Since the start of the coronavirus pandemic, NHS trusts in England have had to continuously change and review the way in which they deliver services. It is not only staff in intensive or critical care or ward settings who are working in highly stressful conditions and dealing with constant change, prioritisation and adaptation. Every team working within the NHS and keeping the whole system functioning properly is affected. This article discusses how nurses in the clinical education team (part of the learning and organisational development department) of London North West University Healthcare NHS Trust (LNWUHT) played a pivotal role in supporting the workforce to respond to these exceptional circumstances.

Established in October 2014, LNWUHT is one of the largest integrated care trusts in the country, providing acute services across four hospitals and community services to the people of Brent, Ealing and Harrow. Due to the expertise of its specialist infectious diseases unit, Northwick Park Hospital was one of the first hospitals in London to admit patients with suspected or confirmed Covid-19. Data on deaths involving Covid-19 has since shown that Brent, in which the hospital is situated, was London’s second most severely affected borough in the early weeks of the pandemic (Office for National Statistics, 2020). Latest figures released by Public Health England (2020) show that Ealing (served by the trust) is the worst-affected borough with 4,599 confirmed Covid-19 cases recorded since the start of the pandemic.

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Abstract Covid-19 has presented huge challenges to clinical staff providing frontline care. Many are caring for patients with the disease and need to provide safe and effective care, while the evidence base is developing, and others have been redeployed to unfamiliar areas. During the first wave of the pandemic, student nurses and midwives were temporarily joining the workforce. The clinical education team at a large London integrated care trust transformed their ways of working and rapidly created innovative training programmes to meet staff training needs and maintain their safety and resilience. The team represents a small cog that is providing crucial support to enable the big wheel of frontline care to operate effectively.

Personal protective equipment training

In order to prepare staff caring for patients with suspected or confirmed Covid-19 to select the most appropriate personal protective equipment (PPE), our priority was to roll out a trust-wide training programme on PPE use. Adequate education and training in the correct use of PPE was also paramount to minimise the risk of infection to healthcare staff (Adams and Walls, 2020; Huang et al, 2020). Initially nursing members from the clinical education team were trained as trainers by the specialist infectious diseases department, after which a robust training programme was developed. This included providing numerous daily sessions across three hospital sites, while also offering bespoke sessions within community settings and departments where it was more difficult for staff to be released for training.

The trust’s practice development nurses and specialist nurses from other teams supported us in facilitating the large numbers of sessions. The training sessions were delivered face to face, so social distancing was ensured in line with government guidance. While this meant that the session sizes were smaller than they would have been under normal circumstances, the face-to-face contact enabled the team to respond to specific staff queries. Often this was an opportunity to alleviate the anxieties and fears staff expressed during the sessions.

With rapidly changing national and local guidance on PPE, it was important to work closely with the infectious diseases team to ensure the training content was updated as necessary. It was also important that staff received the most accurate information and staff who had already received training were updated when guidance changed.

In total, 3,932 members of staff had been trained across the trust by 6 May 2020. Training sessions were also extended to partner agencies to include local GPs and other health professionals, while tailored sessions were held for foundation doctors in their first year. An e-learning module was developed, incorporating step-by-step guides and videos to enable staff to access training remotely. Training is now offered using the e-learning package and virtual platforms (Microsoft Teams).

Training for different groups

In addition to the important work on PPE, emergency health service planning for the Covid-19 surge also meant that clear training and support programmes were needed for staff being redeployed from other areas to work in the hospital. These had to be managed alongside existing programmes, such as those for nurse apprentices, who continued to receive ongoing support in their dual role as employees and students; this incorporated action learning sets to meet their additional learning needs in relation to Covid-19. The clinical education team developed training programmes for different groups of redeployed staff, including nurses being educated to work in critical care settings and nurses, dental nurses and healthcare support workers from non-acute settings being trained to work on the wards.

Standardised national training resources were used where available, in addition to the trust’s online and face-to-face sessions. These sessions not only gave staff the opportunity to refresh their clinical skills and become familiar with the equipment and paperwork, but also provided a forum for them to air and discuss their fears and anxieties. Where possible redeployed staff were offered a choice of where they wanted to work. This ensured they were recognised as a vital part of the workforce while being acknowledged as individuals, which made them feel appreciated and valued.

“It was essential to provide practical and psychological support during this stressful period to preserve the health of clinical staff”

Redeployed staff

Staff who were redeployed from dental and outpatient departments to work in acute settings presented several challenges: some were not nurses and had never worked on wards before, while others were nurses who had not worked in an acute setting for many years. This resulted in them experiencing high levels of anxiety and fear, which often overflowed into the training sessions. These feelings could not be ignored or dismissed by the team; they had to be acknowledged and managed. However, this was not easy, especially as the pandemic meant members of the clinical education team were facing personal challenges around their own health or that of a close family members. Many were extremely worried and afraid of how this new virus might affect them. The need to put personal worries aside to support staff in the acute setting required emotional strength and compassion from the team.

As would be expected, the needs of individual staff groups varied; we therefore undertook needs assessments to ensure redeployed staff received as much support as they needed. For example, after their initial training, many needed additional support in recognising a deteriorating patient. Tailored simulated training sessions were developed and facilitated to incorporate respiratory assessments of patients, accurate documentation using the National Early Warning Score (NEWS2) tool and the appropriate escalation and care of deteriorating patients (Royal College of Physicians, 2017). This training was...
facilitated in small groups to ensure social distancing and used a variety of teaching methods including simulation, presentation slides and videos.

**Student nurses and midwives**

Under emergency standards for nursing and midwifery education issued by the Nursing and Midwifery Council (2020), student nurses and midwives on placement within the trust were given the opportunity to opt in for paid employment, for up to six months on a fixed-term basis. This enabled them to support the trust workforce and use the knowledge and skills they had already developed during their pre-registration training.

In total, 130 student nurses and six student midwives volunteered. Recognising the need to upskill them quickly, we offered an induction package that included training on blood glucose monitoring as well as donning and doffing PPE. As part of the trust induction process, these students were asked to complete a self-assessment document to identify additional perceived training needs to inform further training delivery during the fixed-term period.

**Other clinical training**

While all non-essential training was cancelled across the trust, it was important to continue to provide our existing clinical skills training, which had to be adapted to comply with social distancing advice. In particular, training relating to venepuncture, cannulation, administration of intravenous (IV) drugs and IV drug calculation examinations were a priority to ensure enough nurses were available to carry out these procedures on the wards.

We continue to provide venepuncture and cannulation training, with the practical session delivered face to face on a one-to-one basis, and theory delivered through an online training package. The IV drug calculation exam was changed from a classroom-style session to an online platform. This meant sessions could be provided weekly and the number of delegates could be doubled to 40 per session. We also reviewed the criteria for passing the exam and amended them to meet current requirements. For example, before the pandemic, candidates who failed the exam were required to retake both parts (theory and maths) after a set period of three weeks. During the pandemic, retakes can be taken in the next available exam slot and candidates who fail only one part of the exam have the option to retake only that part. This restructuring has increased our assessment capacity to 40 per week.

The IV drug administration training, which was also previously delivered face to face, has been converted to an online module using presentation slides and videos. We acknowledge that many of these changes were done in haste, which is a testament to the willingness and ability of the clinical education team to support frontline staff through this challenging period. With that in mind, we kept accurate records of all staff who attended the new and revised training programmes, so they could be given additional support later if necessary. Table 1 shows the total number of staff trained by the clinical education team in response to the coronavirus pandemic, and the subjects taught.

### Table 1. Additional training provided in response to the first wave of Covid-19

<table>
<thead>
<tr>
<th>Training topic</th>
<th>Number of staff trained*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal protective equipment</td>
<td>3,932</td>
</tr>
<tr>
<td>Staff upskilled to work in intensive care</td>
<td>440</td>
</tr>
<tr>
<td>Student nurses and midwives inducted to work on wards</td>
<td>136</td>
</tr>
<tr>
<td>Non-invasive ventilation training</td>
<td>20</td>
</tr>
<tr>
<td>Upskilling training for redeployed staff</td>
<td>71</td>
</tr>
<tr>
<td>Fit-testing for FFP3 masks – training for trainers</td>
<td>68</td>
</tr>
</tbody>
</table>

*Number of staff trained up to 6 May 2020

**Protecting staff health and resilience**

Working collaboratively to support each other can create an environment of compassionate resilience. This restructuring has increased our assessment capacity to 40 per week.

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**“Working collaboratively to support each other can create an environment of compassionate resilience”**

Working collaboratively to support each other can create an environment of compassionate resilience, which allows individuals to cope positively with adversity (Pettit, 2014). Before the coronavirus outbreak, members of the clinical education team were involved in rolling out a programme of one-to-one restorative supervision for nursing staff across the trust. This is a form of reflective clinical supervision that provides a constructive space for professionals to think about and process their experiences. Restorative supervision is thought to be ideal for professionals experiencing an emotionally demanding workload and is more commonly used in community settings such as health visiting. It works by enabling individuals to process the difficult emotions they may be continually exposed to, through a supportive confidential relationship that enables them to feel restored (Wallbank and Woods, 2012; Proctor, 1987). It was recognised that all our staff were working under extremely challenging circumstances during the pandemic and would benefit from this type of supervision.

Reports from other countries suggested that nurses had the highest levels of occupational stress and resulting distress compared with other groups of professionals following the outbreak of severe acute respiratory syndrome (SARS) in 2003 (Maudner et al, 2006; Cheong and Lee, 2004; Nickell et al, 2004). This is of concern as nurses are already classed as a high-risk group: suicide rates among nurses in the UK are 23% higher than the national average among all occupations (ONS, 2017). It was, therefore, essential to provide nurses, as well as other healthcare staff, with practical and psychological support during this stressful period to preserve their health, both in the short and long term (Maben and Bridges, 2020). Restorative supervision formed part of the support offered to all staff throughout the trust and continues to be offered on a one-to-one basis for those who find it beneficial (Baldwin and Kelly, 2020). We also set up fortnightly group restorative supervision sessions for nurses within the clinical education team to enable them to support each other. This in turn would enable them to support others better: as Maben and Bridges (2020) point out, “without looking after self, nurses cannot look after others... and are therefore likely to need others (colleagues, friends (peers) and managers) to remind them to think of themselves”.

![Quick fact](https://www.nursingtimes.net/)

130 Student nurses and midwives who volunteered to join the trust workforce
By processing some of the challenges and complex situations they face, restorative supervision can help staff to be more effective in their role, increase their resilience and reduce the negative impact their work may have on them. Research shows that resilience helps to reduce burnout, increase empathy and compassion, reconnect with the joy and purpose of practice, and improve physical and mental health, therefore enabling staff to provide a better quality of care to their patients in return (NHS England, 2016).

To date, a number of staff across the trust have accessed restorative supervision from the clinical education team and feedback has been positive, as illustrated by the examples in Box 1.

Developing new ways of working

This pandemic has required the clinical education team to review and adapt their ways of working and to develop new and innovative ways to train and support our staff. Many of these changes have been positive and will continue after the pandemic. On reflection, nothing could have prepared us for this crisis, but the experience means the team is better prepared to respond to similar situations in future, while resulting in positive developments that will enable us to further enhance our services. For example, it has heightened our awareness of the need to continue developing online learning. To help this, members of the team were given a series of open questions on the subject to create a narrative of the changes necessary for the effective and safe delivery of training.

Responses to the questions included suggestions for online virtual learning, e-learning platforms for recorded presentations, blended approaches, and webinars. These methods of using technology and modern training methods will enable us to develop innovative ways to meet staff training during crisis situations while providing better systems for data collection and evaluation. However, some training will still need to be provided in face-to-face sessions, such as communication skills and simulation-based education. While these will continue to be provided in smaller groups during the pandemic, we are considering the use of video feedback to enhance participants’ learning experience.

Health professionals want unambiguous assurance that their organisation will support them through crises such as Covid-19; however, before effective methods of providing this support can be developed, it is critical to understand their specific sources of anxiety and fear (Shanafelt et al, 2020). To address this issue, the clinical education team is leading a qualitative research study of clinicians working on the front line during the pandemic. The aim of this study is to provide a broader understanding of their experiences and needs during and after the pandemic, contributing to the evidence base in this area and highlighting ways in which they could be better supported.

Working flexibly, collaboratively and compassionately in a multiprofessional environment was vital in enabling the clinical education team to play its part in this national crisis. Team leadership – involving the use of transparent and thoughtful communication to emphasise the importance of self-care as the centre of the response to Covid-19 – has helped to maintain individual and team performance (Adams and Walls, 2020).

Conclusion

The World Health Organization (2020) designated 2020 the International Year of the Nurse and the Midwife, in honour of the 200th anniversary of Florence Nightingale’s birth. Nurses in the clinical education team at LNNUHT are proud to be part of the NHS family during this challenging time and of the significant contributions we have made, which have been and continue to be instrumental to the trust’s success in responding to Covid-19.

All nurses and NHS staff need to be recognised for their valuable contributions to managing the biggest health crisis faced for a century. It is important that every small cog behind a big wheel is recognised for its role: without these small cogs the big wheel will not turn.

“All nurses and NHS staff need to be recognised for their valuable contributions to managing the biggest health crisis faced for a century.”

References

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Box 1: Staff feedback on the benefits of restorative supervision

- “I feel supported and all my concerns were kept confidential”
- “I’m more mindful of the stressors at work”
- “I have started to think about me as well as patients and family”
- “Being able to reflect on and voice my concerns and anxieties in a safe environment will enable me to engage in better relationships with my colleagues”
- “Being a nurse, I wanted to ‘do my bit’ [during the Covid-19 outbreak] but I am scared. Being able to express my concerns and thoughts about these anxieties is helpful because it’s not something I would admit to in case I was thought of as selfish and weak”