



**London
South Bank
University**

EST 1892

School of
Health and
Social Care

10 LEAPS FORWARD – INNOVATION IN THE PANDEMIC.

**WHAT WE WANT TO KEEP FROM THIS
EXPERIENCE – GOING 'BACK TO BETTER'**



**Our top priority after this is not going back
to normal, but going back to better."**

Senior Leadership, Acute Trust



Introduction

What do we want to keep, and what should not be repeated?

Alongside the frustrations, difficulties and challenges of the pandemic, many great things are also happening in the healthcare system. We have undertaken a survey to help the NHS bring this all together so that we don't end up going back to old, less effective habits.

We asked a broad mix of frontline, senior, board and middle leadership across different NHS sectors to reflect on their experiences.

What we have heard is astounding. Almost overnight, for some people, the NHS has turned into a high performing health system. Within all the things staff want to keep are the key conditions of the very effective health systems around the world that we have aspired to be like for years.

Many described digital innovation and that is part of it, but in reading the responses to the survey we found so much more.

This is a listening programme to hear and collate stories and experiences and to share them with as wide an audience as possible so that NHS leaders can be inspired by, and build on what's worked.

The pages that follow show a summary of the remarkable advances that we have heard about. We also bear witness to the experiences that should never be repeated.

Prof Becky Malby, Tony Hufflett,

Health Systems Innovation Lab,
London South Bank University

"The systems now understands its mission which it never really did before. We are moving to a health service not a sickness service."

Senior Leadership, Primary Care

The big picture

In a very short space of time, driven by a **clear common purpose**...

We have sorted:



Staff being properly valued and supported



Using 21st Century tools



With connected, visible, engaged leaders



Care basics and inefficiencies have been fixed and sorted

We have seen:



Local health systems have joined up together to get things done



Staff working brilliantly together as real teams



Staff have stepped up and acted with professionalism and autonomy

And now we have:



A system that can make decisions based on needs and think pro-actively



Making mutual decisions with patients as partners



Working in close collaboration with its community



1. Valued Staff

Being valued as staff and having the energy to focus on the job.



"It's been a game changer in terms of team morale and my own wellbeing."

"My working conditions under Covid have been 100% better than any other time I have ever worked and I've been a doctor for 10 years."

"Staff wellbeing and experience needs a complete overhaul - so much of what has been done in recent weeks is ground breaking, sets new standards."

"It feels extraordinary to be valued for just doing my job."

What this means:

This demonstrates the difficult conditions NHS staff have been working with prior to the pandemic.

- Staff really appreciate the moves to make it easier to get to work (rescinding parking charges, bike discounts, accommodation near the hospital)
- Wellbeing in the workplace is now taken seriously
- There are mentions of access to food and water 24/7 and space for time-out if distressed/ stressed
- Collaboration between NHS and charity sector to meet staff needs
- More balanced working day and flexibility in work - including online training
- Recognition of the role of key workers by society "I'm not just a nurse, I'm a nurse"

Staff deal with difficult decisions, with people's suffering every day, they need support for the emotional labour of that work.



2. 21st Century Tools

Engagement with a new set of digital tools and ways of working.



"New technology definitely. Telephone triage has worked very well and video consultation is something we wish to carry on with."

"Remote ways of working break up the intensity of the work and allow staff to have more balanced and flexible ways of working. It was pertinent even prior to the pandemic."

"Digitisation of clinics, appointments and digitisation of home working and flexible working as well as flexible working, e-rostering etc"

"A massive increase in online triage, Most contacts now come in to GP practice through e-consult. Use of texting, video calls and phone calls to reduce face to face to essential appts only."

What this means:

An overwhelmingly positive responses to the rapid deployment of tools that have been waiting for adoption for a long time

- Virtual clinics and appointments
- Digitalisation of home working, remote desktop software, flexible working,
- e-rostering
- E-consult type platforms have been fantastic so patients can provide information, self-help, self-refer
- Virtual care home ward rounds by video
- Digital advances to improve access and empower patients



3. Engaged Leaders

Engaged leadership, visibly in service to the core work of the NHS.



"Leadership that supports frontline staff in a bottom-up instead of top down approach."

"Leaders engaging with frontline staff."

"Leaders listening."

"True collaboration between leaders (which is transparent)."

"Allowing teams and individuals autonomy to make decisions and encouraging bravery."

"Compassionate leadership and 'What can I unblock?' attitude from management."

What this means:

There is positive feedback about far more visible and collaborative leadership styles.



4. Basics Sorted

Basics and care foundations finally fixed, reorganised. Sorted.



"I see things happening very quickly now, making decisions and getting on with implementing them immediately rather than having to go through all the usual red tape. Its much more a case of just do it and let it evolve as we go along."

"Its been refreshing seeing how quickly we have been able to change the way we work"

"There's an energy and impatience with the system that wasn't there before"

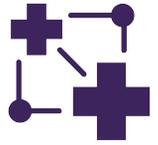
"We have managed to change how patient's access services overnight."

"CQC disappeared the minute the pandemic started. This proved to us that most of the work we are doing is just box ticking as suspected. CQC should be reserved for where real concerns are raised only, and other than this a self declaration of compliance should be all that is necessary."

What this means:

Refreshing cut-throughs of time-wasting, bottle-necks, repetition and inefficiency:

- Rapid data sharing agreements (NHS and LA) and rapid adoption of new technology
- Getting the software and hardware to enable staff to work from home
- Decision-making at a useful pace - relevant to what is needed. Speed to unlock the sticking points that get in the way of effective treatment and care
- Zoom based 'management' meetings
- Virtual clinics
- Streamlined and reduced loopholes in referrals
- Massive reduction in paperwork for discharge



5. Local System

A joined-up local health system getting things done.



"There has definitely been more collaboration across boundaries and I would go as far as to say in many cases the boundaries have come down completely. It feels that everyone is working towards a common purpose and far less working in silos. It basically feels like the rules have changed. There has been no time to rethink anything, we are all learning together, making changes instantly and developing as we go."

"More liaison and collaboration than ever before, with a greater emphasis on getting the right people, services and supplies to where they are most need."

"Joint health and care assessments are now possible! And there are more meaningful relationships with social care."

"Joint assessments across therapists has meant earlier engagement and proactive management."

What this means:

Vastly improved network organisation and collaborative work with MDTs and patients / carers at a local level.

- More flexibility across practice and community teams
- Direct communication hospital consultants to Primary Care
- Collaboration between primary, secondary, social care to redesign pathways
- Better collaboration with local companies and voluntary groups to solve local problems
- Discharge to assess actually happening



6. Great Teams

We are working day-to-day as a real team.



"We have gone ward-based, one team per ward or two wards - nurses, doctors, physios, dieticians, discharge team. It makes a huge difference in terms of the doctors feeling more integrated into the MDT instead of visitors on a 'safari' in the wards."

"We have started to have check in and out socially distanced huddles for clinical and nonclinical staff together at the beginning and ends of the day to share info and check in with staff - we are hoping to keep this going as it has really improved the team spirit."

"Treating members of the team as adults e.g. if an admin problem then admin finds the solution, nurse problem then nurses find the solution."

What this means:

Examples of people working together:

- Check-ins and huddles daily with the whole team.
- Regular staff meetings. Time to discuss patients.
- Headroom to think and plan ahead.
- Team cohesion and emphasis on a supportive environment for all staff in the department
- Being a MDT ward team
- The teams being clear about purpose together
- Protected lunch team meetings to regroup



7. Acting Professionally

A huge increase in 'professional' working behaviour.



"Fundamentally attitudes have changed, there is less fear about taking responsibility for a decision, more personal responsibility rather than passing the buck."

"There's a freedom that comes with the red tape not having had a chance to catch up yet!"

"It's been really lovely to work with and learn from other specialities directly."

"Staff have shown flexibility, they are transferring skills to new areas and sharing good practice."

"We now have senior rotas across all specialities 24/7."

"Clinical staff taking responsibility - a new attitude to risk."

"A real sense of ownership and responsibility shown by all staff members to our patients and each other."

What this means:

Many mentions of stepping up and showing 'professional' working habits:

- Decision-making that is more evidence-based, peer reviewed and professional
- Taking initiative and responsibility for actions
- Being able to access specialist expertise when needed
- Introduce the right thing quicker
- Learning together
- Collaborating



8. Needs-based Decisions

Decisions based on needs and what's best, with proactive planning for the future.



"Reduced reliance on guidelines and tick-box, decisions based on what the person needs and wants."

"Professions feel confident in making that decision with the person."

"Joint, earlier assessments of the MDT has meant moving from decisions about now to decisions about what next."

"The switch from guideline-driven "tick-box"/ micromanagement approaches to flexing to meet the individual needs and wishes of patients - definitely worth keeping."

"Reducing over diagnosis and over treatment of low value care."

"The needs of patients and staff definitely seem to be at the forefront with very little or no limitations to what we can do. Definitely decisions are about need and things are changing daily and quickly as needs change. I'm taken aback at the speed things happen now. A decision is made and the changes happen in hours or days."

"What's best for patients has been proven possible."

What this means:

Many comments about a fresh 'common sense' and informed approach to care decisions.

- Signs of proactive thinking rather than constant reactive work
- Higher priority of anticipatory care planning
- Prevention on the agenda 'at last'



9. Patient as Partner

Mutual decision-making with patients as partners.



"Purposeful and personalised communication with patients so they can be active partners in their treatment and care."

"Patients have been wonderful - so grateful and encouraging and appreciative. The relentless demand has felt more contained. People are discovering other ways of connecting and coping and we need to capture that and build on that too. There are others of course who are not coping and the gaps in services for them have been exposed."

"Digital platforms allow patient to contribute to diagnosis, navigate options, self-refer, ask for consultation. A level of self-triage with self monitoring". Treating people as adult decision-makers has meant more purposeful use of primary care."

"I think we will continue to offer patients a choice as to how they are "seen" for example by phone, video or face to face."

"Shift of power balance with equal partnership in creating the right care with patients not for patients. Self care and supported self management. Patients empowered to improve problem solving skills. Limiting choice in some instances has helped to prioritise high value care."

What this means:

A different relationship with patients:

- More mutual, more respectful, more understanding.
- Not constrained by clunky processes and open to doing the right thing
- Needs-led rather than system-defined or forced into an inappropriate existing pathway
- Patients, family, context and life situation being an equal part of shared decisions



10. Community Collaboration

Community connections, collaboration and support.



"People in communities working with each other - a community 'spirit'."

"There has been a stark contrast between the ponderous, bureaucratic and ineffective approach taken by government versus the extraordinary ability of our communities from general public and schools sewing scrubs and making visors through to businesses donating equipment, to community organisations offering extraordinary support."

Communities working with the NHS to look after the vulnerable. "We have had 200 visors and 120 pairs of scrubs created by our community!"

"We used volunteers to contact 800 shielding patients. Done in 5 days. All loved it. Patient felt someone cares."

"Amazing sharing of contacts via community organisations - huge lists of emails and telephone lists for example of police, housing, social services - utter gold dust that in normal times you feel like you are getting blood out of a stone trying to get these details. To have something completed and compiled so easily makes you think why on earth did we not do it sooner!"

What this means:

Amazing stories of support, connection and collaboration with the local community

- For communities to work better together and provide solutions to their own community problems – we've seen great examples and hope this can continue

Putting the themes together

Adds up to an exciting new system...

1. Staff being valued and supported
2. Finally using 21st century tools
3. With engaged and visible leaders
4. Making huge efficiency gains over the old world
5. Working in a joined-up way across local healthcare
6. Staff working together brilliantly as real teams
7. Stepping up to work with professionalism and autonomy
8. Creating a needs-led care system that acts proactively
9. Making decisions mutually with patients
10. Enjoying close community collaboration



We mustn't forget

Things that haven't gone well and we don't want to go back to.

There is anger about some specific handling of the crisis – PPE and shielding for example. In addition more reflective comments were made about aspects of the 'old world' that should not return – command and control structures; bureaucracy; silos; deficit and dependency culture. There was outrage at past lack of funding, and the neglect of care homes.



"The realisation that NHS cutbacks had gone too far and lasted too long."

"The abject neglect of care homes and staff by the system."

"The amount of bureaucracy that has been avoided is stunning, NICE guidance updated in 3 days; virtual clinics made possible, far fewer futile pretend-work emails sent. Products manufactured in days, not years, clinical trial protocol approval and recruitment in days and weeks, not years."

"I am wondering how much value we have been adding with all the annual chronic disease checks with QOF."

"Some obtuse targets have disappeared, let's not reinstate them."

"Too much information coming from lots of different sources – e.g. CCG, LMC, PCN, BMA, etc – overwhelming."

"Never bring back face to face appts unless necessary. Never bring back onerous assessments for discharge."

"Never let services move back to Monday to Friday provision only."

"Patients seem to have discovered the ability to self-care with only the lightest of remote support – maybe doctors had encouraged dependency before this?"

Project Details

Assembling the innovation fast-tracked by the pandemic.

How many	Over 70 thoughtful responses as a seed bank of comments and experience
Who	A mix of frontline, senior, board and middle leadership and other roles
Where	Nationally
Sectors	Mainly Acute and Primary care but other sectors covered
Analysis	We have read, digested, reflected and spotted patterns in the core changes people are most passionate about
Themes	10 common areas have emerged so far

What we did:

Phase I

An online survey asking leaders and clinicians to reflect and play back in their own words the most important transformations that have happened due to Covid.

Phase II

Everyone is now invited to reflect on the themes and add their own experiences and stories here. [Back to better survey](#)

Prof Malby's supporting blog is here:

[Don't let the old world bite back](#)