

Hi, I'm Catherine Evans

I believe that in the NHS in Wales we should be aiming for the same common goal of 'zero harm'. It may sound ambitious and unrealistic but I'm going to explain how my experiences in the pandemic led me to believe that this is possible.

It all started on March 2nd, 2020, when I drove to my first day of work at Hywel Dda Health Board, feeling nervous and excited for the next chapter of my career. I was going to be the Head of Transformation and would be responsible for programme managing a team to deliver on the Health Board's strategy, which has a clear focus on population health and care closer to home. A key part of the role would be to develop the detail around what services should look like in the future and plan how we would get there. This would involve bringing busy clinicians, care professionals, business partners and technology experts together to shape and define what they could look like.

I knew through my previous role that it would take a lot of time and detailed planning to get these individuals together. However, the final output of having a co-designed care model shaped by these individuals would definitely be worth it.

As I was driving along in my car, thinking of my new role I was also listening to the radio presenter who was talking about the spread of the coronavirus to Italy and the upsetting scenes around the main hospitals. They were also referring to how China was able to build their hospitals so quickly to help deal with the virus. Little did I know at that time that I would be responsible for managing the team that would build eight field hospitals in four weeks, doubling our bed base as a health board.

As I reflect on those early weeks of the pandemic, I believe there were three key factors that made it possible for us to achieve what we did, and these were:

The 1st factor was a common purpose.

We had a common purpose of protecting the public at its heart, and we all worked to minimize harm for our patients and the population as a whole. Urgency brought teams and partner organisations together to discuss how

assets and resources could combine to achieve this goal. With the teams focus on building field hospitals, I felt good that despite the long work hours, we had achieved something aligned to the aim of protecting the public, and my team said they felt good working on something which had a direct impact on patients.

The 2nd factor was a clear care model

For the field hospitals which was shaped by clinicians and informed by the resources we had to hand. During those early months, we were able to convene clinicians across primary, community, and secondary care to design and agree on the clinical model that we wanted to work towards for our field hospitals. I was able to learn quickly from their knowledge and experience and apply that to the upfront design. This helped us to have clarity around how patients would access the beds in the field hospitals and the care that would be provided there.

Even in the face of intense public pressure, it felt good that we were working on something that our clinical colleagues said would help them over the months ahead.

Usually, this scale of clinical and business partner involvement would take months to arrange, however, the speed at which we were able to have some of their protected time meant that we had a clear model, which we were able to really drive at pace towards.

The 3rd factor was the comprehensive programme management approach

By focussing on designing field hospitals for one County initially, this gave us the time and focus to agree the standards and the specifications. We were able to roll the design out at pace to other counties and indeed throughout Wales. This was achieved through regular check ins with stakeholders through daily huddles. I remember several debates that happened in those sessions. They ranged from a debate on who could access and refer patients into beds, how patients should flow and move within the hospitals and whether food should be provided for our staff and for our patients. The time pressure and delivery expectations meant that we had frank and open conversations which resulted in timely decisions and actions. We also had regular catch ups as a programme team which enabled us to support one another on both a personal and professional level.

The pandemic provided us with a common purpose and showed us all what we could collectively achieve as a care system in the face of adversity through co-designing our care models and delivering it at pace.

However, two years later, have we leaned into this organizational learning?

I feel that we are floundering. We have increasing demand and complexity with decreasing resources. We are being pressed to deliver on a number of priorities and goals, without the time and space to be able to take a step back and do this in the most effective way which places people and our communities at the heart. I feel that our purpose is multifaceted and unclear. I believe we need to once again align behind a simple vision.

I think that this should be “Zero Harm”. This would give every service across the NHS a simple and ambitious goal to work towards and could inspire each team to proactively make changes to move towards it.

Imagine if we as teams could regularly come together to support one another with each other’s goals all with the ultimate purpose of ‘zero harm’. We could have a chance to discuss and action improvements, be efficient and productive in achieving our goals.

I have worked in systems previously where co-designing a care model with ‘zero harm’ at its core is absolutely possible and achievable. The model could be co-developed by our clinicians to meet our patient and population needs, within the parameters of our finite resources and with injected hope from what technological innovation can bring.

I believe this could put us in better shape for the future.

We had the focus set for us in COVID, and it enabled us to transform services at pace to try and minimise harm for our population. We have the chance to set our own goal now post COVID which could make a difference to the lives of our families and our communities.

Could that purpose be ‘Zero Harm’?