NHS in England can be found here.

NHS Resolution can be contacted here.