Leading the Way with Care

Our first 60 Listening Into Action change stories achieved in 7 months

The changes have been made by our amazing RDASH teams using the Listening into Action (LiA) approach.

We are proud of these changes which have benefited many patients and staff. We hope you will be inspired by these first stories, and contact those involved to find out more.

This could mean that you too could overcome some of the problems that you encounter, and make changes to improve our services.
Introduction

Listening into Action (LiA) is a ‘social movement’ that RDASH has adopted to alter the Trust approach to change. Over the past 8 months, over 400 of our staff and 200 of our patients have attended ‘Big Conversations’, exploring what works well, what we can improve upon, and identifying what changes we can make to make RDASH the best service for our patients and our staff.

The ideas gained from staff and patients have shaped many of the changes described in this document, as well as changes currently being piloted that are not yet written about.

Using the LiA approach, 10 clinical teams launched their 20-week journey in May 2016, which is now completed. These teams have accomplished amazing outcomes co-produced with service users, patients, carers, and staff from many disciplines. Some of these stories are detailed in this booklet.

The LiA approach focuses staff upon changing processes and ways of working, using a 7-step approach to change. Alongside of our clinical teams and enabler teams, we have over 120 LiA Champions in RDASH, many of them have made their own changes in their practice, and these are included here.

We hope you find the stories as inspiring as we do, and they not only reflect the innovation and hard work our staff have conducted to make change, but they are presented here at our ‘Pass it On’ event to inspire our next 20 teams, and our aspiring champions upon the next stage of RDASH’s LiA journey. We cant wait to see what the next developments will be!
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Developing a Systemic Psychological Approach on Coral Lodge Locked Rehabilitation Unit

Our mission
To help staff develop skills in reflection and self-awareness, and improve understanding of how the approach of the staff team can make a crucial difference in facilitating the recovery of individuals with severe mental health problems or personality issues.

How we made the change
A weekly, multi-purpose Good Practice Group has been set up on the ward, and is attended by team members who are on duty. On alternate weeks, the group is a staff support session aimed at helping staff to reflect on their practice and their working experiences, and come together to offer mutual support and solve problems. In the other sessions, case studies, relevant theories, and psychological formulations are fed back to the staff team, and are used to inform systemic behaviour support plans for individual patients.

Why we needed to change
Developing positive and proactive care is an aim within RDaSH, and nationally in the wake of high profile examples of restrictive practice and national publications, such as Positive and Proactive Care: reducing the need for restrictive interventions (2014). In addition, the value of education, support, and reflection for staff teams is emphasised in the Francis Report (2013). In mental health rehabilitation, the focus of staff needs to shift beyond the basic need to manage risk, to promoting profound change in the individual, and facilitate self-management of difficulties, in order to equip our patients with the skills to navigate stressful experiences when they leave hospital.

The difference we have made:
We have had over 25 attendees to the group. Comments made about the Good Practice Group so far include:

“(The group offers) discussion and collaboration on best practice for issues that have arisen (and) greater insight into each topic…”

“(I like) being told more information about our clients, and understanding their behaviour patterns and symptoms more”

“It’s good to know we are supported, and that our views and opinions are listened to, (it helps with) understanding of each other’s working practices, how we are all working together and sharing the information”

If anyone wishes to know more about this excellent initiative please contact Dr Vicky Nithsdale (Clinical Psychologist) at Coral Lodge or Jane Curtis (Ward Manager) 01302 796774.
Development of a ‘Carers Corner’ on Hazel and Hawthorne ward

Our mission
To provide a supportive space in the inpatient ward areas for patient’s relatives, friends, and carers

Why we needed to change
There is a shortage of room space in the ward areas, however there is a need to provide space for Carers to speak with staff, or be assisted in activities that they require in order to support transition of their loved one back home.

Often Carers will need to complete practical tasks, such as contacting health and social care agencies, or ordering equipment. Carers may not have the access to internet or phone at home, and also may struggle in completing these tasks. In having an appropriate space within the unit, Carers can be supported and enabled by Health Care Assistants in the ward area.

How we made the change
Health Care Assistants upon each of the two ward areas took on the responsibility for identifying appropriate space within the ward areas to set up the Carer’s Corner.

Then relevant health and social care information was obtained, as was a refurbished computer and phone, to enable carers to use the phone or Internet (supported if required) to assist their loved one and also their health and wellbeing.

The difference we made
The ‘Carers Corner’ is now complete. Carers and visitors have started to use these spaces, and have provided positive feedback to staff. Carers have used the space in different ways for different tasks, one example is provided below:

‘A patient was admitted, whose mobility was limited due to lack of appropriate shoes. The patient’s husband asked if staff could help get these for her. Student Nurse Paige enabled him to use the computer, because he had struggled to do this, and he proceeded to order the shoes of his wife's liking, and paid for them online with quick delivery. The patient’s husband was very grateful, as he could complete this task whilst in the ward with his wife, and he was also able to learn a new skill on the computer which he was happy about.’

In sharing this innovation, other areas in the Trust are now considering the development of designated spaces for families and carers.
Altering Occupational Therapy working practices - reducing travel whilst improving efficiency & support.

Our mission
To change the way that Occupational Therapists work, in order to increase efficiency and reduce cost.

How we made the change
The Occupational Therapists within DCIS have transformed the way they work. They originally covered the Hospice, Community Intervention Care Team, and One Team Working.

The new DCIS Community OT team now has a central triaging point, is able to prioritise efficiently and effectively, and has an Occupational Therapist on call each morning to answer queries. Every patient in Doncaster is now covered by an Occupational Therapist who works within DCIS. The team are based on the east and west of Doncaster, this will reduce the amount of mileage for each staff member, and ensures that patients have the same therapist for assessment and follow-up each time they are referred by a health care professional. It also promotes team working and support, especially for newly qualified staff.

Why we needed to change
Within these three teams, there were often duplicate referrals, as health care staff were often unsure who or where to refer to, and on occasions made duplicate referrals. There were inequalities across Doncaster as the central and the north west One Team Working areas were not covered, but the staff within the Hospice and CICT covered the whole geographical area, which caused increased mileage and time wasted by travelling long distances.

The difference we made
There has been approximately 150 miles per month saved, despite covering a wider geographical area. This has saved £87 per month, with a yearly saving of £1044.

The service now covers the whole Doncaster population, and there are no longer inequalities in the service that we provide.

There is a single point of contact each morning to deal with any queries.

West Team
Alison Brunswick
Denise Littlewood
Nicola O’Connor

East Team
Helen Jackson
Kim Mah
Julie Boothby
Jennifer Goodman
Katie Capel

Leading the way with care

Diane McIntosh
Clinical Lead Occupational Therapist

West Team

East Team
Enabling personalised coffee time!

Our mission

To enable older people to make themselves drinks, rather than be catered for in the traditional tea or coffee round.

How we made the change

An automatic kettle was purchased by the ward, that dispenses one cup of hot water at a time. This was placed in the main ward area, accessible to all of the patients and their relatives.

The kettle is limited in its provision and does not require manoeuvring. This is because some of the patients on the ward are frail and some experience tremors. This type of kettle reduces the risk of spillage and potential injury, and enables disabled patients to serve themselves independently.

Why we needed to change

Ward areas disable people by their nature. Although many patients require help in different areas of their daily routine, conducting a tea and coffee round is unnecessarily disabling for many patients. It is also prohibitive.

The difference we made

Most patients, except those with severe disabilities, can now make their own drinks at any time they want, with minimal risk.

Additionally, nursing staff who traditionally conducted the tea and coffee rounds, can now be freed up for more clinical tasks, as well as still supporting those few people who do need help to make a drink.

Leading the way with care

Listening into Action
Introduction of Kate Granger’s #hellomynameis concept throughout RDASH

Our mission
To launch and implement the #hellomyname is campaign, designed by Dr Kate Granger. Our aim is to develop initial sessions delivered face-to-face, and after evaluation, produce an electronic version which can then be cost-effectively delivered to all staff in a consistent manner.

How we made the change
The #hellomynameis a concept initially adopted as a part of the introduction of Listening into Action (LiA) at RDaSH. One of our lead clinical nurses, Joanne Calladine, Doncaster Community Integrated Services, then went on to design and conducted introduction sessions with staff.

Why we needed to change
The “hello my name is” campaign was started by Dr Kate Granger, after she became frustrated with the number of staff who failed to introduce themselves to her when she was an inpatient with post-operative sepsis.

In RDaSH, we have pledged to adopt the #hellomynameis campaign with clinical and non-clinical staff, in order to improve our care.

The difference we made
30 of our nursing staff have attended workshops specifically devoted to #hellomynameis. We have had over 100 pledges so far in terms of personal commitment and service change related to the #hellomynameis launch.

We are now in the process preparing a podcast which will replicate the information provided in the teaching session. This can then be played at all RDaSH team meetings, for clinical and non-clinical staff, ensuring that all use this great approach to compassion in the workplace.
Making changes to meetings which are environmentally friendly and cost effective

Our mission
To reduce the use of printed minutes and papers within meetings in order to save on non pay costs for teams and the Trust.

How we made the change
Mel Gregson, our LiA Champion and PA to the Chairman and Board Secretary, brought to our attention the fact that many other organisations run paper-free or paper-light meetings, and that this could be something RDaSH may also wish to consider.

In the event that some printed papers are required in meetings, Jeannie Johnson from our Trust Print Room Service, informed us that costs could still be reduced if the Print Room was used instead of individual printers or photocopiers.

Although there was a concern raised by secretaries that some meeting papers are not compiled until the day before a morning meeting, Jeannie agreed that Print Room staff would be willing to work more flexible hours, should this help the Trust make a cost saving. Therefore this would mean that even if papers are not ready until 3pm the day before, they can still be produced for 8am the next day.

The first meeting to commit to making this change was the Board of Directors.

Why we needed to change
There are a number of different meetings conducted throughout RDaSH which, although they are very necessary, often consume a lot of paper, due to agendas, minutes, and other meeting papers being printed out.

The current cost of printing, using individual printers or photocopiers, is significant compared to using the Print Room, who can produce colour printing at a cost reduction of 23.5% per sheet of paper.

Alternatively, either reading papers prior to meetings and making notes, or viewing papers on electronic devices, such as laptops, whilst in meetings, would mean the required information is still available, but at an even further reduced cost, as highlighted below.

The difference we made
Typically, Board papers total between 250-300 printed sides per meeting and around 12-18 months ago about 80% of the Board of Directors meeting used full sets of printed meeting papers, costing £370 per meeting, £4,440 a year.

Other members of the meeting now use their electronic devices and now, as more people have started to use this option, there are approximately only 30% of the meeting who use paper, reducing the paper cost by 91% to £138.75 per meeting. Therefore approx. £2,775 a year is the amount the Board of Directors meetings will save the organisation by becoming paper free.

What can you change: can you make this change at a meeting that you attend? If so, please let me know! Email:- Judith.graham@rdash.nhs.uk

Leading the way with care
Improving risk assessment processes, increasing time with patients, and reducing paperwork.

Our mission
To pilot a Complexity Risk Screening tool that has been developed by an RDaSH Lead Nurse. This is aimed at improving patient care, standardising approaches to risk screening across our services, and increasing staff time to spend with patients.

How we made the change
Our Head of Nursing had developed a Complexity Tool aimed at initial assessment and formulation for people entering our adult physical health services. Through consultation with a variety of clinical staff, this tool has been expanded and is now applicable for all services.

Why we needed to change
There are four main reasons we need a tool which screens for risk as well as measures complexity in a succinct way:

1. There is a need to ensure people gain the right amount of assessment at the right time, so that they are not asked overly invasive questions that may deviate from their reason for service access.
2. The patients who are accessing RDaSH have increasingly complex needs, and therefore for caseload management and safe staffing, there is a need to consider complexity rather than caseload size.
3. There is a need to ensure all RDaSH services use the same screening tool, to avoid duplication if patients use different services, which is frustrating for patients, and uses too much staff time.
4. The introduction of the complexity tool will reduce clinician time, which is currently pressured, and release time to care.

The difference we made
76 staff contributed to the review and the refinement of the patient complexity tool. The pilot will be launched over 10 different services. It is estimated that 50+ hours a week may be released in using this tool rather than the existing processes. This enables staff time to be released to focus on the people with the most complex needs, which reduces risk.
Improving communication, identification, and reducing cost, through standardised approaches to uniforms.

Our mission
To improve the way we introduce ourselves to patients and have a standardised approach to uniforms across a large Trust.

How we made the change
We made this change in three ways. Firstly we introduced the #hellomynameis concept, which is aimed at introduction and communication between staff, patients and visitors.

Secondly, we reviewed all of the uniforms currently worn in our organisation, and by grade examined what was the most cost-effective way we could approach standardisation. What we found was that there are certain colours and styles of uniforms that are more costly than others. Within the uniforms worn there is a difference of between £14 and £58 per nursing tunic.

We then defined by grade what the most common colours of tunics and dresses currently were in teams. Doing this enabled us to both select colours and snaps that are smart and practical, yet low cost. Once the colour range was defined, we asked that all staff who are not in the relevant uniform make the change prior to the 1st April, and that any new uniform issued followed the code defined.

We also explored options for nurses who do not currently have a large range of clinical duties, but may visit clinical areas and undergo clinical tasks involving audit (i.e. Director of Nursing post). These posts currently have plain uniforms, however this has confused visitors. On contacting other Trusts, we found that these nurses often wear a similar colour but are differentiated by an addition such as pinstripes or polka-dots. As a Trust, we found dots to be most effective and so these were selected.

Thirdly we reviewed the dress code policy, which covers the people working in our organisation who wear uniforms, as well as those who do not.

Why we needed to change
Our services at RDaSH have grown over the past few years, we have had services that have integrated, as well as services that have left us. This has resulted in staff having different colours and types of uniform. When we spoke to our patients, carers, and visitors, they explained that they found this confusing, and that they were often unaware of whether they were talking to the right person for what they needed.

The difference we made
We standardised our dress code as well as providing a focus upon staff customer service. We will be producing posters which could be placed next to safe staffing boards, so that patients, carers, and visitors can see what the different uniforms indicate.

Although there was some cost incurred, as a small amount of staff had to order different uniforms, overall costs were reduced by several thousand pounds. This was due to the selection of uniforms that were at the low end of the cost range (£14), rather than the upper end (£58). This will prove to be a recurrent saving, and in a Trust that employs over 4,000 members of staff, of which several thousand wear uniform, this is important in terms of efficiency and sustainability.
The development of a truly co-produced patient and public engagement strategy at RDASH

Our mission

To revise our approach to Patient and Public Involvement at RDASH. In order to do this, we wish to involve people who use our services, carers, and our staff, in order to co-produce a strategy which works for all.

How we made the change

We committed to review our current approach to Patient and Public engagement, alongside of feedback that we have gained. We used the Listening into Action (LiA) ‘Big Conversation’ to initiate engagement in co-producing the strategy.

Why we needed to change

Patient and public engagement is at the heart of the care we provide at RDaSH, however our services have significantly changed since our previous strategy was written, meaning it is outdated and not as inclusive as we would like.

We need to ensure that all people's voices are included in this strategy, including: our volunteers, our peer support workers (paid and unpaid), our patients / service users, carers, parents, our governors, and Trust public members.

The difference we made

We launched a set of ‘Big Conversations’ concerning Patient and Public Involvement. 104 patients in total have attended these events, and provided essential information about how they feel they want to be involved, and how we need to shape our strategy as we move forward.

Out of the Big Conversations, a core group has formed to complete our strategy using the information received. As a part of this process, we have also gained two new patient governors.

Leading the way with care
Reducing stigma and increasing the reach of mental health Recovery College services.

Our mission
To provide our community with positive self-management courses to support their mental health recovery journey, and increase attendance at Recovery Courses.

How we made the change
Alongside encouraging people to come to the ORC, the Recovery College has gone into the community.

They facilitated courses at TATA Steel Works, Ongo Housing Association, Blue Door (for victims of domestic abuse), and The Forge (Centre for the homeless and vulnerable). They also conducted sessions at Café Indie in Scunthorpe town centre, and at our local branches of MIND, MENCAP, Carers Centres, and in the Community Hubs in local villages, to support those who live outside of town.

The service does not have a budget for promotion, but have had stands at local charity events and in supermarkets, and have promoted our services at conferences. Our prospectus can be found in local libraries, volunteer centres, GP surgeries, and online, to increase attendance.

Why we needed to change
There is an obvious difficulty in overcoming stigma for those wishing to attend courses at a mental health establishment, and we view becoming a part of the community we serve as a way to overcome this.

Encouraging those who have accessed services in the past to become peer support workers has been significant in demonstrating recovery in the sessions too, another reminder that mental health is part of everyone, and that we can all learn skills to look after ourselves better.

The difference we made
There has been a significant increase in the number of referrals to the service this semester, when compared to previous years. Last year in this semester, 70 referrals were received. This semester, 131 referrals were received, meaning an 87% increase.

The feedback has been very positive, with most students stating that they are extremely likely or likely to recommend the college to family and friends.
Connecting differently – saving time and Improving staff well-being

Our mission

To change our communication methods by introducing Skype for managerial supervision, rather than meeting face to face, which will help to work across large geographical areas more effectively and reduce cost.

Why we needed to change

Due to the diverse geographical nature of the RDaSH footprint, some of our staff are spending significant amounts of time travelling to and from distant locations in order to provide supervision and attend meetings. This has a significant effect on staff wellbeing, and is costly both in financial terms and time. One of our managers travels up to 6 hours per day to complete one team’s supervision.

How we made the change

After consultation with IT and digital communications staff, we were able to introduce Skype for Business to certain staff, to pilot its effectiveness in overcoming the resource issues.

The difference we made

With the introduction of the new arrangement, this manager will be saving £4174.40 per year in regards to her travel. Additionally, 96 hours per year of her time is released, which increases the support she can provide to patients and other teams. The reduction in travel and hours is also beneficial for wellbeing, as it reduces exhaustion levels.

If this arrangement is extended across the whole of RDaSH, there are potentially several hundred thousand pounds of recurrent financial savings, and several thousand hours of people’s time released into the staffing pool. A little bit of lateral thinking can save a lot of time and money, and we look forward to seeing how this expands in the future, in terms of both staff and patient communication.
Connecting with staff and patients in a more varied way, using social media.

Our mission
To modernise our way of connecting with our staff and patients via the use of social media.

How we made the change
Our Head of Communications identified that increasingly patients, carers, relatives, and staff are using social media to communicate. However, RDaSH Trust policy placed restrictions upon staff using social media, and IT restrictions were also in place which limited sites that staff could access.

Our Chief Executive supported the change in the social media policy and the lift of the restrictions placed on Trust computers. This policy change was made by the Human Resources Department.

Why we needed to change
The use of social media has increased significantly over the past 10 years, particularly in regards to how people access health care services and provide opinions about different services.

Large health and social care organisations such as the Department of Health and NICE have a strong social media presence, specifically in regards to Twitter.

At RDaSH, we needed to modernise our communication strategy. We also needed to lift restrictions on IT which cause staff to feel they are not ‘trusted’ at work.

The difference we made
In the 7 months since the social media restrictions were lifted, we have increased our social media following by over 2500 followers on Twitter. We have had patients and their relatives providing feedback through Twitter and Facebook. We have also had increased inquiries about people who are interested in coming to work at RDaSH, due to the information posted about the Trust on Social Media. Now individual staff teams have set up their own Twitter accounts, linked with the main RDaSH account, and are gaining great feedback!
Example of a Quick win: staff requested a WiFi map of our sites to help with their ability to work in an agile way – our lovely IT team produced one!
Sharing Good Practice – ‘WOW Boards’, introduced in community mental health services

Our mission

To share ‘best practice’ team and worker improvement initiatives, large or small, in order to say thank you and share ideas.

How we made the change

The Memory Service, initially started by CPN Maggie Livingstone, have introduced a ‘WOW Board’ (WOW standing for – Wonderful Outstanding Work) within the community older adults team office space.

This allows any team member, clinical or non-clinical, to share their ideas and any changes that they have made within their work.

Why we needed to change

In some teams, there are so many team members that people often do not talk to all the other people they work with.

Additionally, when the team covers a 24 hour period, with many people working agilely at times, team members do not meet. Therefore there is a need for a sharing space which can be accessed by all at anytime.

Lastly, at times staff can be so busy they do not share the small improvements that they make, thinking of them as insignificant and not having worth to others. This is a risk, there is a need to share ‘what works’ and ‘what doesn’t work’, as other staff may find this very helpful.

The difference we made

The memory service, mental health liaison, Access team, and STAR team have all benefited from having visual snapshots of the good practice going on all around us. It improves the mood of the workforce, and serves to remind staff of the quality initiatives that have been initiated. Service users also benefit, as staff share knowledge and skill and feel empowered.
Ensuring patients get stairlifts in a timely manner

Our mission

To ensure that patients get a stairlift in a timely manner.

Why we needed to change

Patients were being assessed by the DCIS Occupational Therapists, and then being placed on the DMBC waiting list for a stairlift. The patients then had a double wait, which wasn’t satisfactory.

How we made the change

We contacted the Community Occupational Therapists at DMBC to obtain the correct paperwork and procedures, so that we could assess and gain quotes for a stairlift. A process was compiled so that we can send the forms directly to the adaptations department.

The difference we made

This has reduced the waiting time for patients who need a stairlift, and provided a more cost effective solution.
Reducing referral times for Wheelchair and Specialist Seating Services

Our mission
To enable faster and easier recognition of Wheelchair and Specialist Seating referrals.

How we made the change
The Wheelchair Logistics Coordinator contacted Canon to ask whether faxes that came through the Secure Print machine could be programmed to take paper from another drawer. Canon confirmed that this was possible and the change was implemented. Green paper was then put in the identified drawer so that when faxes come through they are now easily spotted amongst the white documents from the usual printing. This has been shared with the Organisational Learning Forum and at seniors meetings in DCIS.

Not only has this change cost no money, but it has also improved the service to patients. The problem was spotted by a member of staff who thought of the solution, and took action herself to put that solution into place.

Why we needed to change
Referrals into Wheelchair and Special Seating service can be faxed, and when they are, they come through to the Secure Print photocopy machine. Sue Palmer, Wheelchair Logistics Coordinator, noticed that when a referral came through, it printed out amongst a batch of other photocopying, which could then delay the referral being actioned.

The difference we made
This is a small change that makes a big difference. This change in working practices has reduced the risk of referrals being mixed with other photocopying, and therefore potentially delayed.

There have been at least five occasions when this incident has occurred since the secure print was installed. In total, approximately 18 days have been lost, which has led to delays in processing the referrals.

This type of improvement needs to be shared, as not only may it help other services, but it will also inspire others to see what small changes they can make that will cause a big difference to patient care.

Leading the way with care
Improving opportunities for our service users: LD service Doncaster.

Our mission
To ensure we offer meaningful, personalised, social and therapeutic interventions for adults with LD and additional complex support needs, including a review of resources to optimise service user’s experience by modernising and improving demonstrable outcomes.

How we made the change
Facilitating engagement and thinking time for both staff and service users in establishing where we were at that point in time and in context with savings that commissioners required. We have already commenced flexible start and finish hours for service users at carers request. This change aimed at reallocating resources to have a more targeted workforce and also releasing time to care.

Why we needed to change
Over recent years, Day Services have been required to make financial savings and modernise service delivery as a result of commissioning directives. We felt it was time to refocus on the benefits of the service being provided, and explore ways to exploit the unique resources to better effect. In consultation with staff and service users, we felt there was much to be gained by reviewing how our sensory facilities are used, and revisiting the underpinning health benefits that many of the activities undertaken promote. We hoped to capture the unique selling points of our service, and utilise these to market the service at the correct target audience, to achieve sustainability whilst enhancing the quality of provision.

The difference we made
In listening to the staff, service users, and carers, we were able to pick out the common themes in everyone’s priorities. Predominantly to keep a service that can meet service users’ needs for purposeful leisure and recreational support, whilst addressing the health support needs and promoting an optimal sense of wellbeing and enjoyment.

The service manager and the staff teams were able to share ideas and refresh training plans, refocus use of resources, and modernise service delivery. This also resulted in the beginnings of supplementary marketing material to promote service sustainability going forward in the wider market place that personalisation is creating.

From far left – Ray Travers (Consultant Psychiatrist), Kay O’Neill (Clinical Lead Physio), Jayne Colling (Service Manager) & Liz Schumacher (Nurse Consultant & Sponsor)
Services transform delivery method to provide vocational needs of service users.

Our mission
To support more people to remain in work or return to work after illness, injury, or disability, and close the disability employment gap.

How we made the change
The Rotherham Vocational Occupational Therapy team have taken the lead in running vocational pop-up sessions. Following their success, our fabulous Occupational Therapists, Serena Donner and Emma Norris, have brought these sessions to the ICT and CT team in Doncaster at East Dene. (Vocation Aims to look at employment, voluntary and educational needs)

Why we needed to change
With the government launching the consultation on health and work today, it recognises the importance of the peer support role in helping people with long-term needs transition into a working role, therefore we needed to change our service to support people who wish to venture on this role.

Our healthcare culture needs to shift to address the link between work and health, so that asking questions about staying in or returning to employment will become standard practice for all healthcare professionals.

The difference we made
In providing the pop-up forum, people are able to have access to information boards, leaflets, and vocational resources. This has received positive feedback from staff and patients.

We have run 2 pop-up sessions at the current time, they have been attended by service users, carers, and staff. For the ICT team, it is currently held on Tuesday afternoons 1-3pm. One service user feedback stated ‘I have always thought of doing voluntary work, this has given me the ‘nudge’ to do something about it’. This service user is now working with Serena Donner on this journey.

Leading the way with care
Doncaster Intensive Community Therapy Team Compliments throughout LiA Journey

“I am the mother of the patient, although the treatment was good the part that was really good was the time with the occupational therapist. She was so positive and gave my daughter confidence”.

“My nurse treated me as a person not as a label of my diagnosis and helped me to be calmer”.

“The mood master groups were brilliant and really helped me understand and manage my illness. I wouldn’t be where I am now without these 2 therapists”.

“What helped me most was learning that it was not just me and talking to someone who listened and understood why I was feeling like I was. I don’t have a bad word to say and I don’t think improvement would be possible. My Therapist was amazing!”

“My care was delivered to incorporate my need to attend work. I think the support I received was really good and I don’t think improvement is necessary.”

“I was treated very well by my Psychologist. I have been messed around for a few years and she was the first person to treat me with respect. She is a very good person and in fact everybody that I have met at East Dene have treated me right”.

“The meeting with my Cognitive Behavioural Therapist on a regular basis was really good and this along with the homework and reading materials provided were immensely useful”.

“I was treated very well by my Psychologist. I have been messed around for a few years and she was the first person to treat me with respect. She is a very good person and in fact everybody that I have met at East Dene have treated me right”.

“Leading the way with care”
Exploring staff and patient viewpoints of brief therapeutic interventions

Our mission
To explore ways in which we could increase psychological provision by providing a range of evidence-based psycho-education and treatment groups.

Why we needed to change
As a locality, we reviewed the access to evidence-based psychological interventions from different teams. We noticed that there was a disparity across the locality for clients being able to access appropriate therapeutic groups. We wanted to develop a pathway that was accessible, fair, and equitable for all service users dependent upon their mental health needs (not upon their diagnosis), that was informed by evidence-based guidelines.

How we made the change
The Team engaged with all of the different Cluster-based service providers in the locality, ranging from Service managers to frontline staff, in an attempt to gather their viewpoint and opinions. Through consultation and team conversation, the team found that focus was required in terms of developing different therapeutic pathways in services, aligning therapeutic waiting times, and developing both short and long-term group therapeutic programmes that meet the needs of all patients in the service, regardless of diagnosis.

We completed a ‘pulse check’ to gather information as to what group services would be most useful and accessible across the locality, especially with transformation in mind.

The difference we made
Through engaging different staff members across the locality, we were able to develop a better understanding, and explored the challenges of changing service models and integrating treatment. We were able to explore the potential obstacles, and generated 32 solutions from staff members about ways in which we are able to offer a wider range of evidence-based therapeutic groups. This highlighted the need to provide myth-busting interventions concerning the effectiveness of group work, and building confidence in different practitioners to engage in group work. The team designed and produced their own service model to provide brief interventions across the cluster range, which Trust transformation leads and commissioners have liked and adopted in terms of their transformation.

We have developed a therapeutic group pathway for service users that aims to gradually increase their skills, through classes initially focusing upon practical skills to increase their health and well-being, moving through introductory classes to learn more about specific mental health difficulties that is accessible to service users and carers, to receiving evidence-based group intervention. The different streams of this pathway include; health & wellbeing, anxiety, depression, emotional coping skills, and skills to increase self-compassion. The team are currently in the process of piloting the new group pathway.

We have identified areas of interest and skills development, to ensure a therapeutic workforce, rather than a workforce with therapy provided by one or two specific clinicians. Clinicians have been identified to attend specific courses such as DBT skills and ACT training. We anticipate that there will be many on-going learning points and further development throughout this journey, as we begin to implement this service change.

Leading the way with care
Enhanced training for volunteers – helping patients as well as enhancing occupational opportunities

Our mission
To ensure that our peer mentors have access to a full training and development plan.

How we made the change
We met with ADS and discussed the courses available through Certa, that would be suitable for our mentors. We wanted to ensure that the courses were relevant and developed the mentor personally, enhancing the support that they can offer to clients. We met with the RED Centre and discussed a range of courses that would be suitable.

Why we needed to change
Peer mentors traditionally have a specific set of training by a peer supervisor. Peer volunteers are a core part of the Substance Use services, therefore there is a need to ensure that peers have the same opportunities for training and development as others that work at RDASH.

The difference we made
This is the difference that we made:
- 10 people are due to start a level 2 Certificate in Awareness of Mental Health Problems.
- 10 people are due to start a one-day course on Novel Psychoactive Substances – accredited through Certa.
- 16 people are due to start a food hygiene level 2 qualification.
- 13 people are attending a one-day course on Alcohol Awareness for the over 50’s, as part of the Drink Wise, Age Well campaign.
- 21 people have completed a level 2 in Substance Misuse Awareness - accredited through Certa.
- 21 people have completed a level 2 in Peer Mentoring – accredited by Certa.

This type of training not only enhances the quality of volunteers, it benefits the services, which benefits our patient care. It also enables people who are recovering and entering peer support work to gain skills which improve their chances of gaining paid employment after their peer mentor journal. A number of peer volunteers have gained employment since this training began, 6 have gained employment as a Band 2 support worker in the Aspire service, and one was successful in gaining employment as a Healthcare Assistant at HMP Doncaster.
Identifying and developing a specific clinical space for Volunteers and Peer Mentors

Our mission

To develop a dedicated space for our peer mentors to be able to access their emails, use the computer for their roles, and also meet together to provide peer supervision.

How we made the change

We worked with the builders and arranged for work benches to be installed into the room. The work benches created more space in a small office and enabled several desktop computers and telephones to be installed.

Why we needed to change

Peer mentors are an essential part of the workforce within our substance misuse services, however there is no dedicated space for them to use between clinics, or where they can access their emails.

People do not feel valued unless they have such a space to plan and work. Converting this space enabled a place for mentors.

The difference we made

The space has allowed mentors to come in and use the computers, and prepare for sessions with clients. It’s a place where they can meet and share best practice in a confidential environment, and feel part of the workforce. The mentors can complete the recovery phone calls from the space which is great.

Paul Walker said “You know that sense of feeling where you belong! That’s what us mentors have at Rosslyn! Through office space and communication, we are that one big team!”

John Padgett added “Having the office facility has provided us with an area that is more comfortable. And it feels more professional having an email address to access information”

Rob Jenkins added “Having access to the office is great when in-between clients and duties, as it keeps us in the area we need to be, this also allows us time to access the desktop computers where we can log in to our email accounts, and use our time there productively”
Supporting our whole workforce: Mentors have Flu Jabs

Our mission
To ensure that our front-line volunteers have the opportunity to receive their flu jab.

Why we needed to change
The Department of Health have specifically emphasised the need for frontline staff who have contact with patients to have flu jabs, to reduce risk to vulnerable groups.

Many organisations consider frontline paid staff, but may not consider volunteers and mentors who spend significant time with vulnerable patient groups as a part of their role.

Our mentors are supporting clients front-line. They are apart of our unpaid workforce, and should have the same benefits as our paid workforce.

How we made the change
We discussed the reason why our volunteers would need the vaccination, and then took our reasons to Debbie Smith, Chief Operating Officer, who agreed that our mentors could receive the flu vaccination.

The difference we made
Out of the 16 Mentors, over 50% of them have taken up the opportunity to have the flu vaccination.
Introducing Peer Evaluation within our Drug and Alcohol Services

Our mission
To ascertain how our clients measure their personal recovery from drug and alcohol dependence.

Why we needed to change
Traditionally, all our evaluations come from the Your Opinion Counts Form, however they do not measure our client’s personal recovery. We felt that this aspect is important to ensure that we are meeting service user needs.

How we made the change
Neil Firbank (EI and Aftercare Worker) suggested that we use the Kings College Substance Use Recovery Evaluator. This questionnaire was designed with the help of services users, so that they measured what is important to people in recovery. We decided that this was an important factor, and would be beneficial if our Peer Mentors asked clients to complete it.

The difference we made
Using these questionnaires allows us to have a range of data that enables us to get a better understanding of service user’s specific needs, and could potentially help shape the service that we deliver. We have over 10 forms already completed and are starting our evaluation.
‘From them to us’ - real inclusion of volunteers into the RDASH workforce.

Our mission
To ensure that all of our volunteers and peer mentors are provided with an RDaSH email address, so that they are able to link with all other workers in the service, and be fully informed in the same way other parts of the workforce are.

How we made the change
We worked with both our IT and Information Governance departments to ensure we could safely and supportively set up these email accounts, ensuring people were included as part of the workforce through the use of email and intranet access.

Why we needed to change
Within our initial Listening into Action (LiA) Big Conversation in Rotherham, our volunteers and peer support workers within the drug and alcohol use service identified that, although they enjoyed their role, they did not feel fully included as a part of the workforce, because they do not have a Trust email account, and are unable to access Trust communications in the same way other people who work for RDASH do.

We do not wish for our volunteers and peer mentors to feel that they are not a valued and included part of the workforce. Therefore we sought to find a rapid solution to this issue.

The difference we made
Nigel Wright, Network and Server Manager, agreed to work with Sue Meakin, Information Governance Manager, to enable email accounts and access to be gained.

People’s information was gathered within a few weeks, and over 30 of our volunteers from Rotherham and Doncaster now have access to their own RDASH email account.
Reviewing our approval system for mobile applications: saving time and money, safely

Our mission
To modernise our ‘app committee’ in order to provide a more rapid approval system which is less costly and more responsive.

How we made the change
The Director of Health Informatics and Information Systems Development Manager reviewed the current ‘app’s committee’. They explored the progress made, the processes required for the approval for mobile applications, and also the cost of the meeting.

After all were considered, it was decided that the physical ‘apps committee’ would be disbanded, and replaced by a ‘virtual apps approval panel’. The approval panel would have a time limit on approvals, and require consideration from an IT manager, IG manager, and clinicians for each ‘app’.

Why we needed to change
The use of mobile applications in healthcare treatments and health care settings is expanding significantly. Mobile applications can be used in terms of diagnosis, assessment, access to guidance, and also for treatment and distraction. There is therefore a need to have a safe approval system for this.

In RDaSH, there is currently a monthly apps committee that reviews apps. The committee has 28 members, however it’s structure does not allow for rapid approval, is costly, and takes people away from their clinical and non-clinical duties.

The difference we made
The ‘apps committee’ will be disbanded from the end of July 2016. It will be replaced by a virtual approval panel for each application applied for, which will require approval by an IT manager, IG manager, and relevant clinician. There is a timeframe of 20 days set to approve an application. This will only be delayed if there is a need for a field test, and in this case the maximum timeframe for approval is extended to 40 days.

Changing this format has meant that 30 applications awaiting approval could be approved immediately. It will also provide a Trust cost saving of £1,282.00 per meeting, which is a total cost of £15,384.00 per year, this excludes travel time and costs.
Recalling hidden costs, and reducing the cost of purchasing computer equipment

Our mission
To save money on new computer equipment by recalling computer devices that are no longer required. Recalling such devices with licences attached reduces the cost of new equipment ordered.

Why we needed to change
RDaSH has a significant amount of computer systems, and what has been identified is that unwanted devices, whether working or broken, are not returned to IT - some not even reported. However, returning such devices can save the Trust a significant amount of money in licences.

Even if an unwanted device is broken and cannot be fixed for the service to use, there are often parts of it that can be useful, and by returning it to IT, the device can be assessed and put into stock, so that if a machine breaks down and is out of warranty, there are spares that can be accessed that would otherwise cost money to purchase.

The licence attached to each computer is worth approximately £400. This licence can be re-assigned to a new device, which would then enable services purchasing a new device to see a reduction of the their purchase by this amount.

How we made the change
The Trust has conducted several IT amnesties to encourage staff to identify if there are pieces of equipment that are unwanted. During the last amnesty, 35 devices were returned. Throughout all of the IT amnesties, a total of 78 devices have been returned, saving £34,554 plus VAT.

With increasing pressures, changing services, moving from business divisions to locality working, and an increasing number of electronic agile devices required for staff, which come at a cost, the amnesty is aimed at reducing these costs.

The difference we made
In October 2016, IT undertook a further IT Amnesty in a hope to see an increase in the number of devices returned.

We encourage the workforce to take part by having a look around their work area to identify any devices that could be returned to IT due to them no longer being of use.

Once this amnesty has been completed we will post an update on what further savings the Trust has been able to make.

Leading the way with care
Reclaiming server storage space and improving the leavers process

Our mission
To reduce the amount of unused email accounts on the Trust Outlook system to improve safety, increase available server space and improve staff search experience.

How we made the change
The IT department Technical Advisory Group, in conjunction with the Information Governance team, identified this issue some time ago and have been working on automating processes whereby ‘stale’ user accounts are disabled after 3 months and eventually deleted after a further 12 months.

Along with deleting their user account, the process also removes their email account and any documents held within their U drive. This frees up valuable space on Trust servers and tidies up the email address book.

Additional to this, a communications campaign was conducted to request that staff identify and report people who are still on the Outlook address book that not longer work for the Trust.

If leavers are notified by the proper process, their data is cleared immediately.

Why we needed to change
When a member of staff leaves the Trust or experiences a period of absence from work, the IT department are rarely notified by their manager.

The result of this is user accounts are left active (albeit with passwords expired) and their old data remains on Trust servers.

This is not only a security and IG risk, it also means that the email address book is littered with stale entries.

The difference we made
In the last 3 months 3,245 users have not logged on to their account. In the last 15 months 2,193 users have not logged on. This 15 month clean up alone deletes 3.8 million old emails, saving 373GB of server storage space.

Going Forward
It would be really helpful if managers notified the IT department of any leavers via the ‘Notification of Leavers Form’ which can be found on intranet under Information Technology, IT Service Desk.
Transforming the way IT work to allow more time for more complex issues.

Our mission
To free up more time for the IT team to be able to concentrate on more complex activities and therefore shorten waiting times where they exist as well as support staff more effectively with their IT needs.

How we made the change
It was identified with IT that their time could be spent more productively if they were able to stop delivering small items that do not require installation by a trained technician.

Therefore, since April 2016 the IT department have saved over 75 visits by sending small items such as keyboards and mice through the internal post or having them collected by staff.

Following the success of this, IT have commenced the same process with computer monitors, which no longer need assigning an asset number. This will mean quicker delivery to staff and more time freed up for the IT department to concentrate on other Trust priorities. So far 27 visits have been saved.

Why we needed to change
The aforementioned changes were made due to time pressures within the IT department and the acknowledgment that more time is required for more complex issues, which will be of more significant benefit to the workforce.

It has also been identified that IT often incur a number of DNA appointments (do not attend) and would very much like to look at how the team can work together with the rest of the workforce to reduce this number and improve their service.

The difference we made
A retrospective audit of activity over the last 7 months has shown that by reducing unnecessary trips to deliver and install equipment which locality administrators could do with no additional training, two weeks worth of IT staff resource has been saved which has freed up staff time to spend on the other more complex installations tasks such as laptop installations allowing the department to try and reduce waiting times.

IT will aim to continue to make such small changes that can have a large beneficial impact on the team as well as the workforce.

Leading the way with care
Happier families, happier services, happier children!

Our mission
To improve services provided for children with mental health problems, and reduce the number of complaints received in the service.

Why we needed to change
Rotherham CAMHS services have been one of the highest RDaSH services in terms of receiving formal complaints. This issue has been sustained for over a year, and required a review to fully understand the issues being raised, and also engage with complainants in different ways to resolve issues.

How we made the change
Firstly an analysis was conducted by the Care Group Director and Operational Manager. This examined themes and trends of current and outstanding complaints.

This analysis resulted in the generation of themes related to waiting times, low staff numbers, use of agency and non-permanent staff, and also at times the values and attitudes exhibited by staff members.

In identifying the themes, the team leads were then able to engage team members to own the concerns and recommend changes that they and the leads could make to improve people’s experience of the service.

The difference we made
Over 12 weeks we achieved a 60% reduction in the number of complaints the team received. We also had an increase in compliments to the services, a 15% increase within 4 months. These factors were subsequently fed back to team members.

Managing complaints and engaging staff this way may also be beneficial to other services who are experiencing high levels of concerns. We would be happy to talk to people about this.

Leading the way with care

Listening into Action
**Values based recruitment - increased joint working with our children and their families**

**Our mission**
To engage better with the children who access our services, as well as their parents and family.

**How we made the change**
Our new Operational Manager, Gavin, entered the service at the start of our LiA journey. He took the opportunity to meet with parents who had complained, in order to understand some of the problems that they encountered. Themes were generated in terms of problems with cancelled appointments and delays, as well as different attitudes and values held by members of the team.

Working with these parents, as well as locality parents forums, recruitment to the team was changed to ensure that a parent was present on recruitment panels, and also that interviews were structured around values-based recruitment principles.

**Why we needed to change**
Over the previous 18 months the CAMHS services experienced recruitment and retention problems. This was partly related to other problems within child services in the locality, and partly associated with a national problem associated with CAMHS recruitment and agency spend.

The result of this issue was that team staffing became depleted. Capacity demand issues arose, which resulted in increased waiting times for children and their family for certain parts of the service, and also heightened levels of dissatisfaction, including an increase in complaints from parents and families.

**The difference we made**
Our parents gained a better understanding of the context of change within the CAMHS service. and we gained a better understanding about parents and families frustrations. and also the values, attitudes .and approaches that the parents valued in staff.

In changing our recruitment processes, families have explained that they feel more engaged in the process of recruitment and selection. and also that this change means that the experience some complainants had with the previous service would be avoided in the new workforce.

Our recruitment strategy meant that we were also able to fill 9 posts that we had vacant in the team. This in turn has meant that our use of agency staff has reduced to one, meaning that nearly all staff in the team are employed by RDaSH, and therefore have aligned vision, which increases the consistency of approach provided to the children and families that we serve. There is also a significant financial reduction to team costs in not using a large number of agency or bank staff, consistent with NHS guidance.

Our results are important, not only for our team but also for anyone who wishes to change the way that they recruit, engaging the users and carers in this process. Our results are also aligned to the new RDaSH patient and public engagement strategy, specifically in regards to recruitment visions.

**-leading the way with care**
The ‘Hour of Power’ – clinical training and skill sharing which is cost-effective.

Our mission

To share ‘Best Practice’ and ensure that skills-based training is delivered locally, at a time when all of the team can be present.

How we made the change

The Operational Manager within the CAMHS service in Rotherham introduced the concept of the ‘Hour of Power’. This is a time within the week where the team meet and either a team member, or another person from the organisation, provides training upon a certain topic area useful for all of the team.

Speakers are booked in advance so that people can ensure that they attend. People in the team can also suggest different speakers who they would prefer to attend.

Why we needed to change

With waiting lists and other service pressures, the first things that are often sacrificed are staff training and supervision. The concept of the ‘Hour of Power’ incorporates both training and supervision. It is not profession-specific, but team-specific, and therefore all can attend. The session can also be considered as Continuing Professional Development (CPD).

With the session being limited to an hour, and being delivered on-site, people find it accessible as well as achievable to attend in their work schedule.

The difference we made

There have been approximately 16 sessions conducted, all of which have been very well attended. Speakers have ranged from our Finance Director to our Nursing Director, as well as people within the service who have conducted research.

Leading the way with care
Reducing waits reduces dissatisfaction!

Our mission
To reduce waiting times for children who require either an Autism assessment or an Attention Deficit Hyperactivity Disorder (ADHD) assessment.

Why we needed to change
Our waiting times had become excessive and above national targets, this was due to a combination of assessors leaving and vacancies within the team. The team complaints levels from parents and children increased, and when analysed, many of the complaints referred to waiting times for Autism and ADHD specifically.

The difference we made
We reformed the pathways and worked on the waiting lists, achieving a reduction in waiting times for both our ADHD and Autism waiting list, with a 6.5% reduction in waiting time for ADHD Assessments, and a 17% reduction in number of people awaiting an ASC assessment, and a 4% reduction in average waiting times for ASC assessment.

In reducing our waiting times, the number of complaints from families reduced, and the number of compliments increased. We still have a way to go to reduce our waiting times further, however due to recruiting to outstanding vacancies, we are now on a journey focused upon sustainable reduced waits.

Our results and processes may be of interest to other teams who have increased waiting times in terms of diagnostic assessment.

How we made the change
Our psychiatrist and psychologist leads who perform the diagnostic assessments worked with team and service managers to analyse how assessment pathways could be reviewed, to optimise resources and reduce waiting time.

At the same time, recruitment strategies were put in place in order to recruit to vacant posts, which had an influence upon the assessment process, to ensure waiting list reduction strategies were sustainable.

Leading the way with care
Listening to our patients and our visitors

Our mission
To pilot the introduction of a uniform within the adult mental health setting in response to feedback obtained from patients, carers, and visitors to the acute inpatient ward.

How we made the change
Savings had been accrued within the ward due to being unable to recruit staff. Therefore some of this money was put into gaining uniforms for the nursing staff.

Different staff members were recruited to gain and analyse feedback regarding this introduction including feedback from staff, patients, carers and also visitors to Great Oaks.

Why we needed to change
Through patient engagement conducted via the LiA conversations and visits, a number of patients raised issues connected to staff identification, communication, and safety. Patient feedback concerned not knowing who staff members are in the in-patient unit, due to staff dressing in the same way as patients. Patients raised situations where they had sat talking to a person they thought may be a nurse, and who in fact turned out to be another patient providing advice. Some patients have also discussed being frightened when unwell and witnessing restraint, being unsure whether this was staff intervening with a patient, or patients fighting.

These patients all identified that should staff be recognisable via a uniform, these misunderstandings would not have occurred, and therefore they requested that staff wear a uniform. These types of issues do not appear to be unique, and are detailed in research published about uniforms, and are the reasons that certain other mental health services have re-introduced uniforms on mental health wards.

The introduction of the uniform on Mulberry House has also been triggered by certain staff members having stated that they feel that it would be a good idea. These staff members have provided feedback via the LiA work.

Finally, a number of people who have visited Mulberry House from different agencies (i.e. ambulance and police staff, substance misuse services, and visiting professionals related to mental health act business) have reflected in feedback that they have at times found it difficult to identify who are staff members and who are patients. They’ve also said that even if they see a badge, these are sometimes worn in ways that make it very difficult to read and identify who the person is.

The difference we made
Standardising our dress code has meant that staff are now easily identifiable. Staff have provided feedback that they like the uniforms and wish to continue wearing them. Visitors such as the police and other agencies have stated that they feel that uniforms have been a positive introduction.
Consistent approaches to patient discharge in a timely manner

Our mission
To provide a dedicated discharge coordinator over a whole inpatient unit, the focus of which is to increase safety and also achieve a reduction in delayed discharge.

How we made the change
The Care Group Director explored the reasons for the differing levels of delayed discharge days across the unit. After discussion a single Discharge Coordinator for the unit was identified and moved from the community mental health teams. The practitioner identified was from a social care background, as a lack of social care (either residential or home care packages) was identified as a main factor delaying peoples transition from the inpatient mental health car setting.

Why we needed to change
There are 4 reasons that we needed to make the changes. Firstly, our patients and their carers expressed frustration about having to stay in hospital longer than necessary, due to lack of support packages.

Secondly, a delayed discharge is very costly, not just for the individual, but also for the organisation. A comparison is that an acute inpatient bed costs approximately £350 per night, where a residential home bed is approximately £55.

Thirdly, although all nurses attempt to prioritise discharge planning, due to the unpredictable nature of the acute inpatient setting this sometimes gets deprioritised for whole ward management. The locating of a specific coordinator means it is always the focus and priority.

Finally, when the whole unit was analysed, there were different delays dependant upon which ward the patient resided upon. These delays are problematic in the context of a national mental health bed crisis, described within the 2016 mental health taskforce report.

The difference we made
This role has made a significant difference to how the team works. It has not only helped patients and their carers have a clearer and more directed focus upon supported discharge plans, but has also released Nursing staff time to care.

With the Discharge Coordinator having a background in social work, she brings a wealth of knowledge to the MDT that was not previously there. This has expanded the discharge packages that are available for patients which were not previously known about.

Leading the way with care
The introduction of enablement support in the older peoples acute inpatient services

Our mission

To provide a dedicated support worker who concentrates upon enabling people to access different treatment activities which will help shorten their length of bed stay.

How we made the change

As this was a key issue raised within the LiA team conversation, volunteers were requested within the older peoples service for a person to trial the role of enablement support on the ward.

A candidate came forward and for 10 of the 20 LiA weeks has been conducting the role on the ward with great results.

Why we needed to change

A lack of therapeutic activity can cause a delay to a person’s discharge within the acute care environment.

Although within the inpatient service we have a therapeutically focused workforce, if more urgent activities arise, such as an admission or behavioural disturbance in the care environment, that can take staff away from therapeutic activities that they were completing with other patients on the ward.

As the nature of inpatient mental health is changing, through discussion with ward staff, it was identified that increasingly staff time becomes focused upon crisis management rather than conducting therapeutic activity.

The enablement support role was introduced to ensure that despite other events on the ward, therapeutic activity will still be the focus, as the enablement worker is not factored within the safe staffing levels on the ward.

The difference we made

This role has been positively evaluated by patients and their carers, as well as other staff on the ward, including medical staff, nursing staff, and occupational therapy staff.

The role has been so successful it has been decided to introduce two permanent enablement support officers. After discussion with Human Resources, these posts have been banded at a Band 3. This therefore also introduced career progression for non-qualified nursing staff, which will aid in terms of increasing skill sets and retaining staff.
Enhancing ward leadership to ensure supportive leadership 24/7.

Our mission

To change the staff structure upon inpatient ward areas in order to provide an enhanced level of leadership across the 24 hour period.

How we made the change

We made this change by reviewing the whole unit and comparing safe staffing levels. Vacancies that were present on the ward enabled the ward management team to revise the staffing structure and advertise for different grades of staff.

Why we needed to change

Great Oaks is unlike other larger units, which often have other ward resources to draw upon. Therefore there is a need for the unit to be more self reliant than other areas outside of typical working hours.

When reviewing the incidents of violence and aggression, as well as untoward incidents, it was identified that there a higher number of incidents occurring outside of working hours. This is during a time when the least experienced and most junior qualified staff are in charge, identifying the need for a different type of leadership rostering. This enhanced out of hours leadership is advocated in the Frances (2015) report.

Additionally, when discussing with Ward Managers and existing Charge Nurse/Sisters, they were concerned that they spent large amounts of their time managing and supporting other staff, reducing their own visible presence on the ward area, in clinical reviews and with patients. There was therefore a need to increase the number of leaders so that these duties could be shared, and staff and patients could have enhanced support.

The difference we made

Rather than having one band 6 Charge Nurse/Sister and only band 2 nursing assistants, the revised structure enabled two band 6's per ward and also the introduction of Band 3 Enabling Support Workers.

Due to the presence of multiple wards, overall leadership could then be enhanced over the 24-hour period in the unit. This not only increased therapeutic activity provision, but also reduced untoward incidents.
Staff Nurse led improvement in MDT documentation, improving patient involvement

Our mission

To alter multi-disciplinary team (MDT) documentation and structures in order to enable the patient and carer voice to be more central.

How we made the change

A ward Staff Nurse worked with inpatients, their carers, and other staff nurses, to explore different ways in which the patient could ensure that they are as prepared as possible for their MDT.

After discussion with patients and staff, the Staff Nurse developed a template which enabled information to be gained from patients and their carers prior to the MDT meeting, so that all members of the team could read it beforehand. This ensures that all MDTs begin with patients and their carer’s priorities, as well as ensuring that all patient worries, questions, and wants are recorded prior to the meeting, so that there no risk of the patient forgetting anything, due to feeling stressed by the process.

Why we needed to change

A ward Staff Nurse identified that although MDTs are aimed at being the most patient focused as possible, at times patients feel unable to articulate themselves, and struggle with the pace of certain meetings. There was therefore a need to change the structure, and support patients and their carers to prepare more in regards to what they wish to say at the MDT.

Patients and carers have also expressed frustration that at times they forget to ask about certain aspects of their care.

The difference we made

The ward doctors agreed to change the times of the MDTs to the afternoons rather than morning, enabling nursing staff to spend time with patients and carers beforehand, to complete appropriate testing and document patient and carers wishes for the review. This is preferred by both patients and nursing staff.

Patients and carers have both expressed that they feel that they are now more able to prepare for their reviews than within the previous way of working.
Training for a flexible inpatient mental health workforce: increasing responsivity to patient need

Our mission
To standardise the training provided to the nursing staff within inpatient services, in order to enable flexible working practices that increase patient safety whilst preserving specialism.

Why we needed to change
Patient’s needs in the inpatient acute mental health environment have changed. Therefore there is a need for the workforce to be able to respond more appropriately to these changing needs.

Previously, the two wards on the inpatient unit were managed separately, and had different types of training, which meant that staff from each ward struggled to transfer between sites.

Incidents have occurred which revealed the need to have a standard core training, for all staff to be able to flexibly work between either ward dependant upon patient needs, this both reduces risks for patients and also other staff.

How we made the change
A training needs analysis was conducted to identify the similarities and differences between the nursing staff within the Adult and Older Adult inpatient services, which were previously in different business divisions.

A needs analysis was also conducted, to focus upon the changing population on the inpatient service, specifically increased behavioural disturbance in the older adult population and increased physical frailty in younger adults. Taking this into account, a bespoke training package was designed for all staff.

The difference we made
The training needs analysis specifically revealed the need to provide adults who predominantly work on the Adult inpatient unit with enhanced skills in terms of physical health assessment and falls. Correspondingly, there was a need to enhance the skills of staff working within the Older Adults service, in terms of different parts of the Mental Health Act (i.e. Section 136), and reducing restrictive intervention.

Training has been personalised, and conducted in handovers to minimise clinical impact. This has helped to develop a flexible workforce, which supports Kings Fund recommendations.

Leading the way with care
Releasing nursing time to care: redistributing resources to meet patient need.

Our mission

To review existing resources and demands upon an inpatient area, and release nursing time to spend with patients.

How we made the change

The Modern Matron reviewed the ward budget with staff suggestions and descriptions of tasks.

A budget was then allocated for a Band 2 administrator, to complete telephone tasks as well as a number of different administrative tasks, that have most recently been completed by both qualified Nursing staff and Healthcare Assistants.

This change was aimed at reallocating resources to have a more targeted workforce, as well as releasing time to care.

Why we needed to change

Feedback was requested from ward Nurses and Healthcare Assistants in regards to what is most frustrating for them. Multiple staff cited that administration and office tasks that take them away from patients are the most frustrating, for both them and their patients.

Patients have also explained that they feel that they require more 1:1 therapeutic time with Nurses and Healthcare Assistants, to either discuss their difficulties, or aid them with social and leave activities. However, due to staff office duties, this time is often reduced.

The difference we made

In listening to the staff and patients, it was identified that people’s concerns were the same – patients wanted more time with nurses, and nurses want to spend more time with patients. In reviewing what tasks nurses were doing, the Modern Matron and Admin Lead were able to identify specific tasks which could be completed by a ward clerk administrator.

The matron converted the budget resource to enable employment of an administrator, and reallocated duties. This then reduced nursing administration, and also released an extra 35 hours of Nurses and Healthcare Assistants time per week, which was then reinvested in direct patient care. This equates to 1820 hours per year.

Leading the way with care
Ideas Board: - Listening to everyone!

Our mission

To provide a ward space which is always available for people to learn about changes made, planned changes, and also for them to be able to contribute to future change.

How we made the change

We organised a suggestions board within the ward area. The board was partly populated with information from the start of the LIA journey. There was also space for people to add to this, as they felt they could and also be informed about planned changes and actions that are ahead.

Why we needed to change

Inpatient recovery services are constantly changing. The request for different treatments from our patients and staff is altering all of the time. Within our ward, we wanted a space that would be available all of the time, so that as staff and patients thought of different changes and treatments they feel would enhance the service, they could write this down or add this. This also meant that they could see and add to other people’s suggestions.

The difference we made

We enabled all staff and patients to be involved in our change. We removed the barriers of changes being decided at meetings or forums which may not be accessible for all. In providing a change space such as this, all were able to contribute to change.

Suggestions have been taken on board, from small changes such as making ward posters more noticeable, to large changes such as introducing new therapeutic activities into the ward area. Patients and staff have then reflected how they feel fully involved in driving and designing change.

Our ward has benefited from our change. Other teams may also benefit from our change too, particularly if they wish to explore different co-production methods and also different ways of communicating with others.

Shirley-Ann Wilson
Ward Manager

Leading the way with care
Increasing creativity and peer support activities in inpatient mental health rehabilitation

Our mission

To engage community artists who themselves have used mental health services, in order to enhance therapeutic provision within the inpatient environment, and also increase volunteer and peer support opportunities for our users and inpatients.

How we made the change

We engaged community artists who had approached mental health services about the potential for volunteering options. Our community artists also had personal experience of mental health problems, which they felt would help contribute to their volunteering role.

We conducted a volunteer recruitment programme, including DBS checking and brief training and induction for volunteers. We have two artists, Elspeth and Tony, who are currently working on the wards with another artist Melody, who has expressed an interest and is awaiting her DBS.

Why we needed to change

There is a significant amount that has been written concerning the benefits of peer support and volunteers. There is also a significant amount of evidence that links creative expression with mental health recovery and wellbeing. Our staff and patients recommended that our inpatient recovery services have enhanced therapeutic art provision, and so we wished to combine both volunteer support and art activity. There is little written in inpatient mental health research about this kind of combined intervention.

The difference we made

Our inpatients have expressed that they really like this activity, and it contributes to their recovery journey. Many patients have joined the groups purely because it is being run by volunteers, the patients tell us that it feels more relaxed, and they can join in and simply be themselves, without feeling assessed or under pressure to ‘engage’.

We sell craft items such as cards and key rings on reception. This helps to fund our activities. We are also busy making items to sell at our winter craft fayre, which will help to continue funding future projects. We are also extremely grateful to have received donations from patients and their families, who have enjoyed the activities and have bought us arts and crafts supplies for future patients to enjoy.
Introducing recovery focussed inpatient peer support workers

Our mission
To introduce peer support workers and volunteers to work more upon the mental health inpatient rehabilitation wards.

How we made the change
We contacted people who had expressed an interest in working on the ward, as either a peer mentor or a volunteer. We helped them progress through the volunteer recruitment process and security checks, which govern the safety of all people working with our service users and patients.

We then introduced a volunteer within Goldcrest, which was very successful, and people provided positive feedback.

Why we needed to change
We know that peer support workers can be effective in aiding people's recovery journey. The reason we know this is that not only is it documented in the research, but we have also seen benefits from rehabilitation services within RDaSH (i.e. drug and alcohol services). We wanted to therefore include this change in the inpatient environment, to both increase volunteer and peer opportunities, and also enhance inpatient care journeys. This introduction is also aligned with our Patient and Public Involvement Strategy.

The difference we made
Our patients explained that they found the introduction of peer support workers within the ward area very beneficial for their recovery journey. A short film has been made about one peer support worker, which you can view if you follow this link https://www.youtube.com/watch?v=GviSAeLOkJg

If you want to know more about enhancing volunteering opportunities or peer support, please contact us, as we may be able to advise you on how this change can be made.
A ‘Job well done’

Our mission
To shift the focus from illness to occupation, by providing ‘real world’ vocational experiences in a safe, controlled and supportive environment.

How we made the change
Rotherham Vocational Service teamed up with the Inpatient Occupational Therapists at Swallownest Court, to discuss providing a therapeutic space for community patients to engage in ‘job skills’ prior to returning to work. It was felt that a multi-purpose space, which could be utilised by both service users in the community and inpatients, would enable people to develop their skills and confidence prior to starting work. We wanted to focus on recovery, independent living skills, work focused tasks, education, training, and employment skills.

We applied for funding from charitable funds for equipment and advertising. We were also well supported by our managers, who helped us adapt a store room to become an office.

Job Well Done soon became a concept to get us all thinking about how we encourage our patients to regain vocational skills, and what opportunities we could offer.

Why we needed to change
When supporting individuals with job retention, the Vocational Team found that it was difficult to assess their readiness to return to work. Occupational Therapist Marcelle Manning explains: ‘Often people don’t realise all of the things required to return to work; travel, arriving on time, concentrating on tasks, answering the phone etc. We wanted to give people a taste of a work environment, before taking the next leap’.

The Inpatient Team also felt that there was a considerable leap from hospital to coping in the community, and they wanted to provide a service for people wanting to start volunteering, education, or future employment. Occupational Therapist Beth Sidaway explains: ‘We found that people wanted to volunteer but didn’t know where to start. They were unsure of their skills and interests, and needed some activity tasters to help them find their preferred roles’.

The difference we made
Marcelle has successfully used the space with service users in the community to grade their return to work: “Work is no longer the scary monster that I thought, the more steps I take towards it, the smaller the monster gets” (Service User). The Inpatient team incorporated the concepts with Listening into Action, and developed volunteer roles across the hospital. We now have 5 active volunteers onsite, with 4 more on the waiting list, and 1 graduated volunteer who has left to become a Patient Governor. We have also developed job roles for patients still in hospital to give them a sense of pride and achievement.
Funding sustainable change in a therapeutic way

Our mission

To raise funds for the changes our patients and staff want to see, making them sustainable.

How we made the change

We defined with our patients and staff what the change was that we wanted, and then set off fundraising to get to the target that we needed. We conducted fundraising via bake sales, we often worked with patients in our inpatient services to make the cakes for the sales, which was therapeutic in itself. We also sold various other items that had been produced within the unit, including gardening items, pickles, and other baked goods.

As well as this, we ran competitions and asked for donations to make the changes we wished to have.

Why we needed to change

There is a need to constantly think about the treatments and different therapeutic interventions that are provided in inpatient mental health rehabilitation settings, in order to keep current, stimulate patient interest, and also diversify available treatment menus, in order to personalise care planning and provision.

However, there is often a cost to this, and this puts people off, especially in this time of austerity, where budgets are being cut, and there are often difficulties in expanding therapeutic treatments because of this.

The difference we made

Goldcrest ward helped towards the raising of £1700 by running a cake stall, there were many stalls there on the day, and the whole hospital contributed to raising that figure. The summer fayre money was donated between community projects such as Carers for Carers, Early Intervention Team, and a donation to the local council to help support their projects.

Goldcrest ward have been focusing on raising money for the pets as therapy on the ward, and have raised over £250 though a number of coffee morning cake sales and a 'name the rabbit' competition. All of this money will be spent on buying the rabbits, vet bills, food, maintenance etc.

After the success of these bake sales, the ward also ran a Coffee morning for the hospital which raised £90.

The patients have asked that we continue to raise money for other charities in the future.
Recovery Rabbits

Our mission
To introduce pet therapy within the inpatient rehabilitation ward, which will help patients in their journey to recovery.

How we made the change
We asked if we could make the change. We wrote cases around what change we wanted to make, which included risk assessments for the animals and the patients. We then fundraised for the money to make the change.

We contacted local vets to gain a support package for our #recoveryrabbits and negotiated a reduced pet care package, with acknowledgment that the vets were supporting mental wellness. We worked with service users, patients, and carers, to make the equipment needed for the rabbit garden, meaning this was a community project.

Why we needed to change
There is significant evidence that pet therapy can be effective in aiding recovery for people with mental health problems. There are different types of pet therapy that are found to be effective, ones where people visit with their animals (usually ‘PAT dogs’), which aid relaxation, and also pet therapy, which means that patients care for animals in their entirety, this helps people focus upon self-care and care for another. Our patients said they wished to have the latter.

The difference we made
We identified the change we wanted. We revised the evidence base and raised money to make the change ourselves, rather than asking others for permission or to make the change for us.

Our change has benefited our patients, and it has also been cost-effective. Although others may not want to introduce pet therapy, our journey may be of interest to them, especially if their planned changes are contentious (i.e. in terms of infection control) or costly, and so require fund raising.

Please contact Beth Sidaway or Shirley-Ann Wilson on 01709 447 447 for more details.

Leading the way with care
Enhanced leadership roles within School Nursing teams, increasing supervision for all

Our mission

To change leadership approaches to supervise and delegate to all in the team, in order to increase safety and support for school age children.

Why we needed to change

The team had previously been structured around a task allocation system. This meant that there was no oversight of care of these individual children and young people by the SCPHN.

The difference we made

The new way in which the team started to work encouraged all levels of staff to lead within their own position, from health care workers to senior nurses, with increased confidence. In this way, all are empowered, but people are also able to be more creative and innovative in their role, with SCPHN’s support and oversight.

The School Nursing team serve a population of approximately 28,000 children and young people, working actively with around 568 active children/young people on their current caseload.

Team members have embraced this change, and understand their roles with increased clarity. Staff have articulated that they now have a clear structure within the new identified roles and responsibilities.

Team supervision rates have increased from 80% to 100% with the introduction of this new way of working.

Sharon Minaudo, Specialist Community Public Health Nurse said: ‘Group supervision provides an objective view, support and guidance for professionals to resolve difficult situation within their workplace.

Through discussion, the aim is to reflect on their practice and problem-solve with guidance from Specialist Community Public Health Nurses’.

How we made the change

Roles and supervision structures within the team were reviewed, specifically exploring Band 6 and 7 Nurses.

In June 2016, Specialist Community Public Health Nurse (SCPHN) meetings commenced, led by a clinical practice teacher, who was asked to support the team from her substantive post in Doncaster. The practice teacher was able to implement the change, built on her previous experience of supporting teams through change management in her substantive post. These meetings were aimed at developing these lead roles and the development of staff through appropriate allocation of work according to their skill set.
Active Kids sessions focused upon exercise, healthy lifestyle and preventing obesity

Our mission
To provide focused and fun exercise sessions for Year 2 children, to emphasise the importance of physical activity in well-being.

How we made the change
Active Kids sessions were planned. Each session began with a warm up and stretches, followed by various activity games, including shower ball, colour corners, duck goose, a memory game, huddle game, cups and saucers, and partner tag. The sessions ended with a cool down session and stretches.

The Family Support Workers highlighted the importance of warming up, and why this should be carried out prior to any exercise, and also the same for cooling down at the end of exercise sessions.

Why we needed to change
One of the School Nursing teams remits is to monitor children's health at different ages. This helps identify at an early stage if a child is developing any difficulties, or is at risk of becoming obese.

In 2015, assessments of children in North Lincolnshire were undertaken, and obesity issues were identified. The School Nursing team therefore have an obligation to provide support sessions to help children change their lifestyle, as well as offer advice around healthy eating, and refer children to Get Going if they are identified as being very overweight, and if parents would like further support.

The difference we made
On July 7th a team of Family Support Workers delivered Active Kids within Bowmandale School.

There were 47 children in Year 2, small groups of 13 children attended each session with three Family Support Workers.

All of the children who participated in the session indicated that they had enjoyed the session. The class teacher, Miss Darley, also reported the children had enjoyed the session. She thanked the staff personally, and stated she hoped that there would be future sessions in the school.

At the end of each session, the children were asked to raise their hands if they had enjoyed the activity, and all 47 children who took part raised their hands.
Body Image sessions provided by the School Nurses for children who struggle with their weight

Our mission
To provide a sensitive and supportive support program for children concerning body image, in response to school requests.

How we made the change
Our Clinical Educator agreed to deliver a targeted session for the two Year 6 classes, to include:

1. A question and answer session, recapping on puberty (including pupils having access to a "Ask it Basket" to leave their confidential questions in, and school nursing providing a puberty leaflet for every pupil)
2. A targeted session on body image (PowerPoint). This includes pupils looking at the impact of social media, celebrity and image airbrushing. The PowerPoint enables discussions around the fact that we are all different in how we develop and look, and that although we can change how we look by the choices we make, for example hairstyles and the clothes we wear, in fact everyone has aspects of self we would like to change. This leads to discussion that we don’t all have to be the same, as we get older and mature we grow in confidence and individuality, but that if we treat others negatively with hurtful comments and words, this can affect emotional wellbeing.

As school nurses, we link this back to the negative impact of social media use, including using Facebook, Snapchat etc. and how images we post can then find their way into the public domain. We discuss accessing school nursing support via health and wellbeing drop-ins as they move up to secondary school, and the planned development of a text messaging service.

Why we needed to change
The School Nursing team received a call via Single Point of Contact from Leys Farm School, requesting some advice regarding a Year 6 cohort of children. The school felt that there had been some issues relating to some of the pupils struggling with their body image, and from misinterpreted comments from peers.

We discussed that school had already commissioned Big Talk to deliver whole school puberty sessions, and Year 6 had completed this work in the Autumn term, however the Year 6 teachers felt some of the pupils had unanswered questions.

The difference we made
The school nursing team who delivered this session on 29th June 2016, received very positive feedback from the school and Year 6 pupils. Feedback comments included:

- "Questions were answered openly and honestly related to puberty".
- "The pupils felt comfortable asking questions"
- "The class teachers felt the school nurse offered reassurance around the move to secondary school, in promoting the drop-in services".
- "The body image session was very thought provoking for the Year 6 girls, especially in how they treat one another"
Family Support Worker led corridor workshops to support child wellbeing

Our mission
To introduce ‘Corridor Workshops’ in North Lincolnshire Schools, which are accessible to all children, and provide positive lifestyle information.

Why we needed to change
There can be a challenge in terms of how to support school-age children in regards to health topics such as healthy eating.

Different services have found that one way of gaining interest from pupils is to have information readily available in corridors which they frequently travel through.

Corridor workshops have not previously been available in North Lincolnshire Schools, but are being introduced by the Family Support Workers as part of the team restructure.

How we made the change
Work has been completed throughout the summer to ensure that each school in North Lincolnshire has a link Family Support Worker.

The Family Support Workers have worked with school nursing teams in different localities, who have already set up ‘Corridor Workshops’ and found them successful.

Themes for workshops have been defined to focus upon: healthy eating, sexual health, and drug and alcohol use.

The difference we made
This term we have been concentrating on sexual health within most of the secondary schools in North Lincolnshire.

Pupils have engaged well with staff and information that was shared with them, they asked appropriate questions regarding topics, and felt comfortable sharing information with peers.

Schools have engaged well with the corridor workshops, and are promoting them for pupils to attend.

Leading the way with care
Developing the roles of screening assistants and Health Improvement Practitioners to support children

Our mission
To restructure the way that referrals to the school nurses happen, and expand the role of health support workers to meet children's needs.

How we made the change
Two health care workers have been provided with additional training (Case Management, Early Help Locality Meeting, Issuing of Condoms, Sexual Health Training, Pregnancy Attachment Training, Vision Testing Training, Early Help Training, PSHE Understanding Resilience & Putting it into Practice, Active Kids Training, Sexual Health Forum, Signs of Safety Training (2 Days), Obesity Chat Training, Solihull Training, and Key Healthy Eating Messages Part 3, Solihull Training). This enabled them to take on the role of screening assistants, which then releases the time of qualified school nurses to complete other tasks.

A Health Improvement Practitioner was also trained (as listed above) and undertakes more complex tasks than screening assistants, including Early Help, toileting, puberty, behaviour support, and bedtime routines.

Why we needed to change
The waiting list for school nurses in July 2016 was 20. There is no facility to increase School Nurses, but in expanding the role of Healthcare Assistants, different roles were able to be specified, consistent with level of qualification.

Although there were complaints, the service wanted to reduce the waiting times for the children, young people, and the families that they support.

The difference we made
With regards to the waiting list, at the same time last year there were 61 on the list. During the month of July 2016, there has been a considerable reduction (from 61 to 20), this is following a consultation, resulting in a new skill mix of staff, which includes the introduction of the new roles.
Exploring with Psychosis Team how to refocus caseload management with recovery principles

Our mission
To work with a joint health and social care team to prioritise recovery, and enable discharge for people experiencing psychosis.

How we made the change
The team Consultant Psychiatrist provided a presentation to the team concerning focused recovery approaches.

This enabled the team to reflect upon their working practices, and also refocus their activity with patients, in order to provide more of a recovery focus, reflect upon risk, and also enable a better transition pathway for patients.

The presentation enabled staff to all use the same language associated with recovery, and focus their contacts and visits.

Why we needed to change
Three factors motivated this change: firstly, feedback from patients concerned a frustration in terms of their progression through services, secondly, there is service pressure in terms of caseload size, which required a review of discharge processes in order to ensure all people in the service required specialist mental health care.

The final factor concerned the need for the joint health and social care team to all focus upon recovery with patients, alongside their role in medication management, social care support, and psychosocial interventions.

The difference we made
In enabling the team to work in a more consistent way, all patients in the service were reviewed. With this different approach, a number of patients were identified as suitable for discharge, and provided with the correct medication management support, and crisis and contingency plans. This has resulted in a 22% increase in discharge rates for the team, when compared to this time period last year.

Ultimately, this has resulted in a decrease in the team caseload size, enabling more patients to enter the service, and therefore a reduced waiting time and reduced length of time in service.

Leading the way with care

Dr Elizabeth Barron
Consultant Psychiatrist

Claire Coppens
Nurse Led Clinic Lead

Listening into Action
Achieving ‘Parity of Esteem’ – joint working between GPs and specialist mental health.

Our mission
For specialist mental health teams to work with service user champions and locality GPs to improve the physical health of people with mental health problems.

How we made the change
The Consultant Psychiatrist, Associate Nurse Director, and team members, have contacted GPs within the locality. The contact explored the issues that affect people with psychotic illness, and may interfere with both accessing physical health checks, as well as gaining support from their GP.

Along with gaining opinions from the GPs, service users provided feedback about their experience of mental health and physical health care, and expressed a wish to transition back to their GP and gain appropriate physical health support.

Why we needed to change
Research demonstrates that people who are diagnosed with a psychotic illness and prescribed antipsychotic medication have a reduced mortality rate, and can suffer a number of physical health problems related to both lifestyle issues and their prescribed medications.

These physical health problems include: heart problems, respiratory problems, problems in regards to weight management, and also diabetes.

The difference we made
We met and spoke with local GP’s on a 1:1 and group basis. Exploration was conducted about what locally affects people accessing GP services, and what training and resources are required to enable more people to transition back to primary care services. In exploring these issues with GP’s, the team identified two reasons that GP’s often found a transition difficult; 1) that the medication prescribed is not within their formulary, and 2) concerns that if patients relapsed they would not have timely enough access back into services. Through exploration and learning together, better relationships were formed between GPs and specialist services.

In working with GP’s and facilitating changes in medications to ones which were aligned with GP’s formularies, 40% of patients have been identified as suitable for transition.

Individual plans are being formulated to enable transition, and in the last quarter, discharge rates have risen by 22%. Each patient is provided an optional transition appointment between the specialist mental health support worker and their GP in the GP surgery. This face to face appointment enables a crisis and contingency plan, including physical health and medication management.

Leading the way with care
Enabling people with psychosis to take increased control over their medication.

Our mission
To work with specific patients within the mental health recovery pathway to alter and reduce their antipsychotic medication.

How we made the change
The nurse led clinic nurses worked with the team psychiatrists to provide a review of all people who attend for an antipsychotic depot injection.

In reviewing this clinic, 12 patients were identified as suitable to both change their prescribed medication and explore a reduction in dose alongside of the change.

Patients were then provided with the different medication options and all 12 were then provided with a supportive medication management plan, which included enhanced symptom monitoring to prevent relapse.

Why we needed to change
Although antipsychotic medications are needed to maintain recovery for some people, once a person is commenced on an antipsychotic depot injection there is often both a reluctance to change this prescription and also a difficulty in the person achieving discharge from specialist mental health services due to the prescription of this medication.

The difference we made
In providing this careful review and selection of these initial 12 patients’, patients were safety switched from depot to oral medication. This enables them to take control of their medication administration and reduces physical health risks associated with long term injectable medications that have historically been at higher doses than oral medication.

Of the patients who have changed prescription there has been a 10% to 30% reduction in prescribed dose. This is significantly beneficial as it means a reduced likelihood of side effects from the medication, specifically cardio-metabolic side effects detailed as life limiting by over 10 years compared with patients not prescribed antipsychotics (Barnes et al 2015), (NHS England 2016).

This achievement has been made over a period of approximately 15 weeks but is applicable to others, as engaging patients and giving choice, options and hope is fundamentally the foundation to a persons recovery journey.

Leading the way with care

Listening into Action
Tickhill Road Laundry Team explore income generation with staff, that will help work-life balance

Our mission

To raise the profile of our hospital laundry, and generate new income for RDaSH.

Why we needed to change

We need to ensure our laundry is value for money, and in order to be sustainable, we need to generate income from external sources.

The work we have done so far

We promote our services at local business networking events, in community magazines, poster campaigns, local residential area mail shots, and direct marketing.

Our new customers include:
- Hotels
- Restaurants
- Doncaster School for the Deaf
- Event Companies (Marquees)
- Hospices
- Community Groups
- Vulcan to the Skies (Doncaster Airport)
- General Public

We offer a 5% staff discount to NHS staff.

We have been out to tender for our laundry detergents to ensure our suppliers are value for money, and our new detergent contract will commence in December 2016.

The difference we have made:

For Trust staff, we provide a competitively priced laundry and ironing service on the Tickhill Road site. Staff can drop their personal laundry off on site between 7am and 3pm Monday to Friday, and collect it the following day.

We also provide a laundry service to residents in our local community.

Future Developments:

Our laundry wants to provide a service which is fit for purpose, and easily accessible to our customers.

We are currently seeking further service developments, and these include the introduction of 'chip and pin' payments for our customers. We are also exploring the possibility of becoming an agent for a dry cleaning service, which will enhance the services which we currently offer to our customers.

Leading the way with care
Walnut Lodge Print Services offers more than just a reprographics service……..

Our mission
To promote the Walnut Lodge Print Service and let our customers know that we offer not only a reprographics service, but an extensive print finishing service to all our customers.

Why we needed to change
As we move into a ‘paper-light’ era, we need to raise the profile of our in-house print services, and promote the wide range of products and services which we can offer to not only Trust staff, but also external customers, in order for the service to continue to remain viable.

The work we have done so far
We have worked with admin colleagues in Woodfield House to highlight their printing costs using the ‘uni-flow secure printers’, compared to sending large print jobs to the print room on the Tickhill Road site. By using our print services, they could have saved £840 on colour printing costs alone. Other benefits of using our print services is that all the finishing work (collating documents, stapling, hole punching, laminating etc.) is all part of the service, meaning increased efficiencies as this frees up the admin team’s time to attend to other duties.

The difference we have made:
We are raising awareness of printing costs, not only the cost of the paper and the print cost, but also the labour costs associated to the vast range of print jobs. In doing so, we are highlighting how much time can be saved by sending your printing work to our print services team to do this for you.

Factors to consider include:
- Paper jam on the printer
- Printer failure, resulting in having to call an engineer
- Queues at the printer
- Printer out of paper and needing re-loading
- Time taken for large print runs
- Collating the printed material
- Stapling, hole punching, binding the printed material

By sending print jobs to our print room at the click of a button, this frees admin colleagues up to concentrate on other duties.

Future Developments:
In partnership with our Logistics Department, the Print Service is exploring new ways of working for customers, that produce high volumes of letters for external posting. Our aim is to look at efficiency savings in systems and processes, and what these would be if documents are sent directly to the print room for printing, inserting into envelopes, and being directly handed over to the post room for franking and mailing.

Further updates on this initiative will be shared in due course.

Leading the way with care
Our Catering Team source quality raw ingredients to produce superior meals for patients, staff, and visitors

Our mission
To source quality raw ingredients from locally approved suppliers, and create delicious, nutritious dishes for our patient menu, which is also served to staff and visitors in the Food and Drink Café on the Tickhill Road site.

Why we needed to change
We wanted our customers to experience the best dining experience in the meals we produce in our on-site central production unit.

We also have a national CQUIN target to achieve across the organisation, to provide healthy eating options for staff, patients, and visitors at any point in time, therefore wanted to ensure we were using good quality ingredients.

How we made the change
We listened to our customers, who wanted to eat lean, reduced fat, nutritious meals as part of their own healthy eating plans.

We listened to our cooks, who prepare and cook the hot menu dishes in our on-site kitchens, and whose experience was of cooking with ‘value’ cuts of meat. ‘Value’ mince means more fat in the dish, which needs to be drained off though is still evident. ‘Value’ meat cuts having excess fat in them, resulting in a poor quality end product and more waste.

We spoke to our suppliers to see what options were available to us and at what price. Our suppliers tell us that “The meat we are using is sourced locally, farmed and cared for in Yorkshire, from Cattle that’s bred to be beef, producing top quality lean meat and although not necessary cheaper, it has less fat content and creates a higher percentage yield”.

The difference we have made:
- We have improved the quality of our end product, therefore offering value for money to our customers and improved customer satisfaction.
- All the hot menu dishes are produced on site by our experienced team of cooks. The same hot dishes are served to our in-patients on the wards and our staff and visitors in the Food and Drink Café
- Reduced food waste in the kitchens as the raw meat we buy in is far superior than before meaning less waste

What Next:
- We will engage our staff, patients, visitors and volunteers so that we know what they would like.
- There will be updated catering services at our Tickhill Road foyer, with the introduction of a new café and 24-hour vending area.
- We will remove sugary, fatty, and salty foods from our checkouts, and we will no longer advertise them.
- We will promote healthy eating across the Trust, with a poster campaign and useful web links.
- We will develop nutrition training for our staff.

Leading the way with care

Listening into Action
Our fabulous domestic staff change their working Practices, resulting in £35,000 savings!

Our mission
To review how the different admin buildings on the Tickhill Road site were cleaned - optimising resource, improving waste recycling, and meeting cost savings without reducing staff numbers.

How we made the change
We consulted with our domestic team, and through this process they were given the opportunity to put forward suggestions and ideas on how the changes would best work.

We introduced centralised waste collection/recycling points in key areas within buildings, in consultation with a nominated person for the areas, and our Fire Safety colleagues.

We changed working practices so we have a daily team who attend all office areas between 7am – 10am. This team remove waste and clean toilet facilities, kitchens, meeting rooms, and main entrances. We also have an evening team who undertake full office cleans on a two-week rolling programme, working between 4.45pm and 7.45pm.

As part of the new cleaning schedules, domestic services no longer empty individual waste bins from under office desks. Office staff are required to dispose of their office waste on a daily basis, in one of the centralised bins which are located in their area.

Why we needed to change
Like all RDaSH services, Estates and Facilities have financial savings to make, and it was identified that cost savings could be made within domestic services, if we worked differently.

When considering the savings we could make, we needed to look at if the saving could be made by either working differently, or by reducing posts. Within domestic services, we worked to consult with staff about different ways of working, so that we could retain posts by slightly reducing hours and changing working practices.

The difference we have made:
- We have managed to improve the quality of cleanliness within the transformed services. We are able to demonstrate this via cleaning audit results and customer feedback.
- We have reduced the number of ‘lone workers’ we have on site within our domestic team
- We have made £35,000 worth of cost savings by changing the way we work, and retained all of our team members, meaning no job losses.
- We have reduced the amount of repetitive manual handling for our domestic team, as they are no longer required to bend/stoop and lift waste bins from under every desk. Instead, office staff are requested to empty their own bin and take their office waste to the designated recycling points.
- By having designated recycling points, we are promoting good practice for paper, plastics, and general waste (including food waste) to be segregated at source.
- By making savings like this, we have less savings to make with our front line clinical staff, meaning less impact on direct patient care.
Standardising Good Practice Regionally in detection, management, and prevention of Delirium

Our mission

To create a recognised “Regional Delirium Pathway” that aligns all providers to ensure there is equality, continuity, and standardisation of good practice in relation to diagnosing and treating delirium in accordance with NICE guidance.

How we made the change

As part of the first steps of this process, Liz Schumacher (Nurse Consultant) presented to the Strategic Clinical Regional Network to “call-to-action” and establish support from other colleagues in provider organisations, in order to raise awareness of delirium and find out what pockets of great/good practice there are across our region.

Liz worked with Martin Jones (Clinical lead) and Liz Copley (Occupational Therapy Consultant) to devise a presentation to ‘woo’ the crowd!

Why we needed to change

It was generally felt that service users were not getting the best service possible, as there was inconsistency across acute hospital services, as well as within care homes and community based services regionally, relating to the prevention, detection, management, and treatment of delirium. Of course, delirium traditionally can result in poor outcomes for service users if undetected and/or untreated. Delirium remains one of the most significant reasons for admission (often inappropriately) to acute hospitals, and in many cases this particular condition can be avoided. Further, the distress this causes the service user and their family and friends is devastating.

The difference we made

As a direct result of the “Call-to-action”, we gained regional support in the creation of a Regional Delirium Network. So far we have collectively produced (with the help of NHSE) a collaborative website which is accessible to all. The website offers all the tools used in assessing delirium, as well as information and resources. We are currently working on a regional training program, toolkit, and protocol. More coming soon!

Leading the way with care