NHS
Sussex Partnership
NHS Foundation Trust

Our response to Covid-19:
Learning for the future

" this is an opportunity to transform the way we work if we can retain a sense of boldness "

Phase 1

Summary

In April 2020, the Trust's CEO commissioned a project to capture the ongoing learning from the organisation's response to the Covid-19 pandemic. This has included changes to service provision - specifically in relation to urgent care and use of digital technology - and new working practices, with a particular focus on the need to introduce remote working where possible.

The project was led by the Trust's Research and Development team. The CEO took the decision to identify a diverse team from across the organisation to form the project team, under the leadership of the Trust's Director of Research. Each member of the project team was not directly involved with the Trust's incident command structure and was selected on this basis.

The team was set a high level objective and given a stretching timescale. They had the authority to design their methodology and go anywhere across the organisation to learn. The research was undertaken using a mixed methodology to elicit quantitative and qualitative feedback.

The timescales did not facilitate the meaningful engagement of service users. This will be taking place as part of phase 2.

7 key changes
we explored with staff...

1.
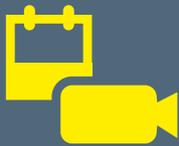
Phone/video conferencing for appointments with service users

2.

Video conferencing for team and other meetings

3.

Changes to supporting people in crisis, including A&E diversion

4.

Staff working from home

5.

Rapidity of decision making and action

6.

Greater focus on staff wellbeing

7.

Frequent communication from Executive team / 'Gold Command' incident management team to all staff

1.

Phone/video conferencing for appointments with service users

Our survey identified the following positive and negative impacts in relation to phone/video conferencing for appointments with service users:

+

Less travel (108*)
"Allows you to be more productive"
"Better for the environment"

Treatment easily accessible (122*)
"Easier for patients who struggle to attend appointment for a host of reasons including finances, mental health and anxiety"
"Patients appear to be more grateful for the sessions so seem to value the input being delivered in this way"

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**Not suitable for certain types of appointment/intervention (212*)**
"Not possible to complete a full specialist assessment of physical health using video alone"
"Very difficult conducting telephone assessment with clients who have cognitive impairments"

Reliant on system/network capacity (109*)
"Poor connection causing delay in auditory feedback and freezing"
"A lot of older adults do not use computers, therefore do not have access to video conferencing"

*denotes the number of comments

2.
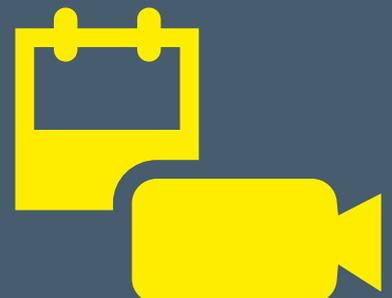
Video conferencing for team and other meetings

Our survey identified the following positive and negative impacts in relation to video conferencing for team meetings:

Less travel (198*)
"I strongly prefer video meetings to face to face because commuting is costly and time consuming. It feels good to have lower carbon emissions from not commuting"

Easier and quicker to get everyone together (105*)
"Staff daily Skype - has helped for all staff to feel supported"
"Staff who do not normally attend the meeting have been able to join"

Face to face contact is missed (128*)
"Isolated at home with no team contact"
"Loss of sense of personal connection"

Reliant on system/network capacity (102*)
"IT not always working"
"Always some delay due to people not being able to log on/ access VPN, get speakers or microphones working"

*denotes the number of comments

3.

Changes to supporting people in crisis, including A&E diversion

Our survey identified the following positive and negative impacts in relation to changes in supporting people in crisis:

More suitable than A&E (100*)
"A&E difficult experience for SUs this is more dignified"
"People seen only by MH staff, not general trained colleagues who may be less sympathetic"

Closer working between teams/trusts (32*)
"Clearer communication between departments"
"Ability to share more cohesively what is working well and not across all the teams"

Strengthens divide between mental and physical health (25*)
"Individuals may need physical health interventions in addition to mental health, such as with severe self-harm or suicide attempts"

Hubs not working efficiently yet (28*)
"Lack of proper facilities (showers, meals etc)"
"Environments may not currently meet needs or be as adaptable"

*denotes the number of comments

4.
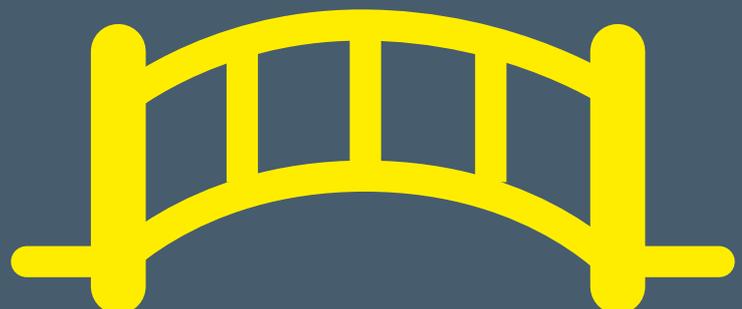
Staff working from home

Our survey identified the following positive and negative impacts in relation to staff working from home:

+

No commuting (195*)
"More productivity - less time travelling"
"No parking issues once you get to work"
"Reduces staff stress getting into work"

More productive, more focused and fewer distractions (104*)
"I can concentrate without having to listen to loud colleagues"
"Fewer distractions than in office environment"

–

Not suitable for everyone (307*)
"Isolating to work on your own all the time, particularly if your role is normally quite isolated"
"Not feeling part of the team"

Impeding quality of work/service (69*)
"Prioritising admin over direct client contact, as easier to do admin from home"
"Missing out on case discussions with colleagues for quick discussion, less likely to call others"

*denotes the number of comments

Rapidity of decision making and action

Our survey identified the following positive and negative impacts in relation to the rapidity of decision making and action:

+

Giving all staff more of a voice/trust (22*)

"People feel empowered to act"
"Managers have seen staff are able to make more decisions for themselves"

More effective and efficient (41*)

"A chance to utilise initiative and creative decision making."
"Expands the ability to work creatively and think outside the box when working with clients"

–

Potential for burn out with rate of change (37*)

"The changes e.g. virtual were brought in so quickly and were very stressful/ triggered anxiety for me"
"Potential for staff members to holding greater levels of risk - leads to burn-out"

Changes might not be as successful as they could have been if made more slowly (36*)

"The decisions made in regard to Primary Care services have been very short-sighted"
"Hastily made decisions can often have unintended consequences"

*denotes the number of comments

6.

Focus on staff wellbeing

Our survey identified the following
positive and negative impacts
in relation to the focus on staff
wellbeing during the crisis:

➕

Increased focus on staff wellbeing and resources to support this (59*)

"People can feel more confident about ensuring they have a health work/life balance"

"Yoga/mindfulness classes incorporated into working day"

"A lot of resources for staff are available"

Sense of being valued (35*)

"Caring management and they put the needs of staff first"

"Feels more like a big family looking out for each other"

➖

Staff wellbeing not taken seriously enough (31*)

"I have not seen an increased focus on staff support - I have experienced the opposite"

"I was not aware of a greater focus on wellbeing!"

Staff shortages/redeployment means greater pressures on staff (12*)

"Service provision greatly reduced due to redeployment of staff"

"Locates the issue with stress as 'our' fault and not because too much is requested"

*denotes the number of comments

7.

Frequent comms from Exec team/Gold Command to all staff

Our survey identified the following positive and negative impacts in relation to frequent communication from the Exec team/Gold command:

+

Staff are more informed of what is happening in the organisation (38*)
"Clearest communication there ever has been"
"I have found the information, daily email, and regular webinars have been very reassuring and helpful during this difficult time"

Execs supportive and visible, making the organisation feel more cohesive (45*)
"Exec team have appeared accessible"
"I feel much more connected to Executive Team as it it feels that we all have a shared focus"

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Overload of communication at times (107*)
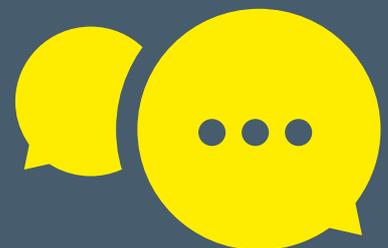"Weekly bulletin or urgent messages only please"
"There do seem to be too many communications at present"
"Messages have sometimes been repetitive"

Poor quality of communication (15*)
"Doesn't feel sincere when routinely sent"
"Information is too general. There is a huge amount of communication coming through, but little content"

*denotes the number of comments

Key learning

- The delivery of this project within a short time-frame has provided a further example of the rapidity of decision-making and action that has been possible during the pandemic

- Staff were well engaged with the process of evaluating Covid-19 changes and their sustainability

- All key changes were evaluated by staff as having a moderately positive impact and as potentially sustainable post-pandemic

- All key changes were evaluated by staff as having a moderately negative impact, with their own comments indicating potential solutions to some of the negative impacts

- 'Greater focus upon staff wellbeing' was rated by staff as having the least negative impact and generated the highest rating for sustainability

- Positive comments and sustainability ratings concerning home working and video conferencing for team meetings suggests these areas have the potential to continue post-Covid-19 – further exploration is now needed

- The mixed (positive and negative) comments on video conference/phone appointments for service users warrants further exploration

- There is potential for all key staff changes to be linked to and inform the delivery of the Trust's 2020-21 Breakthrough Objectives of:
  1. Delivering a 24/7 Crisis service
  2. New Model for Adult Community Services
  3. Develop a Learning System
  4. Digital Adoption Programme

Learning from the process

- The value of working across usual boundaries and tribes

- The momentum generated by a focused project and tight timelines

- The value of doors being opened by the project being 'authorized' by the CEO

- The application of research methodology to aid learning through evidence

Recommendations

Started · **During Crisis** · **Stopped** *(vertical axis labels)*

END
(responses to immediate and specific demands of Covid-19)

- Phone/video conferencing as only option for routine service user appointments
- Video conferencing as the norm for team/other meetings
- Home working as the only option for all staff where working from home is possible

AMPLIFY
(showing show some signs of future promise)

- Widespread phone/video conferencing for service user appointments
- Video conferencing for some meetings (esp. to avoid staff travel, where quick meetings are needed)
- Consolidating specialist mental health crisis response services
- Home working as an option for some staff some of the time
- Streamlining decision making, empowering all staff to make decisions and being ambitious about time frames
- Greater focus on staff wellbeing
- Frequent communications from the Exec Team

New practice ▶

LET GO
(stopped these things that are unfit for purpose)

- Face to face appointments as only option for service users
- Face to face meetings as the norm
- Going to A&E for mental health crises
- Staff coming into work daily, even when working from home is possible and preferred
- Careful and slow decision making as the norm, impeding action

RESTART
(put on hold to focus on Covid-19 but need to restart)

- Face to face appointments for service users as an option where this is preferred or needed (e.g. physical health checks)
- Face to face meetings where travel isn't needed or minimal
- Staff coming into the office where this is necessary and preferred
- Taking time to make decisions and action plan where necessary, but not going back to how it used to be

Old practice ▶

Post Crisis

Stopped   **Started**

Summary of process

27 interviews with senior leaders

7 Key changes from interview data

Online survey developed around key changes

5842 staff emailed an online questionnaire

1096 survey responses

376 survey responses from non-clinical staff

658 survey responses from clinical staff

Distribute findings via a **staff webinar**

Phase 2 - What we will do next:

- Explore the four stand-out changes in greater depth through online staff surveys
- Conduct interviews with service users to explore their experiences of change during the pandemic
- Distribute findings to team/services/disciplines to inform the adaptation of local working practices

Phase 1

Our response to Covid-19:
Learning for the future

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