

CORONAVIRUS (COVID-19) PANDEMIC

Guiding Principles for Nursing, Midwifery and Allied Health Professions (NMAHP) Staff

December 2021

Introduction

This last 20 months have been like no other for our healthcare services; it has been extremely challenging for us all. The current position continues to place additional pressures on our services and on us as NMAHP professionals. We are in no doubt you are still faced with issues that require you to make adjustments from your normal routine procedures in order to care for your patients in as safe a manner as possible.

The guiding principles were initially developed during the early stages of the pandemic to support NMAHP staff. This paper provides a further update reflecting the ongoing pandemic which continues to exert significant pressures and impact on all teams and staff across NHSGGC. This impact is exacerbated by gaps across the multidisciplinary team due to absence and Covid-19 related reasons. Senior Nurses, Midwives and Allied Health Professional (AHP) leads work consistently to mitigate the risk of staffing gaps. This has meant that staff may be required to work in unfamiliar circumstances, surroundings or in clinical areas outside of their usual practice for our patients' benefit. This will ensure the most effective use of skillset of the NMAHP workforce, whilst recognising the need to be agile and adaptable.

For our Nurses, Midwives and AHP's, we know that when clinical activity increases the demands on established workforce balanced against acuity and activity can be significantly affected. To ensure patient and staff safety, there requires on-going consistent application of professional judgement to safely balance the risk. This is done through a number of established systems and processes including regular on-site safety huddles and application of the 'Safe to Start' guidance.

Similarly, within all Health and Social Care Partnership (HSCP) services, high community prevalence of COVID-19 can increase the complexity and vulnerability of patients on community nursing caseloads, children and families' caseloads and residents within care homes. The long-term impact of the pandemic on vulnerable adults and children requires HSCP services to maintain adequate levels of support for families and vulnerable children and adults within the community. In addition, the vaccination programme is undoubtedly another demand on workforce capacity.

For AHPs the unintended impacts from lockdown and social isolation has resulted in increased demand for physical and mental health rehabilitation. In service areas across AHP

acute and community, this continues to impact on clinical capacity, access to services and intensity of intervention. Patient centred care is an ongoing priority, and AHPs are utilising opportunities and resources to support self-management approaches and virtual assessment, providing face to face consultations as required.

We recognise that changes to practice are stressful and the NMAHP workforce may have concerns about both the professional practicalities and implications of working in such circumstances. As professionals, we always endeavour to provide the best possible care at all times; and that, even in these difficult times, we continue to strive for this. However, the increasing daily demands, impact on workforce, and the flexing of staff to patient ratios may make this difficult to achieve.

Guiding Principles

These guiding principles were developed to support your decision-making and provide some comfort to you in the knowledge that you have the support and understanding of your professional regulator, namely the [Nursing and Midwifery Council \(NMC\)](#), the [Health and Care Professions Council \(HCPC\)](#), us as an organisation as well as that of your professional body.

The principles are intended to help you with difficult situations you may face and reassure you that on occasions, the provision of care is the best possible care that can be delivered under the circumstances that you are working within and the professional decisions you make will be supported.

Guiding Principle 1

- *In line with your professional Code and Standards, use your **professional judgment**, working with other colleagues across all disciplines to assess risk.*

The [NMC](#) has specific guidance around the application of the Code during the pandemic. The [Caring with Confidence: The Code in Action](#) is a series of short bite-sized animations about key aspects of the role of a nurse or midwife. Supporting professionals to feel confident about using their [professional judgement](#) in their decision making and actions in these challenging times and beyond.

As professionals, we may feel anxious at times about how context is taken into account if concerns are raised about our decisions and actions in very challenging circumstances. It is important to recognise that we have the support of NHSGGC as our employer and that our registration is not at risk during these sustained pressures as long as we are doing the best we can, founding our decision making on our professional principles in the NMC Code.

In addition, the NMC published its approach to carry out its functions during this time of unprecedented demand. For those due to revalidate from April 2021 there remains the

opportunity for registrants to request an eight week extension, information can be found [here](#).

The HCPC published its response to the requirements of registrants during the pandemic with regards to Standards of conduct, performance and ethics and further information can be found at [HCPC COVID-19 hub](#).

Guiding Principle 2

- *Find the best way to provide care for people while recognising and working within the limits of your competence.*

During periods of staffing pressures and increased clinical activity and demand, the care rounding chart and the early warning scoring tools (e.g. NEWS 2) remain pivotal, as these guide staff to prioritise fundamental care delivery and patient safety. In times of extremis, the essentials of care provided must be reflected in the care rounding chart and the NEWS2 chart as a minimum.

In Mental Health services including Learning Disabilities, the Clinical Risk Assessment Framework Tool (CRAFT) and person centred care plan are the key documents used by the Multi-Disciplinary Team (MDT) to inform patient safety and care delivery. In addition, the holistic assessment including physical healthcare, Pressure Ulcer Daily Risk Assessment (PUDRA) and early warning scoring must continue. Capacity, consent and confidentiality are key aspects of rights based care therefore the person centred care plan remains vital in communicating safe, effective person centred care.

With the reintroduction of hospital visiting, in line with [Scottish Government guidance](#), we welcome the inclusion of family and friends as it is vital for our patients. At the same time, we need to make sure our patients, families and staff are as safe as possible, so visiting needs to continue to be carefully managed in line with any updated guidance. Whilst not all communication with family/carers will be in person it's important that these conversations are documented within the patient's care record.

In response to the rapidly increasing prevalence of Covid 19 National Clinical Guidance has been re-issued for; Adult Community Nursing and AHP staff, and Community Child Health Services including Health Visiting, Family Nurse Partnership, School Nursing and Infant Feeding. This guidance supports NMAHP Professional Leaders with clinical decision making if there is a requirement to temporarily reduce services. Any temporary reduction in HSCP services will be recorded on a decision log and local risk register and be reported via Clinical Governance processes ensuring executive oversight at NHS Board and Health and Social Care partnership level.

During in extremis pressures caused by workforce and workload challenges, the focus must be on fundamental care delivery and patient safety. In light of this, there is no expectation to maintain routine quality data collection by local teams. Although automated population of outcome data such as Pressure Ulcers and Falls will continue, there is no expectation that process measures such as Hand Hygiene surveillance or NEWS compliance are input to the Care Assurance and Improvement Resource (CAIR dashboard).

Guiding Principle 3

- *In line with **your professional Code and Standards**, use **professional judgement** in the delegation of activity.*

The NMC regulatory standards are designed to be flexible and to provide a framework for decision-making in a wide range of situations. Nurses and Midwives may be concerned about their accountability for delegation to ‘others’ out-with normal practice during the pandemic. The NMC supplementary information to the Code – [Delegation](#) and [Accountability](#) – sets out clearly that delegation of an activity may be from a registered person to another registered person unfamiliar with the clinical area, a non-registered person, carer or family member. The overarching principle is that you should only delegate tasks and duties that are within the other person’s scope of competence, making sure that they fully understand the instructions given. Registered professionals also have a responsibility not to agree to delegated activities out with their sphere of competence. The HCPC Standards of conduct reference the current requirement for changing roles and adaptability, in the context of individual scope of practice within safe and effective boundaries. There are a number of tools available to support this, for example the [Northern Ireland delegation framework](#).

Guiding Principle 4

- *Refer to [NHSGGC Rostering Policy](#) in support of staff allocation.*

<https://www.nhsggc.org.uk/media/237944/nhsggc-nm-rostering-policy-17-02-16-v2.pdf>

The current ratified rostering policy above is currently under review. The updated policy will be made be available early in the New Year.

NHSGGC is fully supportive of the decisions Chief and Lead Nurses/Midwives/AHPs require to make to manage the workforce capacity with supply and demand. Bearing in mind that

they may need to revise, possibly significantly, established procedures in order to care for patients.

The process of risk assessment and risk management is undertaken with the aim of mitigating risk and managing available resources against patient acuity and other clinical priorities across all inpatient and community services.

Within Acute, this is in accordance with the current practice of assuring safe staffing based upon Red, Amber and Green (RAG) rating. Despite the many actions taken, there may be times when it may not be possible to fully mitigate the RAG status. This may be in relation to skill mix, staff absence, patient acuity, and/or increased clinical activity. Decisions made will take into account clinical data, risk factors and status across site/board. If you identify an incident in relation to patient safety, it is important to ensure this is escalated through local reporting structures and recorded on the Datix system.

All HSCP services have business continuity plans for each team and an overall HSCP business continuity plan to support the redeployment of staff across services to enable delivery of essential care.

There is continual collaborative scrutiny across all AHP services through the AHP Senior team, which assures professional governance and support, prioritising staff wellbeing and patient safety. Identified staffing issues will be resolved locally, and if required escalated through operational and professional reporting structures.

Guiding Principle 5

- *Staff's **health and wellbeing** is paramount. **Look after yourself and others***

The safety and wellbeing of staff is vital as we work collectively through this pandemic. It is the case that our normal routine of day to day work and home life has changed, and the need for rest and relaxation is vital in keeping us both physically and emotionally resilient.

A number of resources are available and accessible for staff which include:

- Relaxation and Recuperation (R&R) Hubs on acute hospital sites.
- [NHSGGC Staff support and wellbeing services](#)
- [Psychosocial mental health and wellbeing support](#) on TURAS
- [The National Wellbeing Hub](#)

It is important to look after yourself and others. Look out for signs of fatigue and stress amongst colleagues. Take time to treat one another with care, compassion, empathy and directing and enabling the use of support mechanisms available.

Guiding Principle 6

- Regular **clear and effective** multidisciplinary huddles to support staff deployment based upon the most up to date workforce and clinical data.

The importance of Multidisciplinary and Multi-Agency Team (MDT/MAT) working as a way of managing capacity cannot be underestimated, and clear roles and responsibilities are paramount. Effective team communication is key to managing the demand, and the importance of regular multi-professional and team huddles cannot be underestimated. At times, these MDT/MAT huddles may necessitate prioritising the fundamentals of care, what needs to be done now and by whom, and what can be safely considered later.

Guiding Principle 7

- Professional leaders will be **visible** in clinical areas, **communicating effectively** with staff ensuring clear direction, advice, support and reassurance.

Professional leadership, at all levels of the organisation, is the cornerstone of practice. Our leaders will be visible in person, or virtually, to provide support, care and reassurance to all staff across the organisation.

Guiding Principle 8

- Working as part of a team, do so **collegiately**, with **respect, kindness and professionalism**.

MDT working and shared decision making is essential. There will inevitably be further challenges ahead and professional, respectful conduct and behaviour is necessary to support each other through these times. In a world where you can be anything, be **kind**.

COVID-19 CLINICAL GUIDELINE

Note: This guideline has been fast-tracked for approval for use within NHSGGC

Covid-19 Guiding Principles for Nursing, Midwifery and Allied Health Professions (NMAHP) Staff

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.