



# Staff movement: a risk management framework

## Briefing for adult care home providers

2<sup>nd</sup> Edition – 16 February 2021

### Introduction

Restricting staff movement is critical to minimising the risk of transmission. In response to the government's consultation in January 2021, the care provider sector called for an increase in staffing capacity instead of regulation to achieve this goal.

The emergence of a new and highly transmissible variant of COVID-19 has resulted in increased staffing shortages due to staff testing positive for COVID-19 or having to self-isolate.

In addition, some people being discharged from hospital may require complex or increased social care as they recover from COVID-19 and other illnesses. To enable providers to meet these workforce challenges, on 16 January 2021 the government announced an extra £120 million [Workforce Capacity Fund](#) to support local authorities to manage workforce pressures.

This Care Provider Alliance briefing outlines a risk management approach (developed by CPA member, the [Registered Nursing Home Association](#)) that care homes can use to manage restrictions on staff movements. The briefing relates to CQC registered care homes with or without nursing in England.

### Background

In December 2020, the Prime Minister set out the revised [Covid-19 Winter Plan](#) with the key aim to keep coronavirus under control through this winter until the benefits of a significant vaccination programme are seen across health and social care to protect staff and those individuals that care providers keep safe with services everyday within community and residential care settings.

The Winter Plan includes a specific mention in relation staff movement within residential services.

Research undertaken by University College London concluded that "infections in staff are a risk factor for infection in residents" within the [Vivaldi Study published in July 2020](#).

Balanced against this need to minimise risk and any unnecessary staff movement, is the need to continue to operate services effectively through the pandemic, whilst also having 110,000 vacancies across the sector and in excess of 3,000 vacancies for registered nurses working in social care ([Skills for Care workforce report](#)).

Care services must be enabled to continue to operate and keep the people whom they care for as safe as possible within the constraints of the scarcity of the workforce, and the ongoing sickness and absences that services are managing daily.

On 16 January 2021, the government announced an additional [Workforce Capacity Fund](#) worth £120 million. This funding must be used to deliver measures that result in additional staffing capacity for adult social care to:

- support providers to maintain the provision of safe care
- support providers to restrict the movement of staff between care homes and other care settings
- support timely and safe discharge from hospital into care settings
- to enable new admissions from the community into care services.

The funding must be used to deliver new or additional measures which support the purpose of the fund, or the funding can be used to increase the scale of activities which already deliver additional workforce capacity where these exist within the local authority or providers.

Local authorities can use this funding to deliver staffing capacity measures that support all providers of adult social care in their area including:

- residential and domiciliary care
- care providers with which local authorities do not have contracts
- organisations providing care and support who may not be registered with the Care Quality Commission (CQC).

Day care, short stay care services and supporting the capacity of the personal assistant workforce are also included.

## Developing a risk management framework

A risk management framework can enable care homes to have a discussion with other agencies, such as their regulator or commissioner, about care home staff movement.

This framework can assist services to manage the situation and provide operational tools that - over time - can drive down the number of staff movements and hence

reduce the transmission of the virus. Many providers have already been pursuing such actions without an overall structure to work within.

**The key driver of the assessment must be for providers to continue to operate with enough staff who are also appropriately qualified to meet the needs of service users throughout all stages of the pandemic.**

## Key factors to consider

The following factors which will affect staff movement over the coming months need to be considered within the risk management framework:

- **Changes to terms and conditions of staff contracts can take time** and hence a requirement will be to define and report on those additional roles which staff undertake. This can be undertaken by careful employee management in the short term, whilst contractual changes are consulted upon in a longer timescale.
- **Recruitment of additional staff**, either domestically or internationally, takes at least weeks and, more often in isolated areas, months. The use of bank staff will therefore still be required by providers. The [Workforce Capacity Fund](#) can be used to cover these additional staffing costs.
- Care home staff can now **access PCR swab tests and lateral flow devices (LFD)s** to test all staff who may not be showing symptoms of COVID-19 and who may move between services. LFD kits can also be used at home by staff.
- The roll out of **COVID-19 vaccinations** to a significant proportion of care home staff, is also a reality.

This document therefore creates a staff risk management framework, which will develop over time, to flag the actions and reviews which each provider should take to achieve the goal of minimising infection spread through staff movement.

## Actions for initial assessment

Care homes can use the following list of possible actions when carrying out their initial risk assessment. Care homes should:

- **identify staff who work across multiple care services** and maintain, review and update their records on a monthly basis
- start to **consult with staff** to add a condition to staff contracts which commits staff to notify their employer, if and when they undertake work in another care setting (including informal care) during the pandemic

- continue to **advertise and recruit** staff who become available, either domestically or where appropriate, internationally
- **work with team leaders** to identify options to change staffing arrangements and working patterns
- hold individual **one-to-one meetings with staff** who have been identified as working between care services. Discuss options available such as changes to working patterns or roles to minimise or stop movement between services
- use the [Infection Control Fund 2](#) and/or the [Workforce Capacity Fund](#) to remunerate staff to work for a single care service
- consider the likely **use of agency staff** and, if that is determined to be likely, attempts to negotiate **exclusivity arrangements** with an agency with detailed agreements on testing, symptom checking and other infection control issues
- consider **recruiting volunteers / relatives** to become staff members for the duration of the pandemic and for the exclusive use of their service
- consider **additional training** to allow more staff to undertake processes, such as medication administration, to minimise reliance on specific members of staff
- consider the use of **cohorting** different groups of residents and the effect that these measures have on staff movement between these groups.
- ensure that all relevant staff are **tested** to the agreed schedule and consider the availability of using lateral flow tests for high-risk staff on all shifts.
- use the [PPE portal](#) to ensure sufficient PPE for all staff.

## Working with notifiable agencies

Providers should consider what formal and informal notifications are required during the period of the pandemic in relation to staff usage and movement. Care homes should work with notifiable agencies, including the Care Quality Commission, local authorities and CCG commissioners, to agree contingency arrangements in advance of situations arising. This might include:

- **High absence rate** of staff due to, for example, asymptomatic positive tests of staff members and the resultant self-isolation.
- Identification of key members of **staff who would be difficult to replace**. For example, if a small care home with nursing has a very limited number of nurses on the staff, their absence will have a significant impact.

- Identification of plans to manage **higher levels of need** than normal. For example, high numbers of residents with symptoms, or at end of life, or requiring one-to-one supervision.
- Identification of the **actual level of agency staff available** in each local area.

It is likely that the following actions may support managing these situations:

- asking existing staff to undertake additional shifts
- reallocating staff from other roles (eg catering, domestic and laundry) to direct care or supporting roles
- managers, deputy managers and administration staff providing care shifts
- operating with a skeleton care staff with all other roles supporting.

## Useful links

[CPA Coronavirus information and guidance](#)

[CPA Business continuity planning guidance and templates](#)

[CPA Infection Control Fund information](#)

[Workforce Capacity Fund](#)

[DHSC COVID-19 Winter Plan 2020/21](#)

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