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 rapidity 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
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:
Introduction and background

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. This in turn resulted in BDCFT implementing its incident control processes and asking services to revise and implement business continuity plans to help manage the incident. The plans that were implemented needed to take into account the following considerations as a minimum:

- Government guidance, including the message to stay at home and to work from home where possible, the impact of school and childcare provision closures and the requirement to home school children;
- Predicted impacts on acute hospital capacity, including the requirement to reduce acute bed occupancy to release capacity to treat COVID-19 patients with the knock-on effects on community services, care homes and primary care;
- Predicted impacts on staff availability, given national assumptions on the likely spread of the disease, requirements relating to shielding of the most vulnerable and self-isolation of symptomatic individuals and households;
- The requirements of social distancing and use of personal protective equipment (PPE) to protect both staff and service users and other infection control measures relevant to inpatient, community health and corporate service venues

In addition, as the pandemic progressed and further implications have been considered and responded to at a national level resulting in additional guidance being issued, the Trust has been required to react at pace to ensure it is responding appropriately. The purpose of this study was not to evaluate the impact of delivery of individual business continuity plans, but to take a broader approach to understanding the organisational responses to the pandemic.

The rapidity 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’. It was therefore appropriate and necessary for the Senior Leadership of the Trust to engage with 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’.

Also, during this period the Trust has made significant rapid changes, some of which are COVID-19 specific and will be stood down as national conditions allow. However, it was quickly recognised that some of the changes that have occurred represent significant learning and opportunities to further the strategic ambitions of the Trust. It was therefore felt that, as we began to move out of the initial crisis response phase, it was incumbent on the Senior Leadership to work with services and teams to understand the impact of the changes made and which of these would be beneficial to retain and continue to develop as we move away from the initial crisis.

Finally, it should be recognised that all of this is taking place against a backdrop of a continued national response to the pandemic. There is an increasing awareness of the implications of both the disease itself and the national response on the physical and mental health of individuals and the population as a whole which mean that there continues to be a high level of anxiety about the current situation and what the future might hold. Whilst, as a Trust we can see that we are moving out of the initial crisis response phase as a whole, some services are still ‘in the eye of the storm’ in terms of their response and we all face an uncertain outlook with regards to potential future waves of the pandemic and only a very early understanding on the potential future demand for services across our mental health and community services as a result of the pandemic and the national response.
Overall summary of staff experiences

Following is a summary of the main areas that staff identified through either the staff survey or learning week conversations with regards to their experience of the past few weeks.

**Support** – a key theme that comes out through the conversations is that teams are feeling better connected within their teams (and across wider teams in some cases), and that they feel supported. This corresponds to the significant number of individuals who stated they felt supported in the staff survey.

- Massively supported by the team and the team leader
- The catch up every day on teams works very well, good support team as they usually are

**Virtual meetings have saved time and enabled us to meet more regularly**

**Better use of time / more efficient meetings / better attended meetings** – this was a common theme highlighted in many conversations. It was also cited, though to a lesser degree, in the responses to the survey. In some ways it links to the feeling of support, as teams expressed that they were able to join more meetings including supervision and wellbeing meetings, but it also reflects a sense of productivity and less time wasted.

- Feel pressure to fill every minute of my working day, when other worries are all around me, juggling work and my role as a carer during lockdown.

**Less meetings/ shorter focussed meetings allowing more time to respond to priority areas of work/ actions**

**Concerns about current and future demand** – specifically having to manage additional work on top of business as usual, a perception of unequal working between those working at home and those on site and the anxiety about the impact on future demand was a key negative themes. All of this would contribute directly to frustration, anxiety, worry and the sense of being exhausted and overwhelmed described by individuals. This was also expressed in terms of not being able to engage with SU face to face and concern about the risks inherent in this and what this means for future work.

- Local ownership / pace of change – the ability to adapt at pace and flexibility to innovate was highlighted as a positive outcome of the changes to ways of working. This would also contribute to the feeling of being supported, in the sense of being supported to make local decisions / having decisions approved more quickly.

- The readiness of people to adapt and innovate has been encouraging

- The catch up every day on teams works very well, good support team as they usually are

- Feel pressure to fill every minute of my working day, when other worries are all around me, juggling work and my role as a carer during lockdown.
When the covid-19 pandemic first started I felt frustrated and scared because I felt other colleagues where not taking things seriously. I felt the trust was a little slow to put guidelines in place and I would have liked the correct PPE to have been put in place faster and would have valued more information initially. As this pandemic has progressed I have felt much more settled and fell the trust is coping very well and managing the situation. I have felt inspired to do more and have worked bank shifts with different teams and joined the covid team. I feel inspired and enjoy coming to work.

A sense of isolation / lack of connection – this was clearly expressed by a number of teams where people were working from home. People described being isolated from colleagues, missing the informal social interactions and peer support. This is described within the survey as feeling alone, unsupported and will be contributing to the anxiety and frustration as people also spoke about not being able to contribute their professional skills or understand the pressures their colleagues across the trust were facing.

A sense of tiredness/ exhaustion – this is expressed in a number of different ways in the conversations and is also frequently described in the staff survey. This relates to a general sense of fatigue, sometimes specifically to do with the COVID-19 situation in society, the pressures of combing new / enhanced responsibilities at home with work, increased work pressures, some of which are short term (and a source of pride in managing these) and some longer term, and a recognition of the ‘relentless pace’ of current working circumstance for some people. This feeling is by no means universal but was a recurring theme.

Communication – this came up as both a positive and negative experience for staff. There is a general sense that communication within teams is better and more focussed on wellbeing that before, hence people feeling supported. However, there was also a sense that the technology underpinning remote communication was challenged, and that organisational communication did not meet the needs of everyone, with some people describing it as insufficient and others as overwhelming and contradictory. This also contributes to the sense of frustration, anxiety and confusion and is a theme that will be discussed further in this report.
Overall summary of the support staff have received

Following is a summary of the main areas that staff identified through either the staff survey or learning week conversations with regards to their experience of being supported.

**A supportive approach** – overall staff have felt well supported through this process. The majority of staff have used informal support routes, but those who did access formal support generally felt this met their needs. Feeling supported within teams was referenced both within the staff survey and throughout staff conversations, with specific examples of how this support is being provided. There is a general sense that the trust is focussing on the health and wellbeing of staff and this has been recognised within teams.

- **Really enjoying the wellbeing groups and mindfulness**
- **The Staff Well-Being Service have been magnificent on the one occasion I required some support.**

- **Call outs are really good - staff share experiences**
- **Morning meetings have been important**
- **Daily Microsoft teams updates, improve team working and support.**

**Daily contact** – daily communications with managers and across teams was a common theme across conversations and the survey which significantly contributed to staff feeling supported. However, it should be noted that there were incidences where respondents who were working at home felt they had not been contacted by their team managers. It is also worth noting that where managers and staff are working differently (ie one party is working from home and the other isn’t) this has caused difficulties in making these meaningful contacts.

- **‘I think because of the separation brought about by home working, there has been a really big improvement in focussing on each others wellbeing. There have been some fabulous local team responses to checking on each other and having motivational sessions together each day. It has felt of late to be a little repetitive now in the daily reporting requirements. I am confident that may change and reduce in coming weeks. I think the only thing that could have been improved was getting some responses to questions which were raised. This has felt much better in recent weeks but initially was a little cumbersome**

**Informal peer support** – teams generally felt more supported and many of them described in the learning week conversations how they were using technology to keep teams connected, for example providing the opportunity for daily ‘check in’ calls, buddy groups and opportunities to socialise. However, there was also a sense from those who were working from home that they were missing opportunities for peer-peer support and informal contact. This ranged from casual conversations to reactive ‘supervision’ type conversations following challenging service user interactions. Whilst there was also a recognition that use of technology mitigated an element of this, it was clearly articulated that there was significant element that remained absent and was felt to be impacting on how people were experiencing their situation.
Overall summary of how teams have worked together

Following is a summary of the main areas that staff identified through either the staff survey or learning week conversations with regards to their experience of working within and across teams.

**Use of technology** – this has been identified through multiple routes as a key enabler of both inter and intra team working. MS Teams has been cited as a driver for better attendance at meetings, enabling better collaboration and better engagement with people / professionals that would not have previously engaged. It is also clear that it is seen as a very positive vehicle for bringing together individuals who work within teams with a wide geographical footprint. However, the lack of consistency in use of platforms across organisations has created difficulties in some cases, and the reliance on the current IT infrastructure has also created barriers to effective use.

`Being able to participate in ward round reviews via Team Meetings has gone really well and helped me feel part of the MDT.

However, when liaising with outside agencies (e.g. social services) we had to reply on conference calls. These were far less effective and didn’t help me to build relationships with these professionals.`

**Changed / innovative ways of working** – it is clear that a lot of teams and individuals have been working differently either within their teams or across them. This has encompassed a whole range of things, from use of technology as described above, to sharing workloads differently to utilise skill mix more effectively. Across teams, this has been about embedding different roles and functions within teams, bringing a new perspective to conversations. Streamlining of processes and reducing organisational barriers has also been cited on a number of occasions as being particularly positive. Whilst this report mainly focuses on ways of working rather than specific tactical/ organisational changes, it is also noted that some operational delivery models have changed, including the creation on the COVID community team which involves partners from a number of organisations.

`Children’s services has pulled together across all teams to ensure the welfare of the families across the district has been met. Great leadership from the top downwards`

`Just how proud and grateful I am of my colleagues. Against all odd we repeatedly provide excellent care to our vulnerable service users and we do so with a smile on our faces.`

**Shared goal / sense of purpose** – it is clear from both the responses to the survey and the conversation outcomes that people feel that their teams have pulled together (both internally and across organisations) in order to ensure the best possible services are delivered for service users. In some instances this is described as a sense of pride in having responded to significant initial demand / rapidly changing requirements as a team. In others, this is linked to changing and developing ways of working and operational delivery processes. This is also referenced in relation to cross organisational working and a sense that a shared purpose has allowed organisational boundaries to be lowered in order to get things done.

`IPTS has forged closer links with the CMHTs and that has been useful - saving travel time too by having online meetings`

`It has been a very difficult time for everyone. I do think people have rallied together to try to offer as best services within the trust for service users and shown innovative ways of working`
Redeployment – whilst this has by no means affected every team, a small but significant minority of respondents have expressed either strong negative or positive responses to the process and impact of redeployment. Where the response has been positive, individuals recognise the contribution of secondees into the team and reflect on the learning that they will take back with them into their substantive role. There are pockets where people reflect that this sharing of experience/knowledge could be a valuable asset in professional development. However, there have also been negative experiences which generally relate to a perceived lack of communication or consultation in the period immediately preceding the start of the secondment, lack of preparation (both for the individual and the team they are joining) and a sense of feeling undervalued (relating to a feeling that their substantive work was of ‘less importance’) and unsupported whilst working in the new role. This also links to a sense of disconnection from both their home team and the new team they are seconded into.

Communication – once again communication was cited as both a positive and negative influence of how teams work together. This is closely linked to the use of technology to support communication, but also relates to consistency of guidance/messaging across teams and organisations. Examples include guidance relating to use of PPE needing to be aligned across organisations where teams work across multiple organisations/sites; consistency in messaging about working from home expectations and how information flows (in both a positive and negative way) through management structures.

'I am angry that I am not using my skills as a Nursery Nurse and do not come from a medical background

'I've been really grateful for the opportunity to be redeployed. I've experienced a job I never thought I'd have a chance to try and feel lucky that I'll be taking lots of positive experiences from it.

There have been some anxieties from staff in other services such as Food Services however lots of support and communication has been provided so that staff are aware of what is in place to keep staff safe across the sites
Overall summary of changes to services users experience of services

Following in a summary of the main areas that were identified in terms of the impact on service user experience.

**Reduction of face to face contact and increased use of telephone / video calling** – this is one of the most significant changes that was made in direct response to national guidance and unsurprisingly is one of the key themes that was identified by both staff and service users during this process. Staff gave a mixed response, with some appreciating the fact that more people (specifically within family groups) were joining in the conversations and identifying this as a means of reducing barriers to engagement whilst others felt that due to lack of access to technology and reluctance to use this, some service users would be more disadvantaged. The main concern that was heard from staff related to the lack of contextual information compared to a face to face meeting and how this impacted on their sense of risk.

In terms of the service user experience, the reduction in face to face meetings was clearly of significance to some individuals who felt that this had impacted on their health, with only minor mitigation from increased contact using alternative methods. There was a clear indication that many of the service users would prefer face to face appointments, however at least one individual preferred not having to come on site for their appointments.

**Quality of service offer** – whilst the service users themselves rated the quality of services as having improved slightly overall, this was not consistent. Many of the staff members who took part in the survey and learning week conversations felt that the service they have been able to offer was of significantly lower quality / benefit. This was particularly true of services who have a therapeutic element to them. In addition, some services identified that there were specific interventions (such as providing breast feeding support) which could not be offered and therefore compromised the quality of the wider service. That being said, there are also a number of services where the changes have offered the opportunity to innovate and develop a broader offer which has promise for supporting future delivery models.

**Increased contact** – feedback from some services and indeed service users, was that there was increased contact between services and service users. Whilst it was largely recognised that the quality of each individual contact may be less, service users in particular said that they appreciated the more frequent check ins as it left them feeling more supported. The use of virtual assessment / triaging was recognised as being beneficial as a means of making early contact with service users.
Risk of harm – where services had reduced their face to face offer or have reduced their service offer, respondents indicated that there is a prioritisation process in place where risks are assessed, and interventions offered on that basis. However, staff demonstrated a high level of concern that the cessation of some services and the reduction in others would lead to a negative impact on outcomes for service users. Examples include patients who have disengaged and therefore the relevant professional is not sighted on their current circumstances, negative implications for the quality of the therapeutic relationship between professional and patient, and the potential impacts for making progress with treatment, lack of progress (for example where art therapy with children has had to stop) and what this might mean for longer term impact and disruptions to ongoing therapy plans.

In terms of the service users themselves, some respondents did identify potential negative impacts on their health as a consequence to having changed how they are supported, but this was not a major theme within the responses received.

It is worth noting at this stage that this is a key agenda item for all patient facing services and is discussed in daily safety meetings, reflected in risk assessments and is being monitored through the Trust’s patient safety and risk processes.

Social distancing / use of PPE / infection control measures – whilst staff have indicated that access to and use of PPE has been challenging for them and that they have concerns regarding social distancing measures, this does not seem to have been the experience for service users. Where this is referenced it is in the context of feeling grateful that services have prioritised patient safety and with appreciation for the efforts staff have made to make things such as isolation on wards and reduced contact a more positive experience. However, one area of dissatisfaction for inpatient mental health service users in particular was the restrictions that have been placed on the use of S17 leave and on the ability of families to visit which were implemented in response to national guidance.
Next Steps and Concluding Remarks

The Trust’s 5-year strategic priorities are as follows:

1 Healthy as possible

What did we hear?

- We have heard concerns relating to covid-security and to the management of homework place environments.
- We have heard concerns relating to the long-term impact of adapted ways of working in response to covid on the health and wellbeing of our service users.
- We have heard that some service users appreciate the opportunity to take back control of their own self-care and that they have appreciated the steps staff have taken to keep them safe from potential covid infection.
- We have heard that people have appreciated the flexibility to manage their work-life balance and take the opportunity to build in time to exercise and to manage their mental health and wellbeing.
- We have also heard that some staff have been under a lot of pressure in terms of managing workloads and demands and the impact this has had on their ability to look after themselves in a healthy way.

Next steps

What are we doing as a leadership team in response to what we have heard?

- A working group has been established under the leadership of the Director of Nursing to ensure all working spaces are covid-safe before we ask people to return to using them. This includes a review of the usage of space, the physical layout, improving visual aids to support changes in behaviour and any changes required to cleaning schedules. This group has committed to have a plan for what needs to change by 15 June 2020 and this plan will then be implemented over the following weeks to ensure our staff are safe when they return to the workplace. We do not have a definitive timescale for this as it will depend on the extent of the work that is required.
- Managers, supported by the HR team, have commenced undertaking risk assessments with people who are in vulnerable categories for health or demographic reasons so we understand what we need to do to keep them safe. These will be completed by 26th June 2020. This will allow us to work with individuals to make sure the right decisions will be made about when and how they return to the workplace.
- During June 2020, the HR team will review and update the working from home policy to make sure that is reflects the learning from the current situation. This will include ensuring there is a robust assessment of the home workspace so people who do work from home are able to have access to the appropriate equipment and guidance on how to keep themselves healthy.
What are our colleagues doing?

- In the near future people will be continuing to work from home in line with government guidance and our health-based response to this. Teams will continue to have conversations about what flexible working arrangements they might want to keep going forwards. We do not yet know the timescales for when people who are working from home will be able to access the various Trust buildings, as this is dependent on changes in government guidance and how long it will take to make workspaces covid-safe.
- Teams will continue to use remote assessments / interventions to keep patients safe from covid, using a risk-based approach to identify those service users who we need to step up interventions for in a safe way. We do not know when we will be able to provide the full range of face to face services we usually offer as this is dependent on government guidance.
- Teams will continue to work with system partners to provide support for care homes, reducing the risk of transmission of covid to this vulnerable group and minimising the potential harms from reduced access to health services. We will include the learning from this service provision in the review of our strategic transformation programmes during June and July 2020.

What are we doing together?

- The Care Trust Way is the way we describe the way we work across the organisation. In order to make sure that there is a way we can all hold each other to account for prioritising our own and each other’s wellbeing at work, we will commit to working with our colleagues from across the Trust to create a Care Trust Way Charter. The Charter will describe the way we will work together as a Trust, what behaviours we will all model, what staff expectations are of the leadership team and what we can expect from the staff team. Before the end of June 2020 we will have organised a number of workshops where people from across the Trust, at all different grades, can work with us to design the charter. We will aim to have this Charter agreed by September 2020.

2 Best Place to Work

What did we hear?

- We have heard that most of our staff feel strongly supported by their teams and managers and that there is a much greater focus on wellbeing and compassion in day to day interactions.
- We have heard that some people felt less supported, that they are missing the informal peer support you get when you are in the workplace, or that managers may be struggling to make regular contact with people who are working from home or who have been redeployed into other teams.
- We have heard that communication remains an issue, with some people feeling overwhelmed and confused and others feeling out of the loop.
- We have heard that people value face to face interactions and that email is not seen as the best means of communicating messages.
- We have heard that people have valued the engagement and chance to have conversations afforded by this process.
- We have heard that the flexibility to work from home or in other sites and to use virtual technology to avoid excessive travel has been valued.
- We have also heard that people value the ability to innovate and make rapid changes without having to seek layers of permission.
Next steps

What are we doing as a leadership team in response to what we have heard?

• Over the past few weeks we have strengthened our staff wellbeing offer. Whilst there is a need, we will continue to offer this wide range of staff wellbeing services and enable staff to access these at times best suited for them during their working hours. We will continue to have conversations with the staff partnership forum to check that the wellbeing offer is fit for purpose.
• As part of the response to covid, the Board quality and safety visits were stood down. Over the past 5 weeks members of the Executive Team have been making virtual visits to teams across the organisation. These will be continued and extended so that all teams have the chance to speak to members Trust Board about how they are over the next few weeks and beyond. This is part of our ongoing staff engagement strategy and learning from how well these visits work will be incorporated into our routine review of this process.
• During May, as a direct response to staff feedback during the learning week we launched the Care Trust Way Executive Briefing on a Friday afternoon. This provides an opportunity for staff to speak directly with the Executive Team and have their questions answered. We commit to continuing this as part of our normal way of working and will listen to any feedback about how to make this better.
• As a leadership team we have committed that where it is physically possible all meetings going forwards will support the ability to join digitally. From now on meetings we arrange (where it is possible to do so) will include MS Teams or teleconference details. In addition, we are investing in 3 audio visual conferencing centres at New Mill, Lynfield Mount and Airedale Centre for Mental Health. We do not yet have a timescale as to when these will be up and running as we are only in the initial stages of identifying suitable rooms and will then need to identify what work needs to be done to make this happen.

What are our colleagues doing?

• Working remotely/from home is going to be a reality for many weeks to come. Teams have been working using technology to make sure they stay connected, with daily huddles and catch ups as well as social events like quizzes and just having a chat. By the end of June 2020 we will create a space on Connect where teams can share what they have been doing to stay in touch and find innovative ways of making work fun.
• We asked teams to share their stories of innovation and have published these through the iCare Innovation stories.
• Teams are reviewing their service delivery plans during June 2020 to see what changes need to be kept and which they will want to stand down to ensure we don’t lose the lessons we have learnt from this. These changes will then become part of the ‘business as usual / new normal’ operating procedures for the team.

What are we doing together?

• As part of the work on the Care Trust Way Charter which will begin before the end of June 2020, we will review how we communicate and what our roles and responsibilities are as staff members and leaders. We will use this information to improve our methods and channels of communication where possible.
• As we review our Strategic Programmes and Operational Governance during June – July 2020 we will focus on embedding daily lean management across all services to further improve local ownership of improvement and innovation and improve communication flow. This is a longer-term piece of work which will support teams in
continuing with new ways of working identified as part of their review of their operational plans.

- We have committed to having further conversations across the Trust at the end of June 2020 and going forwards as part of our ongoing engagement strategy. We will ensure these conversations are an opportunity for you to work with us to problem solve and innovate.

3 Seamless Access

What did we hear?

- We heard that teams were worried that demand for services would increase significantly and about how this would be managed
- We heard that teams were worried about the risks SU had been exposed to by being supported face to face and what this might mean in terms of future harm
- We heard that teams were worried about how to restart the things they have had to stop

Next steps

What are we doing as a leadership team in response to what we have heard?

- The Clinical Board meets weekly and is reviewing international, national and local data to understand the potential impact in terms of demand for services. This information is being used to inform how we plan for service delivery in the short, medium and longer term and is being continually updated. We will continue to work with our system partners on this over the coming weeks and months.
- We are reviewing our Strategic Programmes during June and July 2020 to ensure they reflect the current and future context of service delivery. We will ensure that these are reviewed and refined to support focussed delivery of our priority programmes in order to achieve significant transformation for our service users.

What are our colleagues doing?

- Teams are already working to scale up what they can do to meet people’s needs including continued use of PPE to allow face to face contact, cohorting on wards and working on the balance of remote assessment versus face to face. This work is going on across the whole system and will continue over the next few weeks. We do not yet know when we will be able to return to offering our full range of face to face services as this is dependent on national guidance.
- Teams are looking at alternative uses of space to enable service users to be engaged in safe spaces. Examples include using doorstep visits for vulnerable children or looking at alternative locations that can provide socially distanced access to safe spaces. This work is already happening, and teams will continue to work alongside partners to evolve these processes as the situation changes. We do not know when we will be able to resume using our usual venues as this is dependent on the work that is going on to assess how to make our premises covid-safe and on national guidance.
4 Best quality services

What did we hear?

- We heard that teams have been using technology innovatively to support service users and engage with colleagues
- We heard that teams have innovated and changed how they work with other services / teams to ensure that SU receive the best care

1 Next Steps

What are we doing as a leadership team in response to what we have heard?

- During June and July 2020 we will be reviewing our Trust’s strategic programmes to make sure we build on the very many positive things that we have been doing and don’t lose the progress we have made in improving the service we provide to our patients

What are our colleagues doing?

- We asked teams to share their stories of innovation and have published these through the iCare Innovation stories
- During June, using the Care Trust Way methodology, teams are reviewing their service delivery plans to see what changes need to be kept and which they will want to stand down to ensure we don’t lose the lessons we have learnt from this.

Concluding Remarks

This process was initiated as an opportunity to for us to hear, understand and learn from the experiences of colleagues and service users and from the nearly 1300 contacts we have made during this process we have heard, and learnt, a lot.

The situation we have found ourselves in over the past weeks is unprecedented. As individuals we have experienced and continue to experience significant personal challenges. Many of us are anxious and concerned about what the future might bring. Some of us have been ill ourselves or had close family members become ill and some of us have experienced bereavement as a result of the pandemic. Many of us have had additional caring responsibilities, whether home schooling children, supporting others who are vulnerable or shielding or managing the impacts of changes community health services on our loved ones. All of us have experienced significant disruption to our usual routines and ways of life.

However, we have continued to do our best. We have embraced new ways of working, exploiting the technology available to us, engaging ever more effectively with colleagues from both within BDCFT and external to it and meeting every challenge with a shared vision of providing the best possible service for our patients and communities. This should be a source of massive pride for each and every one of us.

We do, however, recognise that this has not been without its challenges. Communication has not always been as effective as it could have been. Some of this is as a result of the rapid pace at which national guidance and messages have changed, and some provides us opportunities to learn and improve together as we move forwards. In some cases, we have struggled to access and master the technology which has supported us to continue to deliver services. However, we should be proud of the amount of progress we have made in this area. From delivering interventions and wellbeing groups to service users online and moving to
paperless approvals processes to using MS Teams to support daily interactions between colleagues (with the occasional quiz night thrown in), we have come a long way in just 10 weeks.

Concern for each other and our service users continues to be at the core of everything we have heard. The way in which teams have come together to support each other and the sense of compassion and concern in our daily interactions is clearly evident and should absolutely be celebrated. At the same time, concern for the impact of service reductions / changes on the wellbeing of our service users remains at the forefront of everyone's mind and we are actively seeking ways to continually increase the level of support on offer in the safest way possible.

This is why the next steps in this process are so important. When we started this conversation, we described it as the first step in a journey, and we remain committed to that.

As a result of what we have heard we have identified a number of things that we are committed to doing. Some of these are tangible short-term actions that will support you in working safely. These things, such as risks assessments for our most vulnerable colleagues and the work to ensure our premises are covid-safe, are already on going and will be delivered at pace. We have also committed to continuing this conversation. We will be setting up further discussion groups to work on the proposed Care Trust Way Charter and will provide support where needed to support continued local conversations.

Some things, such as the review of team operational plans have begun and are being owned and driven by teams themselves, but the impacts may take longer to be seen. This may result in new ways of working being embedded in normal practice or changes in how services are delivered as we seek to keep the things that have made things easier / better or contributed to better outcomes. This will be different for every team, and for some teams this step may well be some distance in the future as they are still managing the ‘here and now’ reality of responding to the pandemic. In all cases, this is to some degree dependent on changing government guidance to determine the speed at which we can make some of these changes.

There are some things we have done and steps we have taken that will directly contribute to the strategic direction of the Trust. Things such as how we use technology to support how we work, changes to how we work with services across Bradford and Airedale (and beyond) and how we continue to support you lead in identifying opportunities and making improvements locally are all key to our strategic direction. These programmes take longer – they are part of the 5-year strategy launched in 2019 that will take until 2023 to deliver its objectives.

Finally, and most importantly, we would like to take the opportunity to say thank you.

Thank you to our colleagues for the hard work, in difficult circumstances. Thank you for being adaptable and resilient, for innovating and meeting challenges head on and thank you for continuing a tradition of being caring and compassionate, embodying our Trust vision and values.