

Spotlight on frontline teams

COVID-19 LEARNING AND EVALUATION

Changes in response to COVID-19

In response to COVID-19 frontline clinical teams went through a rapid transition. Clinical services were adapted to ensure that those people who needed face-to-face care continued to be seen.



Data sources:

- 1 Interviews with those working on the frontline.
- 2 Ethnographic notes from observations and meetings with people working on the frontline.

What we heard:

With the rapid onset of lockdown and a need for services across the healthcare system to adapt at speed, enabled much-needed change led by clinical teams. Frontline teams had increased autonomy in making decisions about care and services centred around one goal; the person in Solent's care.

For many, this shared goal unified teams with a sense of togetherness and a 'can do' spirit, enhancing collaboration within Solent services as well as the wider health and social care community.



Autonomy and enablement



Collaboration, integration and innovation



Leadership and peer support

Autonomy and enablement

- The initial few weeks of Solent's response were characterised by rapid and significant change.
- For frontline services, this meant adapting processes to enable face-to-face care when needed, and remote or virtual care and support for others.

- As acute hospitals acted to free up more space, community teams were rapidly required to look after more complex and unwell patients.
- Decision-making was often led by the frontline clinical teams; making clinically-based decisions of how services could run to best look after those within our care.
- Many found they were enabled to make change and decisions swiftly, with enhanced support from corporate services such as IT and Estates teams.
- For most, the removal of previous barriers to change and autonomy was empowering.
- Some teams in the community such as those visiting people's homes, felt there was an imbalance in support between themselves and inpatient areas, for example: guidance around Personal Protective Equipment (PPE) and risk assessment.

Positive - shows what you can do when you're given the freedom to do it. The trust put in you counts for a lot.

Lots of challenges around PPE. The Royal College guidelines are different to the Trust guidelines. I didn't want to visit patients without correct PPE guidance.

Normal barriers are removed - it's amazing what you can do.

Collaboration, integration and innovation

The removal of barriers and local decision making enhanced collaboration, integration and innovation. Many teams talked of working across organisational boundaries effectively, with joint approaches to problem solving.

Frontline clinical, social care and community organisation teams thought innovatively about how best to provide clinical services for those within our care trialling new ways of working. The unified goal of care centred around patients.

Many frontline teams received the support of redeployed staff and had to ensure that they were trained and able to work safely, whilst continuing to adapt services rapidly.

By removing barriers, people many spoke positively about collaborating with other services and professional groups within Solent as well as integrated ways of working across the wider health and social care communities.

The empowerment and ability to just get on has been refreshing. Local solution-finding has led to so much more connectivity; understanding different professions, different stressors, different ways of working. Much closer relationships with teams.

The changes have brought us closer together as a team and increased joint working. More awareness of what each other do.

Looking at issues and patient need from a city wide perspective, rather than one locality, has been really positive.

It has removed barriers between services.

Networks and collaborations have worked well. There are better pathways and improved services.

Leadership and peer support: the importance of team

The pressure of this time was undoubtedly huge, people were responding to looking after people within their care as well as dealing with the pressure of blurred boundaries between home, work and family.

Initially, the rapidly changing guidance around PPE fuelled by media reports impacted some frontline workers' perceptions of safety. These were also fuelled by different approaches and equipment used by different organisations.

There was a very strong sense of a 'can do NHS Spirit' unified by a shared goal giving clarity and purpose.

Those in leadership roles spoke of the feelings of absolute responsibility for the safety of their teams and their patients, and the additional stress that resulted. Many worked very long hours to support and protect their teams.

For many the support from leadership and teams was essential in people feeling safe and for mediating levels of uncertainty.

The support from peers and the ability to pull together helped people feel safe in work, even in times of uncertainty.

Feeling informed and connected helped people to manage changes in working practices.

I'm finding that holding a lot of people's emotions can be challenging. There are staff members who are very anxious and everyone is on edge because their whole life is in turmoil and life generally is upside down. Because I'm a people manager it can be exhausting containing and guiding them through it.

I have always been proud to work for the NHS and more so now. The way we have all pulled together and everyone is a part of that.



It's really brought us together as a team in terms of collaboration and problem solving and utilising individual's skills. It's been a real challenge for our service and I think we've really risen to it. The temptation early on was to just stop - some of us were asking how?! But we really did, it was transformative

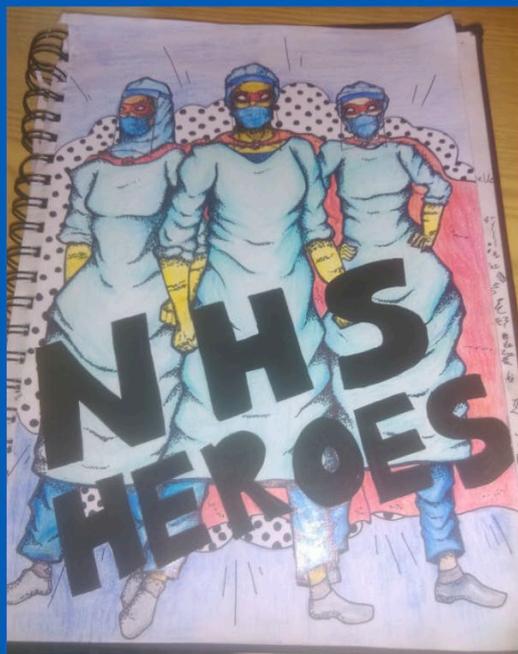
Short case studies

There are so many teams and services that demonstrate excellent practice, here are just a few examples:

Mental Health Community and Wellbeing Team:

This is the team that carry out physical healthcare checks on those with mental health illness, particularly those who are taking medication. They either administer the medication (when it is injected) or carry out physical health checks to assess for side effects etc. With lockdown, it wasn't possible to hold the clinics in person, and so the team had to reorganise themselves to be able to visit their 400 patients at home. It was a totally new way of working for the team; finding their way around the city, wearing PPE in the community, taking blood samples outside of the clinical environment.

The team developed a buddy system so that a clinician would visit the home, and one of their colleagues who was working from home would make the appointments and complete the clinical notes. This saved time, enabled home visits to take place, and ensured a system of peer support. The added benefits of home visits included being able to assess the broader aspects of wellbeing, and an informal food bank was set up by the team to enable the delivery of food packages.



School Nursing - Portsmouth:

With schools closed during lockdown, it was difficult to continue to support and see families. The school nursing team worked with social workers to co-ordinate care across the city. Packs to create memory boxes, feelings boxes and other crafts were made for families and delivered; similar boxes to support healthy weight have also been provided, and supplemented with conversation being held by phone or WhatsApp. In one case, a single mum was living in a hotel room with three teenage girls and collaborative multi-agency effort enabled them to be rehoused, despite lockdown. The picture was drawn by a young girl from a family working with one of our school nurses.

Learning for improvement

Many processes for approval of change can safely be streamlined and simplified.



Differing guidance and PPE equipment between organisations caused anxiety and confusion.



Many of the support mechanisms were easier to access for teams working at home, but it was difficult to attend Zoom or other sessions held through the day when working out in the community.



Learning from excellence

Empowering frontline teams to adapt and improve their services around patient needs led to rapid and successful mobilisation of services.



Clinical and corporate support services were able to work closely together to establish significant extra inpatient capacity.



Service adaptation was always driven by patient need – this enabled much stronger cross-sector and professional working.



Compassionate leadership across teams led to feelings of security and immense pride.



Key learning take-aways; what you need to know



Frontline teams who had increased autonomy in making decisions were empowered and enabled to create solutions that focussed on the needs of those people within Solent's care.



Communication, wellbeing and support strategies need to take into account the working environment and natural patterns of teams working in the community or on inpatient units (including housekeeping and catering teams).



Maybe those in leadership roles need equal access to on-going development and support to enable them to provide compassionate and personalised care to their teams.