



Community Hospitals Association

INTRODUCTION TO THE CHA COLLECTION OF CASE STUDIES

From the CHA Q Study
Response of UK community
hospitals to the COVID-19
pandemic

JANUARY 2023



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INTRODUCTION

INTRODUCTION

We are delighted to have so many examples of good practice and quality improvements from our discussions with staff in community hospitals. The 85 staff we interviewed from 20 organisations talked about their experiences of the response of their community hospitals during the pandemic.

There were many imaginative and compassionate examples of how community hospital services were tailored to meet the needs of patients and families. The community hospitals showed themselves to be responsive and flexible in meeting new demands in the most unprecedented circumstances.

We discussed with staff their achievements and what they felt had made a positive impact on patients, staff and the service. Together with the staff we chose 31 case studies. 11 of these are detailed case studies, and 20 are in summary.

We have written the case studies up in a way that may contribute to learning about the role and potential of community hospitals. We have grouped the case studies into three themes: practice, people and policy. This has enabled us to share case studies in Changing Practice, Supporting People, Planning and Managing Change. We have provided a short overview of each case study, and have included the case studies and short case studies in full in this collection.

Each case study has a contact person who would be able to provide more information on request.

For more information on the study and the case studies, please contact the CHA:



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WHAT WE DID

85

PRACTITIONERS



85 staff interviewed using appreciative inquiry

20

ORGANISATIONS



20 organisations took part representing 168 community hospitals

31

CASE STUDIES



31 case studies selected and developed

THEMES

PRACTICE



Changing Practice

PEOPLE



Supporting People

PLANNING



Planning & Managing Change



②

CASE STUDIES

- 2.1 Changing Practice
- 2.2 Supporting People
- 2.3 Planning & Managing Change

CHANGING PRACTICE

Enhanced Clinical Support

Managers and staff in community hospitals were required to swiftly adapt to changing need, and in many cases enhance their clinical service.

In Launceston Hospital Cornwall there was a decision to extend the admission criteria to include people with dementia during COVID-19. This required extra training and support for staff. It also required additional staff to be deployed into the ward. The hospital was able to make a positive contribution to the overall service, and assist with supporting frail older people with additional needs on their community hospital ward.

ENHANCED CARE: A NEW MODEL
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST

Newton Abbott was asked to accommodate the Cancer Care Unit (non-surgical) from the acute hospital, so that patients who were immune-suppressed could receive their care away from centres with high levels of COVID-19. This was achieved swiftly and efficiently. There were benefits to the patients in having their care in a local setting.

RELOCATING NON-SURGICAL CANCER SERVICES
TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST

Community hospitals were able to increase the rehabilitation of patients to enable them to go home wherever possible. Redeployed physiotherapists and occupational therapists were able to offer additional days and provide more intensive support when they were redeployed from clinics to wards. There were many examples of patient lengths of stay reducing with more rehabilitation services being offered.

REHABILITATION SERVICES DURING COVID
GENERIC

Teddington Memorial Hospital developed a model whereby the Clinical Lead nurse in-reached to the acute hospital to support the patient flow and arranged clinically appropriate and safe transfers into the community hospital.

SUPPORTING HOSPITAL DISCHARGE DURING RESET
HOUNSLOW & RICHMOND COMMUNITY HEALTHCARE NHS TRUST

Petersfield Hospital accelerated the development of its Advanced Practice Team under the leadership of a Nurse Consultant, so that staff were able to extend their scope of practice and expand the clinical services to patients with frailty.

ADVANCED PRACTICE TEAM
SOUTHERN HEALTH NHS FOUNDATION TRUST

Advanced Clinical Practitioners were developed in 7 community hospitals to meet the needs of more acutely unwell patients and support admissions from multiple settings.

ADVANCED CLINICAL PRACTITIONERS
HEREFORDSHIRE & WORCESTERSHIRE HEALTH AND CARE NHS TRUST

In 4 Minor Injuries Departments, a pre-assessment or triage system was introduced during the pandemic, which provided a booked appointment for patients and enabled the staff to manage workload and patient flow in the department. This reduced exposure to infection during the pandemic, and provide patients with an accessible urgent care service.

PREASSESSMENT (TRIAGE) FOR MINOR INJURIES UNITS
HEREFORDSHIRE & WORCESTERSHIRE HEALTH AND CARE NHS TRUST

Space was created in community hospitals for beds for patients transferring out of the acute wards into a Community Hospital setting who required oxygen therapy. Capacity was created, and communications improved.

TRANSFERS OF PATIENTS NEEDING OXYGEN
CWM TAFF UNIVERSITY HEALTH BOARD



Communications

Staff focused on the changes in communications during COVID-19, and in particular between staff and patients and their families. They described creating a communication “open door” with families, professional colleagues and the wider organisation which allowed the team to deliver the most patient centred care that was possible. They have said that they will continue to ensure the door remains open.

CREATING A COMMUNICATION OPEN DOOR
NORTHERN HEALTH AND SOCIAL CARE TRUST

Virtual Services

In 7 community hospitals virtual outpatient clinics were already being held in some cases pre-pandemic, but this was rapidly increased. This was evaluated and it was estimated that there was a saving of 2 million miles of patient travel in the first 9 months of the pandemic. Patient feedback was positive.

VIRTUAL OUTPATIENTS
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

In 11 community hospital wards, occupational therapists managed the need for social distancing by using video technology instead of the traditional face-to-face home visits to assess patients’ homes.

The video technology enabled a three-way conversation that promoted person-centred discharge planning and family engagement.

VIRTUAL HOME ASSESSMENTS
SUSSEX COMMUNITY NHS FOUNDATION TRUST

The Community Hospital in Skegness found a way to bring two experienced senior nurses, who had to shield, remotely to the Nurses Station. This allowed colleagues to continue to consult with them as if they were physically present, while they worked from home. This enabled valuable nursing expertise to be maintained to support safe and effective care.

VIRTUAL NURSES STATION
LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST

Enhanced Patient Care

Dementia Support Workers found an innovative way of engaging patients with dementia and supporting their recovery from Covid using Artificial Intelligence (AI) technology. The virtual assistant Alexa proved to be a real enabler when it came to getting creative with patients and was used to introduce games and quizzes to patients who would otherwise have been isolated during COVID-19.

USING ALEXA IN DEMENTIA CARE
BETSI CADWALADR UNIVERSITY HEALTH BOARD

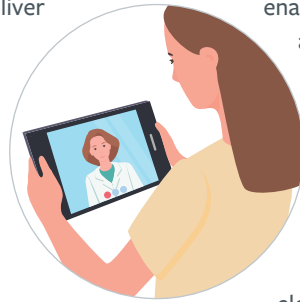
Early in the pandemic staff were worried about the potential for dehydration of those elderly patients with COVID-19 who were suffering changes to their sense of taste and smell as well as the attendant loss of appetite. Staff decided to provide ice lollies for patients. Sucking ice lollies assisted with hydration and had the effect of soothing throats and calming coughs. This was popular with patients.

ICE LOLLIES FOR PATIENTS
GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST

Wallingford Community Hospital decided to turn the need to maintain extremely high levels of cleanliness across the site into a hospital community activity in the early days of the pandemic.

Cleaning to music became an enjoyable team activity. Both through the act of some physical activity to music, and being a very visible (and audible) reassurance that the site was being kept rigorously clean, and everyone was playing their part.

CLEANING TO MUSIC
OXFORD HEALTH
NHS FOUNDATION TRUST





Case Study

Enhanced Care: A New Model

Launceston Community Hospital, Cornwall Partnership NHS Foundation Trust

With Covid-19 putting unprecedented pressure on care homes and patient flow, the team at Launceston Hospital took the decision to admit patients with dementia and provide them with enhanced care. This was a ‘game changer’ for Launceston Community Hospital and required them to introduce whole new ways of working.

Context

At the beginning of the pandemic, the hospital team considered how it could best assist with the pressures on local health and care services. Admitting patients with Covid was not an option for this hospital as it would mean several nursing and medical staff members would be unable to work on the ward. Instead, the team responded to the need by developing alternative ways to support patients with dementia through providing an increased number of beds which could support enhanced care.

Enhanced care is a closer level of supervision used when staff have risk assessed the potential harm to a patient they are caring for. This means that the patient will be closely observed to maintain their safety, privacy and dignity.

The hospital chose a ward whose design would enable them to create separate areas for men and women in two seven bedded bays at either end of the ward. This would allow staff to work effectively while ensuring the dignity of patients was respected.

The cohort of patients requiring enhanced care were people who would otherwise have been in a care home or care home with nursing. This included patients with enhanced clinical needs such as those at an elevated risk of falls or delirium. Locally, care homes were unable to meet the needs of these patients due to the impact of the pandemic.

What we did

Providing enhanced care itself was not a new way of working for the team, there are often a small number of patients with this need in the Community Hospital. It was a team decision to opt to provide enhanced care to a greater number of patients. Engagement with the decision making was important in helping introduce new ways of working.

Case Study

Enhanced Care: A New Model



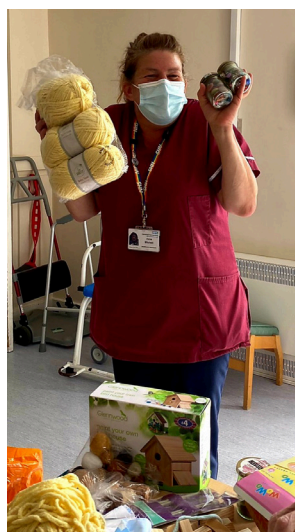
Significantly increasing the number of patients with this clinical need posed challenges. The team recognised that it would require more staff both to help them adapt and to cope with the higher levels of clinical needs that these patients were likely to present with.

The hospital determined that they needed an additional healthcare worker in each bay, day and night, to implement their 'bay watch' system of robust patient observation.

To achieve this would mean recruiting and training new workers at pace who would be there to support the qualified nursing staff. Recruitment can be difficult at any time but doing this in a pandemic brought challenges but also an opportunity to try something new.

The team developed a new General Worker role to work alongside Healthcare Assistants to address this increased workforce need. General Workers were recruited from the local population, many of whom had been furloughed due to lockdown and were keen to develop their skills and use their time to help the NHS. This included people who had previously worked as hairdressers and lifeguards. The Community Hospital environment was new to them but they had a range of people and communication skills that were transferable and lent themselves to this role. General Workers attended corporate induction and were supervised and developed within the teams they worked with.

They supported patients with a variety of activities such as reading, helping with mealtimes, and contacting family members. This was particularly important as the lack of visitors had a massive impact on this patient group, making behaviours more challenging as they were more isolated and often lacked understanding of the reason their husband, wife, son or daughter could not visit them.



General Workers and Health Care Assistants worked closely and interchangeably as a team. The Community Hospital was able to minimise the need to engage temporary agency staff which enabled them to provide better continuity of care for patients and reduce stress on staff.

Case Study

Enhanced Care: A New Model



It became a well-established, well integrated, consistent team. Bank staff, such as Mental Health Healthcare Assistants, were brought in where specific additional skills were needed to help specific patients. Where this happened, the team felt it was a positive experience as they brought a new perspective and created opportunities for ward staff to learn different skills and techniques. This was particularly significant where it enabled less experienced staff to understand how their own ways of working could inadvertently lead to or make worse their patients' challenging behaviour.

Disparities between staffing in the acute trust ward providing Enhanced Care and the Community Hospital and difference in pay between general and Mental Health Healthcare Assistants were highlighted by delivering this new model. The team worked hard to focus the team on this initiative as an innovative and evolving way of working that could help inform future models.

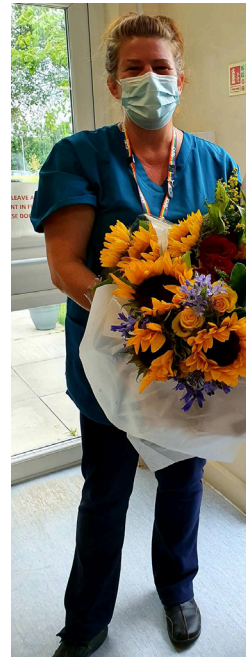
The team obtained support from Mental Health colleagues. The Nurse Specialist for Complex Care and Dementia in-reached weekly. This support ranged from advice regarding an individual patient, education and sharing techniques. The Mental Health Team facilitated a debrief after an event the Community Hospital Team found difficult which staff engaged well with and found beneficial. This relationship evolved over time and staff reflected that they would have valued spending more time with the Mental Health team earlier on.

The GP on the unit has an interest in dementia and her support made the team feel they could support this model of care. She was very visible during dementia week and some of the events and work was shared on Twitter.

Not all staff found the transition to an Enhanced Care Model easy. It was quite different to the traditional rehabilitation and end of life care the team were used to providing. The Matron and Ward Manager put in place support on an individual and team basis and ensured good practice and care were acknowledged and highlighted. The Matron did an Excellence Report (on the Datix system) for Launceston to celebrate their success which meant they got a certificate to say well done.

The team are close knit and quickly developed good relationships with new team members. This peer support was invaluable in supporting team morale and keeping care patient centred especially during challenging times.

Patients received the safe and compassionate care they required. There was a potentially negative impact of those patients who did not require enhanced care as the ward was noisy and the behaviours of other patients may have generated feelings of anxiety and fear. The team managed this sensitively.



A TEAM MEMBER SAID:

“ Having so many patients with enhanced care needs together in one space was beneficial in one way but patients may have triggered each other.



The team continued to think of new ways to support all their Community Hospital patients. A Meaningful Activity Coordinator role had been developed in Bodmin Community Hospital and Launceston borrowed the idea of the role and were able to adapt it for their own team. This brought additional skills and resources to support patients by reducing boredom, providing stimulation and introducing fun and laughter.

Outcomes

BENEFITS TO STAFF

- One main benefit of the approach is that the ward team have developed additional skills through training and through the experience of delivering enhanced care to a different cohort of patients.
- Staff are less concerned about taking a patient requiring enhanced care as they understand the importance of getting to know the individual and understanding their triggers.

BENEFITS FOR PATIENTS

- The approach has contributed to improved outcomes for patients and the Head of Patient Flow has reported that the outcomes are better than for those patients on the Discharge to Assess pathway.

BENEFITS FOR THE TRUST

- Some of the General Workers have stayed and are now in permanent roles.
- This model of working has prompted the need for an Enhanced Care Policy within the Trust.
- The Meaningful Activity Co-ordinator role was further developed.
- The local health and social care system was supported and patient flow maintained through the flexibility of the Community Hospital.

Learning

- We would take more time to consider the environment and implications on staff and patients based on the experience we have had over the last two years.
- We would provide more training in areas such as Managing Aggression and Violence at the level provided for mental health teams.
- We would ensure the learning regarding safe staffing benchmarking, skill mix and terms and conditions for different staff groups are considered in any service development work.
- It would also be helpful to have the Nurse Specialist in reach more regularly as part of the daily huddles and Multi-Disciplinary Team meetings as initially, all contact was remote.



Where are we now

The initiative hasn't continued due to a strategic change in how Community Hospital capacity is being utilised. Whilst the hospital still cares for patients requiring enhanced care, there aren't as many in one bay. Each Community Hospital in Cornwall undertakes some aspect of enhanced care for patients. Learning from Launceston's experience has been shared with the other areas via their Matron network.

Launceston now has a Meaningful Activity Co-ordinator in role on the ward seven days a week. This is a protected role undertaken by a Healthcare Assistant in the team who can support a wide range of activities throughout the day. We have now recruited permanently into this role and are looking at supporting our other Community Hospitals to do the same.

There has been a decrease in the need to request additional staff to support enhanced care, a reduction in falls and better patient experience as she has time to support communication with families



TOP TIPS FOR IMPLEMENTING A SIMILAR INITIATIVE FROM SARAH WASHER, MATRON:

- Enable regular communication with the team
- Be present with the team as a Matron
- Ensure you have safe staffing in terms of levels of knowledge and skills in place consistently
- Prioritise having a Meaningful Activity Coordinator Role

Next Steps

An Enhanced Care Policy is currently being developed and work is being done with Royal Cornwall Hospital Truro to review and adapt their policy. This has already improved the enhanced care pathway and has brought the two Trusts closer together in supporting those that need enhanced care in a hospital setting.

Contact



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MATRON LAUNCESTON COMMUNITY HOSPITAL

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Case Study

Relocating Non-Surgical Cancer Services

Torbay and South Devon NHS Foundation Trust Case Study

When the COVID-19 pandemic hit, Torbay and South Devon NHS Foundation Trust took the decision to move their NSCS (Non-Surgical Cancer Services) to a “super green” site to help protect their most vulnerable patients and to ensure the continuation of essential Systemic Anti-Cancer Therapy (SACT).

Context

Torbay and South Devon NHS Foundation Trust (the trust) manages four Community Hospitals, has delegated responsibility for adult social care in Torbay and works with Devon County Council across their South Devon footprint. Acute and community integrated health and social care is provided, working closely with GP colleagues who support the provision of medical care in their four Community Hospitals: Brixham, Totnes, Dawlish and Newton Abbot.

At the outset of the COVID-19 pandemic, the trust undertook a review of all services, including inpatient and outpatient services, to assess how they could most effectively use their assets to provide essential cancer care in the best way possible. This resulted in the relocation of NSCS care provision from the acute hospital site to one of the Community Hospitals. The success of this relocation was built on the team working between colleagues from our Community Hospitals and cancer services.

What we did

To ensure that cancer patients receiving SACT and radiotherapy were protected from the risk of COVID-19 as far as possible, NSCS were moved from the acute hospital at Torbay to Newton Abbot Community Hospital (NAH). Senior clinical, nursing and operational support, communication to and feedback from staff and consultation to check acceptance of measures were all put in place to ensure staff moving site were engaged and equipped to deliver the service.



NEWTON ABBOT COMMUNITY HOSPITAL

The Newton Abbot site was designated a “super green” site and intensive COVID-19 infection protection measures were put in place to safeguard the extremely clinically vulnerable patients. New protocols were designed and implemented, including on site testing for all patients and all staff (whatever their role) so that high levels of confidence in the ‘super green’ site could be maintained.



These protocols included:

- Screening all individuals on entering the site and prior to entering the clinical areas – this was provided by a combination of thermo technology (delivered with Plymouth University support) and manual temperature checking by the teams within NAH which required daily additional resource.
- All patients pre SACT were required to have a PCR test and this has continued
- Restricted visiting arrangements on site – only compassionate visiting and the carers of some patients with identified needs was permitted. Great sensitivity and care were exercised at all times as the team were aware of the emotional and psychological impact that restricting visiting and not being accompanied to treatment by a loved one would have for patients
- Streamlining flow through the site with ‘one-way systems’ and reducing all but essential footfall.

The site was selected because of the number of single rooms available to provide the option of isolation or greater separation of patients. Over the course of two weeks, essential remedial works were carried out in a large gym area on site (previously part of NAH’s musculo-skeletal services) to remove floor and wall mounted equipment, make good repairs, install portable sink units and map existing network points to enable the provision of a day-care planned infusion service.

Initially NSCS were asked to use the Teign Ward for both inpatient and day case provision, however recommendations from Infection Prevention and Control were that these services should be separated. This meant a change in plans which resulted in the whole area of the NAH tower being allocated to the delivery of day case SACT and supportive therapy e.g. blood transfusions, clinical reviews and clinical procedures.

A number of community teams had been stood down during the first wave which meant that space was available to accommodate this change and the stroke service was moved to co-locate with the inpatient stroke ward on the acute hospital site at Torbay to make more space available.

The hospital became a hub for both inpatient and outpatient activity for cancer services. It was a ‘lock, stock and barrel’ transfer of NSCS, which include clinical and medical oncology SACT delivery, haematology inpatient and day case SACT and support, associated interventional clinics as above and the outpatient clinics for haematology and oncology. Patients who were acutely unwell remained under the care of the acute hospital site in Torbay within medical services. This included those with acute sepsis who required high dependency care. Once stable, patients were transferred from the acute hospital site in Torbay to NAH care.

During this initial time the acute oncology service provided support to the acute site while overnight medical cover and daytime junior medical staff enhanced the care already provided by the GP team at NAH.

Numerous services, including phlebotomy and laboratory staff were also relocated from the acute hospital site at Torbay to the super green site at NAH. Some of these have remained at NAH increasing the functionality of our Community Hospital.



The combination of measures, and the planning that went into looking at the best use of resources across the trust's services contributed to maximising the safety of patients with compromised immunity.

The trust would like to recognise and thank the essential services provided by an independent volunteer driver and Devon Freewheelers, who provided a vital link between the acute hospital site and NAH. Without their support, there would have been significant delays in the transport of vital blood samples, blood and platelets for transfusion, and SACT medications.

“ It was an interesting time. It tested our medical knowledge but we looked after those patients in their time of need.

DR. ROB BROMIGE – GP LEAD, BRIXHAM COMMUNITY HOSPITAL



Outcomes

Inpatient NSCS remained at NAH until August 2020 and day case NSCS stayed at NAH until September 2020 when it became more appropriate to move them back to the acute hospital site.

The planned infusion service (formally known as TAIRU - Torbay Assessment Investigation & Rehabilitation Unit) has remained at NAH as it was deemed to be a more appropriate location long-term. A new environment is currently being built and will further release capacity from the SACT day case clinics for new patients. Current therapies delivered by the NSCS nursing team at NAH include Bisphosphonates, IVIG's (Intravenous Immunoglobulins non-site specific) but with more chair time and resource have the potential to increase and this is part of the revised future proofing of the strategic NSCS delivery plan.

The planned infusion service works well as a community service and is more convenient for patients in terms of access. Parking is easier which we know is a key consideration for patient experience. The service moved into the space that the cancer service vacated on the NAH site and is proving to be a successful lasting co-location.

The plan is to develop this further with the conversion of a new space. The trust has invested a significant amount of capital into converting an area at NAH into a bespoke non-chemotherapy cancer service, working together with the planned infusion service.

Benefits to staff

- Collaborative working across acute site and Community Hospital was a positive experience
- Shared experience of services
- Specialist palliative care on site for the NAH inpatient teams, enhanced patient care and support for staff providing care



Benefit to patients

- Greater protection from COVID-19 infection
- Reassurance and a feeling of clinical safety for patients to continue with their treatments on a 'super green site'
- Patients expressed their relief at being able to be treated as planned, seeing familiar faces and feeling confident about the additional measures in place for their safety and wellbeing
- Ease of access

Benefit to the trust

- Useful learning about the pros and cons of co-location, and how to manage that for the mutual benefit of services, staff and patients.
- All SACT delivery was maintained within the trust

Next Steps

The plan is for the NSCS going forward to continue to be partially retained at NAH. This is the non-systemic anti-cancer therapy service, currently. The remaining NSCS have returned to the main hospital site due to the medical and nursing workforce capacity and the limitations within the NAH space available on the site, as teams previously located there started to return and needed to implement their essential recovery plans for patients. The recognition of providing safe delivery of NSCS also requires a closer working and patient service delivery across services as radiotherapy, aseptic services, blood bank.

“ It was a positive experience working with our colleagues at NAH, we were made to feel very welcome and the patients liked the location. We have built positive lasting professional links.

SAM BRENTON – LEAD CANCER NURSE



Patients were openly moved and appreciated all that the service, the teams and the trust had done to provide a safe place to continue their therapy in the early initial phase.



Any future moves require a greater appreciation and understanding of NSCS and essential SACT delivery to our local patients living with cancer which this transfer of care did achieve. Given the known cancer trajectory and patients presenting later with more advanced disease this service is and will be under increased significant pressure to delivery safe timely SACT to more patients in the many years predicted ahead.

We need to ensure we can provide this service in a safe and appropriate space providing a positive patient experience for those living with cancer.

JACQUIE PHARE, SYSTEM DIRECTOR OF NURSING AND PROFESSIONAL PRACTICE (TORBAY),
REFLECTING ON THE LEARNING, SAYS:

“ If we were to need to do this again, we would improve communication with all individuals, teams and wider stakeholders to support the transfer of a service and facilitate close working to ensure any challenges or issues of moving a complex service off the main hospital site are recognised and addressed promptly. Robust planning and clear time frames for delivery are essential. Due to COVID-19 the team had to respond promptly to continue to deliver a high-quality service safely and effectively.

Learning

- The realisation that Community Hospitals can manage patients with a range of acute needs beyond rehabilitation as this is continuing even after the worst of COVID-19 has passed
- Medical and specialist palliative care input was significantly stepped up during this period and Haematology and Oncology were on site. To have a service on two sites the requirement is for a haematology and oncology workforce with additional capacity.
- Being flexible in the use of the trust’s four Community Hospital sites meant that services provided to those most clinically vulnerable were delivered in the safest possible way
- The “super green” site gave patients a good level of confidence but as services began moving back to the acute hospital site in Torbay, some felt a significant degree of apprehension and a fear that they would be more exposed to the virus
- Inpatient Day Case NSCS moved back too soon and should have happened more gradually
- The need for good, timely communication and engagement of staff in any change.



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Sam Brenton – Lead Cancer Nurse/Matron NSCS



Case Study

Rehabilitation services during Covid

Community hospitals are key providers of rehabilitation and intermediate care services. During the pandemic there were changes to the way that rehabilitation was planned and delivered, and in many cases an increase in the frequency of rehabilitation offered. There were also examples of creative ways of supporting patients to improve their independence, given the restrictions of Covid-19.

Duygu Sezgin et. al. (April 2020) described intermediate care as “time-limited services which ensure continuity and quality of care, promote recovery, restore independence and confidence at the interface between home and acute services, with transitional care representing a subset of intermediate care.” Their study also concluded that models of intermediate and transitional care “are best delivered by an interdisciplinary team within an integrated health and social care system where a single contact point optimises service access, communication and coordination.”

Context

It was therefore unsurprising that thirteen out of twenty organisations providing Community Hospital services who were interviewed as part of our Q Exchange project, described the changes in their in-patient rehabilitation or intermediate care services during the Covid-19 pandemic.

There is so much to share across these organisations, that the Project Team have pulled the learning together into this single case study.

What Community Hospitals did and the impact

REHABILITATION CARE PATHWAY

We heard that there was more focus upon the rehabilitation pathway, in some areas specific teams were set up to enable the pathway. The [Home First principles](#) were viewed as paramount. If required, assessment, care planning (recovery/rehabilitation or short-term intensive support) could take place in a 24-hour bed-based settings including Community Hospitals, with planned prompt discharge. This acknowledged that during the pandemic the safest place for people was to be at home.

Some staff reported positively on the increased flow of patients through Community Hospital beds during this time and becoming dynamic rehabilitation units with clearer discharge procedures and reduced average length of stay. This approach was also positive for the patients, with a reduced risk of hospital acquired infections and motivating for them and their families when planning a quick discharge back to their own homes. This was enabled by dynamic multi-disciplinary team working across teams, acknowledging that a risk-based approach where safety risks can be taken as community teams were actively picking up these risks on transfer of a patient to their home environment.

Case Study

Rehabilitation services during Covid



The increased pressure on hospital beds in the health and care systems enabled Community Hospitals to respond differently and change the way they worked. As therapists were not able to hold outpatient clinics they were deployed to work on the wards and therefore they could intensify the rehabilitation offering to up to 7 days a week.

In Oxfordshire, they implemented a 7-day rehabilitation service to improve patient flow, which helped promote recovery, and the average length of stay for patients reduced in some of their hospitals from 28 days to 23 days. Positive patient feedback was recorded in the patient feedback system called “I Want Great Care” February 2022.



[Read more about this in the Oxford Health and Care Foundation Trust Case Study: Leadership and autonomy enable a 7-day therapy service](#)

Although in some areas, concerns were raised that due the pressure on Community Hospital beds and the acuity of patient’s needs that some patients were not helped to reach their rehab potential before discharge.

WORKING DIFFERENTLY

It was noted that the rehabilitation of Covid positive patients was difficult due to Covid infection prevention and control restrictions, for example patients were less free to mobilise, not all equipment such as stairs were accessible and additional cleaning of equipment had to be factored in to treatment time. Out of these challenges came innovation with therapists working creatively. They mobilised people in bays using mobile stairs and grab rails instead of using the equipment in the therapy rooms.

Occupational Therapists worked with relatives to assess and manage the provision of equipment on discharge without visiting the patient’s home using virtual digital technology, with a relative taking measurements, photographs or videos of the home environment.



[Read more about this in the Sussex Community NHS Foundation Trust: Virtual Home Assessments](#)

In Sussex Community NHS Foundation Trust, at the start of the pandemic they implemented multi-professional staff training at pace, to deliver a competent and confident redeployed workforce for their community hospitals.

Over a period of 4 weeks, they developed and ran a multi-professional training programme, utilising the skills of physiotherapy, occupational therapy and nursing staff alongside developing a suite of supportive resources, which enabled 100+ clinicians who had been identified as potentially being available for redeployment to increase their knowledge and skills ready for working on our community wards. In addition, it enabled current ward staff to update in clinical areas such as respiratory care if they wished. The feedback on this initiative from staff was very positive.



**Read more about this in the Sussex Community NHS Foundation Trust:
Training multi-professional staff at pace during the pandemic**



**2020 Winner
Innovation and Best Practice
related to Covid-19**

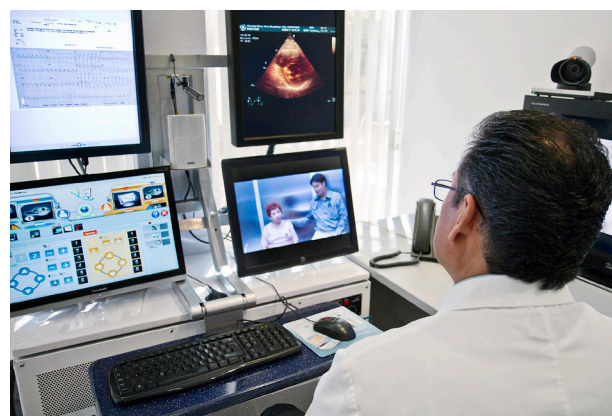
Training multi- professional staff at pace during a pandemic

**Sandra Speller
Professional Head of
Therapies
Sussex Community NHS
Foundation Trust**

During the project interviews, we heard about therapists and in particular Speech and Language Therapists using telehealth consultations for inpatient therapy and outpatient appointments. This enabled triage of referrals and the sharing of caseloads across clinicians and consultations with in-patients and ward staff, as well as attendance at multi-disciplinary team meetings.

The staff we spoke to, did recognise the impact of their virtual working on ward staff, as they needed to set up the telehealth consultations and some patients needed significant support to use the technology.

Virtual meetings were hard for difficult conversations. Despite the challenges, the outcomes were reported as positive as the patients were getting the therapeutic input that they needed.



Case Study

Rehabilitation services during Covid



Staff also shared their concerns about the impact of no visitors on their patients, and the further isolation on the ward due to the Covid restrictions. As a result, staff who were already working under pressure implemented a significant range of wellbeing activities, some examples are outlined below which have [case studies](#) on our website.

Cornwall Partnership Trust

MEANINGFUL ACTIVITIES CO-ORDINATOR



Read more on our [Blog page](#)



Betsi Calwaladr Health Board

USING ALEXA IN DEMENTIA CARE



Lanarkshire Health Board

COMMUNITY SUPPORT



[Click here to view all case studies](#)

DISCHARGE AND DISCHARGE PLANNING

The discharge processes changed during the pandemic as it was important to ensure a safe transfer of patients from Community Hospitals while complying with the timescales for Covid testing, managing patients clinically, and noting that each discharge required a huge amount of coordination. Supporting and providing key information to carers and families was an essential element of the transition from hospital to home.

Discharge planning and multi-disciplinary meetings were held in person prior to Covid, however the pandemic changed this. Many hospitals set up virtual discharge planning meetings and some hospitals using the 'Attend Any Where' platform. Staff reported that it was difficult for families when they attended to see their family member on screen as they could not visit in person. This required important preparation to support the families prior to meetings which was undertaken by ward staff, a Discharge Co-ordinator or in some circumstances redeployed staff took on this role.

Virtual meetings enabled all members of the multi-disciplinary team to attend, so attendance was reported as improved resulting in decisions being made promptly too, again improving patient flow through the in-patient beds.

In other areas, redeployment of staff enabled greater therapy input into care at the end of life care. For example, the redeployment of Occupational Therapists (OTs) to enable people at the end of their life to be able to get home quicker with the appropriate equipment and support to be with their families.

Case Study

Rehabilitation services during Covid



Also, there was more interagency working which was positively reported, with the Council, housing providers, health, social care and voluntary agencies working together to enable prompt discharge planning. Some areas set up specific interagency databases so agencies could easily monitor a patient's discharge plan and outcome.

Learning

Rehabilitation and intermediate care services in community hospitals responded positively and flexibly to the Covid-19 pandemic with individual innovation, quality improvements and enhanced integrated working

Despite the increased pressure in health and social care systems, staff frequently described a strengthening in relationships and integrated working including multidisciplinary working and integration between the community hospital, other acute and community health services and social care. Many of the changes in practice and innovation were common across a number of Community Hospitals but it was noticeable how many solutions were unique and tailored to the population served and the individual situation.

Contact



Community Hospital Q Project Team

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Short Case Study

Supporting Hospital Discharge during Reset

Teddington Memorial Hospital

Building on a winter pressures model Liz Riedlinger (Clinical Lead Nurse/Acute Liaison Nurse) in reached to the acute Trust to support patient flow following lockdown.

Liz has acute, community reablement and community hospital experience. This and an honorary contract gave her access to patient records across the system informing a thorough holistic assessment.

Liz visited wards in the mornings identifying clinically appropriate patients, supporting discharge planning discussions, answering patient questions and prompting timely transfer. Teddington Memorial Hospital was admitting different patient cohorts. In reaching meant appropriate patients were transferred on the day supporting system flow and the community hospital could provide safe individualised care.

Benefits for patients:

- Clinically appropriate and safe transfers
- Improved experience of transfer

Benefits for community hospital staff:

- Improved clinical knowledge of the patient and their needs
- Patient transfers earlier in the day

Benefits for the system:

- Improved relationships and partnership working
- Sustainable model of in reach that can be flexed based on system needs

Success was due to 2 key factors:

1. A clinically confident, competent, experienced and credible senior nurse who understood the wider health and social care system
2. Access to relevant patient related electronic systems

“ The trust developed with the ward teams allowed us to ensure the right patient received the right care at the right time. Working together saved time and resources and resulted in excellent person-centred care.

LIZ REIDLINGER



Contact



Anna McNulty-Howard

CLINICAL SERVICES MANAGER HOUNSLOW AND RICHMOND COMMUNITY HEALTHCARE

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Short Case Study

Advance Practice Team

The creation of an Advanced Practice Team led by a Nurse Consultant, expanding the clinical services offered to patients with frailty during Covid

The pressures on the community hospital services during Covid led to the creation of an Advanced Practice Team. This was led by Jules Kerr, a Nurse Consultant, with the aim of improving the clinical services offered to patients with frailty. The team consists of the Nurse Consultant, Advanced Nurse Practitioners (ANP) and Trainee ANPs. Included in the professions are nurses and paramedics.

The focus on frailty is for all services – bed-based services, the urgent treatment centre and the Rapid Assessment Unit. A simplified pathway has been created so that staff can refer their patients to the services they need.

There is close working across the community hospital and community services to offer continuity of care to patients and families. There is an aim for the community hospital to be a “hospital without walls.”

One of the benefits of being able to offer an extended and integrated service is that there has been a reduction in acute admissions.

“ We wrap the team around patients on admission. There is a much better flow in care.

JULES KERR

The team have a philosophy of focusing on assets not deficits, and are aiming for the community hospital to be a centre of excellence for frailty.

The community hospital has also gained a reputation in compassionate care for patients at the end of life. The focus on developing outdoor space for patients and staff contributed to wellbeing, and helped everyone in facing the challenges of covid. The community involvement was impressive.

The community hospital has developed a reputation as “the community hospital that says yes,” and there is an improving understanding of the role of the community hospital in the local health and care system.

Contact



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Read more
in the full
case study >





Short Case Study

Advanced Clinical Practitioners

Hereford and Worcestershire Health and Care NHS Trust

Herefordshire and Worcestershire Health and Care NHS Trust have a team of Advanced Clinical Practitioners (ACPs) working across 7 Community Hospitals.

The team is composed of nurses and one physio. Pre covid the Trust had started to implement a new medical model in the hospitals with ACPs working in each Community Hospital from 8am to 6.30pm Monday to Friday with GPs providing consultant oversight.

During Covid the role of the ACP was further developed. The acuity of patients in Community Hospitals increased, and some were acutely unwell. Patients were admitted directly from A&E as well as from the acute hospital wards.

ACPs could ensure management plans were in place for stepdown admissions from acute care. Direct admissions into the Community Hospitals were seen and clerked by the ACP.

Families phoned and spoke to the ACPs ensuring continuity of communication and supporting ward staff who were exceptionally busy giving direct patient care.

Supervision moved to being virtual using WebEx which ensured peer support and learning and development opportunities were not missed.

Benefits for patients

- Receiving the correct level of care from senior clinicians

Benefits for staff

- Senior clinical support to ensure safe, effective care delivery
- Opportunities to enhance learning and skills

Benefits for the Trust

- Flexibility to support the wider health and social care system while maintaining safe, effective care
- Recruited to fill all ACP posts

Next steps

- Managing acutely unwell patients is likely to continue and the increased skills and knowledge of the ACPs will support this
- Use of technology to support supervision, learning and development is time efficient and will continue as part of a hybrid model

What we have learnt

- Covid-19 enabled the team to evaluate what could appropriately be managed by ACPs in Community Hospitals which has informed the future staffing model

Contact



Claire Lees

LEAD ADVANCED CLINICAL PRACTITIONER FOR COMMUNITY

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Short Case Study

Preassessment (Triage) in Minor Injuries Units

Hereford and Worcestershire Health and Care NHS Trust

Driven by the need to minimise contact and maintain Covid-safety during the pandemic, while ensuring people were able to access appropriate treatment smoothly, Herefordshire and Worcestershire Health and Care NHS Trust introduced the Minor Injury Unit Preassessment (or triage) service at its four Minor Injuries Units (MIUs).

The CCG (Clinical Commissioning Group) and Trust worked together to design a system for maximising the percentage of patients reaching MIUs through booked appointments rather than turning up. This was driven by Covid-safety needs, and the 111 initiative being tested nationally.

The process involved a non-clinician on the 111 phone line taking the call from the patient, and directly booking a phone appointment with the MIU. The MIU clinician contacted the patient to obtain the clinical details via video link or a phone call.

This preassessment checked that the patient's needs could be best met at the MIU and gave the patient information about attending an appointment such as the correct PPE, to come alone unless a carer was essential, and the correct entrance to use.

Patients valued the MIU service at a time when they were struggling to access other health services. It has enabled smoother patient journeys – most people

now come through a booked appointment and get priority treatment.

The preassessment process avoided unnecessary or inappropriate attendance. About 10% of patients were advised and treated remotely, and 5% needed referral to other providers, so avoided shuttling between MIU and the correct setting.

Benefits for patients

- Timely treatment at a clinically suitable setting

Benefits for staff

- Preassessment helped manage workloads and use resources effectively
- MIU clinical meetings more efficient and better attended virtually

Benefits for the Trust

- Staff have increased technology skills.
- Preassessment supported good infection prevention and control practices

Next steps

- Emergency Care/Nurse Practitioners in each MIU will continue to meet up remotely

What we have learnt

- This initiative ensured a smoother path to the most appropriate treatment with fewer unnecessary journeys and less exposure to infection

Contact



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Short Case Study

Transfer of patients needing oxygen

Cwm Taff University Health Board

At the start of the pandemic, the Cwm Taff Morgannwg University Health Board anticipated great demand for beds for patients coming out of acute care. Cwm Taff Morgannwg University Health Board needed to create space for beds for patients transferring out of the acute wards into one Community Hospital setting who required oxygen therapy. Using a step-down facility, and relocating ward staff, they freed up space in case of the eventuality of higher demand for beds which could support delivery of oxygen therapy.

In response to this need, throughout the Community Hospital, spaces were assessed and plans put in place to increase capacity. They made what had been patient day rooms and the sister's office available, and implemented larger scale relocations, decanting a whole ward to a step-down facility in the community to create the required beds.

The move was successful in that it created the required beds. The ward operated from the step-down facility for three months and the extra beds created were not used.

The situation led to better communication and a greater sense of team. This was enabled by the communication and flexibility, including the open-door policy of managers at the Community Hospital.

THE CHANGES RESULTED IN GREATER BONDING FOR THE TEAM WHO SAID:

“ The direction was set and we senior nurse and ward managers got on with it. We opened those communication channels to make sure staff felt valued.

Benefits for patients

- Capacity was created to be able to provide the correct level of clinical care

Benefits for staff

- Improved communication
- Enhanced teamwork
- Feeling valued

Benefits for the Trust

- Flexibility to support the wider health and care system

Next steps

- Use the learning in planning future changes

What we have learnt

- Community Hospitals are flexible and can change to meet emerging needs
- It is possible to introduce change at pace in a crisis
- Effective communication and staff support are vital during periods of change and uncertainty

Contact



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PRIMARY CARE AND LOCALITIES

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Case Study

Creating a Communication Open Door

The Robinson Memorial Hospital

Context

The Robinson Memorial Hospital is part of the Northern Health and Social Care Trust in Northern Ireland which has Community care beds in 5 sites. Robinson Memorial Hospital has 16 beds.

In Community Hospitals communication has always been important and staff at Robinson have always tried to communicate well taking time to involve the patient and their family.

Prior to Covid, they engaged in a frailty project. This highlighted the need to be even more person centred and involve the patient and their family and loved ones in their care and rehabilitation journey. Engaging the family in rehab sessions was a different way of working but was embraced by the multi-disciplinary team members. This did require a mind shift for staff as the ward routine needed to change to accommodate involvement in therapy sessions and more open discussions. The result was positive. Patients and families were more engaged and communication was more proactive with greater shared decision making.

At the start of the pandemic it was decided between the Trust and Robinson Hospital staff that the ward would provide step-down care for Covid positive patients. One effect of this was that patients were admitted from a wider geographical area. It was a shock for the team to have to move away from this model of open dialogue to a situation where families could not visit and there was no face-to-face discussion. It felt like a step backwards.

In the beginning, the team's focus was on getting to grips with Covid and understanding what they were going to do, how they were going to work, what an assessment would look like and what would be prescribed for patients who were Covid positive.

The team thought quickly and creatively about how they could communicate more effectively with families and professional colleagues.



THE ROBINSON MEMORIAL HOSPITAL



What we did

PATIENTS

- Staff, especially nursing staff, needed to fill the gaps for patients. They needed to be able to replace the family members and loved ones and increase the intensity of contacts with patients. Holding someone's hand took on increased meaning and became even more essential.
- Staff needed to advocate for patients in a unique way – there was no one else.
- The team managed communication and outside visiting compassionately, considering individual needs of patients and visitors and they rose to all the challenges that presented themselves whether it was harsh weather, distressed patients and visitors or changing guidance.

FAMILIES

- With families it was important to establish a connection and create an “open door” to ensure they felt reassured that their loved one was being well cared for, informed of their clinical condition especially when the patient was deteriorating and comforted that they were not alone when dying. There was a lot of positive feedback.
- Some families felt that for the first time they clearly understood what was happening with their loved one who may have come into hospital following a fall, were discovered to have Covid, and were now dying. The team felt it was a privilege to be able to communicate with families throughout their stay and in bereavement where appropriate.
- It was important to keep in communication with families daily. Some were not local and would not have any knowledge of the hospital. Forming a good bond with families so they understood staff were doing their best to care for their loved ones allowed them to build trust. Clear, proactive communication was key to achieving the level of trust needed.
- It was important families felt that their loved ones were cared for by professionals who cared and cared enough to take time to communicate as fully as possible.
- Technology was used to facilitate communication with families but staff were mindful that not all relatives had access to it or could use it unaided. It did not replace the face-to-face contact well but was better than no contact at all. The iPads to support this were bought by the Robinson Memorial Hospital (Charitable) Trust Board. These were invaluable and will be staying in practice.

THE TEAM REFLECTED THAT

“ It was borne out of the reality that these were ordinary patients in extraordinary circumstances and families were not able to be part of their care so we had to communicate better.



- The MDT were all involved in communicating with families. Social Workers were having more conversations with families as they were not seeing the patient who would have passed information on previously. This was positive. It was good for relatives to know rehab or discharge planning was in place and be able to ask questions.
- Relatives understanding of Covid and testing was often poor so effective communication was required to provide explanations when they could visit and what limitations were in force due to current infection control guidance.

STAFF

- Healthcare Assistants developed enhanced communication skills, feeding back what patients had done with, for example, pictures or items from home. This could then be relayed back to the families which gave a full and person-centred update as well as reassurance. They became skilled in managing patients with delirium, a common condition the team saw in patients with Covid. They developed skills in communicating to calm and reassure the individual but also in reporting back changes in the patient's clinical condition.
- The student Advanced Nurse Practitioner used the iPad to communicate with GPs. The GPs were on site each weekday morning and could return in the afternoons if needed but wanted to minimise movement from an Infection Prevention and Control perspective. The iPad allowed them to be virtually "in the room" during patient assessments and discussions. This helped manage the site in a safe and effective way as well as ensuring proper communication and appropriate clinical decision making.
- The team are good at communicating with each other. They have been together for a long time. They were joined by redeployed staff, who were very welcome and who the team learned a lot from. Many came from different clinical backgrounds, such as school nursing, and brought additional communication skills with them.
- The core team are long standing and know each other well. This means they are good at spotting when someone might need to talk. They regularly talked about the difficult conversations and situations they faced, in an informal way.

PROFESSIONAL COLLEAGUES

- Traditionally, there has been a reluctance to pick up the phone and ring families, consultant colleagues or other teams about a specific issue or patient despite all wanting the best for the individual. The patient's own GP or the consultant who has recently cared for them in the acute setting will have a wealth of information about them that can help decision making when you have only met them for the first time.
- From the beginning of Covid, the Robinson team knew it was going to be important to engage in communication with their professional colleagues. They wanted to have more communication with Consultant Geriatrician colleagues who they already had a good working relationship with. They developed stronger links with Palliative Care colleagues and with the increase in delirium associated with Covid were keen to ensure enhanced links and communication with the Mental Health Liaison team.



- The Trust itself realised that there was a need for supportive communication so that appropriate patients could be transferred and ceilings of care agreed and ensured this was in place.
- Communication with the Infection Prevention and Control Team improved through open dialogue and joint decision making.

ORGANISATION

- Communication was especially important to help reduce fear of the unknown and manage staff anxiety, particularly in the early days where there were constant changes in guidance and policy. Staff were anxious about an unknown disease, the risk to themselves and their families as well as patients and their families. Staff wanted assurance and guidance that was not always possible to provide.
- Daily meetings were put in place led by the Locality Manager with the Ward Manager to ensure two way communication. They were open about what was happening, the gaps in information and the pace of change. Although creating the time for these was difficult, it was seen as a necessary investment to support staff and achieve the required changes to the service.
- Staff had to learn to use Zoom for meetings which they did well although it took time to get to grips with information governance and infection control measures when working in this way. Staff were accessing the intranet more as this was the central hub for up to date information.
- The Trust understood the need for regular communication with all the Community Hospitals so there was an understanding of the number of Covid positive patients in the acute, who might be transferred and what support the Community Hospitals needed. Regular Zoom meetings were held throughout the pandemic between the Trust and the clinical lead GPs.
- The Trust facilitated calls between GPs and staff in Robinson and the Consultant Geriatricians which were helpful and meant the team did not feel isolated or out of their depth.

END OF LIFE CARE

- Prior to Covid the team at Robinson had brought in documentation to prompt them to think daily about what the patients' needs might be when receiving end of life care. The person's wishes are fundamental to this. Communicating with families to ensure they understood these wishes was vital. This was difficult. Staff might be talking to the family on an iPad in the patient's presence instead of bringing them in and sitting them down with a cup of tea and talking things through. Sometimes it felt brutal.
- Discussions with relatives needed different and enhanced skills. There was an added intensity to the conversations and usual feedback such as non-verbal cues were often absent. Conversations needed to be more direct at times and with people you had not met face to face. Staff were experiencing the same anxieties and fears as relatives and may have been dealing with their own unwell or dying relatives and that afforded a different connection with them. Difficult conversations had to happen remotely and often quickly. The need to communicate well was brought home more than ever. Staff were reminded of the importance of involving family in care in whatever way possible.



- Early in the pandemic, when there was a real pressure to maintain patient flow in anticipation of overwhelming numbers of admissions, there were a number of discussions between staff about the appropriateness of transferring a patient to a Care Home when previously they might have stayed in Robinson for end of life care. These were difficult discussions and made the team question the care they were delivering and the decisions they were making. Reflecting on that time, the rationale is understandable but this way of working was contrary to the values of the team. The support they gave each other allowed them to come to terms with this.

HOSPITAL TRUST BOARD

- The Robinson Memorial Hospital (Charitable) Trust Board members are highly active and raise funds to support the hospital. There are 17 board members and they are very rooted in the local community. They were all keen to be involved where they could and stayed in communication with the team throughout. When the team were short of face shields the board quickly sourced some from someone who previously made window blinds. This was important in helping staff to feel protected.
- Food and toiletries were sent in several days per week for staff as the board members understood little was available on site and staff could not leave at times. Knowing that they were being thought about was important to staff wellbeing.
- They bought 2 iPads for the hospital and one board member who is an IT expert helped set them up.
- The Chair of the Trust Board is a respected local undertaker. They were able to educate the team about care after death for Covid patients and new cremation processes. This helped when talking to families as staff were able to explain the practicalities alongside providing emotional support. This made a significant positive difference to bereaved families.

Outcomes and Benefits

The situation forced staff to think more about communication. They already knew it was important but Covid made it even more so and as a team they wanted to achieve the best communication with families that was possible. Some team members had received additional communication training but this situation reinforced that you could learn to communicate better whether you are a newly qualified staff nurse or an experienced clinician.

“ We could not change the outcome for patients but the thing we could change was our communication with the families as this was what was going to make the biggest difference to the perception of care.

DR SHAUNA FANNIN





One Health Care Assistant has gone on to do nurse training based on their learning from being involved with patients with delirium.

The team feel they know professional colleagues much better, even if they haven't met them face to face. Building these relationships made it easier to support each other during challenging times and when complex decisions needed to be made.

There has always been a good relationship with the Robinson Hospital Charitable Board but it has been strengthened by the communication and work done during the pandemic.

Communicating with families was difficult but staff understood the importance of clarity and compassion while supporting the wider health system. This allowed relatives to have the greatest confidence in the care that was being delivered and be as involved as they could be.

Learning and Sustainability



TOP TIPS FOR OTHERS

- Staff now have new and enhanced communication skills which they will continue to use to improve care in the future. They have a deeper understanding of the multiple layers of communication needed with a range of people to enable person-centred care to be delivered.
- The team at Robinson managed Covid positive, mainly elderly, patients throughout the pandemic and have a lot of experience in managing this patient group.
- They have learned a lot about managing delirium. Around eighty percent of patients with Covid coming to them had some degree of delirium and it was the most common symptom they saw. They team got better at knowing what they could manage and when to reach out to colleagues and seek support as well as how to care expertly for patient with this condition.
- Nurses have greater knowledge about cohorting patients, managing what can and can't be done in relation to airborne viruses. They have greater confidence in managing outbreaks because of their learning during the pandemic and the support from the Infection Prevention and Control team.
- Team members feel their palliative care skills have improved and excellent communication is core to this.
- The team have reflected that they don't need to be overwhelmed when faced with novel situations, they will learn the clinical things they need to know as this is what clinicians do every day. This is just another illness and patients need the same care even if it needs to be delivered differently.
- Communication is the most important thing when you are isolated from the family, it is one of the most important aspects of the care given.



- You can forget your compassion. So many people have lost loved ones, it is important to remember to have compassion for each other.
- Technology will never replace face to face communication but it has a place in ensuring families can be connected with the patient journey, distance is no longer insurmountable.

“ We have done more good through communication than many other measures. Communication was the thing we could do and do well.

ROBINSON TEAM MEMBER

Next Steps

The team won't lose what has been learned during Covid.

The team will not be letting go of using technology to support communication when appropriate.

As a team they will build on communication skills and access training for all staff to do this through NI Hospice and Advanced Communication training. The Robinson Hospital (Charitable) Trust Board will support this through funding.

The team want to get back to their way of working pre-Covid and will need time to rebuild this. Being open and engaging families with the patient journey takes work and they acknowledge they will need to invest time and thought into reintroducing previous frailty project measures. Their improved communication will help support this.

Creating a communication “open door” with families, professional colleagues and the wider organisation allowed the team to deliver the most patient centred care that was possible and they will continue to ensure the door remains open.

Contact



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Short Case Study

Virtual Outpatients

Patients travelled 2 million fewer miles during the pandemic in Northumbria

Pre pandemic, Northumbria had been innovative with virtual outpatient consultations using Attend Anywhere as part of a Health Foundation Scaling Up Quality Improvement Award. This initiative included their 7 community hospitals.

As they were already measuring miles less travelled (environmental and cost impacts), they were able to continue this work and scale it up during the pandemic.

In 2018/19 only 7% of Northumbria's appointments were held virtually. This has increased to nearly 45% in the past year in 2020/21 with patients travelling more than two million fewer miles between April last year and January.

Patient feedback on the Attend Anywhere appointment system in 2020 showed that patients gave a rating of 98% when asked if they felt involved in decisions about care and treatment. Patients also gave the rating score of 99% for having treatment information explained in a way they could understand. Being treated with dignity and respect was rated 99%. The measurement provides strong assurance that outpatient remote consultation results remain comparable with face to face appointments (Quality Account 2020/21).

Two million miles less travelled were measured.

[Covid: Millions of patient miles 'saved' during pandemic – BBC News](#)

Northumbria Online Consultation (Attend Anywhere)

Welcome to our video call clinic (Attend Anywhere). Please have your patient letter to hand, to help us get you to the right section. Your patient letter will highlight the specialty for your appointment – this will provide you with the information needed to get you to the correct clinic. Once you have found the specialty on your letter (under Clinician and appointment time), please scroll down this page and select the correct one from the grid. In the next paragraph, you will also find some information on how our video call works. Please spend a few moments reading this information before you click on your specialty.

This is a virtual clinic you can link in to wherever you are. Please be reminded that this clinic is only for patients who have been invited to attend an online appointment. You will need internet access and the Google Chrome browser to enter the clinic.

- 1 Click the "Start video call" button.
- 2 You will then be taken to a virtual waiting room and music will play to show that you have successfully entered the room. Your clinician will know that you have arrived and you are waiting.
- 3 When your clinician is ready to start the consultation, they will join you on the screen and the consultation will proceed exactly as if you are in a surgery or clinic room. Your clinician will be able to show you documents and resources, just as if you were sitting across a desk. If your clinician decides that a face to face appointment is necessary, this will then be arranged in the usual way.

Attend Anywhere is completely confidential and secure. Your call cannot be accessed by anyone else. Your clinician will be in a private room, just as if they were meeting you face to face. We strongly advise you to plan your call so that you are in a quiet room too, so that you can hear everything that is said and to ensure that your privacy is protected. At the end of the consultation, a short questionnaire will appear on the screen, asking about your experience with Attend Anywhere. We welcome your feedback so please take a couple of minutes to complete it if you can. Attend Anywhere provides a real opportunity to improve services to our patients, reducing unnecessary travel and risks of delay due to weather or transport issues, and all comments are welcome.

ANNALUISA WOOD, MATRON OF ALNWICK AND BERWICK COMMUNITY HOSPITALS ADVISED THAT

“ Pre pandemic we had started to use virtual consultations, this then became the norm during the pandemic with patients being able to access consultations at home if necessary. Some of our Community Hospitals are 60 miles from the District General Hospital and the use of virtual clinics has an advantage as in some cases patients could have their consultation sooner instead of having to wait for the next clinic date locally and also it supports people at work or have no access to transport, then our Community Hospital team could follow up any investigations locally. We are mindful that some appointments do need to be in person and this is taken into consideration.

Contacts



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Short Case Study

Virtual Home Assessments

Sussex Community NHS Foundation Trust

Sussex Community NHS Foundation Trust has 11 Community Hospital wards and because of the pandemic, discharge planning had to be adapted. Occupational Therapists (OTs) managed the need for social distancing by using video technology instead of the traditional face to face home visits to assess patients' homes.

Previously, OTs would go to people's homes to complete assessments, take measurements and make recommendations to enable patients to return home safely and enable independence. OTs now worked remotely with a family member or carer at home 'taking' them around the property virtually assessing via an iPad or mobile phone.

Technology was used to plan earlier in the patient journey, tailoring rehabilitation to the patient's actual living environment. A relative reported that what was sometimes lacking in discharge planning was the 'soft intelligence' and knowledge of the person and how they are at home. Photographs of the home environment and equipment, along with furniture height measurements, were shared by families with ward staff via email.

Virtual technology was used when access visits would normally be carried out enabling safe, swift and smooth discharge of patients. This helped improve

patient flow through Community Hospitals supporting the wider health and social care system.

Benefits for patients:

- Video technology can enable a three way conversation that promotes person centred discharge planning and family engagement

Benefits for staff:

- Efficient use of available staff and time while enabling safe, person centred discharge planning

Benefits for the Trust:

- Safe, timely patient discharges which supported good patient flow

Next steps:

- The practice of using technology for discharge assessment is continuing and family members send in pictures of the home environment, which may be challenging for the patient, to personalise rehabilitation and enablement

What we have learnt:

- Technology is a useful tool to enable patients, families and practitioners to make informed choices about discharge together
- This is a good example of innovation during the pandemic that has led to a sustained change in regular practice where therapists are able to choose between digital and face-to-face contact.

Contact



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Short Case Study

Virtual Nurses Station

Lincolnshire Community Health

Lincolnshire Community Health Services NHS Trust supported all four of its Community Hospitals to make the most of digital platforms during the pandemic.

Leaders used them to connect and share learning, and therapy teams used them to connect with patients. One Community Hospital went a step further, creating a “virtual” Nurses Station.

The Community Hospital in Skegness found a way to bring two experienced senior nurses, who had to shield, remotely to the Nurses Station. This allowed colleagues to continue to consult with them as if they were physically present, while they were enabled to work from home.

They were redeployed to additional roles suitable for home working, but also sat on the screen at the virtual Nurses Station for whole shifts so that colleagues could come and talk to them in the same way as if they were present on the ward. This enabled less experienced staff to continue to feel supported.

The virtual model ensured experienced nursing expertise was available which would otherwise have been missing from the system at a time when it was most needed.

Staff were supported to learn to use appropriate technologies.

Benefits for patients:

- Nursing expertise maintained to support safe, effective care.

Benefits for staff:

- Shielding staff able to continue to contribute to patient care.
- Ward staff retained access to senior expertise, advice and support.

Benefits for the Trust:

- Workforce maintained to support safe delivery of services.

Next steps:

- Continue to consider alternative and virtually enabled ways of working.

What we have learnt:

- Physical presence is not always essential to provide clinical and staff support.
- A more digitally savvy workforce supports making the best use of people’s experience and expertise.

Contact



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Short Case Study

Using Alexa in Dementia Care

Betsi Cadwaladr Short Case Study

Dementia Support Workers at the Betsi Cadwaladr University Health Board East Area found an innovative way of engaging patients with dementia and supporting their recovery from Covid using Artificial Intelligence (AI) technology.

While staff took advantage of technological innovations such as remote discharge planning meetings using Teams or Zoom, the virtual assistant Alexa proved to be a real enabler when it came to getting creative with patients. Alexa was used to introduce games and quizzes to patients through the inspiration of an innovative Dementia Support Worker.

Games such as ‘name that song’ became even more important where patients were recovering from Covid.

“ It became a lifeline for many patients

JAYNE SANKEY, HEAD OF NURSING

The Dementia Support Worker’s innovation in patient care was recognised and won three awards as part of the Betsi Cadwaladr University Health Board gold, silver and bronze accreditation for providing the highest standards of care – the first person to win all three.

Benefits for patients:

- Being engaged and stimulated when visiting was restricted
- Improved experience and recovery

Benefits for staff:

- Providing excellent person centred care and a high quality of experience
- Morale boost being recognised for excellent patient care

Benefits for the Trust:

- Improved health outcomes for patients
- Example of innovation that can be transferred to other contexts

Next steps:

- This work will continue through the introduction of a new Activities Coordinator

What we have learnt:

- ‘Thinking outside the box’ and bringing technology in from a domestic setting worked
- We are more confident to try new things and explore other ways of working

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Short Case Study

Ice Lollies for Patients

Gloucestershire Health and Care NHS Foundation Trust

Gloucestershire Health and Care NHS Foundation Trust encourage staff to be creative when problem solving. A range of innovations were introduced during the Covid-19 pandemic to support patients, families, and staff.

From large-scale setting up of new teams, to minor changes, it all contributed to supporting patients to achieve better outcomes and have a better experience during an unprecedented situation.

Ice lollies may seem like an insignificant contribution to the fight against Covid but made an enormous difference to patients who contracted the virus and were suffering from a loss of taste.

Early in the pandemic, one ward, worried about the potential for dehydration of patients suffering changes to their sense of taste and smell as well as the attendant loss of appetite, decided to provide ice lollies for patients.

Sucking ice lollies assisted with hydration. It had the added effect of soothing throats and calming coughs. Most importantly, patients very much enjoyed the ice lollies.

Staff commented that this is not dissimilar to ice-cream being the suggested solution to discomfort following a tonsillectomy in a previous era!

Benefits for patients:

- Improved hydration
- Enjoyment of food and drink contributes to wellbeing especially during a pandemic

Benefits for staff:

- An opportunity to problem solve creatively and positively impact on patient care

Benefits for the Trust:

- Improved health outcomes for patients
- Staff engaged in improving patient care

Next steps:

- Continue to encourage teams to problem solve locally and share their ideas

What we have learnt:

- Small things make a significant difference to patient wellbeing and experience
- Recycling old ideas and thinking creatively outside the box contributes to the quality of care patients receive
- A simple innovation that is easy to implement can have a significant impact

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Short Case Study

Cleaning to Music

Oxfordshire Health NHS Foundation Trust Community Hospitals

Wallingford Community Hospital decided to turn the need to maintain extremely high levels of cleanliness across the site into a hospital community activity!

Cleaning to music became an enjoyable team activity. Twice a day, an uplifting and energising piece of music would be played across the public announcement system across the whole site. At this point everyone who was able to – including patients – was invited to join in with some of the cleaning. Cleaning products were made available in a covid-safe way, and people shown what to do and how. When the music started, everyone worked together on their particular cleaning task in the space they were in, in time to the music.

The initiative introduced some levity into the day – everyone wondering what the music would be. In addition to the practical benefit of supporting the cleaning schedules, it was also designed to reduce stress and worry. Both through the act of some physical activity to music, and being a very visible (and audible) reassurance that the site was being kept rigorously clean, and everyone was playing their part.

Cleaning to Music was deemed a success by staff and patients alike, and contributed to a Wallingford Community Hospital's infection prevention and control over the pandemic.

What happens next?

This has not been continued formally because *“our Infection Protection and Control is exactly as it should be, and we have our housekeeping staff”* but was a useful initiative at the time.

At the time it was something that really resonated with staff.



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SUPPORTING PEOPLE

Supporting Staff

The staff from Alnwick and Berwick community hospitals spoke of the innovative ways that staff needs were met during the pandemic by their NHS Trust. Through a regular survey, the Trust responded to staff voices and made changes. There was a strong focus on supporting staff in their health and wellbeing, and swift action was taken to reassure and support staff during the pandemic.

HEARING STAFF VOICES
NORTHUMBRIA HEALTHCARE NHS
FOUNDATION TRUST

Transformation Thursday was a weekly session where the team got together, updated each other on what they are doing around the patient-centred care, bounced ideas off each other, and shared learning. This was part of a wider Quality Improvement initiative on patient centred care which has started at Didcot community hospital and is now extending across 7 community hospitals.

TRANSFORMATION THURSDAY
OXFORD HEALTH NHS FOUNDATION TRUST

The “SPEaC Happy App” was a quick and easy way of measuring the mood of staff. The app was visible on the end-of-life care ward and as staff left after a shift, they pressed a button with a face on it, indicating how they were feeling at that moment. The Trust responded to those teams and services under pressure identified and provided additional targeted support. Staff spoke of feeling valued and listened to.

SPEAC HAPPY APP
BIRMINGHAM COMMUNITY HEALTHCARE NHS
FOUNDATION TRUST



One Trust introduced a simple low tech system of encouraging staff to “write on the wall” on the ward, with regard to their concerns and suggestions. Teams on wards included temporary staff, and there was great uncertainty rapid change, and a level of staff redeployment. The Trust responded quickly to support staff and encourage innovation. The writing on the wall became a focal point for the team and enabled sharing of information and ideas.

WRITING ON THE WALL
BIRMINGHAM COMMUNITY HEALTHCARE
NHS FOUNDATION TRUST

In Llandovery Hospital, the GPs from the local practice designed a support system which meant that they could increase their presence on the ward during the pandemic. 2 designated GPs spent whole days at the hospital. Hospital staff and GPs all worked together to keep everything as safe as possible. There was already a good, highly trusting relationship between the community hospital and local GP practices which enabled flexibility and increase in support.

INCREASED GP SUPPORT
HYWEL DDA UNIVERSITY HEALTH BOARD

The leadership team covering 11 community hospitals initiated “West Sussex Chat” every Thursday. It was a conversation for anyone to join and talk about anything not to do with the business agenda. A lot of conversation revolved around individuals’ physical activity and challenges. Importantly this meeting has engendered a positive change in senior staff around their own wellbeing. This provided peer support in the senior management team.

WELLBEING CONVERSATIONS
SUSSEX COMMUNITY NHS FOUNDATION TRUST



Care for Patients & Families

Providing knitted hearts was just one ‘comforting touch’ put in place by the Family Communications Teams to ameliorate the distress of families and friends being separated at a time of crisis. This was developed over 7 community hospitals.

KNITTED HEARTS

GLOUCESTERSHIRE HEALTH AND CARE
NHS FOUNDATION TRUST

In Helston community hospital the ‘Hearts Project’ was launched, and staff, plus members of the public who wanted to knitted, sewed or crocheted pairs of matching hearts to connect patient’s physically to their relative. Maintaining the personal, sensitive touch with people outside the hospital was considered vital to patients and families.

HEARTS OF CARE

CORNWALL PARTNERSHIP NHS FOUNDATION TRUST

Kello Hospital and Lady Home Hospital had the support of the local community in helping them through the worst days of the Covid-19 pandemic, boosting staff morale and reinforcing the role of community hospitals not only as a key player in the local health system, but a valued part of the community. Local communities came together to show their support and provide practical help and kindness to the community hospital.

SUPPORT FROM THE COMMUNITY

NHS LANARKSHIRE

In 3 community hospitals, South Petherton, Wincanton and Crewkerne, special arrangements were made during the pandemic for compassionate visiting for end-of-life patients and their families.

Visits were made possible in a covid-safe and friendly space, such as from balconies and screened garden areas. Even pets were able to visit. The staff were imaginative in offering safe spaces for loved ones to visit at a distance.

COMPASSIONATE VISITING

SOMERSET NHS FOUNDATION TRUST





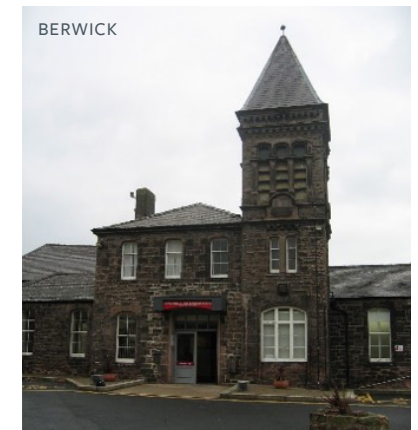
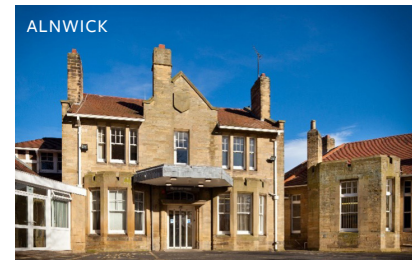
Case Study

Hearing Staff Voices

Understanding, and meeting, the needs of all staff during the pandemic – ‘Corona Voice’ Northumbria

Annaluisa Wood, Matron of Alnwick and Berwick Community Hospitals shared the innovative way staff needs in community hospitals and the wider Northumbria Healthcare NHS Foundation Trust had been met during the pandemic.

This initiative was led by their Chief Experience Officer Annie Laverty and that the work was independently evaluated by Dr. Win Tadd at Cardiff University. In addition, to Annaluisa’s community hospitals there are a further 5 community hospitals/intermediate care sites (Blythe, Haltwhistle, Morpeth, North Tyneside Intermediate Care Unit and Rothbury) which are part of services that the Trust provides to support more than 500,000 people living in Northumberland and North Tyneside.



Context

The Trust had already taken important steps to invest in the health and wellbeing with an integrated staff experience programme in 2018 before the pandemic. This case study reflects on the additional actions taken during the Covid-19 crisis, the learning and its impact.

What we did

As the pandemic started, the Trust was determined to provide staff with a safe and effective way to raise issues, voice concerns, provide information or just share how they were feeling at the time. With funding from the Health Foundation, and working in partnership with the technology team at Open Lab (Newcastle University), Northumbria quickly altered their standard measurement programme, to include a series of very short, Covid specific, staff surveys, to be presented each week to gain a better understanding of staff wellbeing across the Trust.

‘Corona Voice’ – a web-based platform was launched on April 6th 2020 as the country went into lock down. In the first three months, it exceeded all expectations, and received 10,400 responses from staff which included their 7 community hospitals/intermediate care units – a fantastic depository of the ongoing reflections of NHS staff during this extraordinary time.



Staff motivation was tracked on a weekly basis, with the Trust able to quickly identify which hospital sites or groups needed more support. Each week, about a third of all responders chose to leave additional information and free text comments – these were formally analysed, with key themes disseminated across the executive team.

Staff felt that the survey had given them the opportunity to reflect not only on their own feelings and emotional state over time as the pandemic played out, but also on some of the devastating effects of the virus and how colleagues had rallied to support them in the worst of times.

“ Everyone had the opportunity to feed into our exec teams. Every matron and team manager had that feedback from their teams.

ANNALUISA WOOD, MATRON OF ALNWICK AND BERWICK COMMUNITY HOSPITALS



Outcomes/benefits

7 core needs of staff emerged in the free text comments, which are summarised as follows:

1 Listen to me

The weekly surveys gave individuals a voice – an opportunity to reflect upon and express their emotions. Not only did this make staff feel valued, but it also helped them to ventilate negative feelings and reduce stress. Some felt it reflected positively on the Trust as it demonstrated an interest in hearing staff views.

2 Care about me

Very early in the process, Northumbria chose to address some of the fundamental needs of staff, by providing their workforce with free food, free parking and hotel accommodation should it be necessary to stay away from home. Other small gestures that reflected this need were recounted such as free milk so staff didn't have to worry about shopping after long shifts.

3 Keep me safe

Many responses emphasised the efforts the Trust had gone to, to ensure both staff and patients were kept as safe as possible during the pandemic. The provision of hand washing stations at the entrance of Northumbria hospitals including the community hospitals.



There were also weekly videos and question and answer sessions with the Infection Control lead, and effective signage to direct people around buildings with social distancing, helped staff to feel safer at work. Many had greatly appreciated the fact that when government supplies of protective equipment were limited, the Trust had brought on stream its own factory to manufacture these vital supplies locally.

MATRON ANNALUISA EXPLAINED THAT ALNWICK HAD OUTSIDE FACILITIES FOR WASHING HANDS INSTALLED.

“ In Berwick, we had some stainless steel sinks from the theatres which we re-used. The Estates team put up a wet wall and installed the sinks, all within 24 hours.

4 Keep me connected

Staff found comfort in the open, honest and frequent communication that was prioritised by the Trust, through daily briefings and weekly Chief Executive check-ins.

5 Lead me

Leadership was identified as a very influential factor in determining staff wellbeing and experience. The accessibility of senior leaders was also praised and the difficult circumstances in which the Trust were operating was clearly recognised. The response by Trust leaders was seen, by most, as proactive and forward-thinking and this had both inspired staff and engendered a sense of pride.

6 Keep me going

Being a considerate employer was seen as an important means to value all staff. Flexible approaches to childcare and work-life balance, together with recognising the need to readjust and overcome fatigue, checking-up on staff well-being, especially those who had been redeployed and had faced the difficulty of fitting-in with a new team. Key actions of the health and well-being team were frequently recognised as playing an important part in sustaining staff.

7 Notice me – honour my work

The Trust recognised that staff wanted to know that, whatever their role, their contribution at a time of crisis, mattered, and was valued. An appreciative element was built into the weekly Corona Voice surveys which enabled staff to name individuals or teams that they had noticed making a difference. Hundreds of nominations were received each week.

Case Study

Hearing Staff Voices



A well-being website and staff support line rapidly established to offer advice and signpost on a breadth of things including issues such as talking to children about testing etc. Visited by 3500 staff.

Daily wellbeing messages in the Coronavirus briefing to all staff tailored around messages emerging in the feedback. Clarity about childcare provision, access to free meals, IPC queries.

Chill out zones, a going home checklist, safe guarding advice and how and where to access emotional health and support, as staff began to report areas of concern.

A team leaders pack, was developed to provide useful information and practical tips to managers and team leaders to help them support their teams during the pandemic.

Increasing contact for those shielding or not at work via weekly wellbeing calls and letters from the organisation – with 1300 calls made.

Free TV and unlimited calls home for patients who were separated from loved ones, as well as a family support line to share messages of encouragement from home.



Learning and sustainability



TOP TIPS FOR OTHERS

- Senior support and endorsement of this work is essential – one of the reasons that Northumbria has been able to respond so effectively and compassionately to staff concerns during COVID was because our staff experience and well-being programme were both already well established – we were able to rely on high levels of staff engagement, because we already had their trust.
- Having timely access to real time measurement is crucial to ensure a responsive and needs-led approach. There was also a willingness to be agile and flex, according to emerging needs, which ensured timely access to the specific and changing needs of the workforce.
- Covid 19 rapidly brought colleagues together from lots of different disciplines with a shared commitment to respond to the health and well-being needs of our teams. (Public Health, Staff Psychology, Psychiatry, HR, Staff experience, Communications and our Charity) High levels of cooperation and collaboration were essential enablers.
- Create your virtuous circle: providing regular feedback to staff about actions taken in response to their feedback helps increase and maintain their engagement.
- Take the time to measure well – support from the Health Foundation has enabled us to pay attention to stories and data – we needed both to improve.



Next steps

The Trust recognises that they still have much to learn about the longer-term, mental health implications for patients, staff and our communities. The pandemic has, rightly, elevated staff well-being in NHS organisations, and Northumbria want to hold on to the importance of this work, and the strength of staff feedback.

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Short Case Study

Transformation Thursday

Oxfordshire Health NHS Foundation Trust Community Hospitals

Oxfordshire Community Hospitals had just embarked on a journey to develop Quality Improvement initiatives when the Covid-19 pandemic put plans on hold. The way the team worked together during the pandemic brought benefits and learning around the importance of staff engagement and patient voice. Coming out of the pandemic into recovery, the team has found focusing on quality improvement a fantastic focus to engage staff, particularly in relation to developing patient centred care projects. Kate Riddle, Head of Service, shares how Transformation Thursday is a key initiative to support this work:

The first project up and running is in Didcot, working on reinvigorating the Patient Bedside Boards and shifting the focus to be more patient centred. The health care assistants and therapy team are all involved, and the Patient Boards have been reframed to focus on patients communicating to staff ‘what matters to me’. The reframing of how patients are involved in discussing what would really help their wellbeing has been seen some detail emerging that only comes from a true patient-centred approach – such as realising the importance of being able to access the Swansea football scores, and the occasional G&T! Rehabilitation journals are also being trialled as another element of this QI initiative.

Transformation Thursday plays an important part. This is a weekly session where the team can get together, update each other on what they are doing around the patient-centred care, bounce ideas off each other, and share learning. Others from the Trust are invited to drop in and find out what’s going on.

“ Thinking of it as a QI initiative has been very powerful and energising as a staff, and it’s that staff engagement – discussing person centred care at the Transformation Thursdays has been really positive

Benefits for patients

- Before-and-after surveys have shown a marked improvement in how patient-centred patients feel their care is, as a result of staff having the space to share learning on listening to the patient voice.

Benefits for staff

- Developing new skills and developing their practice.
- Better team working and exposure to new ideas
- Satisfaction of improving patient feedback.

Benefits for the Trust

- An engaged, motivated, learning workforce
- QI initiatives proven to work, which can be scaled up

What next?

The service wants to extend this initiative beyond Didcot and there is already interest across other setting. *“Staff are having these fantastic conversations. It’s really energised the team. We’re also thinking back to what we did pre-covid and about what is possible going forwards”*

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Short Case Study

SPEaC Happy App

Birmingham Community Healthcare NHS Foundation Trust

Birmingham Community Healthcare NHS Foundation Trust have piloted a number of innovative practices in response to the Covid-19 pandemic, including initiatives to support staff wellbeing.

Aware of the importance of staff wellbeing and wanting to support the teams as much as possible, the Trust piloted an interactive mechanism for staff to anonymously share how they were feeling daily. The “SPEaC Happy App” was visible on the end-of-life care ward and as staff left after a shift, they pressed a button with a face on it, indicating how they were feeling at that moment.

This was a quick and easy way of getting a snapshot of the mood of a team at no extra cost to staff time or energy. As well as giving managers a heads’ up on the pressures the teams were under enabling targeted discussions and interventions, it also allowed them to recognise and celebrate good work.

The action of being asked how they were feeling, reflecting on it and communicating it, was found to be beneficial to staff’s sense of wellbeing:

“ The feedback that we received from this app captured the mood of the staff, providing simple, easy analysis. People appreciate being able to say how they feel especially if it can be acted upon to make improvements.

DR CHRISTINE BURT

This innovation was a part of a greater focus, on supporting the wellbeing of staff. This has continued and is being embedded to provide opportunities for staff to communicate openly.

Benefits for patients

- Staff caring for them were well looked after and felt supported

Benefits for staff

- Feeling valued and listened to
- Teams under pressure identified and receive targeted support

Benefits for the Trust

- Snapshots of team mood, used to target interventions and their impact

Next steps

- Following trial on the end-of-life ward the solution is being considered for a wider roll-out as part of the organisational well-being strategy

What we have learnt

- Things were changing quickly and it was important to check in with staff
- People feel better if they have an opportunity to say how they feel

CONTACT

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Short Case Study

Writing on the Wall

Birmingham Community Healthcare NHS Foundation Trust

The beginning of the Covid-19 pandemic was a time of great uncertainty, rapid change, and staff redeployment. Birmingham Community Healthcare NHS Foundation Trust responded quickly to support staff and encourage innovation.

Adapting to the changing situation on the wards was challenging due to rapid changes of personnel, people adapting to new roles, colleagues and teams, and at times a lack of clarity as to who was managing who.

ONE REDEPLOYED STAFF MEMBER SAID:

“ I feel I am here on this ward, and I don't know what I am doing, and those who do know what they are doing are too busy for me to ask.

In response, a rapid low-tech communication method to try and improve communication and ways of working was put in place. A piece of paper stuck on the wall was introduced. If staff had questions they wanted to ask, or suggestions to improve the system or practice, they wrote it on the wall.

This became a focal point for the team and enabled sharing of information and ideas. The shifting workforce

were able to pull together systems, at pace, to help people feel supported and improve practice.

This early attempt to bring different perspectives around a common situation contributed to the development of ‘huddles’ where the whole team gathers round a board in the morning and talks about the day ahead.

Benefits for patients

- Safe and effective care from staff who felt supported

Benefits for staff

- Writing on the wall brought a positive experience of being able to constructively challenge practice, and be challenged by others with different experiences, perspectives and expertise

Benefits for the Trust

- All wards now have early morning huddles (this has replaced the need for using ‘writing on the wall’)
- Development of a culture of using common sense and collaboration to make suggestions and changes, and being prepared to try something new

Next steps

- The practice of huddles is embedded promoted as a positive innovation

What we have learnt

- Sharing of experience, ideas and perspectives can lead to new, improved ways of working

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Short Case Study

Increased GP Support

Hywel Dda University Health Board

GPs working within the Hywel Dda University Health Board recognised they would need to adapt the way in which they collaborated with Community Hospitals during the pandemic. There was already a good, highly trusting relationship between the Community Hospitals and local GP practices which enabled flexibility and increase in support.

Prior to the pandemic, GPs were contracted by the Health Board to do a ward round and then return to their practice. During the pandemic this support increased. They came for the ward round at 8am, and they stayed until 5pm to support hospital staff. They would check-in on and hand over to night staff to see if they needed anything. This meant the night staff could talk to someone who knew the patients instead of having to speak to the out of hours service.

When Covid struck, the five GPs in the practice sat down together and decided they would do what they could to provide additional support to Llandovery Hospital. The decision was for two of the younger, fitter GPs without any underlying health conditions to separate from the rest of the practice and work from the hospital. One GP lived in a caravan in the driveway of his home to enable this.

They spent whole days at the hospital, looking after patients and developed the best care plans possible in the absence of ventilators, and with bottled rather than 'on tap' oxygen.

The GP practice collaborated with the Community Hospitals to try and protect their patients by pushing for pre-transfer testing for patients transferred from the main hospital. It took a long time for this process to be implemented, but now it is part of Health Board policy as a means of providing protection.

Benefits for patients

- Enhanced GP support enabled best possible care to be provided to patients

Benefits for staff

- Hospital staff and GPs all worked together to keep everything as safe as possible and a real trusting relationship was built
- The experience was harrowing but has bonded the team and community further

Benefits for the Trust

- Flexibility to support the wider health and social care system

Next steps

- Build on the enhanced working relationship

What we have learnt

- The Community Hospital is a much-loved part of the community
- Supporting Community Hospitals required staff sacrifices reflective of those seen in acute sites

Contact



Sarah Cameron

HEAD OF COMMUNITY NURSING, CARMARTHENSHIRE IN HYWEL DDA UNIVERSITY HEALTH BOARD

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Short Case Study

Wellbeing Conversations

Sussex Community NHS Foundation Trust

Sussex Community NHS Foundation Trust has 11 Community Hospitals spread over a wide geographical area. During Covid the Senior Leadership/Management Team based themselves across all community sites. This allowed them to build both relationships and have a visible presence with staff and be more aware of site-specific issues. Staff were open in sharing challenges with the senior leadership team, the good, the bad and the ugly and this in turn helped them as leaders to support and problem solve issues staff were experiencing. An example being additional breaks were added to shifts, to make sure staff were hydrating themselves with wearing PPE. This helped staff realise that they didn't need permission take a break if they needed it. The teams made health and wellbeing quiet areas for staff to take themselves off too and this empowered them to use these areas.

Peer support was important in the senior management team. The leadership team in the West Sussex area initiated "West Sussex Chat" every Thursday. It was specifically NOT for talking about work. It was a conversation for anyone to join and talk about anything not to do with the business agenda. A lot of conversation revolved around individuals' physical activity and challenges. Importantly this meeting has engendered a positive change in senior staff around their own wellbeing. Being able to call in and share how they are doing and talk about anything from healthy eating, hula hooping cooking new recipes, to walking the long way to work was helpful. The team got to know each other better as individuals so on teams calls together about

work it felt vastly different. As a senior leadership team, even though they had not at that time all met face to face, they have developed into a robust supportive team. This has improved communication, relationships and increased the teams support network.

Benefits for patients

- Care for by staff who felt valued, supported and cared for

Benefits for staff

- Focus on their wellbeing during a time of unprecedented challenge
- Supportive measures introduced
- Staff feeling empowered

Benefits for the Trust

- Staff feeling valued
- Senior Management Team developed enhanced working relationships
- Improved focus on wellbeing at all levels of the organisation

Next steps

- To continue to focus on wellbeing and build relationships

What we have learnt

- Proximity of senior managers to the team allowed for staff centred solutions
- Wellbeing can be relatively easy to do and investing in it sustained the team

Contact



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Short Case Study

Knitted Hearts

Gloucestershire Health and Care NHS Foundation Trust

Gloucestershire Health and Care Community and Mental Health Trust developed a range of innovations during the Covid-19 pandemic to support people – patients, families, and colleagues.

One of the most significant changes in practice came from one of the hospitals setting up a Family Communication Team – an idea which spread across the six other Community Hospitals in the Trust. This ensured that the families could still make connections with their loved ones when visiting was not possible – both by communicating through the team, and through some inspired and creative ideas they implemented.

One such idea which supported patients and families who couldn't be together was providing a pair of identical knitted hearts. These were small, soft hearts which were comfortable to hold in one hand. One heart stayed with the patient, and one with the family, creating a feeling of connection.

As well as the knitted hearts, there was of course access to the team made up of colleagues who were shielding and those working from the hospital. Training was put in place involving the hospital chaplains to ensure that they had the right skills to support family members.

Daily meetings with the ward team ensured a joined up approach to communication and so that ward staff did not feel they were losing their connection to the families.

They facilitated the use of iPads and other forms of communication between patients and families, enabling emotional connection for example through the joint reading of poems.

Benefits for patients

- Providing knitted hearts was just one 'comforting touch' put in place by the Family Communications Teams to ameliorate the distress of families and friends being separated at a time of crisis

Benefits for staff

- Reduced distress for patients and families

Benefit for the Trust

- Maintaining communication between families and patients which was vital when face to face visits were not possible

Next steps

- Continue to use knitted hearts and virtual communication where appropriate

What we have learnt

- Small, easy to implement, ideas can make an enormous difference
- Families and patients feeling connected was important as was the "comforting touch" of the physical knitted heart

Contact



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Short Case Study

Hearts of Care

Cornwall Partnership NHS Foundation Trust

A simple but effective innovation started at Helston Community Hospital looks set to become a standard strategy to support patients and families, particularly in the end-of-life care.

Helston Community Hospital made the most of having a member of the Cornwall Partnership NHS Foundation Trust Patient Experience Team based in their setting. This role supported staff to develop new ways of enabling patients and their families to share messages and stay connected.

The daunting thought that relatives would not be able to be with their loved ones during this exceptional time put strain and emotion onto the shoulders of all the nursing staff who worked together to come up with different ways in which the team could help to keep patients and their loved ones as close as possible at the end of that patient's journey.

The 'Hearts Project' was launched, and staff, plus members of the public who wanted to knitted, sewed or crocheted pairs of matching hearts to connect patient's physically to their relative. A heart would be placed with the patient and a matching heart given or sent to the family to connect them, along with sentiments or bereavement support information. They made them as personal as possible and they became part of everyday connection, along with phones and iPads.

Something special was wanted for Helston and there was internal fundraising which enabled a local person to create a heart mural to improve the experience for family members as well as the team. There were many positive comments about the project and it will continue.

Benefits for patients:

- Patients felt connected to their families.

Benefits for staff:

- Staff felt they were providing the best care in difficult circumstances.

Benefits for the Trust:

- Staff felt supported and enabled to problem-solve creatively.

Next steps:

- The Hearts scheme is currently being used with end of life care patients and will be an ongoing option even as they move back to full capacity visiting.

What we have learnt:

- Maintaining the personal, sensitive touch with people outside the hospital was vital to patients and families.
- It's a simple thing but effective.



Contact



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Short Case Study

Support from the community

NHS Lanarkshire

NHS Lanarkshire had the support of the local community in helping them through the worst days of the Covid-19 pandemic, boosting staff morale and reinforcing the role of community hospitals not only as a key player in the local health system, but a valued part of the community.

Local communities came together to show their support and provide practical help and kindness to the community hospital settings. These contributions boosted staff and patient morale and helped them feel valued and part of the community. It supplemented staff wellbeing support through one to one or group sessions with a staff care specialist from the spiritual care team.

For Kello and Lady Home Hospitals this support was surprisingly varied and included:

- Local families providing meals for staff
- Local distilleries supplying alcohol gel in individual dispensers for staff personal use
- Schools and other groups making visors to contribute to the supply of PPE
- One local girl from the village coming every week to play the bagpipes outside the windows for patients
- Local school children coming to the windows carol singing for patients at Christmas

- Window displays created in Kello showing support for staff
- Scarecrow competitions became an attraction at Lady Home

Benefits for patients

- Stimulation at a time of restricted visiting
- Feeling connected to the world outside of the Community Hospital

Benefits for staff

- Feeling supported and valued by local communities at a time of immense pressure and uncertainty

Benefits for the Trust

- Recognition of the work being done by staff and support for their wellbeing
- Engagement from the local community

Next steps

- Build on the engagement from communities

What we have learnt

- This engagement has ensured greater awareness of the role Community Hospitals play in their communities, for residents and other health and care partners

Contact



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Short Case Study

Compassionate Visiting

Somerset NHS Foundation Trust

As the pandemic took hold, Somerset NHS Foundation Trust strived to enable compassionate visiting for end-of-life patients and their families – and even their pets – in a covid-safe and friendly space.

Context

Somerset NHS Foundation Trust has 9 community inpatient wards providing specialist services for adults who require care for a combination of medical and physical needs. This case study focuses on South Petherton, Wincanton and Crewkerne Community Hospitals who routinely all provide end of life care when required as part of their inpatient specialist work. As visiting became extremely restricted across health and care settings during Covid-19, the way patients and their families were supported through end-of-life care changed.



visiting for patients after careful and considered risk assessments, as part of providing compassionate care for the patients and their relatives.

For patients at very end of their life there was a decision taken to arrange specific booked visits with their next of kin where appropriate, with the consent of the patient. The visiting family members were required to wear masks, gloves and apron and an allocated staff member supported the donning and doffing of all Personal Protective Equipment (PPE) to ensure it complied with the national guidance and that it was worn for the entirety of the visit.

At each hospital, risk assessments were completed on how the buildings could best support safe visiting in specific circumstances. This included using side doors from outside spaces, the development of balcony visits and visits taking place in outside spaces.

Technology was also used effectively too. The Activity

What we did

During the Covid lock downs, spaces in the hospitals not normally used were accessed to enable covid-safe

“ We always tried to ensure someone sat with the patient if family members were unavailable, including me, as Senior Ward Sister. One patient’s relatives commented after their loved one had died that they would miss us as the team had become family to them as well. ”



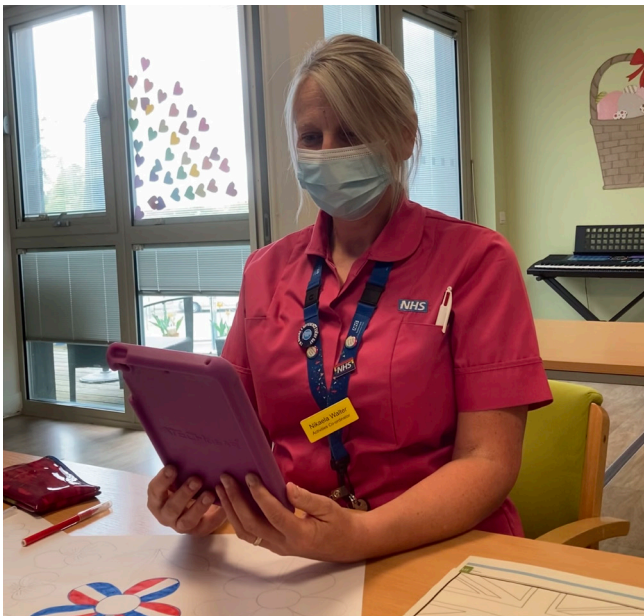
KATIE HART – SENIOR WARD SISTER AT CREWKERNE COMMUNITY HOSPITAL



Coordinators managed an iPad visit booking system where family members who couldn't visit were able to connect virtually with their loved one.

We were able to ensure connection between patients at the end of their lives and their relatives through risk managed compassionate visiting, using a variety of appropriate environments in our hospitals.

“ Everything possible was done



Benefits

BENEFITS FOR PATIENTS

- Compassionate care which enabled them to connect with their relatives

BENEFITS FOR RELATIVES

- Pro-active communication and connection when patients were admitted to hospital
- Gave families important time together and provided dignified end of life care.

BENEFITS FOR STAFF AND THE TRUST

- Staff felt confident they had done everything they could to enable contact safely, and this was appreciated by patients and families.
- Learning to use technology to enable virtual visiting
- Stronger understanding of how to support the needs of people receiving end-of-life care and their families in the context of Covid.

Read more in the full case study >



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PLANNING & MANAGING CHANGE

Local management

This case study describes the local clinical and managerial leadership in Nairn Town and County Hospital that led to early preventative action at the start of the Covid pandemic. Swift local action was taken in order to safeguard the health of the population, building on the existing strong relationships across staff and the community and across primary and community care services.

KEEPING OUR COMMUNITY SAFE
NHS HIGHLAND

Tetbury Hospital Trust is a small, independent community hospital supported by its local community. At the start of the pandemic Tetbury Hospital began to organise their personnel and services to ensure best possible support to the health of the local community, the wellbeing of their staff and volunteer communities, and the wider health economy across Gloucestershire and Wiltshire. There were many examples of support to the local health service as well as to staff and volunteers.

COMMUNITY SUPPORT TETBURY HOSPITAL TRUST

The Senior Team Huddles in Nairn Hospital were used to plan collaboratively across the services, to identify patient needs and staffing requirements, agree priorities, and develop a shared plan. Team Leads involved in the meetings included Nurse Managers, Allied Health Professionals (AHPs), social work staff, community nurses, home care staff, hotel services manager, and the administrative lead. The meetings enabled team leads to have more confidence and be more able to support their own staff teams.

SENIOR TEAM LEADER HUDDLES NHS HIGHLAND

In 7 community hospitals, a senior leader was matched with each hospital the idea being that they 'buddied up'. This meant that each Community Hospital site had direct access to a senior manager, available for escalation

conversations and to develop a deep understanding of the needs of staff on the ground in a rapidly changing context. Teams of staff felt supported and listened to, and had the ear of decision-makers. Senior leaders benefited from being truly connected with the reality on the wards.

MANAGERS AS BUDDIES
OXFORD HEALTH NHS FOUNDATION TRUST



Leadership

Multiple local and organisational innovations across community hospitals and intermediate care created a system change. The unique contribution of community services was recognised within the system through innovation and research.

SYSTEM IMPACT OF ORGANISATIONAL INNOVATION
BIRMINGHAM COMMUNITY HEALTHCARE
NHS FOUNDATION TRUST

A new way of working was developed across 7 community hospitals, with a strengthening of leadership at every level. This has enabled a 7 day service to be offered with enhanced clinical and management support 24/7. This has enabled the community hospitals contribution to the service within the whole system to be enhanced, recognised and valued by partners.

A LEADERSHIP JOURNEY TO SUPPORT A 7 DAY SERVICE
OXFORD HEALTH NHS FOUNDATION TRUST





Case Study

Keeping our community safe

Keeping our community safe during Covid – making swift local decisions, working more closely together, and making the most of our community hospital and our community.

Context

This case study describes the local clinical and managerial leadership that led to early preventative action at the start of the Covid pandemic. Swift local action was taken in order to safeguard the health of the population, building on the existing strong relationships across staff and the community as a whole.

Nairn Town and County Hospital and Primary Care Centre serves a population of around 15,000 people living in the Nairn and Ardersier area and is managed by NHS Highland. The hospital has an inpatient ward, Minor Injuries Unit, physiotherapy, occupational therapists, X-ray/ultrasound, integrated Care Team, Community Mental Health Team and outpatient clinics. The hospital is also a base for the Scottish Ambulance Service, midwifery, children’s services and dental services.

What we did

Dr Baker, as Clinical Lead, took early action to safeguard the community and staff acting on advice from colleagues internationally. Dr Baker locked down the GP practice and Nairn Town and County Hospital on 11th March 2020, and implemented safeguards such as managing and limiting access to the building, temperature testing and hand-washing.

Dr Baker made an [educational public health video](#) in early March, advising people to act as if they had covid and suggesting measures such as social distancing to protect themselves against the virus.

As far as we know, this was ahead of any other local health care system. Since then, the local team, made up of all clinical and management leads have strengthened their ways of working together to make local decisions about how to manage and deliver the services locally in a safe and appropriate way.



DR ADRIAN BAKER

[Watch the video here >](#)



This was through frequent Team Leader meetings where operational challenges such as safety, staffing and patient flow were discussed.

These meetings included team leaders from community services, the community hospital ward and Minor Injury Unit, Allied Health Professionals, primary care, social work, hotel services and administration. The challenges of the pandemic were considerable, and staff describe the meetings being open, honest and emotional.

The meetings were supported by Ros Philip, Divisional Manager, and were considered a way for each team leader to then feel strong enough to manage and support their own staff team.

Staff cooperated across the services where there were shortages. As an example, physiotherapists worked in the laundry washing staff uniforms, to save them having to be taken home with a contamination risk.

Local community support was high, such as donations of gifts and equipment. An example was the local builders who converted rooms into a covid assessment unit (red room) within a week, giving this a top priority.

“ We worked well together before, but this strengthened us.

SUSAN SKINNER, CHARGE NURSE

Outcomes/Benefits

- To date none of the patients on the ward have tested positive for Covid-19
- Nairn Hospital is considered to be the first hospital in the UK to lockdown in 2020
- Compassionate care could be offered through arranging safe visiting to patients
- Strengthening of relationships across practitioners and the community
- Confidence in local solutions for local people
- Appreciation for clinical and managerial lead locally
- Understanding of community capacity

“ We closed our doors before others. There were no patients with Covid at all. We only had one member of staff who tested positive during the whole time.

SUSAN SKINNER, CHARGE NURSE





Learning and Sustainability

- The benefits of locality planning and a place-based approach.
- The benefits of local solutions for local services, particularly in remote and rural areas
- The value of strong clinical leadership
- The flexibility of staff in rural areas such as Nairn
- The impact of safety measures on the quality of the experience of health care for the patient and their loved ones, especially for those at end of life
- The need for organisational support

“ We were in a wee world of our own in the building. Once you had screened yourself, entering the building and came into the ward, life went on as before apart from masks and visors, just with more adrenalin and fear.

SUSAN SKINNER, CHARGE NURSE

Staff interviewed made the following suggestions for top tips:



TOP TIPS FOR OTHERS

- People and clinicians need short simple messages and actions – keep everyone informed
- Invest in people in your communities
- Have confidence in appropriate local solutions

Next Steps

According to staff interviewed, the experience of the pandemic has further strengthened integrated working across health and social care services including the community hospital, community services, adult social care and primary care. The regular Team Leader meetings are continuing and are highly valued.

There is support in Scotland for a “place-based” approach to health and social care. The experience in Nairn during Covid-19 shows the value of taking a community-based approach, with local decision-making.



Contributors

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Case Study

Community Support

Tetbury Hospital Trust case study

Tetbury Hospital Trust is a small, independent community hospital supported by its local community. In March 2020, Tetbury Hospital began to organise their personnel and services to ensure best possible support to the health of the local community, the wellbeing of their staff and volunteer communities, and the wider health economy across Gloucestershire and Wiltshire during the Covid-19 pandemic.



Context

As the pandemic hit, there was careful consideration as to what services Tetbury Hospital could continue to offer to the local community, in the light of the decision to stop all elective services. Even before elective services were halted, attendance to appointments were dropping, and there was a concern that delay to diagnoses and procedures would negatively impact the health of the local community as well as impact the finances of the hospital. In addition, there were furloughed staff and equipment that wasn't being used at Tetbury that could be useful in other health settings.



What we did

There were several changes that Tetbury Hospital recognised they could make in order to provide support to three levels of community:

LOCAL COMMUNITY:

- During the uncertain fortnight before lockdown was announced, a decision was taken to stop all elective services. Theatres closed, as did the Outpatient Department. However, Tetbury Hospital did what it could to continue to provide as much care as possible to the local community, in a covid-safe manner. It was clear that General Practice and the large Acute hospitals were becoming overwhelmed, and that people who required assistance for non-Covid related healthcare issues were either choosing to stay away or were finding it difficult to access services. For that reason, the decision was made to keep the Minor injury and X-ray clinics open throughout the pandemic.

Case Study

Community Support



- The Minor Injury service moved to a separate part of the building which had its own entrance and enabled social distancing while patients were waiting and being observed. The area was previously used by another Trust who delivered physiotherapy from the hospital. The area was given back to the hospital as they too changed the way they delivered their service during the pandemic.
- Keeping Minor Injury and X-ray open meant there was always access to healthcare and an open door at Tetbury Hospital, and patients started to come from further afield.
- Patients on the Hospitals waiting lists were not forgotten, phone consultations were introduced which helped to increase the number of outpatient consultations that could happen. Patients were given advice, sent prescriptions for medications, and when required listed for surgery, so when the Day Surgery Unit reopened their operation could be booked.
- The ophthalmology department continued to provide care, performing a notes review and prioritising patients whose condition would deteriorate most if left untreated. Inviting those patients in who require an urgent assessment, changing the pathway and booking system to avoid time spent in waiting rooms.
- The hospital even managed to open a new service during lockdown – they now have an echocardiogram service to complement their cardiology outpatient service. Patients previously had to go to the acute hospitals but now Tetbury is commissioned to offer it locally – a lasting benefit to the local community.



TRUST STAFF AND VOLUNTEER COMMUNITY:

- Staff wellbeing was central and so a dedicated counsellor, previously available only to staff face-to-face, was made available by phone to all staff.
- The upheaval around working and furlough was difficult for all workforces, and flexibility was key to Tetbury supporting its staff community. Staff had the choice of being seconded, going on furlough or staying in the hospital to deliver care. The closing of services was particularly challenging for zero-hour contract staff so the hospital helped them in finding other opportunities. Some administrative staff were able to remain in role, and a new VoIP phone system, which had only been installed months before lockdown, allowed people to work from home, with no change to the hospital telephone numbers.
- The CEO sent out regular team briefings to keep all staff informed and feeling part of the community. It was decided to include everyone – including those on furlough. It is thought that keeping everyone involved and up-to-date about changes contributed to the high return rate of staff as they knew what had happened.



- As well as the staff, Tetbury's hospital community includes a strong cohort of volunteers. Many of whom were over 70 and so they were asked to stay at home to protect themselves. When they returned in January 2021, planning was in place to enable them to work safely.

THE WIDER HEALTH AND CARE COMMUNITY:

- While supporting the patient population, and the hospital community, Tetbury was also able to support the wider health system across Gloucestershire and Wiltshire.
- As the hospital was in a position to be flexible with its workforce, they seconded staff to work across the NHS within theatre and on the acute wards – on the front line. The hospital was also able to support other hospitals in the local health ecosystem by sending PPE that they didn't need since their theatres were now closed. They loaned their ventilators to the local acute NHS hospital under a formal loan agreement. They also offered the hospital site for use in its entirety but it wasn't suitable for overnight stays and lacked catering facilities, so it wasn't a feasible option. But they provided other support where it was needed.

“ We worked really hard to help as much as we could within the county and within Wiltshire. It was hugely rewarding, but quite a traumatic time trying to manage it all.

ZENA DALTON, CHIEF EXECUTIVE, TETBURY HOSPITAL TRUST



Outcomes

- **Beneficial changes for patients** such as the smoother ophthalmology pathway and the new Cardiac Echo service are benefiting the local patient community and the changes are therefore staying in place.
- **More awareness of the hospital among the local community**, and wider afield: Having kept an open door, Tetbury was valued for being small, local and accessible and so this has enhanced awareness of the hospital among the community. The Minor Injury Unit has now become a Minor Injury and Illness Unit, thereby offering more services to the community.
- **The care and flexibility shown to the staff and volunteer community** has supported really high re-uptake of jobs once everyone was able to return to work.
- **Stronger Relationships with partners** – Providing essential support during the crisis and now with recovery, has really benefitted working relationships which will have a lasting impact.



Learning

If the same thing happened again, the CEO reflects that she would include volunteers in the briefings and communication that kept staff informed as there was very little contact with them until January 2021.

Where we are now

Staff and equipment have now been returned to Tetbury and the hospital continues to support their NHS partners by offering operating capacity in order to assist the NHS in recovering its elective care waiting times, and to support the local patient community with excellent care provided by a motivated and valued workforce of staff and volunteers

“ Picking up the phone to operational and middle management staff in the two local acute hospitals helped us to offer vital support in a timely fashion, so our resources were not wasted and were directed to those who needed them.



TOP TIPS

Contact



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Short Case Study

Senior Team Leader Huddles

Nairn Hospital

Nairn Town and County Hospital and Primary Care Centre is a rural hospital serving a population of 14,000 in the Highland Health Board. At the start of the pandemic Ros Philip, the District Manager instigated and attended regular Team Lead meetings, to bring senior staff together from the Community Hospital and the community.



Team Leads involved in the meetings included Nurse Managers, Allied Health Professionals (AHPs), social work staff, community nurses, home care staff, hotel services manager, and the administrative lead.

The meetings were used to plan collaboratively across the services, to identify patient needs and staffing requirements, agree priorities, and develop a shared plan. Team Leads therefore had more confidence and felt more able to support their own staff teams.

Initiatives arising from these discussions included the creation of a Covid store for the hospital and community. Staff described what it was like working in a small Community Hospital, covering roles and working extra

“ We had to get our strength from somewhere and as Team Leads, we could help each other out.

TEAM LEADER

“ I think for me, the blessing of this place is how closely everybody worked together.

MATRON

hours. Nurses working in the MIU, ward and community team would help each other's team as skills permitted. One example given was physiotherapists, whose clinics had stopped, helping in the laundry to help cope with the increased demand from laundering staff uniforms and patient laundry.

Benefits for patients

- A well managed service with staff working collaboratively to meet patient needs
- An integrated service across the community and Community Hospital

Benefits for Community Hospital staff

- Support from the organisation
- A greater bond with other Team Leaders providing peer support

Benefits for the system

- Planned and managed integrated working across hospital and community
- Support for local Team Leaders which enabled them to support their staff

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Short Case Study

Managers as buddies

Oxfordshire Health NHS Foundation Trust Community Hospitals

When the second wave of intense pressure from Covid-19 pandemic loomed, Oxfordshire Community Hospitals used what they had learned in the first wave to shape their response, including in the way the leadership teams operated, and the idea of Managers as Buddies was born.

In the first wave, the focus of leaders within the Trust was on the broader strategic and emergency measures, and compliance with national requirements. They had to step away from operational support to focus on the management of the virus. In preparing for wave 2, it was decided that leaders would be more visible across the Trusts *“being present and listening, to witness first-hand the pressures and the realities on the wards, and to give the staff team support”*.

Participation was voluntary, but all were keen to get involved. A senior leader was matched with each hospital site, the idea being that they ‘buddied up’. This meant that each Community Hospital site had direct access to a senior manager, available for escalation conversations and to develop a deep understanding of the needs of

staff on the ground in a rapidly changing context.

Each individual and site arranged the buddying to suit the context – some spent whole days working at weekends from the site, donning scrubs and getting stuck in on the ward, or doing their ‘day job’ from that site. Others arranged to pop in at particular touch points.

Benefits for patients

- Additional capacity on the wards to ensure the best possible treatment and outcomes

Benefits for staff

- Leaders felt energised and refreshed as they re-utilised their practical nursing experience – felt part of the team in a different way.
- Teams of staff felt supported and listened to, and had the ear of decision-makers more

Benefits for the Trust

- Leadership truly connected with the reality on the wards

What next?

The scheme was felt by the leaders to have been a great success. There is an intention to review, with staff, how it felt and how it worked. Any desire to continue must be balanced with the need to ‘recover our leaders as well as our staff’ and ensure that staff feel listened to and supported, rather than ‘checked up on’. The most likely development is that this will be used as a winter scheme, to mitigate winter pressures and maintain the engagement and team gains.

“ It was about staff knowing that we were still available, that we appreciated them. And just trying to help out. But it also enabled us to find out more about what mattered to staff.

SENIOR MANAGER

Contact



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Case Study

System impact of organisational innovation

Birmingham Community Healthcare NHS Foundation Trust

Context

Birmingham Community Healthcare NHS Foundation Trust services are diverse. There are over three hundred beds across multiple sites which include two community hospitals and three Intermediate Care Units. There are five divisions in the trust:

- **Adult Specialist Rehabilitation** – deliver services across bedded units and include Stroke Rehabilitation, Elderly Rehabilitation and a range of multiple outpatient services including Musculoskeletal, Podiatry, Nutrition and Dietetic Specialist Weight Management, Wheelchair Service, Equipment and Technology and Specialist Services Amputee, Orthotic and Neurological rehabilitation services.
- **Adult Community** – this consists of thirty-six hubs of MDTs (multidisciplinary teams) across the organisational footprint aligned to PCNs (Primary Care Networks). Each includes Occupational Therapists Physiotherapists and District Nurses. Other specialist services within this division include Continence and Falls prevention.
- **Dental** – this includes a Dental Teaching Hospital linked to the University of Birmingham.
- **Adult Learning Disability** – this service is provided across several centres for adults with learning disabilities.
- **Children and Families** – this is the biggest division. It covers a wide range of specialist services.



The Trust values Research and Innovation and has an established team who support this work with active links to universities and national research programmes.

The pandemic challenged every member of every team, frontline and corporate but they continued to innovate to support delivery of safe, effective services and became Covid-19 research active when the opportunity arose.

What we did

Clinical Care became a key area of focus in terms of managing patients with Covid-19, adapting to national changes in service provision and supporting the local health and social care system.



PATIENTS WITH NASO-GASTRIC (NG) TUBES

On the adult rehabilitation wards particularly those dealing with patients who have had a stroke or have a neurological condition an alternative to oral feeding is often required. Prior to the pandemic patients would not have been accepted into the Community Hospitals with a Naso-Gastric tube especially those who are confused and more likely to pull out the tube and would have remained at the acute Trust until a Percutaneous Endoscopic Gastrostomy (PEG) had been put in place. Due to the pandemic PEG were no longer being sited meaning patients who required alternative feeding had NG tubes in place. The team knew they needed to respond differently to support this group of patients.

Staff from the Community Nutrition Team were redeployed to work in the Community Hospitals. This enabled many staff to be trained in supporting patients with NG tubes at pace and ensure they felt competent and confident in managing patients with them. The Registered Nurses on the ward were trained by the Community Nurses while the Health Care Assistants and Allied Health Care Professionals were trained by the ward Highly Specialist Dietician

The impact of using redeployment creatively was impressive and has led to sustained change and increased equity of access. Patients with NG tubes will continue to be admitted for early for rehabilitation.

DR ZACCHAEUS FALOPE SAID THE TEAM WERE CLEAR IN SAYING:

“ Nobody will be turned down because of a NG tube

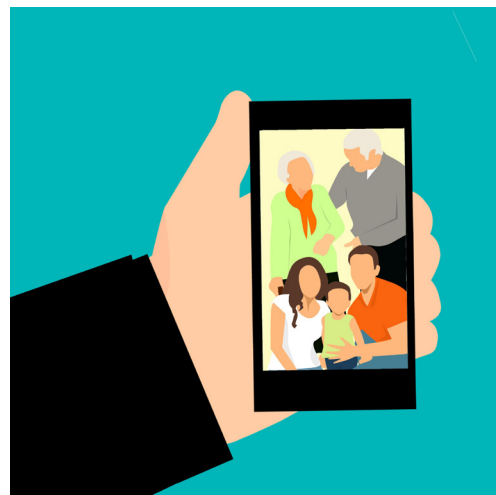
CHANGING THE FOCUS OF CARE

The profile of patients being seen in the Community Hospitals changed. There was a shift from rehabilitation to delivering more sub-acute care to support discharge from acute wards. This challenged staff to develop additional skills and gain confidence in managing different situations. Extra training was quickly put in place to support this change. This change will ensure a long-term flexibility in the care local Community Hospitals can provide.

FAMILY LIAISON

At the height of the pandemic there was no visiting in the Community Hospitals. The Trust utilised the wide range of skills of available staff, mainly from Corporate Division, who were redeployed to create a Patient Flow Liaison Team. Non-clinical staff acted as the link between patients and their families. This was positive in terms of communication, linking with families on Facetime and using iPads.

Families were incredibly grateful for this connection with their loved one. This team made a positive difference reducing stress and anxiety. This team freed up time for clinicians to focus on clinical care at a time when guidance was changing rapidly which supported safe and effective care for patients in the Community Hospitals.





END OF LIFE CARE

Redeployment made a difference and brought opportunities around greater therapy input in End-of-Life Care. This was made possible by the redeployment of Occupational Therapists (OTs) into Community Hospitals where some patients were approaching End of life and wanted to die at home. The increased OT support meant this group of patients were discharged home more quickly giving them additional time in the place they wanted to be.

The learning from this change in practice has prompted the Trust to consider the therapy provision and workforce model across the Community Hospitals. This includes looking at whether there are alternative ways of achieving the outcomes delivered by redeployed specialist and corporate staff through additional training, using resources differently and the use of volunteers.

EARLY INTERVENTION SERVICE

Adult Community Trust services became an integral part of introducing an Early Intervention initiative as part of the emergency response across the system footprint in collaboration with the ambulance service and other stakeholders. The aim was to try and reduce the number of people being admitted to the acute hospital by supporting them in their homes or redirecting them to newly created pathways. This change was challenging on a background of the pandemic but supported appropriate patient flow and enabled local people to receive care closer to home.

Elderly people who sustained falls could be seen and assessed by the Early Intervention Community team at home and then relevant community services accessed to provide the necessary wrap around care. This resulted in a reduction in pressure on the Ambulance services, Urgent care and the Acute Trust. It helped patients avoid the trauma of a hospital visit during a time of high anxiety due to Covid-19. This change in process has been widely accepted as beneficial and is here to stay. This is likely to change the profile of patients accessing rehabilitation in local Community Hospitals in the future.

ATTEND ANYWHERE

The Innovation Team supported the roll out of Attend Anywhere as part of the shift to virtual appointments. The Research Team have been evaluating this to inform future models of service delivery. The evaluation is ensuring data is collected and reviewed as to which services it works well for and which it doesn't.

For musculoskeletal services virtual appointments don't work so well as there is often greater benefit in being hands on during an assessment. Nutrition appointments work well on-line as the focus is advice and information sharing. Community teams prefer to see people in their home as they gain greater insight into contextual concerns and environmental factors which aid a holistic assessment.

The Trust are the lead providers for Attend Anywhere and this is an innovation that will be sustained. This is an example of planning for the future running alongside implementation of the changes resulting from Covid.



CARE HOMES

The Adult Community Division had to change the service they offered Care Homes. Supporting Care Home residents and staff was a critical part of the early pandemic response. During Covid it was important to have less traffic going in and out of Care Homes to reduce the risk of transmitting the virus. Conversations were about how we kept the Care Home residents in their Care Home safe and well.

The traditional support of Community Nurses visiting individual patients was restructured and transformed to include more virtual in reach providing education and training, clinical advice and support. This allowed appropriate admission avoidance and early discharge from hospital to maintain system flow.

In conjunction with the University of Birmingham this is now the subject of ongoing research. This care home proof of concept report will inform how Care Homes across Birmingham and Solihull will be supported in the future. It will lead to collaborative planning and decision-making about what processes should be in place in terms of meeting the needs of patients, families and staff as well as cost and resource analysis.

HUDDLES

A considerable number of staff were redeployed in the early part of the pandemic. This posed some challenges for staff in the Community Hospitals. On the wards, there was lack of clarity around who was managing who with rapid changes of personnel sometimes from one day to the other. People were adapting to new roles and working in clinical environments they had not been in for many years.

ONE REDEPLOYED STAFF MEMBER SAID:

“ I feel I am here on this ward, and I don't know what I am doing, and those who do know what they are doing are too busy for me to ask.

In response, a rapid but low-tech communication method to try and improve the situation was introduced. This was a piece of paper stuck on the wall where all staff could access. If staff coming into the setting had questions they wanted to ask, or suggestions for ways to improve the system or practice, they were encouraged to write it on the wall.

This became a focal point for people on the team and enabled the sharing of information and ideas despite the daily changing of staff. The shifting workforce were more able at pace to pull together systems that were able to help people and brought a positive experience of being able to constructively challenge practice, and be challenged by others with different experience, perspectives and expertise. This helped to develop a culture of using common sense and collaboration to make suggestions and changes and being prepared to try something new.

It is likely that this early attempt to bring different perspectives around a common situation led to the introduction or embedding of huddles. This was a relatively new concept for the Community Hospitals where the whole team gathers round a board in the morning, and talks about the day ahead sharing operational



issues, particular challenges or opportunities to change practice. This is now embedded and being promoted as a positive innovation with all wards now having early morning huddles.

STAFF WELLBEING

In response to the changes discussed above, the Trust became focused on the health, wellbeing and personal resilience of staff. They provided resources some of which were paper based, some electronic and some via the intranet.

The message was *“We’re here for you, we’re listening.”* and line managers were trained to amplify and spread this message. It became well embedded and included regular staff wellbeing supervision sessions. Some of these resources were linked to and provided by the health and wellbeing team.

The Trust piloted an interactive feedback mechanism for staff daily. This was through the Speak Happy App, an app visible on the wards. As staff left after a shift, they could press a button with the face on it that most expressed how they were feeling at that moment. This was tried on the end-of-life care ward. Capturing this live feedback meant staff support resources could be targeted to have the greatest positive impact.

DR CHRISTINE BURT SAYS:

“ The feedback that we received from this app captured the mood of the staff, providing simple, easy analysis. People appreciate being able to say how they feel especially if it can be acted upon to make improvements.

In addition, line managers tried to incorporate health and wellbeing of staff as a focus for all their work.

Compassionate leadership and compassionate care were embedded. There was more investment in staff training, particularly around bereavement support. There were two Reverend Ministers appointed during the pandemic to enhance pastoral support. They have been funded to remain in post. A spiritual questionnaire was circulated to staff, asking about spirituality. This is something new, scoping what staff think about and might benefit from in relation to their spiritual and emotional needs.

A series of listening events to help reflect on experiences and plan were put in place. These were two-hour workshops exploring from everyone’s perspective what were people’s pinch points, concerns, experiences as well as what opportunities and ideas for the future.

This opportunity to get together and discuss led to a greater sense of ownership and more effective changes and solutions. There was a reminder of the additional research and workloads that had emerged through Covid in the context of an existing challenging workload and with an already stretched workforce.

The Trust has set being a ‘Great Place to Work’ as one of its overarching objectives moving forward and learning from the initiatives developed during Covid will help inform this priority workstream. There is a feeling that they are really trying to get it right now in terms of looking after staff and wellbeing, recognising that not



enough was in place at the start of the pandemic. They have recognised the need for staff members to find time to speak together to share their experiences.

Research Team

The Research Team were redeployed during the initial pandemic response with clinicians returning to work on the front line and non-clinical staff taking on a discharge clerk role in Community Hospitals.

The Director of Research and Innovation took on a variety of roles during redeployment from cooking in Mosely Community Hospital (she had the necessary qualifications), working in the Drive Through Swabbing Service and supporting the Care Home swabbing programme.

Later in the pandemic the need for research increased and the Trust stepped up to play their part in this vital work.

The team was deployed to work on the ISARIC (International Severe Acute Respiratory and Emerging Infection Consortium) research project that helped to define the symptoms of Covid. Involvement in this work demonstrated that it was not just patient facing staff who were facing traumatic experiences because of the pandemic.



Dr Burt reflected that when the team first started doing research on the ISARIC study, the team would sit together in the Community Hospitals, reviewing the notes of each patient to record their age, ethnicity, medications, history etc to upload into a national database. The ISARIC study contributed to the identification of additional Covid-19 symptoms such as anosmia the loss of smell. This was an important contribution to the research. Non-clinical team members spent days gathering data from patient records leading to a familiarity with patients Covid-19 history. On some occasions this was challenging to read about patients who appeared to be improving only to turn a page to discover that they had died.

The Director of Research and Innovation tried to check on the staff working at the Community Hospitals. They were in side-rooms looking at patient notes and it felt relentless. Staff were encouraged to step away and do something else for a few days to support their own health and wellbeing. This did highlight that those treating patients did not have the luxury of stepping away.

The team participated in the Public Health England sponsored study Prospective active national surveillance of preschools and primary schools for SARS-CoV-2 infection and transmission in England, June 2020 (sKIDs COVID-19 surveillance in school KIDs). This was an intense period of input in eighteen schools per week over 4 weeks completing swabbing and saliva analysis of teachers and pupils. A longer study involved four schools over a year with intermittent visits each term which also involved taking blood samples. This work proved the efficacy of the “Bubble” precautions and was a significant contribution to the national programme of safety measures. It did mean that staff who had been redeployed to Community Hospitals were recalled to their research roles. The team now has a research portfolio plus a Covid research portfolio. While conducting this work was important, rewarding and essential it did mean staff were carrying high workloads, something the Trust recognised.



PATIENT FEEDBACK

For the family liaison initiative, the feedback was incredibly positive. Patients and families were particularly positive about the staff who were deployed as discharge clerks. Families were grateful for the member of staff with the time to log on to Facetime to let them see their loved ones. This was massively appreciated and made a significant difference. One family member commented that this was “*a lifeline of connection.*”

The Trust piloted an electronic means of getting feedback in the moment which was developed first in the MSK service. This enabled getting immediate responses from patients and it showed a high level of satisfaction. The speed at which staff received the feedback was helpful and encouraging. The Trust is rolling out digital means of getting feedback across a wider range of services.

Community Connexions is an NHS-led programme which seeks to work with local communities to improve health. We will engage with communities, including underserved communities, and listen to what they have to say about health and healthcare services. We will work collaboratively to identify priorities, co-design research and propose innovative solutions. The initiative was funded by the Clinical Research Network in the West Midlands and will be another mechanism for tackling health inequalities post-Covid.

VACCINATION

The Trust delivered the vaccine rollout in schools which was a huge task over a short period of time. Learning from delivering other initiatives during the pandemic supported this to be done safely and effectively at pace.



Learning

- Other organisations now recognise the community trusts more as a ‘player’ alongside the acute hospitals and primary care. Previously there was a lack of understanding of the role and contribution of community services but having really stepped up in the pandemic this has changed.

DR BURT REFLECTS:

“ Our Community Hospital step-down beds became general medical/nursing beds to free up acute beds for Covid patients. Coupled with the community engagement that we are doing; this is making us a stronger player.

- From a research perspective academic institutions and researchers understood the NHS as mainly acute and primary care. Now those researchers are seeing the importance of out of hospital care.



- Many of the changes outlined above are linked to redeployment of staff. This is likely to be repeated in the future, so the lessons learned are important. The workforce remains the same size, but the work is growing and changing in nature.
- The importance of partnerships in planning for the future is illustrated by the Long Covid service. This is a new service for people with exhaustion, fatigue and other lasting effects of Covid. This new service requires ongoing resource, and the Trust are delivering the service and finding that resource in collaboration with University Hospitals Birmingham. This is an example of planning for the future running alongside implementation of the changes resulting from Covid.
- Some of the innovations introduced to the Trust are going to help them streamline and be able to do more things, at greater pace than before but there's a painful point before it gets better. Teams need the headspace and time to think about it and resources to sustain delivery.
- Some changes have resulted in improving equity of access to services, something the Trust is keen to sustain and grow.
- In terms of the specific changes locally, it's the combined effect of all those initiatives in Care Home, on the wards in the Community Hospitals, the Early Intervention Team developing processes including a single point of access for assessment and triaging that has created the immense change required to respond to the pandemic. It is difficult to single out one as being more important than another. All those initiatives have helped to move things forward in a streamlined way. It's impressive and something to be proud of.
- Many innovations have been presented internally and evaluated to ensure learning. The positive focus within the organisation on research and innovation may well have supported teams to deliver so much at pace. During Covid teams had to revolutionise how they operated.

DR BURT REFLECTS:

“ I think, from a bird's eye view, the most significant change to the NHS in general is that although we think it is a big organisation and slow to change, during Covid we saw things change on a pinhead. So, we have learned that it is possible to create change and agility if we really need to. The key is we can do this!

It's about us as the Community Trust stepping up and getting involved, and external stakeholders recognising our role.



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Case Study

A Leadership Journey to support a 7 Day Service

Oxford Health NHS Foundation Trust

Purpose

A new way of working was developed across the community hospitals, with a strengthening of leadership at every level. This has enabled a 7 day service to be offered, and the community hospitals contribution to the service within the whole system to be enhanced, recognised and valued by partners.

Context

Oxford Health NHS Foundation Trust manages community hospitals in Abingdon, Bicester, Didcot, Oxford City, Wallingford, and Witney. The community hospital beds provide an intermediate, rehabilitation, acute and end of life care service. The community wards have multi-disciplinary teams, with 4 Matrons leading the 8 wards.

The main service activity on the wards, such as admissions, discharges and therapies was between Monday to Friday during the day, when the full range of Allied Health Professionals (AHPs) were on duty. For evenings and weekends there was an out of hours on-call system staffed by managers across Community Services who were not always familiar with the details of the service. With the increase demand on all services during the Covid-19 pandemic, a decision was made to enhance the community hospital service offering to a 7 day service, with appropriate clinical and management support.



What we did

There was an urgent need for patients to have improved access to community-based inpatient care at all times and there was increased pressure on the services across the system.

The Matrons for the community hospitals in Oxfordshire Health NHS Foundation Trust came up with a proposal for a new way of working in the second wave of the pandemic. They developed a system whereby one Matron had an operational responsibility for all community hospitals for a 7-day period. The Operational

Case Study

A Leadership Journey to support a 7 Day Service



Matron became the single point of access for partner organisations such as the Acute Trusts and Social Care with the inpatient services.

The other 3 Matrons had clinical responsibility across the rest of the community hospitals. This arrangement was on rotation, so each Matron had regular experience of operational and clinical responsibility for all community hospitals in the community directorate. This new arrangement provided leadership and support for staff in community hospitals at all times and 7 days a week.



“ We split our responsibilities so we can be both operational and supporting the system, and also providing clinical leadership supporting our teams

MATRON

There was initially some reservation to introducing this way of working, but this system has produced some major improvements for patients, the staff and the service. The Matrons have now developed an overview of the total community hospital offering, and are continuing to work together to improve quality, sustain high standards and reduce variations.

In the past the Matrons had identified a need for improvements in accessing and sharing data on patients and inpatient beds. The pandemic provided the impetus for this to be implemented swiftly, so a new visual system for identifying bed capacity and pressures at any time was implemented. The Covid-19 pandemic accelerated the requirement for data transparency across the whole health system, and this provided a basis for improved understanding and a strengthening of relationships. This has led to a new provider collaborative between the Acute and Community Trust, and it is the ambition of both Boards to have “One Team Oxfordshire.”

The Operational Matron joined the daily “systems call” with all agencies including the Acute Trust, CCG, Local Authority, to help manage the need for beds and services across Oxfordshire. The Operational Matron could contribute the local narrative to the service data which was considered to be invaluable.

There was also a greater understanding of the staff establishment and distribution across the community hospitals. There was previously concern about a lack of staff, and lack of knowledge of staffing levels across the hospitals and services. Information systems on staffing were improved and data shared. Staffing was sustained or increased through initiatives such as successful international recruitment. The Trust also made an increase in student placements. For instance, student placements for AHPs increased by 300%. Some of the students who had their placements in community hospitals have since applied for positions, demonstrating the value of familiarising students with this model of care in attracting people to substantive posts. There have been three nominations for placement of the year for community hospital wards from Oxford Brookes University, giving recognition to their value. A recent quote from a student nurse illustrates their experience.



“ Working in the middle of the pandemic on a red Covid ward with many staff isolating or off sick, and still staff managed to go above and beyond for the students. The staff couldn't have done more for us – they were truly amazing. Providing palliative care to patients who unfortunately lost their lives to Covid-19 are experiences I will take with me forever.

STUDENT NURSE

Outcomes and Learning

- The Matrons and staff have reported an increase in job satisfaction, as they have an improved understanding of the wider service, and can see the positive impact on patients and families. Staff describe the “art of the possible” in respect to actions during the pandemic, and talk about the level of “camaderie” between everyone involved.
- Patients benefited from more regular rehabilitation, which could now be offered by therapists every day of the week. This helped promote recovery, and the average length of stay for patients reduced in some of the hospitals from 28 days to 23 days. Positive patient feedback was recorded in the patient feedback system called “I Want Great Care” February 2022. A word cloud created from the most frequently mentioned words records words such as: good, friendly, kind, care, and staff.
- The service strengthened leadership at every level, and offered training and support for managers and staff. Local autonomy and local discretion was supported as appropriate.
- At ward level, staff worked more closely together through their “daily huddles” which meant that everyone was well versed in the needs, priorities, challenges and developments. The senior management team recognised the challenges of working differently and in particular redeployments, and has sent regular communications to staff supporting their efforts



“ Matrons have freedom to act

SENIOR MANAGER

Case Study

A Leadership Journey to support a 7 Day Service



- The service continues to pursue Quality Improvement projects, such as improving person-centred care at Didcot community hospital. Strengthening leadership and pursuing quality improvement projects is continuing. Staff have said that community hospitals feel better supported
- The 7 day service offered on the community hospital wards was realised through the senior management support every day, the offer of 7 day rehabilitation to patients, an operational matron on duty for all community hospitals, and clinical support from Matrons working across all of the community hospitals.
- Managers and Matrons have concluded that this way of working will be sustained, so the 7 day service in community hospitals will continue.

“ We are very proud how you have taken this challenge on to support both your colleagues and the patients

TRUST COMMUNICATION FEB 2022

“ Despite the horrors, we have come a long way. We need to celebrate that

SENIOR MANAGER

BENEFITS TO PATIENTS

- Better access to services
- Less time in hospital and more regular rehabilitation

BENEFITS TO STAFF

- Improved teamwork and improved data sharing
- Improved job satisfaction
- Leadership and management support is stronger

BENEFITS TO THE TRUST

- A clearer strategic role for community hospitals
- A more robust place in the system as a trusted partner

LEARNING

- Benefit of Local Autonomy
- Importance of Data sharing to enhance understanding
- Clarifying the strategic role of Community Hospitals

RECOMMENDATIONS

- Continue to ensure leadership at every level supports a 7 day service
- The service is building on changes with their Quality Improvement projects
- A focus on leadership at all levels, with training and support

Case Study

A Leadership Journey to support a 7 Day Service



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CONCLUDING THOUGHTS

CONCLUDING THOUGHTS

The 31 case studies illustrate the diversity of innovations in community hospitals during the pandemic. Staff have described the value of community hospital services to patients and the whole local health and care system.

The 6 features of community hospitals that these case studies illustrate are:

- RESILIENT
- FLEXIBLE
- RESPONSIVE
- CREATIVE
- COMPASSIONATE
- INTEGRATED

The case studies showed the resilience of staff during the most harrowing of times. The speed of change when

services needed to be redesigned showed the flexibility of the community hospitals. The responsiveness of the service to the needs of patients and staff was impressive. There were many creative ways that staff and communities supported the work of the hospital. There were many examples of compassionate care, particularly for isolating frail older people and patients at the end of life. Staff spoke of how relationships were strengthened and the benefits of improved collaboration, creating a more integrated service.

The Community Hospitals Association continues to support community hospitals. This collection of case studies helps to illustrate the value of community hospitals not only to patients, families and local communities, but to the whole health and care system.

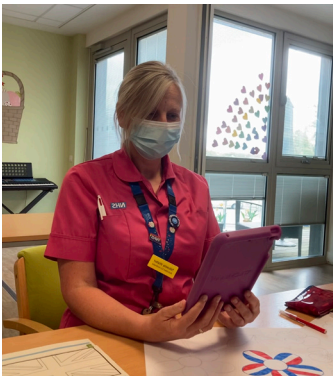


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