Care Quality Commission

Driving improvement

Case studies from seven mental health trusts

MARCH 2018

Our purpose

The Care Quality Commission is the independent regulator of health and adult social care in England.
We make sure that health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role

- We register health and adult social care providers.
- We monitor and inspect services to see whether they are safe, effective, caring, responsive and well-led, and we publish what we find, including quality ratings.
- We use our legal powers to take action where we identify poor care.
- We speak independently, publishing regional and national views of the major quality issues in health and social care, and encouraging improvement by highlighting good practice.

Our values

Excellence – being a high-performing organisation

Caring – treating everyone with dignity and respect

Integrity – doing the right thing

Teamwork – learning from each other to be the best we can

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Foreword

Dr Paul Lelliott
Deputy Chief Inspector of Hospitals (lead for mental health)

Professor Tim Kendall, National Clinical Director for Mental Health, NHS England and NHS Improvement, and Consultant Psychiatrist at Sheffield Health and Social Care NHS Foundation Trust

What does it take to raise standards in a mental health trust? How can a trust that requires improvement become good or outstanding?

To help answer those questions we visited seven NHS mental health trusts that had achieved significant improvements in their ratings.

At each trust, we interviewed a range of people, including chief executives, medical directors, nursing directors, other clinical and managerial staff, and front line staff. We also spoke to others who knew or worked with the trust, such as local patient or voluntary groups.

CQC's report *The state of care in mental health services 2014 to 2017*, noted that trusts cannot be outstanding without good leadership. This applies equally to the task of taking a trust from requires improvement to good. To show that everything flows from good leadership, this report gives examples of how these trusts have worked hard to strengthen their leadership through training, mentoring and development; including through working with NHS Improvement. In particular, the report emphasises the essential role of strong clinical leadership, which makes sure that medical and nursing staff are fully at one with the trust's ambitions.

Good leaders do not have to command and control. Improvement is made easier by a leadership style that is compassionate and inclusive. A finding from our state of care in mental health report, which was also evident in the trusts we have featured here, is that mental health and learning disability services can be proud of their staff. When trusts had been rated as requires improvement, inspectors had still found that the great majority of staff were caring and committed. The role of leaders is to enable their staff to fully realise their potential to provide high-quality care.

Photo credit: Sheffield Health and Social Care NHS Foundation Trust

Staff respond to leaders who are visible and approachable. Leaders really have to 'walk the talk', meeting staff, listening to them and acting on what they hear. We found that the engagement and empowerment of staff had been one of the most significant drivers of improvement in the trusts featured in this report. Front line staff often have the best ideas of how their service can improve. Efforts made to develop the skills and confidence of their people are paid back in improvements to mental health and learning disability services.

Patients and people who use services can also be a great asset in driving improvement, and we heard examples of where patients had been involved in significant areas of work. Some of these examples achieved the ultimate goal of developing services through a process of genuine coproduction.

These trusts also recognised the value in looking beyond their own boundaries. They engaged with and included the local community and local organisations. They also looked to other trusts to share learning and seek support. This willingness of mental health trusts to support one another and share good practice is a credit and testament to the NHS. The recently launched Mental Health Safety Improvement Programme, commissioned by the Secretary of State for Health and Social Care and jointly led by CQC and NHS Improvement, will promote and build on this collaboration and peer support.

All of the trusts featured in this report are ambitious. Although they have all made great improvements, none are complacent or satisfied with their current performance. This restless urge to continue to improve is an essential feature of successful organisations and is very much part of the culture of the two mental health trusts that are currently rated as outstanding.

This report follows on from our report on driving improvement in eight acute NHS trusts. As with that report, the trusts featured in this publication show how good leadership can drive significant improvements, in some cases in a relatively short time. We want to encourage others to look at and learn from these case studies to help them in their own improvement work. We are confident that the trusts themselves will be willing to share with others the lessons they have learned on their improvement journey so far.

We would like to thank everyone connected with the featured trusts for the time and help they have given us in producing this publication.

Dr Paul Lelliott
Deputy Chief Inspector of Hospitals (lead for mental health)

Professor Tim Kendall
National Clinical Director for Mental Health,
NHS England and NHS Improvement, and Consultant Psychiatrist at Sheffield Health and Social Care NHS Foundation Trust

"I see inspections as a real opportunity… In many respects the report came at the right time. It would not have been helpful to scrape a good. There would not have been the energy and drive to improve. It meant we re-evaluated what we were doing."

Andy Trotter,
Chair of Oxleas NHS Foundation Trust

The trusts that we interviewed

"We could have spent time arguing about the rating, but we decided to try and fix the problems."

Chief Executive Rob Webster, South West Yorkshire Partnership NHS Foundation Trust

Photo credit: South West Yorkshire Partnership NHS Foundation Trust

We selected seven trusts on the basis that they had achieved a significant improvement in their rating. All of the trusts featured in our publication have improved by at least one rating, with the majority changing from requires improvement to good, some in impressively short timescales.

Trust rating changes

Trust	From	To
Oxleas NHS Foundation Trust	Requires improvement	Good
Somerset Partnership NHS Foundation Trust	Requires improvement	Good
Lincolnshire Partnership NHS Foundation Trust	Requires improvement	Good
South West Yorkshire Partnership NHS Foundation Trust	Requires improvement	Good
North Staffordshire Combined Healthcare NHS Trust	Requires improvement	Good
Calderstones Partnership NHS Foundation Trust, now the Specialist Learning Disability Division of Mersey Care NHS Foundation Trust*	Good	Outstanding
Sheffield Health and Social Care NHS Foundation Trust	Requires improvement	Good

Source: CQC inspection reports

* See page 30.

For each trust we interviewed a range of people including: chief executives, directors of nursing, medical and nursing directors, front line staff, non-executive directors, heads of communications, patient representatives and external stakeholders, such as Healthwatch.

We asked each interviewee the same questions:

- What was your reaction to getting a low rating?
- How did you view the hospital/trust before getting a low rating?
- How did you approach improvement?
- What support did you receive?
- What were the obstacles to improvement? How did you overcome them?
- How did you involve staff and public and patient representative groups?
- How did you make sure a focus on equality and human rights in your improvement journey?
- Did your inspection report help you to improve?
- Can you share examples of tangible improvements?
- Can you share examples of improved outcomes for patients?
- What next on the improvement journey?

A number of common themes emerged from the interviews, but as not all were given the same weight by our interviewees, we have not covered them all equally in each trust's case study.

Acknowledgements

We would like to thank everyone involved in the production of this publication. This work would not have been possible without the support and time of the seven trusts who agreed to be case studies for improvement.

We are especially grateful to the staff, patients and members of the public who took the time to give their views on the improvement journey of their trust.

Lincolnshire Partnership NHS Foundation Trust

Key themes

"My role was to make sure it was compassionately done…to me, the way we did things was as important as what we did."

Jane Wells, Director of Nursing at Oxleas NHS Foundation Trust

Photo credit: Lincolnshire Partnership NHS Foundation Trust

Reaction to the initial inspection report

Nobody likes getting a poor report and people in most of the trusts we spoke to generally expressed disappointment, but not surprise. At senior levels managers and clinicians were usually aware of problems and in some cases were underway with improvement plans, but reports gave a fresh focus on issues as well as highlighting problems that trusts may not have been aware of.

A poor rating for many was a stimulus for improvement. As Andy Trotter, Chair of Oxleas NHS Foundation Trust, put it, "I see inspections as a real opportunity…In many respects the report came at the right time. It would not have been helpful to scrape a good. There would not have been the energy and drive to improve. It meant we re-evaluated what we were doing."

John Brewin, Chief Executive of Lincolnshire Partnership NHS Foundation Trust, noted that the report came at a time when it had started its improvement journey and that he viewed it "as invaluable external feedback on where we are". The trust's clinical director, Dr Jaspreet Phull, described the rating as "a springboard" to make improvements.

An acceptance of the findings is an important step in driving improvement. As South West Yorkshire Partnership NHS Foundation Trust Chief Executive Rob Webster told us, "We could have spent time arguing about the rating, but we decided to try and fix the problems."

Leadership

While trust leaders were clear that improvements had to be owned and driven by staff, all of our case studies also show strong direction from senior teams. Most of the trusts had senior leaders who were relatively new at the time of the report, with some noting that tough decisions needed to

be made to make sure the right people were in place in the organisation to lead improvement. Calderstones' Mark Hindle said the report showed him that, "some of the board and some of the people leading the organisation weren't fit for purpose in their capability or capacity and it enabled me, as chief executive, to look at those roles and change them fundamentally".

Leaders also need to tread carefully. As Jane Wells, Director of Nursing at Oxleas put it, "My role was to make sure it was compassionately done…to me, the way we did things was as important as what we did."

But even the most open an inclusive leaders need to set some red lines. In Oxleas' case there were a small number of clear principles, for example stopping mixed sex breaches, which laid the foundation for improvement; for Calderstones' medical director the 'over my dead body' moment was no more use of mechanical restraint.

Broadening the leadership base is seen as important, particularly ensuring clinicians are involved as leaders. For example, Caroline Donovan, Chief Executive of North Staffordshire Combined Healthcare NHS Trust said, "We changed so much; decisions used to be made only at the executive level, but we radically changed clinical leadership and pushed decisions down so clinicians could lead." Somerset, too, told us how it had devolved responsibility to local management and local staff, enabling them to take responsibility and contribute to change.

Trusts also saw the importance in investing in leaders to drive improvement. For example, Lincolnshire signed up to NHS improvement's Culture and Leadership programme and North Staffordshire put 140 managers through a leadership programme.

Key characteristics of effective leadership were seen to be visibility and the ability to listen to staff, having the confidence to devolve decisions and being approachable. Leaders need to be first class communicators.

Governance

Good leadership and good governance go hand in hand. Most of the trusts featured made changes to their systems and processes to drive improvement and to monitor improvement, changes to streamline decision making and changes to devolve responsibility.

It means having meaningful and achievable action plans and regular reporting on outcomes. It means boards and executives ensuring they have robust assurance that what should be done is being done. Andy Trotter, Oxleas Chair, said, "I get daily bed occupancy reports, but I will go to the wards to see what the situation is like."

And improving trusts continually ask questions of their services. For example, Somerset conducts regular monthly audits to monitor care plans. South West Yorkshire Partnership created business development units to take responsibility for areas in the action plan, then followed up with quality monitoring visits, and in North Staffordshire the trust strengthened the business case process to make finance easier to understand.

Culture

In every case, delivering improvement needs changes to the culture of the organisation. This may or may not be a big dramatic change such as developing a new vision and new values; it may be through more subtle actions to change behaviours and engage and empower staff.

A characteristic of inadequate trusts is that staff often feel they can't come forward to raise concerns or admit errors. One of the most valuable cultural changes in improving trusts is creating the environment in which staff do feel able to speak up and speak out. It helps learning and drives improvement.

Somerset's Phil Brice noted that, following the report, it was very important to foster a positive and inclusive attitude, rather than cultivating a blame culture.

Staff engagement and empowerment

All of the featured trusts recognised that one of the most important keys to improvement is engaging and empowering staff at all levels. Once staff feel they have a part to play and that they are listened to and valued, improvement gathers speed.

"Post CQC", said Dawn Argent, Healthcare Assistant at Oxleas, "a big change is that there is more involvement of junior staff, who have been part of improvement discussions."

Amy Owen, a medical secretary at Somerset told us that staff are now encouraged to put forward suggestions and are actively involved in effecting change.

Across the trusts there are a range of initiatives that bring staff together to share ideas and shape improvement. These include formal quality improvement systems to engage front line teams.

One area where several of our trusts focused was making sure all staff were engaged, for example by taking positive steps in terms of equality and diversity. North Staffordshire, for example, became a Stonewall diversity champion and an NHS Employers diversity partner, while Lincolnshire's Dr Jaspreet Phull is passionate about how a focus on equality and diversity can drive improvements.

Involving patients and people who use services

Taking the views and experiences of patients and the public into account is helping to drive improvements. For example, in Oxleas, extensive work with patients helped to review the use of sharp implements in therapeutic settings, at Calderstones patients were involved in developing alternatives to the use of restraint, and in Sheffield people who use services have helped train staff and local students. Trusts are learning from the people who are really at the heart of the work.

Outward looking

These improving trusts are increasingly working with others in the local health and care system and voluntary sector, recognising that real and lasting improvement depends on organisations working together.

North Staffordshire's chief executive Caroline Donovan says, "Most of our services are now delivered in partnership with another agency…we have tried to change the culture from criticising to being jointly accountable for improving our population's health."

Oxleas is building strong relations with other mental health trusts, sharing ideas on quality and areas of concern, while the chair and chief executive both meet regularly with other local agencies.

But it is also about engaging the local community in a variety of ways, such as South West Yorkshire's work with Barnsley Football Club on dementia awareness training and supporting people with dementia.

Relationship with CQC

Most of our trusts acknowledged an improvement in relations with CQC over time. For some, the first inspection was quite a bruising process – it was new to them and to CQC – but there were a number of comments about how regular engagement since the first inspection has helped them improve.

Two trusts were keen to have a follow-up inspection as soon as possible as they felt this would help them drive improvements and embed work that had been in its early stages at the time of the first inspection.

Being able to speak to CQC staff between inspections was seen as helpful and an open relationship encouraged the sharing of concerns and discussions about solutions.

Next on the improvement journey

Good is not enough for the featured trusts. They all see improvement as a continuous process, and this is about more than aiming for an outstanding rating. The work they have done to improve the ratings has given them sound foundations to build on, for example by setting up and embedding formal quality improvement programmes that involve staff across the trust.

Oxleas NHS Foundation Trust

February/March 2017

Rated as good

April 2016

Rated as requires improvement

Oxleas NHS Foundation Trust provides a range of health and social care services from around 125 sites in south east London and Kent, specialising in community health, mental health and learning disability services for around 28,400 people a month. The trust employs about 3,500 staff in both community and hospital settings.

Reaction to the initial inspection report

Chair Andy Trotter, who joined the trust in November 2015, said of the report and rating of requires improvement, "[It] was a shock to the organisation. But I have been subject to many inspections and take the view that they are a huge help if you handle it properly. The best way is to deal with it positively. I see inspections as a real opportunity.

"In many respects the report came at the right time. It would have been unhelpful to scrape a good. There would not have been the energy and drive to improve. It meant we re-evaluated what we were doing."

And while Chief Executive Ben Travis thought some of the judgments were harsh, he felt the report highlighted some areas, such as bed occupancy, where the trust had been too accepting of issues that it knew about but hadn't tackled.

Leadership

Andy Trotter says that it was important to get the messaging to staff right as many had been surprised by the rating. Ben Travis agrees, "We had

to take organisational responsibility. We quickly concluded we needed to take it on the chin. The report had highlighted some things that were unacceptable for patients."

Being visible and available to staff was a priority for the executive team. Keith Soper, Service Director, Forensic and Prison Services, said, "You have to win people's trust and confidence and they have to see you are good to your word. Show how you will support them if they present problems – but also be honest if things can't be done. This means being visible; going to the wards, helping with people who use services, attending the service user forum."

> **"The executive team made sure we were super visible – hands on and supportive and approachable. This did mean stopping doing some other things, but I learned to do that in order to do the right things."**
>
> **Jane Wells, Nursing Director**

Ben Travis aims to go a couple of times a week to different teams. He attends team meetings which, he says, are the best way to engage with people where they are talking about their normal agenda and it's a safe space for people to raise issues and questions with him.

> **"Post-CQC, a big change is that there is more involvement of junior staff, who have been part of improvement discussions."**
>
> **Dawn Argent, Healthcare Assistant and Patient Council Chair**

Externally, the trust is building relationships with other mental health trusts in the area, sharing ideas on quality and areas of concern. It is part of a well-established quality network that carries out peer reviews, and the trusts share reports with each other. Chair Andy Trotter meets regularly with other local agencies such as the police, while Chief Executive Ben Travis works closely with local authorities.

Governance

The executive team was clear from the start that improvement had to be owned and driven by staff, but in a framework of simple principles, which included:

- creating extra bed capacity
- stopping patient sleepovers (using the bed of a patient who is on leave for a new patient)
- stopping breaches of the guidance on eliminating mixed sex accommodation on mental health wards
- ensuring that patients would no longer wait on the ward for a bed. New metrics were developed to track progress.

These, according to Ben Travis, "were lines that we cannot cross". And knowing that there was certainty about these issues took pressure off staff

Engagement in action

Executive members post 'let's talk' videos on the intranet where they talk about topical service-related issues. And there's an 'Ask Ben' button on the intranet where staff can ask the chief executive questions directly.

Solving the bed occupancy problems

One key action lifted the immediate pressures on staff and gave them 'breathing space': the trust bought 12 beds from East London NHS Foundation Trust. Iain Dimond, Service Director, Greenwich Adult Community & Mental Health and Adult Disability Services says, "Positive improvements were felt quite quickly, which enabled colleagues on the ground to think more about some of the knotty problems, for example, how do we improve care planning? How do we ensure good service user involvement? Then we could co-produce solutions."

"The atmosphere on the wards improved. Wards could be a bit chaotic, but after the changes were introduced there were better relations between staff and patients, and fewer complaints."

Joanne George, Inpatient Manager and Modern Matron

on wards. Director of Nursing Jane Wells said, "The principles were really helpful – a visible marker to people that we'd taken some bold action."

Three service improvement groups were established, which met weekly. Each group included a board member and a service director, along with a cross-section of staff from different roles and positions. According to Ben, staff at the meetings were set improvement challenges, "How are you going to do it? How are you going to own the actions that you are going to take. There was buy-in and enthusiasm from staff."

Jane Wells was the executive member on one of the boards, "My role was to make sure it was compassionately done and to make sure everyone had a voice and influence. To me, the way we did things was as important as what we did."

She explained how the meetings evolved, "After the second or third week I could see people really enthusiastically wanting to come to the group and proud of some of the developments; by week five or six it was 'can we stay behind and show you our care plans'; they started self-auditing and peer reviewing."

Medical director Ify Okocha was also enthused by the approach, "The most exciting thing for me from a staff perspective was that people spent time every week thinking and talking about change."

An oversight group, chaired by the chief executive met every two weeks to review progress from the service improvement groups. "We reviewed action plans", says Ben Travis, "and looked at bottlenecks. We offered support and advice. There was always expert advice in the room in the form of the medical director or nursing director, for example. These review meetings gave me the confidence to report to the board."

Involving patients and people who use services

Patients are also involved in discussing improvements. Every ward has a community meeting at least every week for the multidisciplinary team and patients. And every two weeks there is a service user forum that can pick up issues from the community meetings if necessary. People who use services chair the forum meetings, set the agenda and write the minutes. Any issues raised at the forum go to the directorate's quality board, chaired by the clinical director.

A number of activities took place to gain assurance that change were being made. The Quality and Governance team visited services to see how action plans were being delivered and peer reviews were carried out.

> **"I get daily bed occupancy reports, but I will go to the wards to see what the situation is like."**
>
> **Andy Trotter, Chair**

The chief executive also asked a senior clinician, a psychologist, to spend a day a week carrying out 'soft' inspections where he listens to and talks with staff to get a different perspective from more formal reporting routes.

Staff engagement and empowerment

Of the areas highlighted for improvement in CQC's report, the trust particularly needed to address problems with managing the risks from ligature points and with care planning.

The main concern was with ligature points in communal areas of the wards. The trust rapidly carried out assessments of all communal areas and made sure that teams developed plans to address risks. On wards, these included photographing points that could not be removed for reasons of cost or practicality and collating information for all staff. New staff or agency staff are briefed on risks and mitigations.

Staff drove the development of new care plan templates. According to Ward Manager LaToya Martin, "Care plans needed to be more individualised. Better care planning helps patients and nurses to build relationships. The new multidisciplinary team template is a big improvement; before, the plans were mostly about medical and nursing care, now all teams input." People who use services and carers were involved in the development of the new plans through the service user forum and carers' group.

In response to CQC's concerns about ensuring people had the capacity to consent to treatment, the trust reviews capacity and consent to treatment forms, which now include patient views on their medication treatment plans. There's also an easy read leaflet about medication and rights for each ward.

Relationship with CQC

Andy Trotter thinks the report was a driver for improvement. "I do think there is a value in having a 'burning platform'." Ben Travis agreed that the inspection helped "although it was quite daunting and labour intensive. It gave us the impetus to make systematic improvements." In addition, Ben highlighted that CQC agreeing to re-inspect services in six months helped to focus minds and made the trust the determined to succeed.

> **"Looking back we can appreciate the balanced view of the [CQC] report. The things that needed to change, changed: patients and staff have reaped the benefits."**
>
> **Joanne George, Inpatient Manager and Modern Matron**

Iain Dimond, Service Director said, "The report has been incredibly helpful. It made me and the organisation realise that perhaps because of the pressures we had experienced, we had inadvertently crossed some lines on quality and had started to do things where the practice was less than optimal."

Next on the improvement journey

Chair Andy Trotter says the trust should now be aiming for outstanding. One of the ways it is doing this is by launching a trust-wide quality improvement programme. The improvement work to get to good has, says Ben Travis, provided a platform to build on. He is confident about the methodology around 'bottom-up' solutions and says that the key is to engage front line staff.

Working together on safety

Following a serious incident where a person using the service stabbed two members of staff with a kitchen knife, the trust carried out an urgent review of sharp implements. Throughout the review, the trust was conscious that it needed to maintain the extensive and valuable programme of therapeutic activities and protect people using the self-catering facilities.

The occupational therapy team worked with the trust headquarters on a kitchen sharps policy. The review team then moved on to the therapies programme, who risked assessed anything that could be used as a weapon.

Patsy Fung, who led the project, involved the people using the service, explaining, "They were really, really engaged because they said 'we need to feel safe, so we need to work together'. When something catastrophic happens it can make or break a service but for us it pulled us together."

Somerset Partnership NHS Foundation Trust

March 2017

Rated as good. Community mental health services for people with learning disabilities and autism were rated as good overall and as outstanding for well-led

November 2015

Improvements made but more still to do

September 2015

Rated as requires improvement. Enforcement action taken about the safety of community mental health services for people with learning disabilities or autism. This service was rated as inadequate

Somerset Partnership NHS Foundation Trust provides a wide range of integrated community health, mental health and learning disability services to people of all ages. The trust employs around 3,800 staff and serves more than one million patients each year

Reaction to the initial inspection report

While many members of staff were not surprised at the overall rating of requires improvement, they expressed "shock and disappointment" over the rating of inadequate given to the community mental health services for people with a learning disability or autism.

Mel Axon, Lead Nurse and Team Manager was not surprised at the rating as she knew there were issues as to how records were kept and information was stored and, although she initially felt guilty, she saw the report as an opportunity to improve.

Phil Brice, Director of Strategy and Corporate Affairs explains that the overwhelming majority of the inspection findings were not a surprise, as the trust board had diagnosed a lot of the issues and had begun working on them before the inspection. The rating of inadequate, however, was "not anticipated at all. It caused a significant recalibration of how we saw ourselves and our work".

Leadership

There was significant change to the leadership of the learning and disability team just before the September 2015 inspection and in the aftermath. Jane Yeandle took up her position as Service Director, Mental Health

and Learning Disabilities a week before the September 2015 inspection and Tony Wolke was appointed in June 2016 as the Service Manager for Learning Disabilities.

Before these appointments there was a feeling that the learning and disability service was not seen as an equal partner in the trust and was left to be managed by the local authority, with whom they were co-located, rather than seen as a health provision.

Jane explains that she recognised the immediate priorities after the September 2015 inspection were to make sure that she provided "effective and efficient management" and to act as a go-between and bridge between the trust executive team, the non-executive team, the clinical commissioning group and staff to make sure that the staff felt supported.

Staff commented that the learning and disability team's leaders' visibility, transparency and commitment to involving staff in the improvement plans was evident. This, coupled with the support provided to staff, were all key factors in the service being able to make the required improvements. Judi Crossman, Community Nurse confirms, "Direct management was a welcome addition that lifted morale and raised awareness of our existence."

Jane also observed that she benefited greatly from the "light touch" approach from trust senior management who allowed her to implement improvements with minimal input from them, although still providing support when needed.

Culture

After the September 2015 inspection, morale among staff was incredibly low. While some staff viewed the unfavourable report as a catalyst for change, many others left the trust due to the "relentless onslaught of work required to improve" and to comply with the warning notices issued.

According to Phil Brice, there was an acknowledgement by the trust leaders that it was very important to foster a positive and inclusive attitude following the outcome of the inspection, rather than cultivating a blame culture. At the same time there was a need to recognise that staff would also share the responsibility and accountability for ensuring improvements were made.

Amy Owen, Medical Secretary observed that previously there was little or no involvement of administrative staff in implementing any improvements. In the current environment, however, staff are not only encouraged to put forward suggestions, but are actively involved in effecting change. As a result she feels more "valued and listened to".

Governance

When Tony Wolke was appointed as the Service Manager of the Learning and Disability team he recognised that staff lacked good supervision, clear guidance and clarification as to their responsibilities. As the team is relatively small, he felt it was essential to "prioritise work effectively and focus on what could be done well rather than spreading themselves too thin".

"The big step change here was a devolvement of responsibility down to local management and local staff. Our staff survey was very low in terms of staff feeling they contributed to change. However, with the introduction of our current model of working, staff now have a culture of not waiting to be told what to do, but taking responsibility and contributing to change. The subsequent outstanding rating for well-led for the learning disability service team is a testament to this culture change and the service is now being used as a model to aspire to across the trust."

Phil Brice, Director of Strategy and Corporate Affairs

Quality improvement groups

The trust set up working groups that were initially aligned to each of CQC's key questions (safe, effective, caring, responsive to people's needs and well-led), and all staff either chose or were assigned a group. This showed that they were part of the solution to the concerns raised. The groups are now fully embedded in the trust culture as 'Quality Improvement Groups', which share good practice across the trust.

A number of actions were taken to improve the governance structure and performance of the team:

- The team was restructured and a more streamlined management structure was put in place.
- Regular monthly audits were introduced to monitor care plans and make sure that accurate notes were recorded on the electronic care records system. Encouragement was given to those doing well and guidance offered to those who needed improvement to inspire an ethos that there are "no mistakes, only learning opportunities."
- A buddy system was set up so that staff skilled in particular areas could assist their colleagues and upskill them by sharing their knowledge and good practice.
- Tony implemented and continues to operate an open door policy so that staff can come and raise any issues as and when they arise.

Outward looking

As well as studying relevant CQC inspection reports, Mel Axon also got the chance to go to Cornwall Partnership NHS Foundation Trust as part of a clinical lead group. "We went for two nights to observe good practice and it was really good to be together as a group." Jane Yeandle confirms the support from Cornwall and stressed how useful it was to have a nurse with learning and disability experience come and assist on the team.

The trust also conducted a peer review of the learning and disability service in Cornwall and also had the National Development Team for Inclusion act as external consultants and conduct a review of the learning and disability team.

The trust continues to maintain effective relationships with other external stakeholders including Healthwatch, and the clinical commissioning group. The learning and disability team also has an improved and more effective relationship with the council now that they are no longer co-located with the local authority. Managers meet regularly to discuss any concerns including those involving care plans.

The trust has also developed a single point of access for people using services. This means that there are now focused referrals where information is recorded accurately. This enables cases to be triaged and the person allocated to the appropriate service team for treatment. This has improved the quality of person-centred care provided to people and resulted in better developed care plans. It has also allowed staff to focus on the clinical aspects of their roles. Previously the lines became blurred between social care needs and health requirements – for example psychologists would be tied-up doing assessments to see if people could get income support, rather than providing counselling or therapy services.

Relationship with CQC

There was a general consensus that CQC's inspection report and subsequent engagement with the trust, and the learning and disability team in particular, was effective. "CQC provided clarity around what exactly was required" says Sarah Browning, Speech and Language Therapist. "I felt it was useful to be able to discuss directly with the inspector, so he could

identify recording risks and also point out where changes or improvements could be made."

Laura Lanning, Clinical Psychologist, reflected positively on her interaction with the CQC inspection team and felt that having an inspector in the room while she was conducting a mental health review was very helpful. "I received feedback that my supervision notes were accurate and thorough, which felt validating and the service user was pleased that he had been selected to be observed as part of the inspection."

Phil Brice spoke about developing a really effective liaison with the local CQC inspection team. "The inspection manager has been very supportive and the guidance provided definitely helped. There were no surprises from the subsequent inspections as we were part of a constant two-year conversation."

Next on the improvement journey

The learning disability service are now keen to continue building on the improvements made so far. Improvement is no longer seen as CQC-led because the staff are focused on providing a better, more person-centred service. They are not complacent with the good rating they have received but want to be rated as outstanding. They are now in a position to examine other aspects of their inspection report aside from the issues highlighted during the September 2015 inspection to see what else requires attention.

Specific examples of work that will be carried out include:

- Exploring how to embed improvement by educating families as to what service they should receive and what services should be accessed by those with learning disabilities.
- An audit and evaluation of the single point of access referrals, which will examine out-of-county referrals.
- Producing user-friendly templates to record service feedback, client feedback and staff feedback on the electronic care records system.

"We have begun recording service users' goals on our electronic care records system. These personal goals are recorded in the words of the service user, which they find empowering."

Michelle Hurley, Assistant Psychologist

Lincolnshire Partnership NHS Foundation Trust

April 2017

Rated as good

December 2015

Rated as requires improvement

Lincolnshire Partnership NHS Foundation Trust provides mental health and learning disability services for around 718,800 people.

Reaction to the initial inspection report

Justin Hackney, Assistant Director of Social Services at Lincolnshire County Council says the local authority was not surprised by the rating and that it "echoed the systems at the time and that there were always areas to improve – particularly around risk management and oversight". He added that the trust had started its improvement journey before the inspection.

Dr John Brewin, Chief Executive, explained that "it took some time for the findings to sink in and for us to reflect and hold a mirror up to ourselves and admit we were wrong. But we viewed the report as invaluable external feedback on where we were." This view is reflected by Dr Jaspreet Phull, Clinical Director and Consultant Psychiatrist at the trust who describes the rating as a "springboard" to make the improvements needed.

In particular, concerns relating to safety in the initial inspection report were an immediate priority for the trust.

Phillip Jackson, Non-Executive Director, explains that the trust's approach to safety has improved, "Our main focus initially was around patient safety, especially around ligature risks, which was an area CQC picked up. We have much more robust processes in place now and it's obvious to me when I go around the trust how tuned in people are to this. I find myself looking around for risks. It's now part of everyone's mindset, which is very positive."

"We were really pleased by the CA_ZS outstanding rating and I have the outlook that if they can do it we can do it, so this was a motivator for all the other services. We all need this inspiration."

Anne-Maria Newham, Director of Nursing and Quality.

Leadership

Many of the executive team outlined how following CQC's inspection, the trust signed up to NHS Improvement's Culture and Leadership programme, which develops and implements leadership strategies in order to drive cultural change. Following this, the trust implemented its own Continuous Quality Improvement programme that many staff said helped the trust on its improvement journey. This programme was sponsored by executive directors and brought the senior team together with staff across the trust to drive improvements.

"The leadership team had a very high visibility and this went from the toard to the ward, it's all about working together. We have to be inclusive and make everyone feel useful."

Deborah Blant, Service Manager in the Older Adults Division

Trust Secretary Peter Howie said, "There was a lack of direction along with a feeling of distrust before the original inspection. Once a number of new board appointments were in place there were lots of changes, for example we introduced champions from different departments to lead on specific areas of work. The culture needed changing and the CQC report definitely helped us engage more to achieve improvement."

Culture

Anne-Maria Newham feels one main obstacle to improvement was a culture across the trust that discouraged people from coming forward with ideas, "Many people still felt like they were in the old culture and didn't dare put ideas forward as they assumed it didn't work in the past so wouldn't now. We had to get over this fear and tell them it was a new world with different relationships."

The trust recognised the need for investment in order to affect some of those cultural changes, particularly surrounding the estates and environment. Even small changes helped boost morale of staff and patients.

Celebrating good practice was a key part of the cultural shift. Dr John Brewin gave the example of a Book of Brilliance, which highlights staff achievements. This has led to a new found confidence, "We've been putting forward our improvements for awards," explains Anne-Maria Newham. "We've been presented with a silver award for being a good employer for military personnel, recognising that work."

Continuous Quality Improvement programme

Areas for improvement and actions across the CQC report, clinical audits, staff survey, patient surveys and serious incident lessons were brought together into a single quality improvement plan. This plan identified four key areas for the trust to focus on:

- improving data
- supporting our people
- safe and harm free care
- strategic change.

A project team was created to work on the plan: a core group met weekly and the wider group met fortnightly. Each of the trust's divisions was asked to nominate a champion to represent front line staff in the core group. The core group also included two executive directors and a communications specialist. This mix made sure that staff at all levels were connected to the process and working together.

Changing the environment

Suzanne Chapman, Head of Compliance, outlines some of the changes to the environment, "We began liaising with staff about the improvement plans, however small these may be. It was about empowering people to try changes to see if they work." She described the creation of an outside area for staff and patients to use, a 1950s and 60s style lounge for the older adult patients along with memory boxes and pet therapy.

Local staff surveys during 2017 showed significant improvement. The trust says that it has had an excellent response rate for the 2017 national staff survey, and has high hopes for another positive outcome when the results are released in March 2018.

Pete Burnett, Senior Delivery and Improvement Lead at NHS Improvement notes that the trust's leaders "recognised the importance of cultural change – this is the hardest thing to change in any organisation but they made that happen between inspections. The staff survey and report showed that".

Involving patients and people who use services

During the improvement journey, the trust has worked to consider the diversity of their staff and patients. They approached this by focusing on involvement. For example, in recruitment. "We are developing materials to reach out to the learning disability community and we are ring-fencing posts for people with lived experiences or learning disabilities," says Dr Ade Tams, Head of Workforce and Recruitment.

"We've developed a number of groups through our equality and diversity lead," explains Peter Howie. "We have a black and ethnic minority group, a group for those with mental health problems and an LGBT allies group too. Those groups are engaged in a number of workshop forum days and also across the whole of the health and social care community in Lincolnshire."

Dr Jaspreet Phull is passionate about how a focus of equality and diversity can drive improvements. "Inclusivity is important," he says. "Through having an equality agenda we can ensure there are multi-access points for patients and carers to feed back into the division and trust."

Outward looking

Dr John Brewin outlines how many staff visited other trusts in order to gain insight to improve, "The main focus was to find out what good looked like in other parts of the country. I'd already spotted East London NHS Foundation Trust before they got their outstanding rating. We visited there on a regular basis, as well as Tees, Esk and Wear Valley NHS trust. Our acute crisis services team have also visited Northumberland, Tyne and Wear NHS Foundation Trust. The priority is to get out and see where that excellence is."

This outward facing approach was also adopted in recruitment. Dr Ade Tams says, "The trust wasn't really having a presence locally or nationwide before, so we developed some dedicated recruitment brochures that showcased the trust, as well as a guide to living and working in Lincolnshire. We really upped the game in terms of our presence, especially online."

Next on the improvement journey

The clear message from the trust's leaders is the need to continue the culture and programme of continuous quality improvement. "We must not stand still," says Dr John Brewin. "It is a continuous loop." For John, trust leaders must continue to engage with staff to sustain this improvement, "I always ask what it's like to be on the receiving end of things, everyone is part of this and we must be more self-aware and reflective."

A significant challenge for the trust is the changes they would like to make to their estates and information systems. Jane Marshall, Director of Strategy says, "Clearly next is sorting out some of our big estate issues and the inpatient wards to improve the experience that patients have of our care. At the moment the estate we have is a constraint – the actual quality of patient care from our staff is excellent."

For Dr Jaspreet Phull, the estates challenge is linked in with a need to continue work to reduce out of area placements, "How can we impact on out of area placements by reinvesting in our wards and ensure we have the right services for our patients?"

> **"I want there to be great services for people wherever they are in the system."**
>
> **Dr John Brewin, Chief Executive**

Effective recruitment

Dr Ade Tams describes how the trust "went all over the country last year attending careers fairs and engaging with universities to recruit mental health students. With our local university we managed to recruit all 42 students in that cohort by making conditional job offers and fast tracking them into their roles".

This has seen the vacancy rate reduce from 16% to 1.7%, and for the past three consecutive years none of the newly qualified nurses who joined the trust have left in the first 12 months.

South West Yorkshire Partnership NHS Foundation Trust

April 2017

Rated as good

March 2016

Rated as requires improvement

South West Yorkshire Partnership NHS Foundation Trust (SWYPT) is a specialist trust providing community, mental health and learning disability services to the people of Barnsley, Calderdale, Kirklees and Wakefield. They also provide some medium secure (forensic) services to the whole of Yorkshire and the Humber.

Around 14,300 local people are members of their foundation trust, and they employ more than 4,400 staff across 12 sites.

Reaction to the inspection report

When the trust received its rating of requires improvement there was a feeling of disappointment, surprise and frustration among staff, who felt that they "were going to be rated as good," says Amanda Miller, team manager at Wakefield Recovery College.

However, there was also recognition that the rating of requires improvement would help the service to improve, "It was frustrating … but regulation is necessary because it stops services from becoming complacent. It was right for CQC to come in and say where we needed to improve," says Deborah Taylor, a former service user and peer project worker at Creative Minds therapy service, which is part of the trust.

Chief Executive Rob Webster, who joined in May 2016 just before the publication, echoes this view, "I recognised the findings in the report. We had good people, generally good services, but some of them were

struggling. We could have spent time arguing about the rating but we decided to try and fix the problems."

Culture

Although they didn't agree with some of the findings, the trust's leaders accepted what the report was saying and quickly decided to use the findings to make improvements.

One of the major areas for change was a cultural change in leadership so that the right people felt empowered. "We introduced an operational management group to avoid overloading the EMT [Executive Management Team], and issues are now brought to them by escalation only", explains Mike Doyle, Deputy Director of Nursing and Quality. "Previously, responsibility for changes would have been held centrally, but now we have the governance at board level and the accountability placed with the people that are best placed to make those changes."

Improved visibility and transparency of the leadership team also provided them with credibility throughout the improvement process to help shape the culture at the trust. As Deborah describes, "The visibility of senior staff is important. Rob listens, which is crucial as a service user. Often you feel like people hear what you're saying but don't really listen or do anything about it."

As a relatively new member of staff, Mike Doyle was also impressed at how honest and transparent the trust was, "It was a big eye opener for me. You'd see even junior staff airing their views where they might not have previously. People feel more able to express their views and opinion."

Outward looking

Involving partners was key to making changes. For example, Rob described how the trust "worked with our supplier … to make our electronic patient record system more effective. Rather than arguing about whose problem it was, we made it collaborative".

However, it is putting people who use services first that is essential for Rob. He believes that there is no reason why anyone should have difficulty accessing SWYPT services.

> **"The phrase 'hard to reach' is one of my banned phrases. People aren't hard to reach… In our system, we know where people live through their GPs, we have fantastic insight into the sort of issues they might have. We need to design services they can access."**
>
> **Rob Webster, Chief Executive**

"We [also] have a Black and minority ethnic staff network now, which ensures our views are more representative of our overall population," he adds.

In addition, SWYPT visited other trusts to find out what they were doing well and to learn from them. As Mike explains, "[the trust] visited places

Visibility directly improving patient care

"At creative minds we offer regular coffee mornings, where service users can come in, and get a cup of tea and a piece of cake. Our Chief Executive, Rob Wesbter dropped in without any fanfare and didn't tell people who he was. One service user who was an inpatient talked about a door slamming through the night outside their door on the ward. In the day, Rob had gotten somebody to go out and put some felt around the door so it didn't slam. Just listening, and acting, and making that small change, made such a huge difference to that service user. He really does listen, perhaps if she'd said to someone else they might not have done anything about it, but he took action. As a service user it's crucial to feel listened to, to finally have a voice is priceless."

Deborah Taylor, a peer project development worker at Creative Minds and former service user

Engaging with the local community using sports

"We do some work with Barnsley Football Club as they approached us after recognising they had fans with dementia, and wanted to know how to support them to keep coming to games. We did some dementia awareness training with the stewards, and they also have a museum with an archive which allows us to work with those fans on a portrait of their life using artefacts. We also have a good mood 5-a-side football league. It's not just for people that are accessing our care, it's also for staff. Nobody talks about mental health it's just about using it as a support therapy. Next year the European cup will be held in Barnsley."

Chief Executive Rob Webster

where we saw innovation, and other trusts that were rated as good in domains where we weren't, to learn from them. We also created an improvement panel with a mixture of colleagues and commissioners, and even invited CQC to attend as well."

Staff engagement and empowerment

An increased level of staff engagement and better communication was another factor in driving improvements, as staff felt more comfortable pointing out where changes could be made.

> **"I think the beauty of the trust is that the leadership listen to what I say and change services. My service user and carer voice will always come above my worker voice, but I am never frightened to speak my mind since the swap to worker."**
>
> **Deborah Taylor, former service user and peer project worker at Creative Minds**

As well as being able to speak out, Sean Rayner, District Director for Barnsley and Wakefield, says that the trust's leaders now make sure there is a two-way process to provide instant suggestions for improvement. "We have weekly huddles where staff can raise anything they like – what challenges they're facing, what the problems are – but we are able to triangulate and tell them about support available or something that another ward is doing."

Communication that feels integrated, rather than an afterthought, is another improvement at the trust, "Although there was a level of communication there before, now it feels more informal, more just the way we do things," Mike explains.

The effect of this new approach was reflected in the trust's staff survey. "From 2015-16 we had a 26% increase in the number of people who felt they were kept up to date with what's happening. That's thanks to the work that's been done like introducing a weekly staff email and a blog," says Kate Henry, Director of Marketing Communications and Engagement. "Everywhere else I've worked, the vision and values have felt tokenistic, but here you really feel that people are living them."

Relationship with CQC

"The first thing was accepting the rating and deciding to work closely with CQC to make it right, that was our commitment to our staff and patients," says Mike. "As a result of that acceptance, there was a promise from CQC to re-inspect us quickly. We didn't want to wait several years, so we were incentivised to work quickly, which meant patient care was improved more rapidly."

Director of Nursing and Quality Tim Breedon agrees, describing how as soon as they got over the initial shock of the rating they "realised the value of this independent data".

In turn, the trust felt more empowered to have conversations with commissioners about making changes – "the report helped us to have those conversations," says Rob.

Governance

Introducing a different governance structure helped the trust become more focused, as Mike explains, "We already had governance groups but now they're more focused and we base the meetings on key lines of enquiry which we didn't before."

Karen Batty added, "We put all of the areas rated as requires improvement into an action plan and sent them out to our newly created business development units. We asked them to tell us what they were going to do about it. We followed this up with quality monitoring visits and inspected areas using similar metrics that CQC do. We knew CQC were coming back and we wanted to get some assurance by actually going to see what they would find."

Next on the improvement journey

As well as having an ambition to be an outstanding trust, SWYPT want to make a big push to empower people to help themselves. "Informal support for people using services is far more sustainable and productive," says Tim. "We come in and out of people's lives, but family and friends don't [and] we want to support that."

Kate agrees, saying, "The NHS is only involved in 10% of a person's life – it's all the other things like networks, groups, clubs, friends and family that make up the other 90%. There's a lot more going on in people' lives that contribute to their health and wellbeing clinical care, we need to facilitate that."

Examples where the trust has already seen improvements include:

- Using existing resources to get 'more breathing space'.
- Making the environments on some ward areas safer, in terms of ligature points, and ensuring everyone has an individual risk assessment.
- Putting safety first and allocating money for safer staffing – a change that has been welcomed by staff and people who use services alike.
- Introducing a clinical supervision passport, which has been rolled out across the trust. It makes staff feel more secure in the care they're providing for patients.
- Giving people who use services the opportunity try different treatments, and being more responsive to needs, rather than just going down the traditional clinical approach.

Freeing up resources against increasing demand

"Getting people doing group work at the recovery college gave us an opportunity for quicker intervention rather than a one-on-one session with a therapist, which has a longer waiting time. The college then worked with people to build up their confidence in self-managing and even getting to a point where people feel ready to self-discharge. Lots of people decided they no longer needed that community team clinical intervention, which helped free up resources. One lady who had been seeing the community team for a long time had difficulty leaving the house, felt very anxious and low at times. She accessed a course at the recovery college and really enjoyed getting creative and with help from us she set up her own knitting group in the community. She's much more confident and still has days when she feels low but that intervention from us means she now manages that herself and is no longer a user of our services. That extra capacity makes us more responsive to new service users."

Amanda Miller, Team Manager at Wakefield Recovery College

North Staffordshire Combined Healthcare NHS Trust

February 2017

Rated as good

September 2015

Rated as requires improvement

North Staffordshire Combined Healthcare NHS Trust provides a range of inpatient and community mental health services to a population of 464,000 people.

The trust operates from one hospital site (Harplands Hospital) and approximately 30 community-based premises. The trust has approximately 1,216 whole time equivalent (WTE) staff.

Reaction to the initial inspection report

The rating of requires improvement did not come as a shock to Chief Executive Caroline Donovan or others inside or outside the trust. Caroline had been in post for about a year before the inspection, and had started a process of improving services and staff morale.

Chair David Rogers explained that a couple of years before that inspection, the trust had been in a "perilous state. However, we fought our way out and this says a lot about the morale of the organisation and confidence to improve". In 2015, the trust developed a new five-year strategy. The message to staff, says Andrew Hughes, director of strategy and development, was that "if we aren't working in partnership in the delivery of services then why not?" That outward looking approach characterises the way the trust has approached improvement.

Culture

Work had started with staff on a fresh vision and set of values before the first inspection. For the chief executive, the vision needed to be based on a clear quality strategy that was meaningful and that everybody could relate to from a patient perspective. "As we developed, we set an ambition to be outstanding", said Caroline.

According to Caroline, the most significant action in driving improvement was turning the culture to put more emphasis on supporting staff. "We changed so much; decisions used to be made only at executive level, but we radically changed clinical leadership and pushed decisions down so clinicians could lead. I wasn't just going to sponsor people in a senior leadership position; it could be a more junior member of staff who had a fantastic idea and we got them leading a clinical improvement group."

> **"This was the first time some autonomy had been handed back. The biggest change was being able to try things. Staff are more determined to own the environment, which is good for morale."**
>
> **Laura Jones, Ward Manager**

It was important to create a culture where people could really speak up if something goes wrong. Staff can contact her by means of 'Dear Caroline' emails. It is an opportunity to raise concerns anonymously if they feel they are not being dealt with. Every month we publish them all on the intranet so everyone can see what the issues are, what the response is, and what we've done about it.

Having strong leadership at every level has been key to the improvements according to Caroline. And she has been supported by a trust board "that focuses on the right things and is clear that the reason we are here is for our staff and our patients".

Director of Leadership and Workforce Paul Draycott explains, "We had quite a bureaucratic organisation…[but we] stripped the hierarchy and invested in the senior leadership team." The trust put 140 managers through a leadership programme run by Aston Organisational Development. A lot of work has also been done in supporting individuals and teams, particularly when they have been affected by serious incidents. According to Service Manager Darryl Gwinnett "this has been a major cultural change. There was a macho environment before; now it is OK to be upset".

Executive Medical Director, Buki Adeyemo also highlights the move to stronger clinical leadership. "The history of the trust was that it paid lip service to clinical leadership. We consulted with clinicians… and have worked hard to improve the relationships between clinicians and managers."

Governance

A number of important actions were taken to improve governance. Suzanne Robinson, Executive Director of Finance, Performance and Digital explains, "One of the first things was to strengthen the business case process. We wanted to make finance easier to understand and to be meaningful to staff and public."

Suzanne also focused on how the organisation could deliver better value – "better outcomes and better quality at a lower cost". There is an online portal called Value Makers where staff can submit ideas and give examples

Progress on finance recognised nationally

The finance team won the Costing Award in 2016 at the Healthcare Finance Management Association's (HFMA) annual awards and the Havelock training award in 2017. The latter recognises excellence in finance awareness and training and development.

More scrutiny through performance measures

The trust has developed its own performance measures to drive improvement. One example is in children's services. This was the area of greatest concern, reflected in the rating of requires improvement. While nationally it needed to report 18-week waits, it introduced more scrutiny around four weeks for assessment and subsequent treatment. It classifies a child waiting over 18 weeks as a Never Event. "Our view is that these are not statistics, they are children", says Suzanne Robinson, Executive Director.

Non-medical Professional Leadership

Maria Nelligan, Executive Director of Nursing and Quality established a nursing network. Events were held with nurses to develop a nursing strategy. "I made a commitment to support the development of new roles in nursing", said Maria. "The message was well received. It lifted nurse morale. It was great to hear the ideas that people had. Then I started similar work with social workers and allied health professionals. We want all our staff to feel valued and supported."

Inclusion

Paul Draycott said making improvements meant doing a lot of work around inclusion to make sure that all staff were engaged. The trust identified a need to raise the profile of lesbian, gay, bisexual and trans (LGBT) people. "We've had our first conference last year, got the Board talking about issues, and became a Stonewall diversity champion and an NHS Employers diversity partner."

The trust has done a lot more work to improve its profile and perception in the Black and minority ethnic (BME) community. NHS England held a challenging session with the Board looking at the Workforce Race Equality Scheme, ran a session with the trust's leadership academy and ran a focus group with BME staff.

of things that are not adding value. "We have a 'value maker' award as one of our staff awards."

The finance team is one of only a handful of mental health trusts to pioneer the development and implementation of the new patient-level information and costing system (PLICS), which provides a better understanding of a trust's finances by providing individual costings for each patient.

Huge progress has been made in implementing a new electronic patient record system. When the trust was rated as requires improvement it was just starting with the new system – now it has put in a bid to be digital exemplar. There was a programme of engagement across the organisation under the banner of ROSE, which stood for 'Raising Our Service Excellence'. "The success", says Suzanne, "is down to staff embracing change and having an appetite to improve."

Staff engagement and empowerment

For Matt Johnson, Clinical Director for CAMHS and Learning Disability, one of the key actions immediately following the publication of the first report was to engage with staff. "The report was clear that staff were caring and committed – we had to say 'you have done well, but there are some real challenges'. I am clear that as a leader I want to be visible to all the teams. I worked with front line staff to work out what we had to do differently to make people's journey in a service better."

Chief Executive Caroline Donovan also underlines the importance of managers being visible to staff. "The best days I have are when I am out meeting people. It is a big challenge, but our highest priority – and it is built into the timetables of the executive team, that once a month there is a staff engagement day. Ward Manager Maxine Tilson confirmed, "Communications from the board and chief executive have improved. I can speak to the chief executive on a one-to-one basis and she will know who I am."

> **"Away days give us a protected environment where we can have open discussions. We had permission to try things, have a go, learn and develop."**
>
> **Rachael Burke, Team Manager**

Relationship with CQC

Matt Johnson thinks the inspection report helped drive improvement, "External scrutiny holds you to account about service improvement. There were things we needed to do differently." Paul Draycott said that although the inspection felt harsh at the time, "without that wealth of feedback we wouldn't have got where we did so quickly."

Caroline Donovan encouraged a follow-up inspection six months after the first. "People thought I was overly ambitious to ask – how could we possibly make those improvements in six months? But we had started and I knew that it was a fantastic opportunity and gave us a great burning platform to continue and really accelerate change."

Outward looking

The trust has recognised that the best future for people who use services will be achieved through much better coordination and integration of services across the local health and care system.

Chair David Rogers says that he and the chief executive spend at least half their time outside the trust developing relationships with other stakeholders. "We have a confidence and capacity to operate outside the trust that would have been alien three years ago. He goes to most board meetings of other trusts and to local authority meetings. It takes time to build those relationships. We see community care as having to be led by primary care, and we support that. We are not precious about remaining independent. In time there will be an accountable care system for North Staffordshire."

Chief Executive Caroline Donovan echoes this, "Most of our services are now delivered in partnership with another agency. We work with the voluntary sector, NHS and social care, police and fire. We have tried to change the culture, from criticising to being jointly accountable for improving our populations' health."

The trust has continued to build relationships with groups that support people who use services. Kirsty Booth works for Changes, a local charity that helps children and adults with mental health problems. She is also a member of the trust's children and young people's council. "They invited us to team meetings and directorate meetings and asked the youth council to discuss issues and report back. For example, we said that young people did not know what to expect when accessing the service. We suggested a website for the service and this has now been developed," she explains

> **"I encourage public involvement. We invite the media to meetings and have moved much more business into open sessions. If we can't set out our stall in front of the community, what are we doing? As a board, we have to be honest about problems and say what we are doing about them. Being held to account is a genuine thing."**
>
> **David Rogers, Chair**

Next on the improvement journey

Chair David Rogers explains what the future holds for this improving trust, "Our most recent inspection results are imminent and we are hopeful that our services will be rated as either good or outstanding.

"But we're not stopping there. Each of our directorates is drawing up a detailed action and improvement plan to address any issues identified by CQC. We are determined and excited to take all of our services to outstanding. In addition, we are continuing to develop our Leadership Academy and our Towards Outstanding Engagement programme to build our capabilities and performance across everything we do."

Partnership at work

One practical example of the trust's strategic partnership work is its relationship with the North Staffordshire GP Federation, which has 83 GP practices from Stoke-on-Trent and the North Staffordshire area as members.

Paul Roberts is a local GP and Director of the GP Federation who has worked with the trust since the inception of the federation, "The trust has been extraordinarily supportive and facilitative, which is important for the whole system. This allowed us to do things we would never have been able to do as quickly. For example, we were able to get GPs involved in streaming patients at A&E because the trust underwrote the governance."

Improved outcomes for people

For Caroline Donovan a key improvement has been the work done on places of safety. "We had an unacceptable level of patients going to police cells. We linked into another trust that was doing really well and then ran a Listening into Action project. We have reduced by 85% the number of people who go into a police cell unnecessarily."

Calderstones Partnership NHS Foundation Trust

June 2017

Rated as outstanding

October 2015

Rated as good

July 2014

Not rated but serious problems reported

Calderstones Partnership NHS Foundation Trust provided specialist and forensic learning disability services across the North West to a population of around 6.6 million people.

In July 2016, Mersey Care NHS Foundation Trust took over Calderstones Partnership NHS Foundation Trust and it became the Specialist Learning Disability Division, which was rated as outstanding in June 2017. Calderstones' first rating in 2015 was good, but a pre-rating inspection in 2014 had found serious concerns.

Reaction to initial inspection report

Chief Executive Mark Hindle, who had only been in post for a few months when the trust received the initial findings of the first inspection in 2014, says, "There were some quite big surprises, particularly around things like cleanliness and the use of restraint. But there were also some positive things, particularly around CQC's view of the compassionate and caring nature of staff, which were important as they gave us things to build on for the future. There was a general view in the system that the quality of care and the infrastructure of Calderstones was quite poor and needed some immediate work on it. CQC came in and reinforced those views and told us that some of the practices at Calderstones were not fit for purpose."

For Mark, the report showed him that, "Some of the board and some of the people leading the organisation weren't fit for purpose in their capability or capacity and it enabled me, as chief executive, to look at those roles and change them fundamentally."

Mark is also clear that being able to bring the board along on the improvement journey was vital, especially in terms of funding urgent improvements, "The board was very supportive to me as chief executive and to all the things that we were proposing to improve quality and that takes quite a bit of bravery for a board to justify spending money that you haven't got."

Lee Taylor was appointed Director of Operations at Calderstones after the inspection. He says, "CQC set out the priorities in the inspection report, and that's where you have to start. Break down the report into the deliverables – the 'must dos' and 'should dos'. The 'must dos' are really important and we developed an action plan around them, but we didn't miss the rest of the report."

To implement improvements the trust set up a team to bring about changes. Medical Director Dr David Fearnley, who joined the trust shortly after the inspection, says, "My first job was to develop a workforce development plan. The trust had failed to recruit and the medical voice was not being heard. I wanted to bring a medical view to the leadership of the trust and push the medical agenda."

Culture

Changing the culture in the trust was a priority for Chief Executive Mark Hindle, "Culturally people told me that staff were scared of coming forward with ideas, scared of how to implement change and fearful of what might happen to them by putting their heads above the parapet."

"There was", says Mark, "a real 'we can't do' attitude coming out of staff, reinforced by senior leaders. So that required a significant change in those senior leaders in the organisation, especially at the executive level, but right the way down to the front line."

> **"We were too insular and inward looking and we didn't spend enough time seeing what other professionals were doing in the sector."**
>
> **Dr Arun Chidambaram, Deputy Medical Director**

However, Lee Taylor, now Chief Operating Officer, describes how the trust began to change the culture to one "of being open and transparent, reporting things and learning from mistakes".

Fiona Gibson was one of a team of three that worked alongside the board, clinicians, director of nursing and the various departments. She says, "It was about putting systems in place so that we didn't have to rely on people saying things were in place. We did peer checks so that we had ward managers checking each other's areas."

But there was a longer term objective, too, according to David Fearnley, "To start with we needed to get over the line, but then look beyond. This was not about ticking boxes in an improvement plan, but looking further to be good and then outstanding."

> **"Personally I was very disappointed and I was upset, but to be fair I thought that there were points that were absolutely right, there things that we missed and left a little bit of an open goal,"**
>
> **Fiona Gibson, Clinical Nurse Manager**

Involving people to reduce restraint

The trust did some direct work with the female secure unit, which used physical restraint frequently. They involved people using the service in changing the way the trust worked, with a view to resolving issues before behaviour became so challenging as to lead to restraint. Patients helped to produce a video for staff on positive behavioural support.

Leadership

Prioritising patient safety was key for the leadership team. For David Fearnley, there were some "over my dead body moments – for example we had to stop using mechanical restraint. We had a clear conversation about the date on which it would stop. Things had drifted into practice; lines had to be drawn."

There also had to be an improvement in positive behavioural support plans, safe practices and training in the Mental Health Act. By the time of the second inspection inspectors noted that each patient had a positive behaviour support plan in place and that the quality of the plans was exceptional.

They also reported on a significant reduction in the number of episodes of restraint, use of rapid tranquillisation and seclusion, and eradicating the use of emergency response belts.

The trust also addressed the admissions policy since it had a major impact on the rest of the services. Dr Arun says, "We set up an admissions panel with a medical chair, and gave it the power to make that final decision."

Broader patient safety work also took place. Dr Chidambaram says, "We put in place a safe ward initiative and held safety workshops with staff. We realised that we needed to work more collaboratively as a workforce to make our services as safe as possible and have a greater understanding of what the risk are and how we mitigate against them."

He also says, "We put in place ward round team meetings, where the whole team gets together to plan for the next few weeks. We found that previously ward rounds were taking whole days to do, so we needed to streamline the process. We did this by looking at patient records and allocating specific tasks to people, which made them more accountable and more effective."

Involving patients and people who use services

Mark Hindle emphasises the importance of talking to patients and families. The trust talked "explicitly and frequently with families, asking them for their help and seeking their insight. Involving patients and carers was critical in our different approach to quality and a new way of doing things" leading to services that were "more patient focused and less focused on systems."

"We changed fundamentally the way that we talked to our families and carers and asked them about how it would be best to communicate with them. One example was that we started to have regular meetings on a Saturday and we paid people's travel expenses. Critically there were some quite negative people historically who have now become allies advocating the work that we do."

Engagement included getting people who use services involved as quality champions and, says Fiona Gibson, "in some areas getting them involved in quality audits. We got Healthwatch in to do some audits and we had commissioners coming in and doing a review of a clinical area". A huge amount of work was also done with staff internal communications and engagement.

Stephen Ellis, who uses services, says he "helped in making information easy to read for people using services. I am part of the media group [people working with their occupational therapists]; we have made videos about families and carers that we use in training and videos about the ward areas so that when people come from prison, medium or high secure units or the community they know what to expect." Stephen and the group have been widely recognised for their work, including at the National Service User Awards.

Mark Hindle says, "I was clear at the time that there was a really big communications job in the organisation. So one of my key things was to engage patiently with staff, doing meetings, roadshows, breakfasts and actually talk to people and listen to what they said to find out what it was really like to work at Calderstones."

> **"Largely staff were brilliant. They came back together after being 'broken'. Bringing people together in difficult conversations gave people confidence."**
>
> **David Fearnley, Medical Director**

Relationship with CQC

Mark Hindle welcomed the feedback given following inspections, "CQC was very helpful in terms off of their regulatory position, but also in terms of their help and support in judging and making sure that we delivered our action plan – not in a punitive way but in a cooperative and supportive way. Without the help and support of particularly CQC and also NHS Improvement we could have fallen over at a much earlier stage."

According to David Fearnley, "Inspection reports help and so does the experience of being inspected. With our second report, the feedback that we could almost be outstanding gave people a sense of the future. From being demoralised, staff could see we were not that bad and we could do better. Inspection was a positive experience."

Next on the improvement journey

Dr Chidambaram wanted to make sure the changes stuck, "After the result of the second inspection we had a celebratory event and used that to start to begin a conversation on how we make sure we can sustain what he have been doing to put things right. There is a real appetite to learn from the journey that we have made and keep focusing on coproduction and people centred care."

Learning from incidents

Calderstones worked with insurance firm Lockton, and legal firm Mills & Reeve, to review the trust's internal processes for reporting and investigating serious incidents. This enabled them to streamline the process, improve the depth of analysis, and embed the opportunities for organisational learning by working directly with senior clinical staff and nurse managers.

Sheffield Health and Social Care NHS Foundation Trust

March 2017

Rated as good

October 2014

Rated as requires improvement

Sheffield Health and Social Care (SHSC) NHS Foundation Trust is based in Sheffield, South Yorkshire and services a population of around 560,000.

The trust operates from 33 different sites and provides a range of community-based and inpatient mental health and learning disability services, as well as specialist services such as drug and alcohol treatment and recovery programmes. It also provides primary care through a network of GP practices. The trust employs around 2,600 staff who are supported by peer support workers (people with lived experience of mental health issues), volunteers and apprentices.

Reaction to the initial inspection report

Reflecting on when the trust received the rating of requires improvement, Liz Lightbown, Executive Director of Nursing, Professions and Care Standards says it was "disappointing, but probably realistic". Catherine Carlick, a service user who is also involved in training staff, agrees with this view, "It was quite fair; lots of issues needed to be improved – de-escalation training, restraint, compassion, service user involvement all needed to be better."

For staff on the frontline, the rating initially affected morale. "Everyone comes into work every single day and tries to do their best – when you get something like that it's a really difficult blow to everyone who is involved", explains Kim Bannister, Ward Manager.

However, despite the rating not being what it had hoped for, the trust reacted positively, as Medical Director Dr Mike Hunter explains, "We have been very brave at putting it [the rating] front and centre. This is what we've got, here's where we need to improve. Now let's crack on and do it."

Leadership

The trust started by creating a care standards team – designed to focus on the journey to the next CQC inspection, but with a longer-term remit to look at ongoing quality assurance. In a fundamental shift from 2014, preparation for the 2016 inspection was very much clinically-led, rather than being led from the corporate level. The quality of care was discussed at all levels from board meetings, right through to meetings at ward level and with people who use services.

> **"It was very important that care quality was embedded as business as usual, and was not just about the inspection."**
>
> **Graham Hinchcliffe, Care Standards Manager**

To support the improvement work, each member of the executive team became a designated 'champion' for one of CQC's five key questions – safe, effective, caring, responsive and well-led. The directors were responsible for driving forward the action plans for each of the questions.

The care standards team set up staff and awareness-raising sessions with people who use services to look at what changes had been made since the last inspection, and what to expect from the next inspection. These sessions focused on being open, honest and proud of good practice. "We wanted to use the rating as an opportunity to provide better care, to do this in a better way… it was about creating a shared narrative," says Jane Harris, Head of Communications.

Frontline clinical staff, such as ward and team managers, and people who use services, were encouraged to self-assess against the five key questions to identify gaps in care quality and to develop detailed action plans for each core service. The care standards team offered support with the action plans before the inspection. Kim describes how, "a lot of it comes from leadership on the wards – developing the staff in a way that is supportive."

Focus groups were held on wards, and the question was always asked – what impact will each change make on the person using the service? Examples of initiatives put in place as a result of this included an inpatient forum – where staff, patients and leaders discuss quality, reducing restrictive interventions and increasing activities – and a nursing leadership group. This group was specifically for nurses to discuss nursing development and good practice, both locally and nationally.

Staff engagement and empowerment

The trust put a real focus on making sure staff at all levels, and people using the service, were regularly updated on changes and improvements. There was regular newsletter and website communications, and in the run up to the inspection a weekly countdown email helped prepare staff and keep morale high.

Mock inspections were also used to help get staff ready for the inspection, with people who use the service playing an integral part in each one. The mock inspections provided immediate verbal feedback so that teams could

Microsystems approach to quality improvement

The trust has established a quality improvement team to help deliver a range of improvements and to support a culture of quality of care across the trust. The team uses the microsystems approach, which looks at the different component parts of how care is delivered and how these can be improved. The approach encourages frontline staff and people who use services to work together in a multidisciplinary group to improve the overall quality of care. Microsystems coaches help build the capability of teams so that they can apply the tools and techniques when they tackle improvement work. Improvements have been made around access to therapeutic activities, the inpatient admission process, staff supervision, access to key interventions, medicine prescribing and caseload grading.

The 15-steps challenge

The NHS '15 Steps Challenge' is used by the trust to develop a more person-centred approach to quality improvement. Each challenge involves a patient, an executive or non-executive staff member, and a frontline staff member. The staff are encouraged to see the ward through the patient's eyes in the first 15 steps – the sounds, the atmosphere, the smells, and other factors. After each challenge, verbal feedback, a feedback report and an action plan is given to the ward. During one challenge, the team identified that a ward had a very clinical feel to it and that it would benefit from more artwork on the walls. The action plan was to encourage people who use services to contribute artwork to make the ward feel more welcoming.

get on with addressing areas for improvement, as well as a written report and action plan.

The focus on improvement has encouraged staff to open up and share their best practice and successes. Jane says, "there's a greater sense of pride in some of the teams…staff are more upfront about shouting about what's good or what's different."

Involving patients and people who use services

Chief Executive Kevan Taylor has encouraged an open culture at the trust – he is always ready to meet and speak with members of staff and volunteers at all levels.

> **"[Kevan] has an open door policy – you can drop in on [him] any time."**
>
> **Adam Butcher, Service User Governor**

"We saw patient engagement and involvement as being one of the key things we needed to do to achieve improvement" explains Mike. 'SUN:RISE', the trust's service user network, is closely involved in the work of the trust. People who use the services help train staff and local students using their own lived experiences of health and care services. They support the quality improvement strategy and service redesign and take part in Board meetings. Catherine acknowledged the changes that have taken place, but that challenges remain, "Before it was them and us – staff and service user. Now we feel at the heart of care, but there is still a long way to go."

Outward looking

The trust also looked outwardly to see where it could improve. Chair Jayne Brown explains, "More so than an acute trust, we occupy a space in the wider health and care system…we took feedback from our partners (local authorities, Sheffield City Council, Sheffield Clinical Commissioning Group (CCG) and other CCGs, South Yorkshire Housing Association and neighbouring NHS trusts) about how they felt we were operating and what kind of organisation we were to work with."

During the period of improvement, SHSC became one of the first trusts to stop sending people out of area for acute mental health care and treatment. The community enhancing recovery team looked carefully at admissions and the time spent on wards, and helped bring people with severe and complex mental health problems back into care in their own homes. Many had been in locked rehabilitation hospitals for some time. The team developed a number of person-centred improvement initiatives, which helped to build the skills of patients and aid recovery times.

Forest Close was repurposed from a standard inpatient ward, to an intensive rehabilitation service with a team of nurses, psychiatrists, psychologists, occupational therapists and a music therapist working together to support recovery and reduce inpatient stays. This work earned the trust a Health Service Journal award in 2016 for acute service redesign – the first time a mental health trust has won this award.

The community learning disability team managed to reduce waiting times from 29 weeks to two weeks by doing a whole system review and rationalising their waiting lists, which were previously all separate.

Relationship with CQC

Staff felt that the relationship with CQC was important for driving improvement at the trust. The inspection was seen as an opportunity rather than a threat, "the relationship with CQC second time round was completely transparent and open" says Kim.

CQC's report was helpful in laying out the issues and helping push forward work already in progress.

Next on the improvement journey

The trust has ambitious plans for the future and has developed a detailed plan for reaching a rating of outstanding. A big goal is "getting everyone to see service improvement as their day job," Kevan explains. Jayne, the Chair, echoes this view, "I'm interested in continuous and demonstrable improvement – that's how the Board sees it." Part of this will involve working towards accreditation with a number of organisations, including the Royal College of Psychiatrists.

Improving the rating under the safe key question is very important for the trust. A safety plan is in place and being led by Mike Hunter as the trust's safety champion. Regular safety huddles are being rolled out in inpatient areas, and the first annual safety day took place in October 2017 to open up discussions on safety with staff, people who use services and their families. The physical environment remains a challenge as services are housed in older buildings, posing a risk to patients, however, a planned move to a new estate should help to resolve many of these issues. There is also ongoing work to monitor and to help reduce restrictive practices and blanket restrictions.

The trust is working to improve consistency of access to community services – people can experience a sense of moving around the health and care system, unsure where to go next. The trust has done a lot of work to develop a city-wide single point of access for community care, but there is more to be done to make sure that everyone experiences the same quality of care.

The trust has a mindfulness programme for people with a learning disability, and a resilience programme is being developed. There is also an annual compassion conference for people who use services and staff to come together and explore compassionate care. This makes sure that people who use the services are really listened to and understood.

"CQC helped the trust to focus on the nitty gritty rather than the big picture of strategy. A big lesson from our first inspection was – we need to get the basics right."

Kevan Taylor, Chief Executive

Care Quality Commission

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