

Advice for emergency staffing situations - mutual aid



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Advice for local authorities and independent and third sector providers of social care. This advice should only be used for short term emergency staffing situations and after any business continuity planning arrangements have been instigated.

Introduction and context

This advice on mutual aid is provided in the context of the overarching principle of minimising staff movement to avoid cross infection.

The most up to date guidance is available at [Public Health Wales Guidance to Prevent COVID-19 Among Care Home Residents and Manage Cases, Incidents and Outbreaks in Residential Care Settings in Wales.](#)

Section 5.6 of this guidance acknowledges the steps care home providers have been taking to minimise the movement of workforce to reduce the risk of asymptomatic transmission. Public Health Wales strongly recommends that care homes caring for the extremely clinically vulnerable and clinically vulnerable do all they can to restrict staff movement wherever feasible.

Local authorities and providers should ensure they are fully aware of the checklist included at section 5.6 of this guidance before undertaking any mutual aid arrangements.

Within this context, this page contains advice for employers who, having exhausted all other options, require extra capacity due to significantly low staffing levels and whose vulnerable residents will be at risk without additional staffing resource.

In Wales, all local authorities are signed up to the principle of mutual aid and assistance in an emergency situation. This means that local authorities agree to sharing staff and helping each other in times of emergency. [Find out more about this agreement.](#)

Arrangements for sharing staff will differ across Wales and between different organisations. The following links to pages are for sharing examples and addressing some of the questions you may have:

- We have advice and resources on [recruiting staff](#).
- You can also advertise any available posts for free on [WeCare Wales](#).
- See [guidance for volunteering in social care settings](#) for advice on roles that could be supported through volunteering.
- You can also find out more about the [volunteering charter](#).

Situations where mutual aid may apply

If you're not sure if this applies to you, use the following criteria as a guide:

- If you are no longer able to deliver care safely
- You have explored all options with your current staff
- You are unable to redeploy staff or access agency staff
- You have stopped taking on any additional work or contracts.
- You have exhausted all options in your emergency or continuity plans.

Help pack

We have put together a pack of example agreements and documents that may be helpful for you to use directly or adapt for your own circumstances.

The pack includes:

- An example service level agreement between organisations
- An example collaboration agreement between organisations
- An example memorandum of understanding between organisations
- An example mutual aid agreement between local authorities
- An example request form for bank staff.

[Download the pack of example agreements and documents.](#)

Points to consider for short term staffing arrangements

These points to consider are to help you plan your own response. They are based on existing [NHS redeployment principles](#) and [existing case studies](#). This only applies to situations where there is a short term crisis. This does not apply to repeated and long term staffing issues.

- The quality of care should remain the same. Make sure you check who you are partnering with and their history.
- The person receiving care is at the centre of all arrangements. Consider each individual and their families who may be impacted by the temporary arrangements, ensure they are aware of those changes and how long they will last.
- Know who to expect. Make sure you verify any individual workers are the people you were expecting, such as checking names, identification or registration numbers if applicable. You should also consider how other staff and people they care for are able to identify that person, for example through uniform or identification badges.

- Build relationships and build on the relationships you already have, such as your existing local and regional partnerships. Open and trusting relationships between organisations are essential for a rapid response.
- Staff should be matched to roles that require similar experience and skills. This includes any jobs that require a specific DBS check. Any DBS checks you require must be of an equivalent level for these temporary arrangements, for example an adult check would not apply to a children's setting.
- Start any new arrangements with the staff who are enthusiastic and passionate, as they can share positive stories with other staff who may be apprehensive about the change.
- Provide appropriate induction training and information. This should include signposting to any relevant policies and procedures, including safeguarding and health and safety. However, any training and induction should be proportionate to the length of any temporary redeployment.
- Ensure there is an efficient administrative system in place to identify, manage and coordinate staff. This does not need to be complex but it should be easy to find out who staff are, where they are allocated and record any care they have provided.
- Be clear on your infection prevention and control measures, including how and when to access testing and PPE. Check the section below on how to manage this.
- There should be no change in pay and conditions. Any change to working patterns should be discussed and agreed with the individual.
- You should consider if there are any implications or additional costs for the employee in respect of travel and be clear who will reimburse those costs and the process for doing so.
- Ensure staff are clear about line management arrangements and who they can go to for support. Should redeployed staff have any concerns, they should be able to raise these with their line manager in their substantive post.

- Ensure redeployed staff are given clear, up to date information, and plans where relevant, on the people they are supporting. This will ensure the member of staff is aware of individual needs and preferences and supports continuity of care for that person. It also helps safeguard the member of staff against any known risks as well as limiting potential triggers for distress for the individual who is being cared for.
- If possible, try and keep the same staff, to both limit infection risks and to support continuity for the people you are caring for. For example, it is better to have four full time staff than eight part time staff in order to minimise the risk of cross infection.
- All social care staff must still adhere to the code of professional practice in whatever role they undertake.
- Think about exit. Agree as a partnership the circumstances for a safe exit from short term arrangements. Set out the steps and timescales for exit that cause minimal disruption. You should also consider if there is any risks for the individual receiving care as a result of ending the short term arrangements.

Managing infection prevention and control

There is a risk of cross infection when staff move between different settings. In order to limit that risk, you should:

- Limit the number of staff who temporarily enter your service.
- Ensure all staff understand the [general guidance for health and social care from Public Health Wales](#).

Individuals working directly with those in receipt of care and support services should now be part of a routine asymptomatic twice weekly LFD testing programme. This includes domiciliary care and care home settings. Anyone

entering into a short term arrangement must follow the same testing procedures as all other staff working within the hosting organisation.

Anyone seeking entry to care home will need to undertake an LFD test at the care home site prior to entry. The only exception to this would be if they can demonstrate they are already part of a routine testing programme or if it is in an emergency situation i.e. ambulance crew or an immediate end of life situation.

Case study example

The following case study provides an example of how a care agency reorganised so that they were able to prioritise emergency staffing situations in care homes during the pandemic. If you'd like to share examples of your own, contact rebecca.cicero@socialcare.wales.

Covid 19 rapid response team

'Ultra-care are an agency providing staff to care homes. As the pandemic took hold, the agency manager became aware of increased staffing issues within care homes they supported. The manager recognised this may lead to significant disruption for the care homes, so she started having conversations with staff to find out who would be willing to work in a home where there was covid. The carers who were willing to provide care in homes with covid then formed a rapid response team.

Once a team was in place, the agency manager spoke to homes to ask how they would make sure agency staff were safe and supported, including access regular testing. The team approach also meant staff could remain in one setting for a set period of time, limiting the risk of infection.

When the call came from a home, the agency manager then briefed the response team. As well as the covid situation, the agency manager was able to use her pre-existing knowledge and understanding of each of the care homes to brief staff on the type of environment they would be working in.

During their time at a home, the rapid response team had daily contact and updates from the agency manager on situation at the home, including if anyone new had tested positive and where they were within the home. Staff were then given the choice of whether they would support that resident or to remain in another part of the home. Throughout their time in the home, the agency remained a central point of contact for her staff and liaised with the care home manager on their behalf. The team would stay at the home for an average of three to four weeks, but were also able to be flexible and remain longer depending on circumstances.'

What the care homes said about Ultra-care

“Ultra-care have been an asset to myself and the team at the home during our recent Covid-19 outbreak. They ensured that when I block booked agency staff that the same staff were coming to the home. This greatly helped with the continuity of care provided to my residents and also gave confidence to my staff, as they knew who was coming to work from the agency. This also meant staff were willing to work with those staff, when they knew it would be the same people.”

“Agency staff worked to a very high standard and were very vigilant in following instruction on wearing PPE. We were also kept informed of agency staff covid test results at all times, which eased our workload as a home.”

“Ultra-care is not just a business, it’s a family.”

“The carers from Ultra-care that have worked alongside us are mainly of a very high calibre, all have the necessary qualification to practise safely within the Home and show a lovely caring attitude to our residents which is very important to us here.”

“The team at Ultra-care made our residents safe and comfortable, with a professional and exemplary standard of care, seamlessly working alongside our already stressed staff and supporting their worries in toe.”

Top tips

- Keep agency staff informed and up to date on any developments as they happen - it's respectful.
- Have one central point of contact for staff to avoid any confusion.
- Share your pre-existing knowledge of homes with staff so they know what to expect, and what is expected of them, in advance.
- Be professional but also compassionate and caring.
- Ensuring staff understand the importance of infection prevention control and made the home feel safe.
- Welcome temporary staff as part of the team, be there to support each other.

Frequently asked questions

What steps do I take if I need to ask for help?

If having explored your options, you are worried about maintaining safe staffing levels, you should alert the local authority (and health board if they also commission care) as early as possible. You should also notify CIW using online notification and can also phone for advice.

Decisions should be risk assessed and taken in the best interests of people receiving care and should be clearly recorded, including steps taken.

How do I find out what already is in place for my organisation?

You should check with senior management whether any emergency, business contingency or continuity plans have been drawn up for similar circumstances, such as severe weather plans.

What about nursing tasks?

Registered nursing support must be provided where people have been assessed as having nursing needs.

Do I need a legal agreement in place?

Arrangements can be formal or informal. If no formal agreement is made, all responsibilities remain with the employing body.

Who is liable for indemnities and insurance?

Check first with your insurer if you are unsure about any short-term arrangements.

Social care staff drawn into health boards and trusts to undertake work would likely be covered by NHS Indemnity. Health Board and Trust staff working in social care settings would usually be expected to be indemnified by the body that is hosting them (in practical terms, captured by existing insurance).

Only in exceptional circumstances would there be the application of NHS Indemnity to a situation where an NHS member of staff is deployed into another sector.

However, this does not affect the rules regarding vicarious liability which apply to the body who is the employer. [More information on NHS indemnities.](#)

What about pay and conditions?

No employee should see any change to pay and conditions as a result of short term arrangements; also no employee should be out of pocket for additional expenses, such as additional travel incurred

What happens if the other organisation needs their staff back?

Arrangements should have a clear exit point and all those involved in the partnership should agree at the beginning what will happen in specific scenarios such as this.

Do I need to do any DBS checks?

Any roles requiring DBS certificates should be comparable. Ensure you as a hosting organisation check the level of the certification that the person holds. [More information on DBS Checks and Covid-19.](#)

Do I need to inform CIW?

For any temporary changes, keep us informed by providing a brief description on the [CIW online service portal](#).

If you are in a situation where there is a risk the service cannot run safely, you'll need to inform CIW. This includes, but is not limited to, an insufficient number of suitably qualified, trained, skilled, competent and experienced staff deployed to work at the service.

Please make sure you keep your Responsible Individual up to date on any developments. They should be involved in any such arrangements as they are

accountable for safe running of service.

Do employers / employees need to inform Social Care Wales where a worker is registered with Social Care Wales?

No, there is no need to inform us of any short term arrangements. You only need to inform us if a person becomes employed by that organisation.

How will I know if there are any practice issues with workers?

For any registered workers, you can [search the Register](#). To find out if a worker has been suspended or removed see [dealing with concerns](#).

Do I need to inform my commissioner/s?

Check the terms and conditions of your service contract. If you need to make temporary changes to enable you to provide care and support, let your commissioner/s know.

Helpful links

Here are some useful links to other websites that may be helpful.

- Skills for Care have a range of [case studies and supporting resources](#).
- The [NHS Mutual Aid agreement](#), which includes contact details for each health board.
- [Guidance on Indemnity Arrangements During the Coronavirus Pandemic - Welsh Risk Pool](#).

Contact us

If you have a question or if you can't find what you are looking for [get in touch with us.](#)