



NHS Providers Showcase submission pack

Bradford District Care NHS Foundation Trust



Bradford District Care
NHS Foundation Trust

Contents

NHS Providers Conference showcase submission	2
Supporting evidence	
A1 – Better Lives Together – Ambition to Action Organisational Strategy	5
A2 – Care Trust Way in Action	6
A3 – Care Trust Way Comms Cells & DLM	7
A4 – Go See Framework	8
A5 – Leaders & Overall Training progress.....	9
A6 – Exec Broadcast	10
A7 – Improvement Events intro.....	11
A8 – Trust Learning Week	12
A9 - CQC Rating	13
A10 - Spread and adoption Voluntary Care Sector Learning Week	14
A11 First Response - Rapid Process Improvement Workshop Example	15
A12 Insulin Kaizen Event	16
A13 Trust Induction RPIW	17
A14 Celebrating success - Values Awards	18
A15 It is all about people - Your Voice Matters	19

NHS Providers Conference showcase submission

1. Organisation's Strategic Objectives: In 2019 Bradford District Care NHS Foundation Trust (BDCFT) set out on a path of continuous improvement, innovation and sustainable growth. We intended to establish a successful quality improvement approach that would be embedded and integrated into all aspects of our operations. This improvement approach is called 'the Care Trust Way'. It is ours and we: staff, patients, and our communities all own it.

2. The Challenge and What We Were Trying to Achieve: Our objective with the Care Trust Way was to implement systematic improvement approaches aligned with national and organisational priorities. We aimed to enhance leadership for improvement, cultivate a culture of continuous learning, and involve all stakeholders in the design of the service we provide. The Care Trust Way is a cultural, coaching and behavioural approach aligned to our values, as well as a set of tools and techniques. Our people are trained to use the tools to support them to continually look for and implement improvements and our leaders are there to problem frame, nurture and cultivate an environment to encourage and coach changes that will benefit how we all experience working for the Trust, and ultimately, how people who use our services experience the care they receive.

3. Trust Board Response and Actions Taken: Behaviour breeds behaviour, the Trust Board initiated a comprehensive quality improvement model, tailored to us, but learning from and using the best proven models from across the globe. Leadership training programs equipped leaders with the skills needed to champion improvement initiatives. We nurtured a culture of openness and innovation, coaching staff at all levels to speak up and contribute to the improvement process. Regular communication channels were established to keep the organisation informed, ensuring transparency and inclusivity. A go see framework was introduced to gain 'eyes on' understanding from board to ward to allow triangulation of data and ensure our 'True North' is front and centre. Daily lean management is embedded across the organisation to ensure this was the 'way we do things around here'.

4. Benefits and Outcomes for Trust and Patients/Wider Community: The impact of our systematic improvement approach is evident across key areas. Firstly, there is a notable enhancement in patient outcomes and experience, as reflected in CQC inspections. Secondly, the workforce has embraced a culture of continuous improvement, with frontline staff actively participating in identifying and implementing better practices. Thirdly, positive changes at the board level have contributed to overall success, fostering a sense of collective responsibility.

Assessment Criteria:

To what extent can others learn from and replicate the example in their own trusts?

- Our systematic improvement approach used the best evidence-based practice from all the recognised methodologies and provides a replicable (but customisable) model for trusts aiming to enhance leadership, foster a culture of coaching for improvement, and engage stakeholders effectively.

Is it clear what behaviour and/or process changes occurred at board level and how this contributed to success?

- Transparent communication, leaders standard work and visibility outlines specific behaviour and process changes at the board level that directly contributed to the success of the Care Trust Way.

Is there evidence of a positive and sustainable impact?

- Robust evidence demonstrates sustained positive impacts on the trust, the workforce, and, most importantly, patients and communities.

Would this work prompt useful conversations between participants at the conference?

- Our showcase promises to stimulate insightful conversations, offering valuable insights into systematic improvement approaches and their successful implementation. We are learning so much on our improvement journey and would love to share.

Supporting Evidence

A1 – Better Lives Together – Organisational Strategy

From Ambition to Action

2023-2026 strategy refresh

Best place to work

We will continue to strive to be a smarter working organisation, working together so that everyone is proud to work here, feels they belong and are valued.

We will focus on:

- Looking after our people.
- Belonging in our organisation.
- New ways of working and delivering care.
- Growing for the future.

Making best use of resources

We will deliver effective and sustainable services, considering the environmental impact and social value of everything we do.

We will focus on:

- Financial sustainability.
- Our environment and workspaces.
- Giving back to our communities.



Deliver best quality services

We will consistently deliver good quality, safe and effective services, making every contact count, meeting the needs of our communities, and focusing on reducing health inequalities.

We will focus on:

- Improving access and flow.
- Learning and improvement.
- Improving the experience of people who use our services.

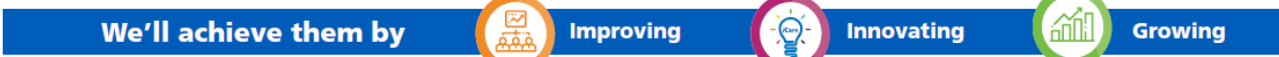
Be the best partner

We will be at the forefront of integration, improvement and innovation, working with partners to deliver services that enable people to live happier, healthier lives.

We will focus on:

- Partnership working.

**better lives,
together**



A2 – Care Trust Way in Action



Communication cell
purposeful conversations
around people, performance
and improvement.



“A way of working with a common language, tools and techniques, to embed purposeful conversations, continuous improvement, innovation and growth.”



Coaching
right question,
right time,
right person.



Daily Management

A fundamental philosophy of the 'Care Trust Way' to manage the day to day work; this is about creating a visual workplace where you can see 'at a glance' what is happening moment to moment.

The principal of DLM is:

Know Your Business, Run Your Business, Improve Your Business

The core tools of DLM are:



Communication cell
purposeful conversations
around people, performance
and improvement.



Leader standard work
ensuring leaders
go see, ask why and
show respect.



Workplace organisation 5S
having things in the
right place at
the right time.



Coaching
right question,
right time,
right person.



Value stream mapping
adding value
for our customers.



Visual management
knowing without
having to ask.



Creative problem solving
empowering staff to
find solutions.

- Empowers workforce
- Assurance & Accountability
- Reduced waste and increases value

Benefits

- Improves Patient Experience
- Real time problem solving, at source
- Proactive not reactive
- Improves process quality

A3 – CTW Comms Cells & Daily Lean Management

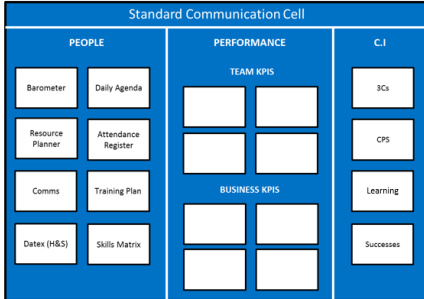


Physical Comm's Cell Layout



Performance

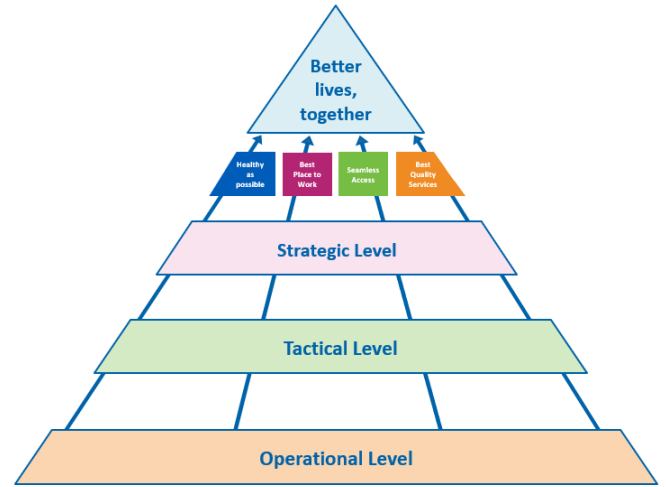
This area holds all the agreed Key Performance Indicators (KPIs) and demonstrates how well the team specifically is performing against them



People
This area makes sure that we focus on people, their wellbeing and that we have the appropriate resource, with the right skills available, so that we can complete our tasks in a safe environment

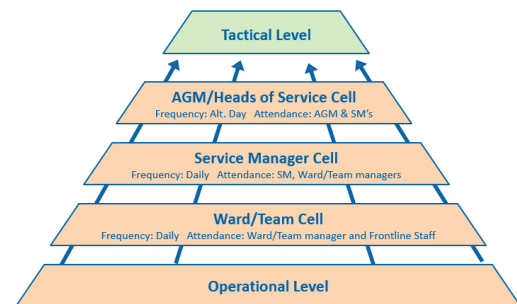
Continuous Improvement
This area is used to capture performance issues, and identifies how the team can address them and share/spread learning

- Resource planning
- Team capability
- Training plans
- A standard meeting agenda
- Action Plan
- Performance Measures (KPIs)
- VSM
- 3C Register
- CPS List
- Successes



better lives, together

W: www.bdct.nhs.uk | @BDCFT



A4 – Go See Framework

‘Go See’ Visits Framework

Know Your Business, Run Your Business, Improve Your Business

The Bradford District Care NHS Foundation Trust (BDCFT) approach to continuous, lean, improvement is described within the principles and techniques of the Care Trust Way. There are a number of key philosophies that underpin the lean approach to continuous improvement, one of which is ‘Go See’.

‘Go See’ is based on the concept of a Gemba walk, which was developed by Taiichi Ohno, one of the leading pioneers in the development of lean management. The Go See visit offers an opportunity for Executives to leave their daily routine, see where the real work happens and build relationships with staff based on mutual trust. Go See visits are an opportunity to get an overview of what is going on in the workplace, offering the ability to gain insights into potential improvement opportunities. As such, the Care Trust Way embraces the principle of Go See not just for Executives, but for all leaders across the Trust including Non-Executive Board members.

‘Go See’ visits are a vehicle for the Trust to ‘*Know its Business, Run its Business and Improve its Business*’ at both an operational and a strategic level.

Know your Business – leaders will have a first-hand knowledge of the work being done, there will be strong relationships built on trust. Executives and Non-Executives are able to gain knowledge and assurance to underpin the conversations they are having and experience further opportunities for triangulation across a variety of different platforms.

Run your Business – leaders are better able to understand the opportunities for improvement, have increased visibility of what is going on in each place and are able to make better decisions because of this. Executives and Non-Executives can make better strategic decisions underpinned by an in-depth knowledge of the business and first-hand views from Trust experts on what it feels, looks, and sounds like to them and their colleagues within the service.

Improve your Business – leaders are able to support local improvement opportunities based on the first-hand knowledge and experiences they have of services. Trends and themes identified as part of Go See are collated and triangulated with other sources of learning to help Executives and Non-Executives identify systemic issues and receive assurance as to the embeddedness of improvements to further support sustainability.

This framework seeks to set out the types of ‘Go See’ visits that happen across BDCFT, the leaders standard work that is involved when conducting the visits, the expectations of the services being visited and the mechanisms for identifying, analysing and reporting on the opportunities for learning identified.

October 2020
Go See Framework
Page 1 of 15

Executive Sponsor visits

Purpose: These visits are used to provide assurance against the exception reports being received at the Accountability and Guiding Group (AGG) for the programme.

Frequency: At least monthly to enable reporting back into the AGG

Mechanism: Attending workstream task & finish groups, attending improvement events, visiting teams where changes have been implemented

Pre work / data collected prior to the visit
Reported position through AGG and review of tactical escalation report

How to identify where to visit: Attendance will be agreed at the Accountability and Guiding Group (AGG) meeting prior to the visit taking place

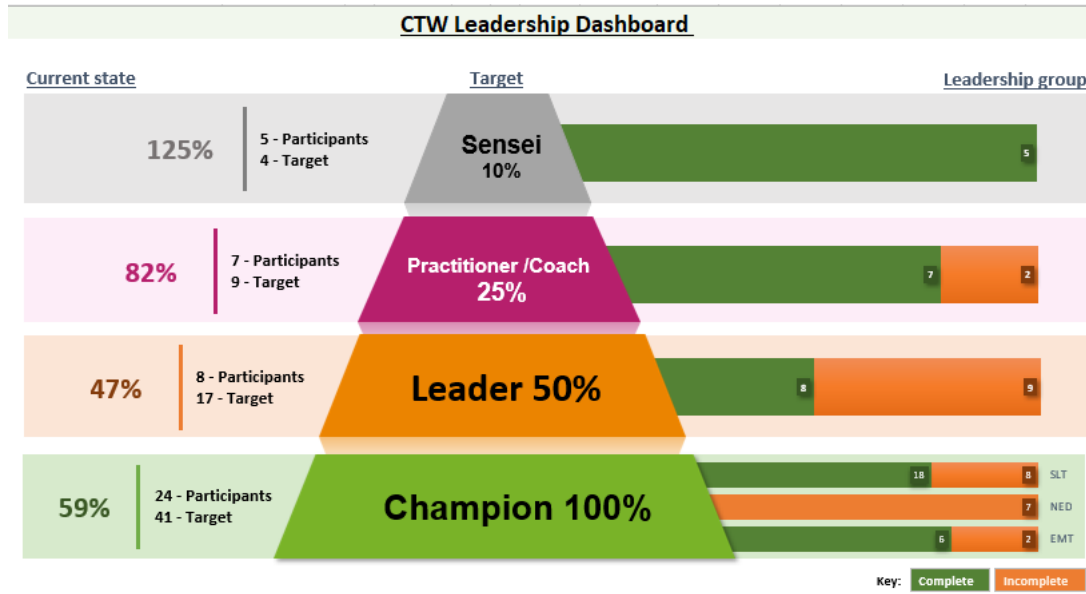
Key Lines of Enquiry / agenda:

People	High quality questions
<ul style="list-style-type: none"> Stakeholder engagement Capacity to deliver Morale / welfare Celebration of success 	<p><i>How are you? Really?</i></p> <p><i>What improvement work is your team involved in?</i></p> <p><i>Can you tell us how it contributes to Better Lives Together?</i></p> <p><i>How are you able to contribute to the improvement work?</i></p> <p><i>Do you feel like you’re given time/space to think about improvements?</i></p> <p><i>What is working well/making a difference?</i></p>
Performance	High quality question
<ul style="list-style-type: none"> Delivery of milestones Delivery of metric changes Impact on quality of services (SU/carer and staff perspective) 	<p><i>Do you have visibility of your current improvement work?</i></p> <p><i>Do you know what you’re trying to achieve?</i></p> <p><i>What is on track? What is off track?</i></p> <p><i>Do you know why?</i></p> <p><i>Do you know what your service users/carers think?</i></p> <p><i>What is your biggest challenge?</i></p> <p><i>What is your biggest concern?</i></p>
Improvement	High quality questions
<ul style="list-style-type: none"> Progress of planned improvement activities Identification of potential areas of improvement 	<p><i>What are you and the team working on?</i></p> <p><i>What problem are you trying to solve?</i></p> <p><i>What is today’s priority?</i></p> <p><i>What help do you need to prioritise/remove barriers?</i></p> <p><i>What have you learnt this week?</i></p> <p><i>What is not working so well?</i></p> <p><i>What would you like to share with the wider organisation?</i></p>

October 2020
Go See Framework
Page 10 of 15

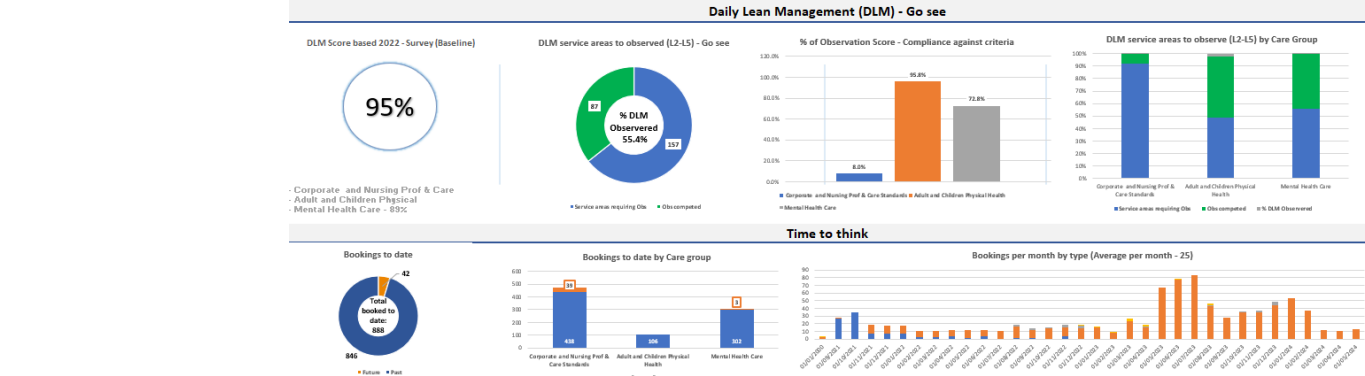
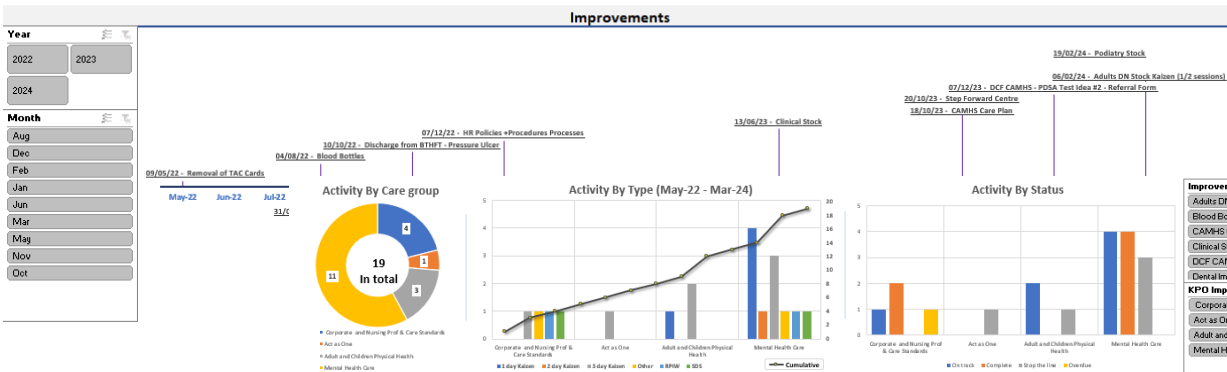
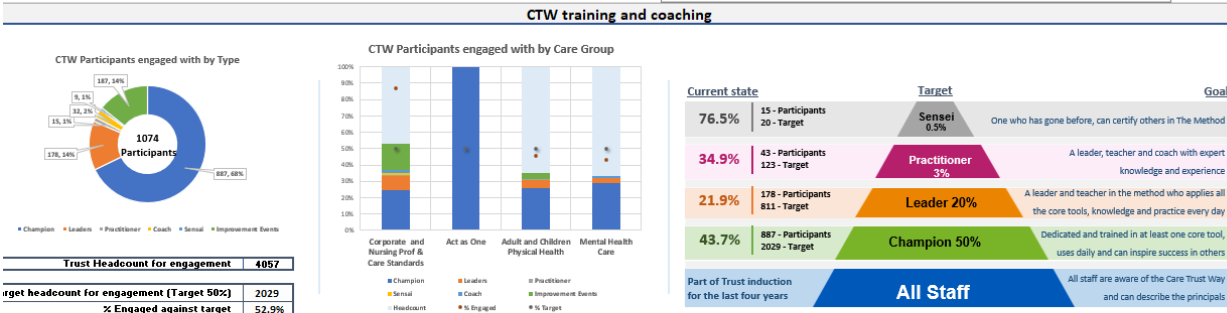
A5 – Leaders and overall Training progress

Leadership Training



CTW Overall Dashboards

KPO DASHBOARD - 05/02/2023



A6 – Exec Broadcast



Join us every Tuesday, 12.00 - 12.30pm, for the weekly broadcast that's open to everyone. Hosted by your Executive Management Team, it's your opportunity to hear about key operational topics, service successes and support and benefits for everyone at our Trust.

It's your chance to talk to your Executive Team, ask any questions that you have, and contribute to the topics discussed.



You can watch our previous CTW - Executive Broadcasts Click on the arrows at the side of the video clips or the buttons below the films to catch up...

<p>Office of the Chair and the Chief Executive Weekly broadcast - 20.02.24 - fraud awareness.mp4</p> <p>communications update Edited Tuesday at 12:57</p>	<p>Office of the Chair and the Chief Executive Weekly broadcast - 13.02.24 - LGBT History Month.mp4</p> <p>communications update Edited February 12</p>	<p>Office of the Chair and the Chief Executive Weekly broadcast - 06.02.24 - Childrens Mental Health Week.mp4</p> <p>communications update Edited February 12</p>	<p>Office of the Chair and the Chief Executive Weekly broadcast - 30.01.24 - time t... biggest mental health conversation.mp4</p> <p>communications update Edited January 30</p>
---	---	---	--

A7 – Improvement Events intro

are Trust Way

NHS
Bradford District Care
NHS Foundation Trust

RPIWs are used to make improvements in existing processes. They consist of a 6-week period of intense engagement, data collection and planning during which existing processes are observed and measured.

are Trust Way

Rapid Process Improvement Workshops

This is followed by a week of intense change activity carried out by the staff who work on that process. During the RPIW week, change ideas are tried out (PDSA) and measured. Following the RPIW week the process owner has responsibility for ensuring changes are embedded and further actions are carried through. The process owner and sponsor have responsibility for repeating the target metrics at 30/60/90 days and at 1 year.

better lives, together

W: www.bdct.nhs.uk @BDCFT



A8 – Trust Learning Week

BDCFT Learning from the initial response to the COVID-19 pandemic

Executive Summary

In March 2020, a national major incident was declared as the NHS moved to put plans in place to manage the national impacts of the COVID-19 pandemic. The rapidly with which the NHS as a whole, and BDCFT in particular, have had to respond to this national crisis, its length, and wider social impacts, have resulted in a situation which is routinely being described as 'unprecedented'. Using Care Trust Way methodologies, the Senior Leadership of the Trust has sought to engage with its staff and service users to understand what they have experienced and seek to learn from this in a meaningful way, in line with the Trust's values of 'We Care, We Listen, We Deliver'.

This report presents the information gathered from:

- 708 staff survey responses
- 132 service user survey responses and
- nearly 450 contacts made during the learning week conversations

BDCFT Learning from the initial response to COVID-19
Author: Dr Beverley Bray

What does this report do?

It seeks to understand the key experiences of staff and prompts services and teams to consider what of this they want to take forwards as we move away from a crisis response. Finally, it sets out the next steps in terms of how we are responding to what we have heard and how we intend to continue learning with our colleagues across the Trust.

What did we hear?

In essence, we have heard that staff are anxious and frustrated, that they are worried about the future and concerned about how the situation has affected service users. We have also heard that they have felt supported by their teams and that formal support initiatives have been welcomed, staff feel that there is a genuine concern being expressed and whilst there is pressure and things are difficult, people are acting with compassion and understanding. We have heard about how teams have innovated and used technology to deliver services in new and different ways, but we have also heard about the limitations of that technology and how concerned staff are about what risks they might be missing.

We have heard from service users about their experiences and recognise that whilst this is unique for every service user, what we have heard serves as a useful check on our own concerns and worries about the impact of changes on service user experience.

What are we doing as a leadership team as about it?

We will be ensuring that our workplaces and workspaces are safe to return to, and that colleagues are appropriately assessed before they do return.

We are reviewing our strategic programmes of work, informed by what we have heard, to ensure we continue to transform to deliver the best services possible to our service users.

We are reviewing our key enabling strategies, such as Best Place to Work and our digital strategy, informed by what we have heard, to ensure they continue to reflect what is important to the Trust.

What are our colleagues doing?

Teams are reviewing how they deliver services and are working with system colleagues to continually find ways to safely scale up their activity to meet people's needs.

Teams are sharing learning about innovative ways work working and how to maintain social contact using technology.

What are we doing together?

We will work collaboratively with colleagues to develop a Care Trust Way Charter which will allow us to hold each other to account for prioritising our health and wellbeing and how we work together.

All of the work we are undertaking as a Trust in response to this learning will contribute to our 5-year strategic priorities:

- Healthy as possible
- Best place to work
- Seamless access
- Best quality services

BDCFT Learning from the initial response to COVID-19
Author: Dr Beverley Bray

Care Trust Way Learning Week

Your experiences during COVID-19

1,282 total contacts (832 survey responses and 450 people across 32 team/ service conversations)

You said...

Feeling supported

We heard:

- Most feel supported by teams and managers - using IT to 'connect'.
- Some don't - miss workplace peer support; manager difficulties supporting home workers/ redeployed staff.

Next steps:

- Sharing your 'connecting' ideas eg. team huddles and 'chats'.
- Continuing Wellbeing@work support.
- Continuing virtual Board visits/ chats.

Returning to workplaces

We heard:

- COVID worries about safety at work and future peaks (families, colleagues).

Next steps:

- Ensure workspaces enable social distancing before staff return.
- Risk assessments for vulnerable groups.
- Visual prompts on social distancing in workplaces that are open.
- Wellbeing@work support.

Concerns about the future

We heard:

- COVID worries; your families, colleagues and services.
- Managing increasing service demands.
- Impact of COVID service changes on service users.
- Re-starting what you've stopped.

Next steps:

- Continuing home working where possible.
- Scaling up safely eg. PPE for face-to-face, doorstep visits, alternative locations.
- Evidence-based planning for service demands.

continued >>

Changing how we work

We heard:

- Innovative use of technology to connect with service users, colleagues, teams and services.
- Longer working hours; not taking breaks; no time to reflect.
- Some creating 'me' space eg. yoga, mindfulness.

Next steps:

- iCare's shared your digital innovation stories.
- Reviewing service delivery plans – stop, keep, do more.
- Reviewing our strategic programmes, building on the positives.
- We'll be developing a Care Trust Way Charter together – behaviours and expectations of each other.

Communication

We heard:

- Mixed messages particularly at the start.
- Too much information for some; not enough for others.
- Better where teams have regular catch-ups and using technology.
- Prefer virtual 'face-to-face' rather than written communication.

Next steps:

- Care Trust Way Executive briefing every Friday.
- We're planning audio / visual facilities to 'connect' key sites.
- Ensure clear and timely communications, but working round national 'asks'.

IT

We heard:

- Issues with kit and connectivity, particularly early on.
- Sometimes struggling to access SystemOne.
- Problems accessing local network drives.
- Inconsistencies across organisations affected connectivity.
- Confusion about what IT packages we could use and why.
- Delays in getting support.

Next steps:

- Priority system and alternative suppliers for IT kit.
- Working with SystemOne to resolve issues.
- Survey of home broadband providers to identify issues we control, and ones we can't.
- Developing self-help options for more timely fixes for severe issues.

We'll continue to let you know what's happening as we work on this together.

better lives, together We Care, We Listen, We Deliver
W: www.bdct.nhs.uk @BDCFT

A9 – CQC Rating – June 2019

CQC inspection findings June 2019

8 of our 14 core services have overall rating of good or outstanding

- 13 services rated good or outstanding for caring
- 8 areas of outstanding practice
- 12 services rated good or outstanding for responsive

End of life care
caring and kind staff
supports hard to reach groups & BAME
end of life support for DAU

Low secure caring cultures and discharge transition team (Thornton, Lynfest)

Mental health crisis measuring impact researching benefits of crisis intervention

better lives, together

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Inadequate Jun 2019	Requires improvement Jun 2019	Requires improvement Jun 2019	Requires improvement Jun 2019	Inadequate Jun 2019	Inadequate Jun 2019
Day or rehabilitation mental health wards for working age adults	Requires improvement Nov 2017	Requires improvement Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Requires improvement Nov 2017
Forensic inpatient or day care wards	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018
Wards for older people with a mental health problem	Requires improvement Jun 2019	Requires improvement Jun 2019	Good Jun 2019	Good Jun 2019	Requires improvement Jun 2019	Requires improvement Jun 2019
Wards for people with a learning disability or autism	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019
Community-based mental health services for adults of working age	Requires improvement Nov 2017	Requires improvement Nov 2017	Good Nov 2017	Good Nov 2017	Requires improvement Nov 2017	Requires improvement Nov 2017
Mental health crisis services and health-related places of safety	Requires improvement Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019
Specialist community mental health services for children and young people	Requires improvement Jun 2014	Good Jun 2014	Good Jun 2014	Good Jun 2014	Good Jun 2014	Good Jun 2014
Community-based mental health services for older people	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019
Community mental health services for people with a learning disability or autism	Requires improvement Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
Community health services for adults	Good Nov 2017	Good Nov 2017	Outstanding Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
Community health services for children and young people	Requires improvement Jun 2019	Good Jun 2019	Good Jun 2019	Requires improvement Jun 2019	Good Jun 2019	Requires improvement Jun 2019
Community end of life care	Good Jun 2019	Good Jun 2019	Outstanding Jun 2019	Outstanding Jun 2019	Good Jun 2019	Outstanding Jun 2019
Community mental health services	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
Trust overall	Requires improvement Jun 2019	Requires improvement Jun 2019	Good Jun 2019	Good Jun 2019	Requires improvement Jun 2019	Requires improvement Jun 2019

W: www.bdct.nhs.uk @BDCFT

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Inadequate Jun 2019	Requires improvement Jun 2019	Requires improvement Jun 2019	Requires improvement Jun 2019	Inadequate Jun 2019	Inadequate Jun 2019

CQC Rating – Published May 2020

Good ●

Bradford District Care NHS Foundation Trust

Acute wards for adults of working age and psychiatric intensive care units

Quality Report

SBS New Mill, Victoria Road, Saltaire, Shipley, West Yorkshire, BD18 3LD
Tel: (01274) 228300
Website: www.bdct.nhs.uk

Date of inspection visit: 10 to 12 March 2020
Date of publication: 27/05/2020

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service	Good ●
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive?	Good ●
Are services well-led?	Good ●

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards
We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

A10 - Spread and adoption Voluntary Care Sector Learning Week



Learning Week Feedback Session

What were we asked to do?

The intention of the learning week was to understand:

- Staff experience and feelings relating to the current situation
- How well staff had been supported and their experiences of delivering services during this period
- Service user experience of support from organisations over the period
- Future thinking – what lessons could be learnt and brought forward into the next phase of reset across the Forum.

What did we do?

- Ran 4 surveys between 20th July – 5th August
- Facilitated 4 learning week conversations week commencing 27th August

Who did we engage with?

- 122 staff members from across 21 organisations
- 47 service users from 10 different organisations



What did we hear?

- Having a shared vision and goal is key to both successful team and system working. Putting the service user and our communities at the centre of everything we do and stepping beyond team and organisational boundaries is integral to the future direction of travel.
- Both staff and service users can see the potential for utilising a much broader approach to engagement and delivering services, including a combination of face to face, telephone and video contacts, with a 'no one size fits all' approach, maximising the progress made on using digital in MH pathways.
- Where services are delivered from / received is important. Concerns were raised about having safe spaces to access therapy and hold difficult conversations, both in terms of service users being able to meaningfully engage and staff members having their home spaces compromised
- The ability to work differently, innovate and flex services without being hampered by 'red tape' has been valued by both staff and service users. Staff felt empowered and validated, whilst service users felt listened to and able to engage in ways that worked for them
- The ability of the local VCS to respond to a changing environment in a collaborative, organic and iterative way clearly demonstrates its value to the local system. The ability to step beyond organisational boundaries to deliver for people and communities has demonstrated the potential synergies
- Infrastructure and capacity are key to success. Managers and leaders have felt overstretched and recognise that it falls to them to drive resuming 'BAU' in addition to continuing to manage the current uncertainties. How this is supported and facilitated will directly impact on the ability of organisations to continue to respond to change.

better lives, together

W: www.bdct.nhs.uk @BDCFT



What does that mean for the Forum?

- What is the Forum's role in supporting the local VCS to develop shared infrastructures to support innovative ways of working, the release of management capacity and the reduction of organisational boundaries?
- How does the Forum support development of leaders of the future? In particular how does the Forum work together to support a culture of empowerment of staff and appropriate devolution of responsibility in order to grow a culture of innovation and local ownership of improvement?
- How does the Forum support organisations to share learning? In particular how does it support sharing of learning relating to utilising digital solutions in broadening access and service delivery models in response to the feedback from service users and staff?
- How does the Forum support organisations to promote and further develop some of the innovative ways of working and service delivery models to support the vision of putting people and communities at the centre of everything?

better lives, together

W: www.bdct.nhs.uk @BDCFT

A11 - First Response - Rapid Process Improvement Workshop Example

Work Completed since Friday Report

FR

- Visual Control - Freedom Training
- Five S - Office Design, team sat together in the main office
- Mistake Proofing - Go Live FR Pilot 18.12.19
- Standard Work - Go Live waiting room 19.12.19
- Mistake Proofing - Telecoach processing group set up
- Standard Work - IT equipment quality checks completed

Spa

- Standard Work - Created and Tested New triage SOP to include Duty Escalation using Australian Triage Scale
- Mistake Proofing - Updated Footprint workflow to guide call handlers to an outcome
- Standard Work - Trained 14 MH call handlers on new Sop
- Mistake Proofing - Go Live FR Pilot and Voice Guides 18.12.19
- Standard Work - Go Live New Triage Sop
- SS - Closed CC's removed Special Services Pilot, realigned stats pilots to CMHT, remained waiting room CMHT

Evidence of Changes

better lives, together W: www.bdct.nhs.uk @BDCFT

TPR Update Lead and Cycle Time Target 20% Reduction

Mon - Fri 9-5

	Voice Guide	Wait for Spa to answer	Spa talk to caller	Spa wait for FR to answer	Spa talk to FR	FR talks to caller	FR Admin wrap up	Total Mins	Target Mins
Base	0.19	1.36	6.06	4.14	4.47	20.59	17.44	55.45	46.00
30								23.00	46.00
60	1.40	2.30	1.02	1.51	1.26	10.05	11.20	29.54	46.00
90	1.40	4.40	3.01	0.54	0.36	4.60	7.5	22.57	46.00
Out of Hours									
Base								48.00	34.00
30	1.40								
60	1.40	2.51				10.41	8.30	23.02	34.00
90	1.40	3.35				10.55	4.25	19.33	34.00

better lives, together

W: www.bdct.nhs.uk @BDCFT

Quality Measure Tracking

	0	30	60	90	120
	09/12/2019	08/01/2020	07/02/2020	08/03/2020	07/04/2020
Performance					
Lead Time OOH	48 Mins	NA	23.02 mins	19.33 Mins	
Lead Time 9-5	57 Mins	23 Mins	29.54 Mins	22.57 Mins	
QM2 1 Dissuaded Calls %	2.60%	0%	0.40%	0.44%	
Abandoned Calls %	28%	19%	23%	16.60%	
QM2 Abandoned after 30 seconds %	15%	9%	4.10%	6.60%	
Abandoned on Voice Guide %	5.50%	5%	4.70%	7.30%	
Served before 60s %	48%	70%	65%	52%	
Answered Without Queueing %	26%	70%	81.50%	37.90%	
People					
QM 3 Complaints		0	0	0	
Concerns		0	0	Survey	
Compliments		1	0	Survey	
Other Improvements					
QM 2 Data Collection Standardised					
Survey Created					

Staff & Service User Feedback

We are taking less calls for other areas such as CMHT's before 9am and after 5pm

The new work area is in an open space and airy. More inviting to remain in, more engaging with others and potentially healthier.

The togetherness, in my opinion, has been facilitating a positive culture change

The new voice message for SPoA is so much better and explanatory

The move in my opinion has provided an improvement in cohesive working and team performance

The voice on the new guide is much friendlier

Its much easier and quicker to pass a caller over to a telecoach using the new criteria

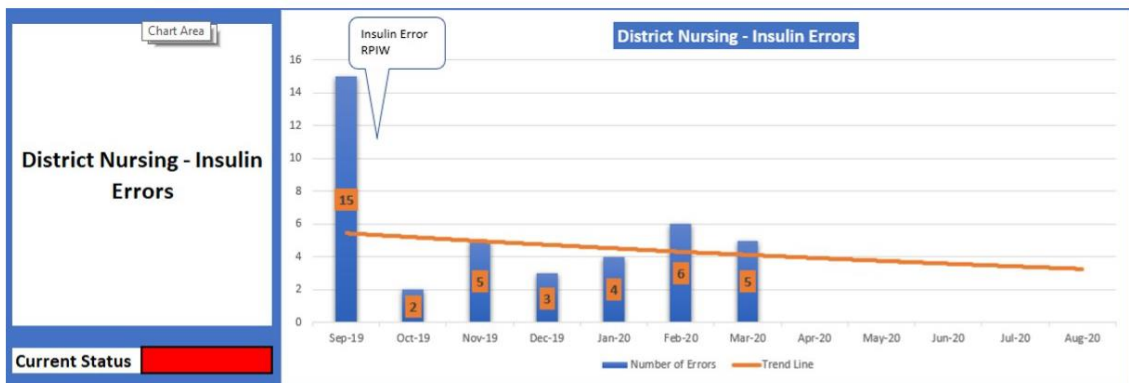
The duty nurse is a great help, waiting times for FR much shorter

A12 - Insulin Kaizen Event



Kaizen Insulin Event
Aim - a 5 day intense workshop including clinicians who deliver Insulin to focus on reducing the number of Insulin errors. To deliver solutions during this 5 day event, and follow-up with 30, 60 and 90 day reviews to discuss progress and focus on any additional work needed.

What errors were occurring that needed reducing?	What did we do?	Ongoing work to provide additional support
<p>74 Insulin errors had occurred in previous year (Oct 2017—Sept 2018) as a result of:</p> <ul style="list-style-type: none"> • Too many early (8AM-9AM) visits • Missed visits—not allocated • Missed visits—not seen on ledger • Wrong patient • Wrong dose • No record • Incomplete record • Wrong Insulin • No / Missing equipment 	<p>Implemented an allocation checklist to eliminate missed visits:</p> <ul style="list-style-type: none"> • Do you have this checklist? • Are you using it? <p>Reduce the number of early visits:</p> <ul style="list-style-type: none"> • Have you reviewed your number of early (8AM-9AM) visits? • How many have you moved later in the day? <p>Prevent missed PM visits:</p> <ul style="list-style-type: none"> • Have you added your 'Finished' box to bottom of SystemOne ledger? <p>Made SystemOne easier to navigate:</p> <ul style="list-style-type: none"> • Do you like the changes to the SystemOne Insulin template? 	<ul style="list-style-type: none"> • Standard patient-held documentation—clear files • Standard list of equipment • Provision of storage boxes • Standardise tasks • Updating standards and policy • Letter to partners e.g. local hospitals asking for support with Insulin work <p>If you have any suggestions, ideas or questions, please contact: James Cooke, Carla Smith, Rebecca Pinkstone, Caroline Harrison, Rebecca Burke, Rebecca Rae, Thomas Dugdale, Nicola Harrison, Helen Barker, Katie Blackburn, Rob Bumstead, Jayne Dunn</p>



A13 – Trust Induction RPIW



Trust Welcome



Conversations About Files Events

the complete reorganisation of Trust induction from a disparate localised and inconsistently and randomly delivered series of episodes, to a formalised monthly scheduled and mandated corporate meet and greet events for all new starters.

- 95% attendance for new recruits
- 100% catch up within three months.
- Impact on attrition so far (awaiting full year effect) is a reduction of 2% for personnel leaving within 12 months of

A14 – Celebrating success - Values Awards

Living Our Values awards



We Care



We Listen



We Deliver

Who has been living our values this month?

About our Living Our Values awards

Every month, colleagues and teams are recognised in our Living our Values awards, for actively demonstrating one of our Trust values in their work. Any staff can submit a nomination that are then considered by our interim Chief Executive, Patrick Scott, who selects the three winning entries that best represent our values.



Previous winners

How to nominate a team or colleague for a Living Our Values award

To nominate a member of staff for next month's awards, just email LivingOurValuesAwards@bdct.nhs.uk with the following:

- the nominator's name and job title (the person who is nominating),
- the nominee's name (the person nominated), and job title
- Which value and briefly why (**no more than 100 words** on how they are living/demonstrating the value).

All entries need to be in **by the last Thursday of the month and we'll announce the winners in e-Update and on this Connect page.**

Every winner will be emailed their Living our Values certificate. If you're able to, **please send a photograph** with the certificate and nominator, to communications@bdct.nhs.uk.



We Care

July's winners

We Care

Lynne Harper, Health Visitor, Wakefield 0-19 service

Nominated by: Dawn Lee

At the end of a long week I had the pleasure of reading the attached letter from a service user. I trust you will accept the words within [the letter as evidence](#) of Lynne's outstanding Health Visiting practice demonstrating the 'We Care' value of the Trust. Lynne – really well done and thank you for your great work which is so valued by this particular family.

We Listen

Claire Pitts, Speech and Language Therapist

Nominated by: Nicole Davies

Claire cares so much about her work, the families she supports and her colleagues. This is evident in many aspects of her day to day work, such as always making herself available to listen to colleagues in need of advice and support. She has a real understanding of the team she works in and the families she supports, which she gains by her excellent ability to listen to others and help them feel heard. As a result, staff and families that work with Claire feel listened to, valued and empowered. As one parent explains: "I could not possibly put into words how grateful I am of Claire the time she has taken to listen and when I did not understand something she would put it in a different way so I would understand. I am very grateful for all the help I have received for my child." We feel Claire deserves recognition for all that she does. She is so highly valued, not only by her team, but by the many families she supports.

We Deliver

Sandeep Kaur and Aliysha Khan, Learning Disability nurses, Community team, Waddiloves

Nominated by: Victoria Donnelly

Sandeep Kaur and Aliysha Khan, two of the nurses in the learning disabilities community team at Waddiloves – Sandeep has been one of our Equality and Diversity leads for the last 18 months – both her and Aliysha have put in a massive effort to share South Asian Heritage Month with our wider team – including doing weekly updates for the team on films, music, history clips etc. They have also set up and run a weekly cooking session via Microsoft Teams – sending out recipes and then cooking on line with us all taking part. They have both also done interviews of various members of staff in the team who have a connection to South Asian heritage and culture and again shared these via Microsoft Teams – they have made a massive effort and gone above and beyond what I expected when they suggested we do something to celebrate this in our team and have raised awareness of many areas of South Asian culture that lots of the team were unaware of, in a really accessible and fun way - I think they definitely deserve some recognition for this.



We Listen



We Deliver

A15 - It is all about people - Your Voice Matters



Bob Collins, Adult Health Professional Lead for Adult Community Mental Health Team

Having time out to reflect on the feedback from the CQC, has given colleagues the opportunity to come together to be solution orientated and address any issues raised, says Bob, leading to rapid improvements for patients both in the community and on hospital wards.

[Find out more - watch the video...](#)



Jane Connolly, Baidon Ward Manager; Gill Rowe-Aslam, Step Forward Centre Ward Manager; Bev Knaggs, Inpatient Services Manager and Darren Suddick, Assistant Manager, Thornton Ward

Darren chats about issues identified with SystmOne and looking at long-term solutions; Gill talks about ESR and accurate profiles on the system, and ESR reflecting courses relevant to job roles; Jane chats about the implementation of the twilight shift to provide extra support on wards to enhance patient safety; and Bev encourages staff to get on board and embrace the benefits and improvements. Find out more from:

[Jane, Gill, Bev, and Darren - watch the videos by clicking on the names...](#)



Doing it the Care Trust Way, every day



Bright ideas for continuous improvements

Our Learning Disabilities team recently got together with Care Trust Way Coach, Catherine Jowitt, to find a fresh approach in developing new service pathways.



MyWellbeing College managers' meetings transformed

Through the introduction of a digital workspace, MyWellbeing College's manager meetings have been transformed... and it all began with a case of bad weather.



It's good to talk

Nurses in the five teams that make up the City Cluster are talking more regularly and finding staffing issues are eased as a result.

The five teams of district nurses used to work individually, but since implementing the new Reportout system they are able to talk through any risks and staffing issues in advance and take appropriate action.



Thinking 'bigger, bolder, better'

Clinical Service Development Lead and Care Trust Way coach, Carla Smith, has been using her coaching skills in staff supervision sessions. She says it's made her think 'bigger, bolder and brighter'...