

Principles to support new ways of working; learning from Covid-19.



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Introduction.

The response by NHS Staff to the national public health emergency was impressive with numerous examples demonstrating the flexibility of individuals and teams to work outside their traditional specialties and scope of practice, underpinning the “One System” vision and the Quadruple Aim. In line with the Quadruple aim our NHS clinical workforce did what only they can do; that is, health and care staff, volunteers and citizens worked together to deliver clear outcomes, improved health and wellbeing, including a cared for work force.

The Covid-19 pandemic is mobilising individuals and teams to form a collective response to a mutual cause aimed at ‘saving lives’.

From a workforce perspective a cultural shift is underway resulting in greater co-operation, understanding and respect for the contribution of others. Clinical staff are working across teams in different clinical settings, developing new skills to enhance their practice enabling them to use their professional judgement, knowledge and experience with confidence.

The pandemic has demanded the quick adoption of new ways of working, for example the use of digital technology and the approach to skill mix.

Where these new practices are benefiting patient experience and staff satisfaction, clinical outcomes, productivity and environmental impact, we will retain and further develop them as a legacy benefit.

Multi-professional team working is pivotal for assessing, planning, delivering and evaluating treatment and care and should be designed around person centred needs assessments. The following Principles aim to support flexible and efficient skill mix and the effective deployment of members of the MPT.

The principles have been informed by the AMRC report *Developing professional identity in multi-professional teams (2020)* and should be read in conjunction with:

- The Leadership Principles for Health and Social Care Wales which will be available shortly.
- The Workforce strategy for Health and Social Care.

1 Succession planning in motion

Know and maintain your talent pool, ensure there is always a group of staff with the right skills to select from.

Team members should have clarity about their role and how their skill set compliments others in the team.

Organisations should maintain a central database of staff competence and skills linked to PADR, this database should be open to all clinical managers to enable appropriate deployment.

Draw on support from non-clinical specialists, e.g. Workforce, Finance, information/ data.

Patients should be cohorted according to their care and treatment needs and level of acuity, which will be taken into account when determining the skill mix.

2 Determine skills and competencies

Determine the skills and competencies that are needed to ensure staff are prepared.

All staff will work towards the common goal of supporting recovery and rehabilitating the patient with the aim of them being as independent as possible, in order for them to return home or to receive support in the most appropriate place.

At each stage of the patient pathway, the healthcare professional involved should be working at the top of their licence to ensure the best use of finite resources.

Teams will foster a supportive environment; hierarchies are flattened and feedback is encouraged.

MPTs and organisations must cultivate a culture and environment where clinical staff are confident in their own professional (and personal) identities and practice, and that of their colleagues.

Clinical leaders must recognise the transferability of skills and capabilities to enable the development of expanded and different roles required to meet the service needs.

Acceptance of cultural change where all members of the MPT are utilised flexibly and to best effect, are supported in their practice and in their professional development.

3 Overcome traditional professional boundaries

A multi-profession approach will be taken when deciding skills mix requirements of any service.

4 Interprofessional learning and development

Learning together will prepare health and social care professionals to work collaboratively and provide a better patient environment.

MPT education and training will pave the way for effective team-working and must be continually supported and reinforced through effective supervision, access to mentors and positive role models.

A culture of curiosity and learning is supported, valuing reflection and improvement, with access to learning and development opportunities through a variety of mediums.

Senior support will be available and provided by Advanced Practitioners and the Consultant workforce either in person or virtually. These practitioners will lead the development of services and staff to support new ways of working.

5 Buy-in from management and senior practitioners

Where there is senior management and executive buy-in, changes to practice and culture are more successful.

The most appropriate person will provide management and leadership of any given clinical area, irrespective of their profession. Leaders must help promote an inclusive and supportive culture and enable and encourage practitioners to deliver high standards of care.

Staff must feel able to report any concerns regarding standards of care or patient safety.

6 Well-defined decision making criteria

For using flexible approaches to staff deployment.

Staff will use their professional judgement in decision making based on knowledge, experience and evidence-based practice. They will have the appropriate training and support to be clinically competent to make clinical decisions with confidence.

Staff will use professional judgement to assess and manage risk in a co-productive way, which enhances the care provided to patients. Organisations will support practitioners in the risk management process.

Staff will rotate through different clinical areas caring for patients with different levels of acuity to maintain their skills and ensure that the workforce is flexible and agile in responding to changes in patient and service need.

7

Delegation

A leader cannot do all things at all times. Individuals need to be empowered and trusted for excellent team performance.

Each member of the team will have a clear understanding of their responsibilities in relation to delegation. There should be a shared understanding of each individual's scope of practice, their competences, lines of accountability and governance.

The primary motivation for delegation is to meet the needs of the patient; staff must feel able to refuse to accept a delegation if they consider it to be inappropriate, unsafe or that they lack the necessary competency or confidence.

8

Maximise use of digital technology

Embracing technology to create digital workplaces will improve communication, collaboration and the workforce and patient experience.

Ensure staff are aware of all digital learning resources to maintain/enhance their skills and practice.

Support staff on the importance of updating their competence/ skills on the relevant platform, e.g. ESR.

9

Recognition of the importance of staff health and wellbeing

A positive work environment/culture results in a happier/healthier workforce leading to a positive impact on productivity and outcomes.

Working in demanding clinical areas is physically and mentally challenging for all staff and its vital that they feel supported and cared for.

The impact of work pressures on staff should be acknowledged, e.g. times of high demand such as winter pressures; lowering staff ratios.

Healthcare staff deployed to care for a new or different case mix of patients will be supported to do so using these principles.

Resources.

- ✓ [Skills Mix Analyser](#)
- ✓ [Age Profile Tool](#)
- ✓ [Staff Wellbeing resources](#)
- ✓ [Repository of useful resources](#)
- ✓ [All Wales Delegation Guidelines](#)



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