

## Flash report

### Hospital at Home

### Virtual Learning Session 2

### Leadership

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Learning Session 2 introduced us to three very different services:

Karen Titchener from the University of Utah, Anne McAlpine and Trish Anderson from NHS Fife, and Debra Vickers and Gail Black from NHS Eileanan Siar Western Isles.

We heard their insights into the role of leadership in their services and despite the different contexts, the similarities were quite remarkable.

3 Different contexts:

- Rural and non-rural locations
- Established and new services
- Adapting to COVID-19 and creation in light of the pandemic
- Across the UK, Scotland and USA
- Large services with permanent staff and small services with a small core team

### Engagement

All three teams emphasised the importance of engagement to their services:

- Meet with key strategic stakeholders before starting the program and throughout.
- Engage with as many stakeholders as possible in the design phase.
- Networking and communication are key to the success of the service.
- Engagement can be time consuming but it is invaluable.
- Good engagement can help to encourage culture change.

### Adaptability

Once the service is set up, continual learning and evolution will be key to success:

- It is important to learn from good practice and from where improvements can be made.
- The design of the service should evolve as the need evolves.
- The service should evolve as the context evolves.
- Address challenges as they arise.
- Start with a vision then adapt as you engage with people.

## Integration

Working with other services across the HSCP will support the service:

- The service must be an integrated part of the health system.
- Working alongside current services will help with patient trust, for example joint visits with the patient's main carer or nurse.
- Involve acute teams, GPs and community teams.

## Supporting Staff

The Hospital at Home service is a unique environment and it is important to support staff:

- There should be clear guidance and a clear clinical governance structure in place.
- High level decision making is integral to H@H and support is therefore essential.
- Adapting the MDT roles and providing training are key for supporting staff.
- Providing coaching and mentoring can help staff to stay in a stressful role.
- In areas where there is higher staff turnover, adapting the team to reflect this can be beneficial.



### QI Tools

A range of Quality Improvement tools to support your work can be found in the Hospital at Home [Community Forum](#). For access to the channel please contact [his.livingwell@nhs.scot](mailto:his.livingwell@nhs.scot).

Good leadership is essential to the successful running and sustainability of the Hospital at Home service.

Some key features of a good leader are confidence, innovation, accountability and integrity.

Good leadership will provide a clear vision for the service. The service will often need to justify itself to stakeholders and funders, with good leadership will come resilience through consistency.

Flexibility in leadership is also important. Each service will operate in a different context and need to recognise and adapt to that.



## Future Dates for your Diary



|                         |                                   |
|-------------------------|-----------------------------------|
| <b>14 December 2020</b> | Governance                        |
| <b>14 January 2021</b>  | Staffing                          |
| <b>4 February 2021</b>  | Working with Other Services       |
| <b>25 February 2021</b> | Technology                        |
| <b>18 March 2021</b>    | Decision Making and Care Planning |