Practice **Solutions**

Introduction to Good Practice Reviews
Covid 19 Recovery Planning

While there are many challenges arising from responding to the Covid 19 outbreak, it is increasingly clear that organisations, teams and individuals throughout NHS, Social Care and our wider public services, have responded in a manner that is as unprecedented as the challenges they face. It is also clear that the genie cannot be put back in the bottle, and therefore the innovation and acceleration in practice and technology should be captured systematically (and where possible contemporaneously) to enable services to emerge, post Covid 19, in a manner which is both safe and transformative.

Engaging stakeholders in capturing novel practice

Throughout the Covid 19 outbreak there have been many anecdotal examples of novel practice being introduced. Many barriers to transformation are reported as being swept away overnight and it is important to understand the changes and outcomes that can and should be sustained longer term for the benefit of all individuals who access services.

We are using four tools to collect and collate information:

1. A series of reflective (online) conversations with leaders, practitioners and support staff
2. A written reflective journal, completed by all participants in the reflective conversations and submitted in advance, to maximise use of meeting time and enable discussion to concentrate on stories and case studies that amplify the key messages
3. An online survey for frontline staff to contribute their observations and reflections
4. An online sample survey of service users who have accessed services during lockdown (for those who have not accessed services, see additional options below).

Reflective Conversations

We will lead a series of online group discussions to support leaders, practitioners and support staff to reflect on lessons learned and good practice during the Covid 19 period.

To ensure that everyone has opportunity to contribute meaningfully to these conversations, we recommend that group discussions are limited to no more than 7 participants and 2 facilitators per session, and all participants are asked to submit a reflective journal in advance (as set out above).

We recommend that, wherever possible and appropriate, the group discussions take place with a multi-disciplinary/multi-professional team and, where appropriate, with cross-organisational representation. We will work with you to develop the most appropriate programme of conversations and participants, to ensure the best balance between attention and focus on the details and an appropriate blend of perspectives. Each session will last 60-90 minutes.

> "This has been an excellent opportunity to showcase our service and to allow us to have a voice."

Stage One – Written Reflection for Individuals/Teams
Each participant will receive a short Reflective Journal to complete, either individually or with their team. The purpose of the written pre-reflections, rather than to be an administrative burden, is to maximise the discussion space within the time constraints that prevail. The journals will help to capture the detail of the good practice that has been identified and the lessons learned. These questions might include (but are not limited to):

- Changes in practice – affecting service users and workforce
- Consequences of change – intended and unintended
- Examples of learning – personal or observed
- What might/should continue and/or stop
- Impact on individuals, teams, and partner organisations
- Impact on outcomes, efficiency and finance
- Impact on previously planned improvement projects

> "It's been so valuable for different teams (and different members of the MDT) to be part of the process. We're grateful for the opportunity to hear from each other... and for space to reflect that we're actually doing ok."

Stage Two – Reflective Conversations with Teams
The group discussions will amplify the responses received from individuals or clinical teams and bring to life the stories behind the changes that have taken place. We will invite each group to bring examples/stories that consider:

- How change happened
- What changed in the thinking and behaviour of organisations and leaders?
- What changed that gave staff the ability, permission and creative space to behave differently?
- How the conditions for innovation (including risk taking and freedom to act) were created
- How concerns re safety and risk were managed
- The changes in practice that should be kept – and how success will be measured

Survey for frontline staff

We will undertake a short online *doopoll* (or equivalent) survey of staff across the relevant services to contribute to a similar range of questions, and with additional emphasis on staff experience. Using a tool like *doopoll* allows you to check the 'staff barometer' of how it really feels to be working and supporting service users during this time.

> "We appreciated the space and time to think and reflect as a team. Also appreciate the independence of the process – answering someone else's questions about what we did helped us to see things in a different way."

Survey for service users

Using similar technology, we would develop a short survey to capture a snapshot of service user experience so far, where individuals have used services. We would look to capture:

- The specific experience of the service user during Covid 19 and what has changed.
- How change has impacted on the individual service user (and carers if appropriate)
- What specifically has made their experience of accessing services better or worse than their usual or previous experience of accessing health/social care.

Potential Project Programme

The project programme would run in three short phases:

Phase	Project Stage
Phase 1: Set Up & Design	Project Set Up
	Communication & Engagement
	Planning for Reflective Conversations
	Preparation of Staff & Service User Surveys
Phase 2: Reflective Conversations & Surveys	Reflective Conversations
	Staff & Service User Surveys
Phase 3: Evaluation & Reporting	Analysis
	Report Writing

Our Team

Our facilitators will be selected based on skills and experience in:

- leading service development and implementing service change
- strategic and operational management in health and social care
- managing stakeholder projects within agreed timescales

Full CV's for the team will be available on request, and a mini biography for each of our associates is available here: https://www.practicesolutions-ltd.co.uk/en/profile

Project Risks & Mitigation

We will undertake an initial risk analysis and work with you to identify potential mitigating actions. In our experience, the primary core risk categories for short review projects can be summarised as:

- Availability of core stakeholders to engage
- Communications – particularly where the system is under pressure
- Delays to obtaining responses and/or low response rate impacting on quality or completion of evaluation
- Confidentiality/sharing of information

Costs

A range of options can be developed and costed, according to the level of evaluation to be conducted and the number of services and participants to be involved.

Additional options that may be helpful to consider

Surveying those service users who opted not to access services
The suggestions above concentrate on understanding the experience of Service Users who have accessed services during this time. Given the concerns being raised about Service Users who have chosen **not** to access services, it may be helpful to also explore the alternatives considered by Service Users and the impact of their decision making on their current health and wellbeing.

Wider engagement of frontline staff – innovation (Trello)
Recognising that, according to timescales and availability of staff, this form of review may only capture the flavour of what has been happening on the ground, it may be valuable to establish a mechanism for eliciting details of good practice, directly from the innovators themselves – rather than through the bias of organisational agenda/what local leaders want Welsh Government, Local Authority & NHS Leaders to hear.

This would be relatively simple to introduce, using Kanban boards (such as Trello) to enable staff to directly text or email their examples of innovation to a single data source, that could be triaged and themed (by our facilitators) and then followed up with the contributor at a more appropriate time. This would enable innovation of all sizes to be recognised and considered, and ensure (by allowing participation from all levels of staff) that the most practical examples are not forgotten or lost in both evaluating the response to Covid 19 and in planning a future Pandemic response.

Learning from the service user and staff experience
It is envisaged that by the end of the workshop series, there will be a collection of stories and case studies that it may be beneficial to further amplify and share, for different purposes. This could take a variety of forms including individual and/or co-produced digital stories for either live or virtual story-sharing events (according to timing).

Wellbeing of frontline staff
The surveys and conversations outlined above, again, will merely capture the flavour of how looked after frontline staff have felt/are feeling, and it may be helpful to understand this more fully, in order to plan appropriate support for staff both in a) responding to any later psychological or physical effects of this outbreak, and b) ensuring effective psychological support is in place in any future outbreak. Practice Solutions would welcome being part of any ongoing discussion, particularly where we can augment the delivery of (or support the organisation and deployment of) the coaching, psychological and psychotherapeutic support that is planned – for practitioners and leadership teams.

Planning and Leading Recovery & Reset
Practice Solutions are already in discussion with Local Authority and Third Sector colleagues to identify how our Developing Healthy Organisations (DHO) framework could support leaders to collaborate and create meaningful action as they contemplate 'recovery and reset' of organisations.

Our DHO workshops provide a safe and reflective space for managers and senior leaders to critically examine their aspirations for the health of their own team and organisation. Whilst it may feel counter-intuitive, It is often in slowing down and creating space to do this work that we speed up the change we need to create – particularly given the landscape that will now need to be navigated if we are to create and sustain the healthy organisations we will need in order to deliver.