**Joint Load Equipment Service (JLES)**

JLES is the community equipment store for Forth Valley.

The recognition that this pandemic was something very different, serious, unknown and without reference showed the best the staff, throughout our small service, could do when faced with real adversity and critical decision making necessity.

**Background**

Prior to COVID the service had staff split into small teams each with their own distinct operational activity; equipment, technical and business support. Although under the one roof these teams could often work in virtual isolation from each other and not always in harmony or co-ordination.

Our service covers the whole of Forth Valley, so dealing with two HSCPs and all their constituent bodies can also lead to challenges in dealing with different and competing priorities at the best of times.

Immediately prior to initial lockdown a senior member of the team left to pursue an opportunity in the private sector and within weeks another left for a position in another Partnership area.

**Pandemic**

The service is recognised as a key and critical part of the HSCP, so very quickly the team had to develop; risk assessments to ensure safe work for emergency working, a new management structure and responsibilities across the team to deal with the vacant posts, alter work methods to accommodate these changes and develop new working relationships with clinical assessors and service requisitioners.

This could only be done with complete ‘buy in’ from the staff across the board in the service, the trade unions and senior management in the HSCPs. There needed to be a change in culture and a recognition that the service must operate as one team rather than three, almost, independent units with separate lines of management and accountability.

This ‘buy in’ *did* take place and these changes *are* taking place. Some took effect almost immediately some, by necessity, are taking a little longer to develop and put in place but the direction travel is clear and agreed.

A positive ‘spin off’ from the crisis has been to demonstrate that the service can operate differently: With less managers, that front line staff given the opportunity to show initiative will do this, and confirmation that given more responsibility they will rise to the challenge.

**Outcome**

JLES has continued to provide to an agreed, if reduced, level of service throughout the pandemic as well as continuing emergency out of hours cover for breakdowns and equipment provision for end of life clients, each and every day and night throughout the period.

This has included working in suspected COVID households.

Because of the nature of the service provided there is extremely limited scope for working from home therefore work practises within the office and warehouse have had to be altered as, on occasion, the full complement of staff have been on-site but organised themselves differently to enable safe distancing and ensure compliance with cleaning regime. There have been zero complaints from staff or their trade unions around these necessities, indeed many of the best suggestions have come from the frontline staff. The ‘can-do’ attitude and concentration on the main ‘goal’ of the service from staff has been evident throughout. Indeed it is management that must occasionally challenge the enthusiasm of the staff for ‘getting the job done’ and balance this against safe working.

The teams are all now line managed so as to be answerable to one manager on-site. Individual tasks have been realigned and job roles reconfigured to better reflect current requirements rather than historic ones.

Staff from the previously different teams now regularly assist each other to complete tasks previously the domain of another. The smaller management team has enabled quicker decision making as well as allowing the voice of the frontline staff to be heard directly.

The lessons learned are being used to review the structure of the organisation post COVID.

It is hoped to develop the excellent cross-team working and to review job roles and responsibilities within the service. To train and develop individuals allowing for greater initiative and responsibility from frontline staff into the future.

**District Nursing**

When I first heard of Coronavirus through the media, I didn’t pay too much attention to it. I viewed it as something that was far away and would not affect me directly. As cases increased and spread throughout the world my view changed very quickly. At the start of the Pandemic I felt that there was a lot of uncertainty and anxiety. Personally this was in relation to keeping myself, and my family safe, whilst also being able to provide care to our most vulnerable patients in their own homes at a very difficult time. I was in a fortunate position that my husband and I both were able to continue working throughout and did not have to worry financially but I know that this is not the case for many others. Also working full time with 2 children in high school, I was concerned that I wasn’t able to provide enough support to them to continue their education from home.

Initially there was difficulty in accessing appropriate PPE and conflicting advice on its appropriate use. Once this was available and we were given clear instructions of what PPE should be used in different situations I felt that levels of anxiety reduced. Patients were encouraged to self-manage their condition where appropriate and were provided with education and support to enable this. We also encouraged family members to provide care to their loved ones where appropriate and a lot of support which would have normally been provided face to face was given over the telephone. This was possible for some of our patients but there was still a vast amount of our caseload who continued to need face to face visits especially when providing palliative and end of life care. All face to face meetings were cancelled and transferred to a virtual platform. Social distancing was implemented on office areas which posed a challenge due to office space and staff numbers. At first this felt very strange, however as things have progressed this has become our new normal and the initial feelings of anxiety have reduced and our working practices have continued to evolve to meet the changing needs.

I feel that a positive to come out of this is that it has enhanced team working within individual and the wider teams. The daily virtual meeting allows areas which require support to be identified and resources managed effectively. As things move forward I think that this new way of working has become our new normal and as nurses we will continue to strive to safe and effective care and support to all our patients in adverse circumstances.