Led by The Health Foundation

Supported by NHS England and Improvement

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.

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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

DR ZACCHAEUS FALOPE SAID THE TEAM WERE CLEAR IN SAYING:

> **“ Nobody will be turned down because of a NG tube**

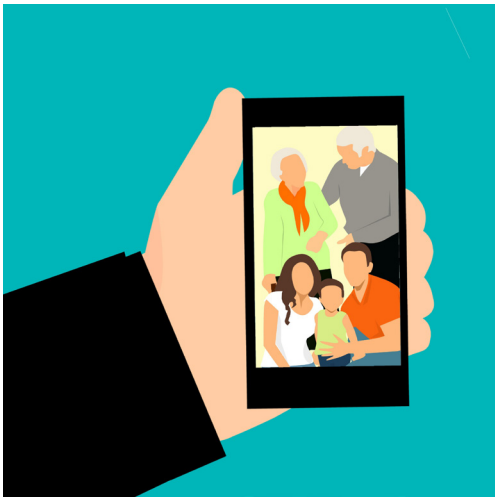
The impact of using redeployment creatively was impressive and has led to sustained change and increased equity of access. Patients with NG tubes will continue to be admitted for early for rehabilitation.

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.

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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.

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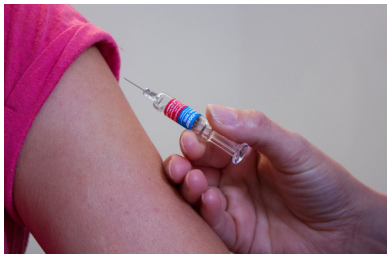
PATIENT FEEDBACK

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 then 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.**

Contacts

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