



Wessex
Academic Health
Science Network

The AHSN Network



AHSN staff returning to the frontline during the pandemic



Andrew Smith

Programme Assistant, Business Support



Andrew initially joined the Industry and Innovation team, and then moved to his current role with the Business Support team. In addition to his work with the AHSN, he works for Surrey and Borders Partnership NHS Foundation Trust as a counsellor for teenagers and young adults.

Why did you respond to the call to return to the frontline?

The mental health service I work with was losing staff due to Covid-19 but the demand was increasing.

How did you feel about returning?

My role was split between this service and working at Wessex AHSN, so I had no major concerns. I felt pleased the AHSN was keen for me to use some of my time to support this service.

What were the challenges?

The way that we have been working to support people's mental health has had to change as we are delivering this care in different ways. This change has been rapid and we have needed to adapt quickly.

What has been a success?

Covid-19 has actually streamlined services and has made things a lot smoother. Organisations are coming together to support each other, and the service user's expectations are also more measured, which is helpful.

What is the impact of the frontline service transformations?

We will continue to work in this way when Covid-19 is less of a problem, and plan to split our service between remote and face-to-face mental health support when the pandemic crisis eases. Covid-19 has pushed our service to become more flexible and adaptable which has been a positive impact.



Peter Rhodes

Senior Programme Manager, Industry and Innovation

Peter joined the AHSN after a 30-year career as a pharmacist in frontline technological roles in the NHS and the pharmaceutical industry.

Why did you respond to the call to return to the frontline?

It's the responsible thing to do – frontline staff would be at highest risk, and I have a small number of fairly rare skills and experiences in pharmacy. If those in current practice were forced away from work, vital high-risk services would be stopped, creating a clinical risk for patients.

How did you feel about returning?

I completed re-validation on site using the reaccreditation programme for returning staff I set up many years ago. It was good to be back in a familiar environment, although I haven't yet been asked to go in for real.

What were the challenges?

Returning to a hands-on role where others have now stepped into decision-making roles I held. I had to remind myself to only offer suggestions for practice and problem solving when asked!

What made the experience easier?

Working with great people at UHS helped, and full remote working capability set up by the AHSN enabled me to take calls and send emails when I was based on site. I appreciated the AHSN's support to return.

Do you think some or many rapid adoption transformations will become permanent fixtures once the pandemic crisis eases?

Agile decision making by most has helped us focus on how to make safe, effective decisions easily – still keeping governance in place but cutting through the politics/fear of action.

Sofia Calado

Programme Assistant, Industry and Innovation



Sofia has 10 years' experience as a nurse in a variety of clinical areas. Recently, she worked as a clinical specialist nurse in nutrition, engaging with quality improvement projects, and as a clinical research nurse at Salisbury NHS Foundation Trust.

Why did you respond to the call to return to the frontline?

After I finished my nursing degree, I promised solemnly to practice my profession devotedly. When the Covid-19 crisis arrived to the UK, I made the decision to go back to the frontline if my job accepted it, honouring my oath, and responding to the NMC appeal.

How did you feel about returning?

There were factors that made me feel calm, for example going back to a familiar hospital where I know many people and have friends, and doing e-learning on critical care management of Covid-19 patients. But other aspects made me feel nervous, particularly not knowing when I would go back, and to which department. This uncertainty was not elucidated for quite a while because of the pressures, unpredictability of the disease and its effect on demand. At the end of April, a manager from the hospital confirmed that I wasn't currently needed, which gave me some clarity. The support from the AHSN made this process easier by demonstrating empathy and reassuring me that returning would be my choice and would be only temporary.

What difference would returning to the frontline make to your home life?

My husband and I came up with a plan to avoid getting him sick if I had the virus and vice-versa. We decided we would live separately at home and limit our access to common areas (living room and kitchen), so that if one of us became sick, then one can look after the other.



Lesley Mackenzie

Patient Safety Programme Manager, Wessex Patient Safety Collaborative

Why did you respond to the call to return to the frontline?

The Maternal and Neonatal Safety Improvement Programme of work came to a sudden halt at the beginning of the Covid-19 pandemic. As workstream lead, I went from having a diary full of visits and meetings, to being asked not to contact provider organisations whilst they focused their efforts on the pandemic.

I was planning to keep myself busy working through my to-do list, however, I was approached by a former infection control colleague who is now deputy director of nursing at my local acute hospital. Understandably, the infection prevention and control (IPC) team was extremely busy, and they were looking for someone with experience to support them.

It felt like the right thing to do, and the AHSN was extremely supportive in making it happen. Within a week, I started working as part of the IPC team.

How did you feel about returning? Did you feel reassured or have any concerns?

I was excited to return to the hospital that I had left nearly 20 years before. I hadn't worked as an infection control nurse for nearly 10 years, but I had almost 10 years of experience and felt sure that with that, and my patient safety experience, I could be of some use.



Lesley Mackenzie

What were the challenges?

My role was quickly established to manage the recording and reporting of Covid-19 test results, contacting the wards and those patients who had not been admitted or had subsequently been discharged home.

It was challenging to keep up with the ever-changing guidance relating to Covid-19 and in the first couple of weeks I had to do a significant amount of reading to familiarise myself with local policies and procedures.

The hospital has grown, and the layout changed, so finding my way around took some time, as did remembering who did what and who needed what.

What has been a success?

The skills I have developed since joining the Patient Safety Collaborative were invaluable. Process mapping, developing new pathways, rapid tests of change, supporting staff with new ways of working, talking to staff who were unclear about the new Covid-19 policies and procedures made the experience very rewarding.

What has made the experience easier?

The team I worked with were very supportive and I had a clearly defined role to play within the team.

The principles of infection prevention and control remain the same and it didn't take long before I found myself advising staff and quoting policies and guidelines.



Lesley Mackenzie

What difference has Covid-19 made to the usual processes?

Testing on the scale required for Covid-19 is unprecedented and processing the volume of results was significant.

Elective surgery stopped and many staff were redeployed to work in new areas of clinical practice.

The use of PPE changed the way most staff worked and there was a considerable amount of training.

Face-to-face meetings stopped; and Microsoft Teams was being used by many for the first time, often to have conversations with colleagues working in the same corridor, so they were social distancing.

What is the impact of the frontline service transformations? Has anything gone wrong?

There were a lot of rapid changes which meant that the usual governance process could not be followed. Many staff found this both liberating and empowering.

Guidance developed by different professional colleges sometimes differed to the guidance being generated by Public Health England, i.e. regarding the use of PPE. This meant that professional groups had conflicting information, which resulted in some challenging conversations.

How would you sum up your time returning to frontline NHS service?

The way the hospital staff responded was amazing. It made me feel incredibly proud to be a healthcare professional and privileged to have been invited to work alongside them.



Richard Guerrero-Ludueña **Senior Research Fellow, Innovation Insight**

Why did you respond to the call to return to the frontline?

It was the right thing to do. I started reviewing what other countries were doing in term of modelling the impact of Covid-19 capacity and demand for healthcare services once WHO declared it as a pandemic so I was ready to support frontline efforts when required.

What were the challenges?

One of the main challenges was the need to support the executive modelling team in a critical decision-making process with robust and timely information, while several external teams were occasionally providing information at cross purposes. Also problematic was the technical assessment of a large number of local, regional, national and international mathematical models, and the set of assumptions behind each of them.

Access to information was not always easy. Another challenge is the management and provision of curated and up-to-date information to support decision-making process.

What has been a success?

I worked very closely with colleagues from the University of Southampton and NHS, and after a couple of months, I already see changes in the way academics and senior NHS members are interacting.

I think the work undertaken will promote further collaborations. Joining a Covid-19 response portfolio, with the full support of an agile, motivated and talented team, also made the experience easier.



Richard Guerrero-Ludueña

What difference has Covid-19 made to the usual processes?

The battle against Covid-19 forced the NHS to move at high speed, reducing bureaucracy, and promoting partnership between NHS organisations, industry and academia.

What is the impact of the frontline service transformations?

There was an initial (natural) resistance to accept external support and advice in terms of modelling demand and capacity. I hope it will change after the experience with Covid-19.

Do you think some or many rapid adoption transformations will become permanent fixtures once the pandemic crisis eases?

I think the increased use of technology such as video conferencing will become a permanent process after Covid-19, both for meetings but also to contact between patients and service providers.

I would like to think that decision-making based on robust evidence will also be adopted across the NHS.

Covid-19 has demonstrated the need to embed data analytics and modelling into NHS organisations, as well as the importance of collaboration between NHS, industry and academia.