



No Going Back

A virtual conference

Featuring the Covid inspired innovations
the NHS wants to keep.



#NOGOINGBACK

Thank you

Our thanks go to the conference contributors who gave us their time and shared their knowledge to make this virtual conference so successful.

Packed with information, insights and take-home messages.

Also, it would be right to mention the back-room staff, at the IHM and the Academy of Fabulous Stuff, who jumped into the deep-end of virtual conferencing, managed breakout-rooms, speakers and audience participation, like the professionals they are!

... and of course the several hundred people who watched live and you, for your interest and enthusiasm, for sharing our pursuit of excellence.

Introduction

For so many people and families, not least NHS staff, Coronavirus has been a disaster and the losses, unimaginable.

If it is true, that out of every catastrophe some good can come, it was in that spirit, that sense of inquiry that created this virtual conference of the best innovations and developments that have come from the work of the NHS, during its battle with the virus.



Coronavirus must be the fulcrum point of change.

Many new ways of working were developed that were vital at the height of the pandemic and can be used, today and in the future, to improve access to services and make healthcare, safer, quicker and more efficient.

The aim of the conference was to showcase these innovations, discuss their relevance for the future of health and care services and how to make them ‘stick’.

An impressive array of speakers; Trust chief executives, practitioners, frontline staff, social care, voluntary sector and key suppliers and supporters presented how their organisations had changed their approach and how they intended the changes to become part of the everyday NHS.

It is important the ideas are not lost and each of us becomes a Covid-Custodian of the best that came out of the hiatus.

The document will link you to the presentations so you can see for yourself... *there is no going back.*

More ideas

Not all of the ideas and innovations submitted to the Academy of Fabulous Stuff, as part of the No Going Back Campaign, could be included.

If you would like to see more, make a cuppa, [click here](#) and enjoy them all, for free.

... and yes, the whole idea is; you can pinch any of them, with pride!



All the presentations from this remarkable conference, are available FREE, via the IHM YouTube Channel.

Just click on the links, on the following pages and enjoy the range of exciting new ideas the NHS has introduced and wants to keep.

Conference opening



Roy Lilley, in conversation with Sir Jim Mackey, Chief Executive Northumbria Healthcare NHS Foundation Trust and Professor David Loughton CBE, Chief Executive Royal Wolverhampton NHS Trust.

Two fascinating insights, from the *top-of-the-shop* about how their organisations faced the challenges, made room for innovation, built on teamwork, encouraged people to think the unthinkable and do the undoable.

Just as important, how to make good ideas ‘stick’.

Conference Presentations

Watch them all here, in full and free. Click on **the links**.

Rachel Pilling, Bradford Teaching Hospitals

Where's Your Wobble Room?

The Impact of Creating Safe Spaces for staff during Covid and beyond

Colin Brown, Morecambe Bay Trust CCIO

Outpatient digital developments including Virtual Reality wards for respiratory patients and their patient information system

Bruno Botelho, Chelsea & Westminster Hospital

Care Outside of the 4 walls of The Hospital

New Technologies, Remote Monitoring and Digital Care Plans

Dagnhi Rajasingam, Guys & St Thomas' Hospital

Workforce reorganisation

David Jones-Stanley, Liaison

Creating Sustainable Change Post COVID-19

Debbie Phillips, Milton Keynes University Hospital FT

The pandemic and beyond

Driving your organisation with real-time data from the EPR

Ian Perry, Royal Wolverhampton Hospital

Transforming Outpatients

Jane Brightman, Skills 4 Care

The social care revolution

Jane Dawes, Blackmore Health Primary Care

The view from primary care

Professor Rebecca Malby, South Bank University
and Mando Watson, Imperial Healthcare

10 lessons from Covid

Prof Shafi Ahmed, Bart's Health

Clinical advancements and how to preserve them

Sultan Mahmud, Royal Wolverhampton Hospital
Dr Umang Patel, Babylon
Mr Lloyd Price, Zesty

Digital health partnership delivery & beyond

Ridhaa Remtulla, Birmingham University
Nivaran Aojula, Imperial College London

Psychological safety in primary care, multidisciplinary teams

Rob Cooper and John McCabe, St Helens & Knowsley Hospitals

Post-Covid

Shane Tickell, Temple Black

What do we want to keep, are we ready?

Digital innovation and the new horizon

Making it Stick

The former Chair of NHSI, Ed Smith CBE., was asked about making the good ideas from Covid2020, ‘stick’. How could we be sure to implement the best and follow up on the rest?

He says...



No idea must be forgotten...

No idea, no suggestion, no new-way, left behind. Every thought capable of adaptation and development must be preserved and used.

Ed Smith gives us his thoughts on how Boards can build on the Covid experience.

He gave us a raft of ideas. Principally he tells us to create Covid-Custodians, the keepers and implementers of the changes, so hard won.

He discusses his ideas for us, in the following, must-read pages.

Covid Custodians

Ed Smith - former Chair NHSI

A few weeks ago I wrote in the *nhsManagers.net*, eLetter '[Beyond Rubies](#) about looking forward and some of the things that a Trust board can suggest its executive might consider. One of those things revolves, of course as many do, around the people who work for the Trust.

These employees often see their own work, their colleagues, their volunteers and their patients through different lenses...

They know what has been changing for the better. They know how they have made things work.

In the face of extreme necessity, they have adopted techniques and created relationships which have improved outcomes and saved valuable time.

They know what they have seen improve from the old ways of barely 4 months ago.

How might this work in practice and with measurable results?

Firstly, identify people who want to contribute across an organisation who have the key attributes for success.

There are lots of techniques for this from:

- Taking diagonal slices across the enterprise, people from varying levels in all

"COVID custodians"

- Selecting people who work particularly at the interfaces with others-with volunteers, supply chains, the public, other parts of the local health economy and with social care colleagues.

Secondly, "permission" the **COVID custodians** by making them visible to all as collectors of great practical actions.

They will harvest the fruits of all those who want to contribute to reimagining ways of working, accelerating delivery and removing the avalanches of red tape that have accumulated layer by layer for many years in spite of the natural instincts and behaviours of committed health workers.

Thirdly, give the **COVID Custodians** the space and tools to support changes in an organisation's DNA:

- There should be recognition of the time required-perhaps only an hour or two over a week.

People should not be expected to fulfil this role on top of their busy day job.

Share good practice so that the whole system can potentially learn

It is now time to engage with them and capture the changes, test them and make them part of the new ways of working.

So why don't we grab these improvements for a Department, a Trust, a local Health Economy, a Region and for us all? Why don't we aim to make permanent change for the better at the heart of which is our NHS workforce's commitment to saving lives and curing illnesses?

departments.

- Identifying natural connectors (after author Malcolm Gladwell) perhaps by analysing email traffic to find "nodes" which are as much informal as well as formal.

Evidence often shows that such people are not always those in the formal hierarchy and they should be seen as important assets-

- Activate the tools which are naturally to hand today...
... a **COVID Custodian** email address, a WhatsApp group, and instant messaging. They don't need (*thank goodness*) bespoke technology, heavy process and layers of oversight.

Fourthly; appoint a Non-executive on the Trust Board along with a member of the

... part of the revival, renewal, reimagining and resilience

Executive to sponsor the custodian movement. It's important that Board sponsorship is visible and that, together with the executive, new working practices and tools can be sanctioned where that is formally required for safety, quality, and efficiency.

And, from these roles communicate, communicate, communicate!

The “*you said, we did*” approach is powerful as it requires an actionable response to both good and not so good ideas.

It also provides for recognition of the impacts of **COVID Custodians** who are giving time and effort in contributing to permanent change. Don't forget to communicate beyond the boundaries of your own organisation, to other Trusts, to other health and care organisations and help create networks of COVID coordination.

Share good practice so that the whole system can potentially

learn-perhaps a role in part for the IHM-it doesn't need a heavy hand just a willing heart.

All of this sounds simple-because it can be, provided it is not over thought and suffocated.

It will be interesting to see how many give-it-a-go as part of the revival, renewal, reimagining and resilience steps needed across our health and care system.

The time to do this is now. The ideas and new ways of working are front of mind.

They will dissipate as time passes.

Make a plan to use the energy in your people to turbocharge the changes we all want to see made permanent.

