Providers are delivering – and here's how

It is inevitable that the NHS' funding settlement and the long term plan will heighten expectations of what the health service can be expected to deliver. However, it will also be vital in the coming months and years to ensure those expectations reflect the reality of growing demographic pressures, workforce shortages and the impact of the sustained financial squeeze, including an impoverished estate and a performance drift away from long established constitutional standards.

Trust leaders are rightly worried about their ability to deal with the ongoing rise in demand for services. This is leading to more patients and service users waiting longer to access the care that they need, as reflected in recent performance statistics.

However, over the last five years many trusts have delivered considerable improvements in the quality of care they provide. Whereas in 2014, well over half (68%) of trusts were rated requires improvement or inadequate by Care Quality Commission (CQC), in 2019, the majority of trusts (59%) are now rated 'good' or 'outstanding'. Between August 2017 and August 2019 the number of trusts rated 'outstanding' increased from 14 to 24 and the number rated 'good' increased from 96 to 107.

NHS trusts are held accountable when they fall short. But we should also celebrate their successes, and promote understanding of approaches and ideas that could benefit patients across the NHS. Our new publication series, *Providers deliver*, does just that.

The first report focuses on how trusts have responded to feedback from CQC in a positive and systematic way. Through 11 case study conversations, it considers some of the frontline work that has contributed to trusts' improvements in ratings, as well as exploring the role of trust leaders in providing an enabling, supportive environment in which this work has been possible.

Reading through the case studies some clear and striking themes emerge. The key attributes for improvement highlighted in the report by CQC's chief inspector of hospitals, professor Ted Baker – good leadership, effective staff engagement and a strong organisational culture that embraces learning – surface time and again. The case studies show how these priorities can be deployed in different ways, in widely varying situations, to good effect.

For the chief executive at Dorset Healthcare University NHS Foundation Trust, Eugine Yafele, a central element of good leadership is about being visible and approachable. Similarly, Carolyn Regan at West London NHS Trust places a premium on walkabouts – even at 3am – so whatever their shifts, staff can see her "living the values".

The power of effective staff engagement is captured eloquently by Dame Marianne Griffiths, chief executive at Brighton and Sussex University Hospitals NHS Trust, who speaks of having

"taken the rocks from out of their shoes". Daily 15 minute huddles have helped to harness staff expertise in identifying and solving problems. Similarly, the trust leadership at North Tees and Hartlepool NHS Foundation Trust acknowledges that "the people at the frontline are our experts".

Again, at Kingston Hospital NHS Foundation Trust, we see a sustained focus on listening to staff, taking their views seriously and acting on them. The chief executive, Jo Farrar, insists there is no "magic formula" to staff engagement, but we see here and elsewhere that when it is done well the impact is transformative.

Staff engagement is closely linked to a strong organisational culture that embraces learning. The priority given to "quality Friday" and clinical governance learning sessions at Chelsea and Westminster Hospital NHS Foundation Trust reflect a strong emphasis on learning in order to improve care for patients. The "break the rules" week at Cornwall Partnership NHS Foundation Trust shows the same willingness to empower staff in finding better ways of working and delivering care.

This is also borne out in the approach to end of life care taken by South Western Ambulance Service NHS Foundation Trust, backed by a programme of training for staff that is helping to ease anxiety and distress at a critical time for patients and carers, avoiding unnecessary admissions and supporting a good death.

A further theme is a willingness to act on the data, even if that entails difficult decisions. We see this in Hounslow and Richmond Community Healthcare NHS Trust where, after examining the patient profile, the trust closed one of its rehab wards. Alongside this it developed a more rigorous admissions policy and has since dramatically cut the average length of stay.

At London Ambulance Service NHS Trust as part of the quality improvement approach, all initiatives accepted as a "pioneering service" are given close support and are also carefully monitored, to ensure resources are well directed. This approach quickly demonstrated the success of the mental health car – supporting staff to work more effectively, easing pressures on hospitals and – most important – helping patients to access the most appropriate care.

Placing faith in staff, encouraging ideas, supporting and refining them, acknowledging and learning from mistakes requires another key quality – courage. As Robert Woolley from University Hospitals Bristol NHS Foundation Trust says, "We've made mistakes, but we own it. It's ours".