



**Guiding Principles for Deployment**

**COVID-19 Contingency**

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## 1. Introduction

This document outlines the guiding principles to support NHS D&G to safely deploy their workforce as part of a whole system response, during a prolonged major incident, caused by pandemics such as COVID-19. Deployment is applicable only in exceptional circumstances.

*Deployment is defined as the movement of **staff** from current assignments to another to meet operational needs. ...*

Where there is an identified risk to the continuity of patient facing services being delivered we (the organisation) are asking clinical and non-clinical staff to work in different areas for the short to medium term. The different areas will include:

- All NHS services including non patient facing services
- Health and social care settings such as care homes and care in the community

## 2. Scope

These principles apply to all staff employed by NHS D&G and any additional supply of staffing bought on such as returning retirees, students, volunteers and individuals who have applied to work with us for a period of time to cover service needs during the incident.

The guiding principles are aimed at individuals', who are subject to deployment, department managers who are releasing staff and taking staff on. Additional supporting guidance **Workforce Deployment - Colleague and Manager Information Pack** has also been produced that gives practical advice whilst on deployment.

## 3. How does Workforce Deployment work?

During a major incident a joint command team will be set up across all Health and Social Care partners and emergency services.

**Gold Command** is in overall control and provides Strategic oversight for the organisation's Business Continuity response. Gold Command includes Executive & Director Level Managers.

**Silver Command** manages Tactical implementation of the direction given by Gold Command and co-ordinates actions that are completed by Bronze. Silver Command is made up of Senior Management Level and Subject Matter Experts.

**Bronze Command** delivers the organisation's response at the Operational level. Bronze Commands are led by Departmental Managers and their local Managers.

Heads of services via their bronze and silver commands will identify areas that require additional staffing in line with their surge plans. This may be to:

- cover staff who have had to move out of the service due to being at risk,
- to meet the needs of setting up a new services that is dealing specifically with the incident
- Additional staffing to be bought in and trained up to cover potential sickness and absence.

To help facilitate the recruitment, retraining and movement of staff across the organisation a Workforce deployment hub would be set up to. The hub would report into Silver Command and work with managers to identify the supply of staff for the demand.

### **3.1 General Guiding Principles of Deployment**

- 1.1 Where possible staff should be deployed to an area/ service where the skills required are as near to their skill set as possible. This may be their core skills, skills acquired in recent roles/ training pathways or from previous roles where appropriate.
- 1.2 Where possible staff should be deployed to an environment which is most familiar to them even if this is a different role – so staff in the NHS used to working within acute where possible should be placed in acute. Staff from community and cottage hospital based settings that are experienced in working within community settings and home environments should if possible be deployed in these environments. (The skill set and risk appetite is different for these staff when compared to acute colleagues).
- 1.3 Where someone is required to move from one environment to another which is very different in terms of skills or location (examples: domestic/ cleaning staff, NHS administrative staff being trained to undertake health care support worker or support services roles) they should be deployed initially to an area where the risk to them and the organisations is minimised whilst they develop/ consolidate their skills. This could mean existing staff being deployed into more front facing or higher clinical risk areas and being backfilled by those new to role.
- 1.4 Staff being deployed into a new area should have a key local contact and someone identified to support (or mentor) them in role if at all possible.
- 1.5 NMAHP students who are entering the workforce with early registration onto their professional register or in a paid placement should be deployed within their profession.

1.6 Staff being deployed into a new role will be provided with appropriate training.

In summary, we all need to:

- Have supportive conversations with our managers and within our teams
- Be prepared to undertake additional training and orientation in order to be deployed
- Support colleagues who are deployed into our areas

## **4. Guiding Principles for Managers**

### **4.1 Existing Line Managers**

- 4.1.1 Managers must discuss with staff members any proposed deployment, any restrictions or adjustments, and seek understanding of ability to travel to a different site as necessary. This conversation must be done in a positive and supportive manner recognising that this can be an unnerving time.
- 4.1.2 Timescales of the deployment should be discussed in advance of the placement however it is unlikely that managers will be able to confirm the exact duration due to the evolving nature of the incident.
- 4.1.3 Managers must ensure they keep in regular contact with their teams who are being deployed and ensure they do the following checks.
- Welfare check
  - Keep their member of staff updated with what is happening in the team and any important changes that are being made.
  - Make sure the whole team is able to connect up at least fortnightly to ensure teams stay connected.
- 4.1.4 Managers will have responsibility to monitor and update sickness absence and SSTS records for additional hours worked or expenses claimed for their substantive staff. Managers should ensure they read and follow the Colleague and Managers Information pack that contains practical guidance and FAQ for staff on deployment.

## **4.2 Receiving Managers**

- 4.2.1 Managers should ensure any staff being deployed in their area have the correct training to do the job or given effective on the job training.
- 4.2.2 Managers should encourage a buddy system whereby new staff have someone of their peer group to work with when their named contact is not available.
- 4.2.3 Managers should ensure a local induction and orientation of the department is carried out as well as completing the managers checklist in the Colleague and Managers Information Pack.
- 4.2.4 Managers must allow their new member of staff time to reconnect with their existing teams and encourage staff to keep in contact.
- 4.2.5 Managers should keep in contact with the individuals existing line manager and report any:
  - Concerns regarding performance or capability
  - Any sickness, annual leave or unauthorised absence so this can be recorded on SSTS by the existing line manager
  - Update on timescales

## **5. Guiding Principles for staff being deployed**

### **5.1 General Guidance**

- 5.1.1 There will be no financial detriment to staff that under take reassigned duties i.e. staff will continue to receive, as a minimum, their standard rate of pay and allowances and any additional travel costs at normal reimbursement levels.
- 5.1.2 Training and induction will be provided to prepare staff for the role they have been or maybe assigned to.
- 5.1.3 If necessary, a uniform will be issued however where an individual already has a uniform this will be used.
- 5.1.4 At the start of your deployment you will be advised of a point of contact/Local Co-ordinator, to discuss any queries.

5.1.5 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.

**5.2 Guiding principles for Staff being deployed into a Non NHS Community Setting\*** (\* see references)

5.2.1 No staff member should be compelled to undertake deployment from their health board setting into a non NHS community setting; the request to undertake such a temporary assignment is not-compulsory.

5.2.2 Staff that decline to take such an assignment should not feel pressurised either by their line manager or peers for not doing so.

5.2.3 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.

5.2.4 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 a 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 for Scotland being the employing organisation.

5.2.5 Staff should be assured that they remain substantive employees of NHS D&G, that all existing terms and conditions of their employment will be maintained, and that they remain subject to appropriate professional indemnity whilst on assignment.

5.2.6 Staff should be assured that they will not be expected to undertake any duties out with their sphere of professional competence, duties for which they have not received appropriate training and/or do not feel confident to undertake.

5.2.7 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.

5.2.8 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.

## 6. Health and Wellbeing

### 6.1 Health

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.

Remember, NHSD&G will do everything it can to reduce any risks. In addition, you are responsible to take appropriate actions to ensure your own health and safety and that of your colleagues, patients and service users.

Do not put yourself or others in situations where your actions or inactions could cause harm.

### 6.2 Wellbeing

During any major incident it is important that staff maintain not just their health by practicing safe behaviours in the work place and at home but also to take time to think about how you maintain your personal wellbeing when faced with challenges and cultural changes to a command and control environment.

Staff can seek support by calling the Staff Support Services line on 0138702410303 or email [bumf-uhb-gp-psychology-services@nhs.net](mailto:bumf-uhb-gp-psychology-services@nhs.net) . Lots of information and resources can be found under the staff support button on the front page of Beacon (intranet pages) or on the NHS D&G psychological wellbeing [website](#)

How we build resilience and interact with one another in a time of crisis is important. The “Big Five” was developed by ward staff to help us with this;

#### 1. YOU ARE NOT ALONE

**None of us have been here before and we are all a little afraid**

## 2. KINDNESS WILL GET US THROUGH

A smile makes a huge difference

## 3. EMBRACE THE CHALLENGE

We will all learn something new

## 4. LOOK AFTER EACH OTHER

... and look after yourselves

## 5. YOU ARE STRONGER THAN YOU THINK

We can **TOTALLY** do this!

There are things we can all do in our teams to support each other when working with new people and in new ways. These are summarised by Professor Michael West as;

<b>Team working competencies</b>	Focus on teamwork as much as (if not more than) technical training.
<b>Compassionate support</b>	Encourage kindness and compassion for each other: checking in, listening, understanding, empathising and helping.
<b>Purpose and priorities</b>	Agree a clear statement of the purpose of the team's work that is repeatedly reaffirmed and 3/4 clear, shared objectives.
<b>Roles</b>	Ensure everyone is clear about their role in the team and each other's roles.
<b>Inter-professional respect</b>	Minimise hierarchy and boundaries between professionals.
<b>Review</b>	Set aside regular time to plan and review (at least daily in critical care) and regularly review what is communicated, by whom and how
<b>Trust</b>	Have faith in each other's integrity and competence, and trust other team members to perform at their best.
<b>Cooperation</b>	Cooperate with and support other teams in this crisis and acknowledge the shared, collective responsibility.

## 7. Equality and Diversity

NHS Dumfries and Galloway has a responsibility under the Equality Act 2010 Public Sector Equality Duty (PSED) to pay due regard (in relation to the 9 protected characteristics of Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex and Sexual Orientation) to the following aims:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between those who share a protected characteristic and those who do not by removing or minimising disadvantage, taking steps to meet the needs of people from protected groups and to encourage people from protected groups to participate in public life or in other activities where their participation is proportionately low.
- Foster good relations between those who share a protected characteristic and those who do not.

The Board will ensure that the Guiding Principles for Deployment does not discriminate against members of staff either in the way it has been designed or the how it is implemented in practice.

It is the policy of NHS Dumfries and Galloway to ensure that:-

- The deployment policy is applied fairly, consistently and does not discriminate.
- That any deployment process will take into account the needs of an individual staff member and reasonable adjustments made when required
- That appropriate risk assessments have been carried out, particularly in relation to Black, Asian and Minority Ethnic staff (please see further guidance in the Guidance for BAME staff and risk assessment)

If staff feel their needs have not been taken in to account or they have been deployed in to a service or environment that presents a risk they should in the first instance raise their concerns with their existing line manager and complete the relevant risk assessments.

## 8. References

This document has taken guidance from the following documents, website

- \*Scottish Government DL (202) 13 issued 28<sup>th</sup> April 2020 - Guidance for the deployment of Health Board Staff to community settings  
[https://www.sehd.scot.nhs.uk/dl/DL\(2020\)13.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2020)13.pdf)
- Scottish Government DL (202)/5 issued 13<sup>th</sup> March 2020 – National Arrangements for NHS Scotland Staff -  
[https://www.sehd.scot.nhs.uk/dl/DL\(2020\)05.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2020)05.pdf)
- Guiding Principles for the Deployment Hub 31/03/20 – Authors Joan Pollard, Associate Director of Allied Health Professionals & Heather Collington, Social Work Senior Operational Manager