

BETTER CARE FOR PATIENTS AND SERVICE USERS

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Welcome to the first in a new publication series from NHS Providers in which we celebrate and promote the work of NHS trusts and foundation trusts in improving care for patients and service users. As we seek to influence and shape the environment in which trusts operate, highlighting the many challenges they face, we also want to ensure the extraordinary work and achievements by trusts and their staff are acknowledged, and that the lessons learned are shared.

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 are not based on flawed assumptions about what can and should be achieved.



We are working to ensure the detailed implementation process is suitably prioritised and resourced. Expectations must 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.

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. *Providers deliver* has an important role to play in this.

In this first report we are focusing on how trusts have responded to feedback from Care Quality Commission (CQC) in a positive and systematic way, encouraging great ideas that have made a difference for patients and service users. Despite all the well known workforce, financial and demand challenges trusts have faced over the last five years, they have not just maintained, but consistently improved, the quality of health and care services they provide, as measured by the evidence of CQC ratings. That's a pretty extraordinary achievement given the scale of the challenges faced and it's an achievement confirmed by the rock solid, objective, output of a rigorous and well resourced comprehensive CQC inspection system.

In future publications we will develop this approach to explore specific areas of activity where trusts and frontline staff are delivering success.

We will work with trusts to celebrate their achievements, share their learning, and show how - given the right opportunity - providers are delivering outstanding care for patients and service users.

Chris Hopson

Chris Hopson
Chief executive
NHS Providers

Saffron Cordery

Saffron Cordery
Deputy chief executive
NHS Providers

The NHS serves over one million patients a day, providing an efficient and equitable service despite the growing pressures it faces. Trust leaders and staff are committed to continually improving the quality of care they provide, and for all major conditions, results for patients are now measurably better than a decade ago (NHS England, 2019), with annual cancer survival rates improving and decreases in heart attack and stroke deaths.

This publication explores how varied trusts have delivered improvements such as these by exploring the leadership approaches and frontline initiatives that underpin improvements in quality. It takes, as a starting point, CQC ratings to demonstrate improvements in the provider sector. As the independent quality regulator, CQC sets out what good and outstanding care looks like and makes sure services meet fundamental standards below which care must never fall. CQC's ratings, based on rigorous inspection and monitoring processes, are important to trusts, commissioners, the public and staff. A CQC rating has implications for a trust's regulatory status, its reputation (locally, regionally and nationally), staff morale and the confidence of patients, services users and the public.

Importantly for the focus of this publication, CQC looks at the leadership of organisations as part of its regulatory approach. Strong board leadership is one of the essential conditions for quality improvement. Trust leaders play a crucial role in shaping an organisational culture in which staff are engaged, supported and afforded the autonomy to make improvements and raise concerns without fear of blame.

The scale and depth of CQC's intelligence and data mean that CQC ratings are a valuable tool for tracking the quality of care over time. However, regulation is just one incentive for improvement and CQC ratings can only provide a snapshot in time. Evidence suggests that the trusts that achieve the best CQC ratings are those that have implemented an internally-led, whole organisation approach to improvement (The Health Foundation, 2019).

Therefore this *Providers deliver* publication considers both the leadership approaches and frontline initiatives that underpin improvements in quality. 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.

The improvements in CQC ratings among trusts featured in this report and beyond over the last five years are particularly remarkable given the challenging environment in which trusts are delivering care. There is intense financial pressure on the provider sector and, despite the additional funding settlement for the NHS announced in 2018, trust leaders are concerned about their ability to deal with the ongoing rise in demand on 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. Trusts are also facing ongoing workforce challenges, with many struggling to recruit and retain staff. On top of this, many trusts are working with out of date buildings, estates, equipment and infrastructure that are not fit for purpose and desperately in need of upgrade.

Therefore we cannot ignore the fact that there is more to do to ensure everyone has access to high quality and safe care in all locations. This must be seen as a journey of continuous improvement for each trust individually and for the health and care sector as a whole.

Over the last five years many trusts have delivered considerable improvements in the quality of care they provide. Whereas in 2014, over half (68%) of trusts were rated 'requires improvement' or 'inadequate' by CQC, in 2019, the majority of trusts (59%) are now rated 'good' or 'outstanding' (Figure 1). Between August 2017 and August 2019 the number of trusts rated 'outstanding' by CQC increased from 14 to 24 and the number rated 'good' increased from 96 to 107.

**CQC ratings of NHS trusts
Aug 2014 – Aug 2019**

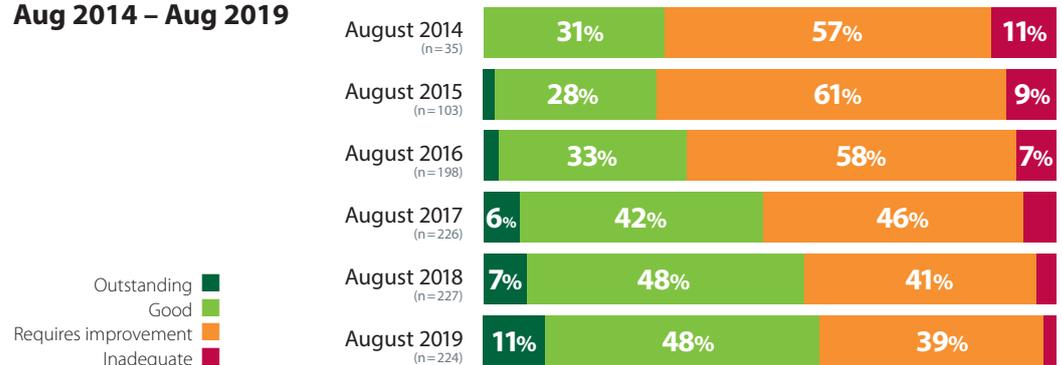


Figure 1

Certain sectors have made particular progress. Since ratings began, the number of specialist acute trusts rated 'good' has increased from two to 11, while the number rated 'requires improvement' has decreased from 13 to 0. Acute trusts have seen the largest improvement in the number of trusts rated 'outstanding', with the number increasing from one to seven trusts since ratings began. There has also been particular improvement among trusts providing mental health and learning disability services - since CQC ratings were introduced, the number rated 'outstanding' has risen from one to three, while the number rated 'good' increased from two to 14.

Ultimately, accountability for delivering and improving care lies with the organisations which provide that care, for the NHS providers sector, with the trust board. This report highlights the strategic decisions, organisational approaches and cultural factors underpinning trusts' improvement journeys. The support from trust boards and executive leaders in shaping organisational culture and providing the resources and infrastructure to deliver improvements is key. But this report also highlights initiatives led by frontline staff, which have had a profound effect on the quality of care. Together, these examples demonstrate the crucial nature of taking a whole organisation approach to improving care.

The importance of the determination and hard work of trust leaders and staff to deliver improvements in care cannot be overstated, and their experiences can offer valuable lessons for others. Through exploring these case studies from trusts which have achieved significant improvements in their recent CQC inspections, this report aims to identify the key factors that have underpinned and enabled these improvements. We hope these case studies are helpful to other organisations seeking to improve the quality of care they provide.



The view from CQC

Demand on health and social care services continues to mount as we see more and more patients with increasingly complex needs. This puts significant pressure on healthcare staff and makes it harder to ensure that patients receive consistently good care all of the time. Despite the continuing challenges that providers face, CQC has seen many NHS trusts not only maintain standards but take active steps to improve.

We have seen trusts take action to drive up quality, address safety concerns and improve patient care. A total of 24 trusts previously subject to special measures have now come out of the regime as a result of the progress CQC has found on re-inspection. This is despite continuing challenges with regards to demand, workforce and funding, and demonstrates the commendable efforts of staff, leaders and carers in managing such pressures.

Our inspections continue to show how good leadership, effective staff engagement, and a strong organisational culture that embraces learning are key attributes in those trusts that have improved their CQC rating. We also know that trusts can use our inspection reports as a catalyst for change, identifying problems and helping trusts focus their improvement plans.

Our report on quality improvement in NHS trusts showed that a culture of improvement driven by trust leadership can support staff to make real differences to patient care. It is important to share the positive achievements that many hospital trusts have made to encourage and inspire others in their own improvement journey.

Real change doesn't happen overnight and is down to the hard work of staff in each organisation, but as this welcome report from NHS Providers shows, it can be done - even in the most challenging of circumstances.

Building on our own *Driving improvement* reports, which looked at how several acute and mental health trusts made major improvements to the quality of care and improved their CQC rating, this report explores how a number of trusts have embarked on their own unique improvement journey. Although the particular issues facing each trust are different and the approaches taken vary, collectively their stories demonstrate how thoughtful leadership and a positive open culture are crucial drivers of change.

Professor Ted Baker, chief inspector of hospitals, CQC

The following 11 case studies reflect a range of approaches that have delivered success. The case studies combine leadership approaches and front-line innovation to deliver quality improvements covering staff engagement, organisational culture, visible leadership and effective use of data. Many of their characteristics overlap, but we have presented them in four themed groups that share an emphasis on how the trust leadership set about improving care.

Our first examples highlight the value of effective staff engagement:

- Brighton and Sussex University Hospitals NHS Trust
- University Hospitals Bristol NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust
- Kingston Hospital NHS Foundation Trust.

Our next case studies reflect the benefits of a clearly defined and well directed organisational culture that embraces learning:

- Chelsea and Westminster Hospital NHS Foundation Trust
- Cornwall Partnership NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust.

A key trait of the next examples is visible and approachable leadership:

- Dorset Healthcare University NHS Foundation Trust
- West London Mental NHS Trust.

Our final case studies demonstrate the value of monitoring and acting on data:

- Hounslow and Richmond Community Trust
- London Ambulance Service NHS Trust.

Highlighting the value of effective staff engagement:

Brighton and Sussex University Hospitals NHS Trust



Dame Marianne Griffiths,
chief executive



**Brighton and Sussex
University Hospitals**
NHS Trust

- The leadership is committed to getting the best out of staff
- Staff have daily huddles to discuss priorities
- Innovation: support for staff in handling paediatric emergencies

Background

In 2016, the trust was placed in both financial and quality special measures, after being rated 'inadequate' by CQC. The regulator pointed to a "history of long-standing and complex issues". The trust also had a £70m deficit.

In a highly unusual arrangement, the entire executive team at the neighbouring Western Sussex Hospitals NHS Foundation Trust, which was rated 'outstanding' by CQC, was asked by NHS Improvement to take over the running of Brighton and Sussex University Hospitals (BSUH) in 2017, alongside their existing roles.

Removing the rocks

Under the new team, led by chief executive Dame Marianne Griffiths, Brighton and Sussex University Hospital's CQC rating has improved to 'good' overall and 'outstanding' for caring. The trust is also no longer in any form of special measures.

Marianne's approach hinged on getting the best out of what she describes as, "already good" staff. The executive team has "taken the rocks from out of their shoes" which had blocked progress.

They drew on a continuous improvement approach that had been adopted successfully at Western Sussex, where everyone had the same objective, of improving patient care and reducing harm to patients.

This patient first programme is underpinned by five 'pillars', aimed at engaging frontline staff with solving challenges, eliminating waste, and continually reviewing a process to see how it can be improved. These 'lean' principles were pioneered by Toyota and developed by health providers in North America including Virginia Mason Medical Center and ThedaCare.

The trust's chief medical officer, Dr George Findlay, describes the approach as being "inch wide, mile deep" - don't try to tackle too many things at once, but do what you can well. It includes daily 15-minute huddles when teams discuss priorities, based on the trust's overarching targets.

The support of the executive team has enabled and supported frontline staff to take ownership for developing new ways of working and improving the care patients receive.



Supporting improvement work in the emergency department and critical care was a priority for the trust, so that is where the executive team started. "We felt we needed to do that, although you're told you shouldn't introduce this approach unless the environment is stable," says George. "But we couldn't wait. That same critical care team criticised by CQC in 2016 now preside over a unit they are proud of and which was rated 'outstanding' in 2019. They are an engaged and motivated team who thrive on continuous improvement."

Improving emergency care for young children

Princess Royal, the local hospital in Haywards Heath, does not provide an emergency service for children. But with a population of more than 33,000, including many young families, parents frequently bring their children to the hospital in an emergency. They'd otherwise face a 17 mile journey to Brighton, where there is a dedicated children's A&E unit.

The Princess Royal see around 500 children every month. While they can deal with minor injuries, more than 200 cases a month are potentially more serious. They could include children with respiratory conditions, abdominal pain that could be appendicitis, or complex fractures which require surgery.

"If a parent has a sick child then of course, they just come to the nearest hospital," says Sadie Berry-Robinson, senior sister in the hospital's A&E department. "It is our job to ensure they get the very best care, in the right setting."



Sadie believed the department could improve the way it managed children and began by setting up one-day training sessions in paediatric emergencies, initially for A&E nurses and then for the entire multi-disciplinary team. There were more than 30 colleagues in all, ranging from health care assistants through to consultants and anaesthetists. “We wanted to make sure the correct training was in place so that any children who needed to be transferred to a specialist centre were identified, stabilised and moved as soon as possible.”

Our work has meant we are now much better prepared to stabilise the child and get the best care possible for them.

Sadie Berry-Robinson, senior sister, A&E

She put together a report which she shared with everyone including medical teams at the Royal Alexandra Children’s Hospital in Brighton. Sadie says: “We took it from being anecdotal to having the numbers about how many needed to be transferred and how many we were able to stabilise. That really did start affecting the input we were getting.” Alongside that, she started to talk to colleagues across the multi-disciplinary teams, saying “this is something which could happen on your shift”. It meant she had buy-in to the training.

“The new executive team was very supportive throughout”, she says. “We used the patients first improvement programme and the team running that were incredibly helpful.”

The team developed and introduced a series of four different paediatric safety documents for four age groups to be used with all children arriving in A&E with a surgical or medical presentation. These included body maps, paediatric early warning score charts, transfer check lists and information letters for parents. The documents were designed to ensure staff carried out appropriate and timely observations, even during busy periods, in order that seriously unwell children could be identified and transferred safely. Following their introduction observations have improved significantly, with a recent audit showing 100% compliance.

Colleagues have welcomed the introduction of the documents. Over 130 sets of notes have now been audited and analysed against multiple KPIs which have all shown a marked improvement. For example, pain scores measured hourly and use of wheeze pathways where applicable are now both at 100%.

Highlighting the value of effective staff engagement:

University Hospitals Bristol NHS Foundation Trust



Robert Woolley,
chief executive



University Hospitals Bristol
NHS Foundation Trust

- The leadership has engaged with staff on improvement
- Staff feel valued and appreciated
- Innovation: strengthening the voice of nurses and midwives

Background

University Hospitals Bristol is one of the largest teaching trusts in England, with seven hospitals in central Bristol and some additional community services. It has 11,500 staff and a significant research programme.

When Robert Woolley joined the board in 2002 the trust was in a challenging place, clinically, financially and culturally. Robert took over as chief executive in 2010. Although a 2014 CQC report rated the trust as 'requires improvement', in both 2016 and August 2019 it was judged 'outstanding'. The inspectors in 2016 said there was "a clear statement of vision and values within the trust which was driven by quality and safety".

The most recent inspection report notes that "there was compassionate, inclusive and effective leadership at all levels of the organisation."

Robert says it was important to change the culture within the trust: "When I took over my role was very much about performance against waiting times and dealing with sensitive inter-trust relationships.

"The big change we made that led to the outstanding rating was we started demonstrating a genuine commitment to our staff, their wellbeing, development, and engaging them in improvement."

A key priority has been to ensure that when staff do record concerns about care, they receive feedback on the outcomes of that inquiry.

"It's that team endeavour that matters to me personally. We are well away from the model of heroic leadership. It's a team enterprise.

"CQC asked me in 2016 if we'd adopted policies from other centres or from America. The answer is 'no'. We've just grown it ourselves. We've made mistakes, but we own it. It's ours."

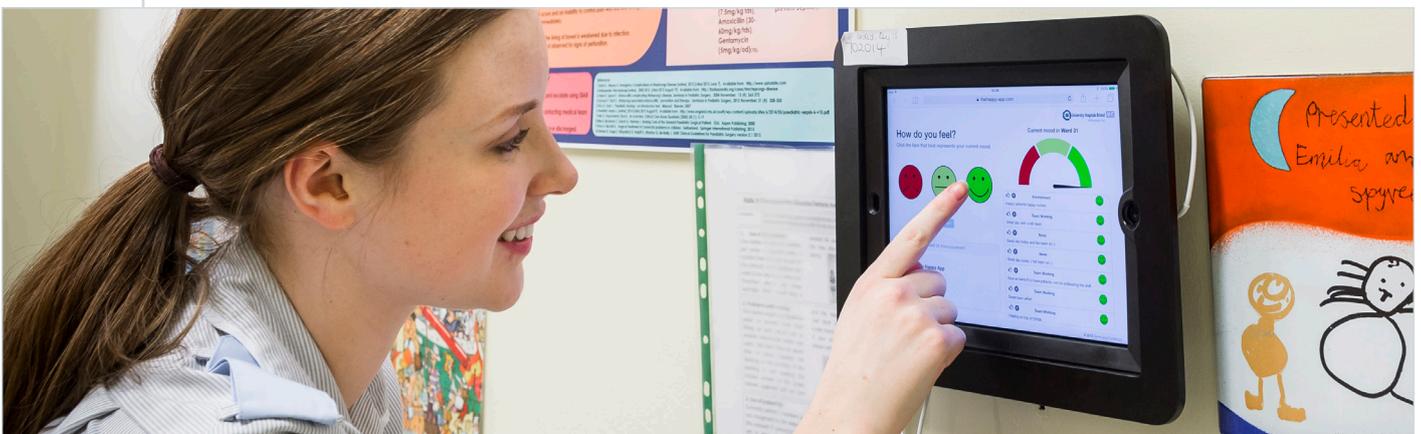
Because I'm happy

It's been nearly four years since two doctors – Anne Frampton and Andrew Hollowood – came up with the idea of measuring staff satisfaction in order to improve patient care.

“We realised if we could unpick staff frustrations – the issues affecting staff on a daily basis – the likelihood was that we would improve the care of the patients, simply by improving staff wellbeing,” says Andrew.

Supported by the trust management team, they devised a spreadsheet which they tested on the children's ward, where Anne was a consultant, and on a surgical ward. Andrew is a consultant surgeon specialising in oesophageal cancer, but was also a clinical lead in the trust.

“We had a hunch people might use it but we didn't know, so we started small rather than a big bang approach” says Anne. Staff could input anonymously about their feelings and concerns that day, then she would download the comments daily and respond on a chart on the ward.



The concept was backed by the Academic Health Science Network, which helped to set up and evaluate the project. It soon proved a success with staff, and the approach has now transferred to an app on an iPad, used by 180 teams across the trust.

The Happy App has emojis of a sad, neutral or happy face. Staff responses are anonymised, with free-text comments to explain the mood.

“It rapidly spread across the whole organisation,” says Andrew. “We saw benefit in engagement scores year-on-year. Individuals' voices were being heard. It became a smoke detector for the organisation.”

One change it brought about was the way porters in theatres are regarded, following comments about how they supported the team. They have now taken on expanded roles at a higher banding.

Another change was in the children's A&E. It was often overcrowded, but little had been done about it because there had been no discernible patient harm.

The feedback from the Happy App showed the impact on staff, who felt overwhelmed and unhappy. These staff comments led to changes, such as a snack trolley in the evening for patients, a bigger waiting area, and additional nursing assistants.

It is not possible to draw a direct correlation between the success of the app and staff engagement statistics. However, the trust's staff engagement score has increased each year in the annual national NHS staff survey over the last five years. This rose from 6.7 out of 10 in 2014 to 7.2 in 2018.



Staff wanted to use the Happy App. They didn't feel it was being imposed on them.

Dr Anne Frampton, consultant in paediatric emergency medicine

Patient satisfaction has also improved over that period. The trust received the best overall hospital experience score of all general acute trusts in CQC's national adult inpatient survey 2018. The score rose from 8.1 out of 10 in 2014 to 8.5 in 2018.

While this can't necessarily be attributed to improved staff satisfaction, research has shown that staff and patient satisfaction are closely correlated.

The Happy App has now spread to other trusts in the area.

"The support for the project has been phenomenal," says Andrew. "You are heard, listened to and encouraged."

Highlighting the value of effective staff engagement:

North Tees and Hartlepool NHS Foundation Trust



Dr Deepak Dwarakanath,
medical director and
deputy chief executive



North Tees and Hartlepool
NHS Foundation Trust

- The leadership has empowered staff to challenge the way things work
- Staff see the most appropriate patients in a timely manner
- Innovation: the integrated single point of access

Background

North Tees and Hartlepool NHS Foundation Trust covers a population of 400,000 people across Hartlepool, Stockton-on-Tees (where the main hospital is based) and parts of County Durham. The health needs of the local population are diverse with some of the most deprived areas and some of the most affluent within the locality. It employs around 5,500 staff in hospital and community services. Its 2018 CQC inspection raised it from 'requires improvement' to 'good'.

The inspectors said that the leadership team were experienced, knowledgeable and visible. "There was a clear statement of vision and values, driven by quality and sustainability," the inspectors noted.

Patients first

Dr Deepak Dwarakanath, medical director and deputy chief executive, says the first CQC report concentrated minds.

"We realised we needed to focus on the individual patients, not just on getting a CQC excellent rating," he said.

Getting that message across to staff involved focus groups, talking to patients and their families, and using the CQC 'lines of inquiry' reports as prompts for discussions about improving care.

"The staff really do want to put patients first, it's part of the culture of the trust," says Deepak.

But the move to make improvements was set against financial difficulties. At the time of the CQC inspection, the trust had a financial forecast deficit of £11.9m and projected to be an additional £1.5m in deficit each month to the end of the financial year. It is expected to break even this year (2019/20).

“One of the important things was, in a financially pressured environment, that the trust didn’t just base its decision making on the available,” he says. “Sometimes you need to invest to improve the quality of care.”

One issue the board wanted to address was the number of frail patients coming into hospital whose needs could be met elsewhere. “Coming into hospital should be the last resort, with as much care as possible delivered outside the hospital,” says Deepak. “If you can manage patients in their own environment that’s a much better model.”



A year ago, the trust set up a frailty team which has led to a significant reduction in admissions. It has also overhauled and streamlined its integrated health and social care approach into an integrated single point of access (ISPA) to both services. This too has helped reduce the number of hospital referrals and length of stay.

An analysis shows a significant drop in the delays patients experience when they are transferred from hospital to the community. These delays had peaked at more than 1000 days in October 2016, but were down to 200 days in October 2018.

Between April 2018 and February 2019 the number of patients needing a decision support tool while in acute care fell from 41% to 12% because more were being assessed in the community. Additionally, the time spent waiting to be seen for community rehabilitation fell from five weeks to two in Hartlepool, from the first quarter of 2018 to the first quarter of 2019.

All together now

The ISPA means anyone needing care contacts one single, centralised team that brings together all services including outpatients, social care and occupational therapy.

Introduced in April 2018, the approach aims to manage patient flow through the system. It came about following discussions with community nurses, social workers and therapy staff. They were asked to look at every single person coming through their door, to see how they might deal with them more efficiently.



If you can manage patients in their own environment that's a much better model.

Dr Deepak Dwarakanath, medical director and deputy chief executive

"We gave those staff the ability to challenge the way we do things," says Bob Warnock, senior clinical professional and a physiotherapist by background.

Their approach was shaped after taking part in a 100-day Nesta Challenge, a national initiative to improve patient care. It was matched by support from the board.

Rather than just put all the teams in one place, for the trust has introduced a fully integrated system where all staff – community nurse, therapists, social workers – have access to the same information.

Bob adds: "This way we don't have the patient telling their story multiple times. Instead we can fill in the most appropriate support, based on previous involvement, and their current need."

"We are quite innovative as a service overall and have already done a lot to make things as efficient as possible. But when demand is doubling it's always going to be difficult to manage that.

"We had to look at the duplication across the system and coming up with a completely different model. We realised the people at the frontline are our experts," he says.

"We already had a single point of access with the local authority," says Lynn Morgan, senior clinical matron. "But they were dealing very separately with referrals into health and social care. This means our community-based nurses get to see the most appropriate patients in a timely manner."

"It really is about working in a completely different way and ISPA allows that to happen."

Highlighting the value of effective staff engagement:

Kingston Hospital NHS Foundation Trust



Jo Farrar, chief executive



Kingston Hospital
NHS Foundation Trust

- The leadership has listened to staff and prioritised their health and wellbeing
- Staff feel valued and appreciated
- Innovation: strengthening the voice of nurses and midwives

Background

The trust provides acute services for around 350,000 people in south west London and Surrey. The trust's July 2016 CQC report rated it 'requires improvement'. CQC judged the trust's A&E leadership as inadequate and the inspection team found a lack of consistency in the trust's approach to governance, medicines management, staffing and care in A&E.

A CQC inspection in April 2018 led to a 'double jump' in ratings and now the trust is rated 'outstanding'. CQC said there was a consistent and overwhelming focus on safety of patients and their wellbeing. They also reported that staff were working effectively, cohesively and happily together in a wide range of teams across the hospital.

All about staff

Chief executive Jo Farrar, who at the time of the inspection in January 2016 was the director of finance, acknowledges that they went into the inspection with a sense of realism, but says the findings still came as a blow.

"There was clear disappointment across the trust when the report came through. We tried to focus on the many positives, but staff were upset." The trust had already taken steps to strengthen and stabilise the leadership with the appointment of a permanent chief executive in April 2016 and by August 2017 there was an established and settled team at the top.

"Our absolute focus as a board was on staff and that we treat and support staff in the best way we can so they can deliver the best care.

There is no magic formula to it, but we focused on living and believing our values every day; celebrating successes; learning from setbacks and strong focus on teamwork and supporting each other.

Jo Farrar, chief executive

“We did a huge amount on health and wellbeing and recruited a team dedicated to this. A board level committee was set up and chaired by our chair Sian Bates, which signalled to the whole organisation how important this is to the board and the leadership team.”

The trust launched its first health and wellbeing strategy in March 2017 focused around four key pillars: physical, mental, financial and family health. Following on from this was a dedicated wellbeing conference for all staff in October that year. In every communication that comes out from the chief executive there is a focus on wellbeing, resilience, speaking up and the importance of looking after each other.

“We need to always properly listen to staff and patients, take their views seriously and act on them.”

The trust has also invested a huge amount of time in staff engagement, which Jo attributes to having some of the biggest impact. “There is no magic formula to it, but we focused on living and believing our values every day; celebrating successes; learning from setbacks and a strong focus on teamwork and supporting each other. When you walk around the hospital you can really feel the warmth from staff to each other and when they are caring for patients - it’s palpable and overwhelming.”



The trust also needed to build confidence externally and since 2016 has focused on delivering on its commitments. “We have built a reputation for high performance and doing what we say we’re going to do. We spent a lot of time and energy building partnerships and relationships across the system and with regulators as we had previously behaved as if we were an island.”

Strong nursing leadership

Sally Brittain joined Kingston as their director of nursing and quality in October 2017 which afforded her the opportunity to view the organisation with a fresh pair of eyes. The trust was close to achieving a 'good' rating in 2016 but it quickly became obvious that clinical leadership and the voice of the nursing and midwifery workforce were areas for a strong focus to improve.

Sally restructured her senior nursing team to ensure consistency of roles and focus across the senior nursing and midwifery team. This was supported by a trust-wide restructuring which enabled a clinically led organisation in which staff could develop and thrive. It also demonstrated a clear pathway for staff to encourage career progression.

The clinically led organisation raised the profile of midwives, nurses and allied health professionals which by default ensured that those staff groups' voices were heard. This was supported by the development of the nursing, midwifery and allied health professional board and the non-medical funding panel, along with other meetings aimed at sharing information, listening to staff and ensuring equity of access to training and development. "This has been hugely beneficial in creating a really good culture within the organisation of not only caring for our patients but also for our staff."

There has been a very strong focus on nurse staffing with a bi-weekly 'safe staffing' meeting where staffing risks are managed, establishments are reviewed and staffing data is considered. Matrons attend this meeting to relay staffing concerns in real time and to develop solutions and agree quality improvement priorities. In conjunction with the measures highlighted this has led to excellent recruitment, reduced turnover and improved retention. The trust currently has a nurse vacancy rate of approximately 6% and there are no vacancies within midwifery or neonates.

Sally is clear that being visible, approachable and listening to staff has had the biggest impact. "I love getting my uniform on and spending time on the wards. It is a privilege to observe how our staff care for patients and their relatives, always go the extra mile and show huge amounts of kindness. These are the things that set the trust apart and are the reason why it is outstanding."

Reflecting the benefits of a clearly defined and well directed organisational culture that embraces learning:

Chelsea and Westminster Hospital NHS Foundation Trust



Victoria Lyon,
head of improvement
and Pippa Nightingale,
chief nursing officer



Chelsea and Westminster Hospital
NHS Foundation Trust

- The leadership has focused on PROUD values to encourage improvement
- Staff see a commitment to innovation and the development of their ideas
- Innovation: the creation of mouth care kits for patients with swallowing difficulties

Background

Chelsea and Westminster Hospital NHS Foundation Trust covers a population of more than a million people, mainly in north west London. It has two acute hospital sites, following a merger in 2015, between the Chelsea and Westminster Hospital in central London and the West Middlesex University Hospital in Isleworth, and a number of community sexual health and HIV services across London. The trust's overall CQC rating in 2018 was 'good'. In 2014 both hospitals had been rated 'requires improvement'.

The management approach

The trust is proud of having a management style and structure that supports improvements for its patients. It has built on this as part of its approach to improving its CQC rating.

"The key thing has been to have stable management, with visible leadership," says Pippa Nightingale, chief nursing officer with the trust. As part of this, every executive team leader is linked to a ward which helps to communicate key priorities to staff.

It has also introduced PROUD values. "All our meetings start with them, and all our guidelines," says Pippa. "When submitting to the board you have to set out which trust values this proposal supports, so everything we do leads back to those values."

"It felt artificial to start off with, but I can honestly say I've never worked in an organisation where they are used to such a level."

Victoria Lyon, head of improvement, explains how the trust has encouraged an open, transparent and learning culture: "Every Friday we hold a 'quality friday' and focus on a theme from our audit and our learning across the trust. Additionally, for half a day each month we hold clinical governance learning sessions. We cancel all elective activity to allow clinicians to attend; this allows us to look at our quality improvement projects, audit reports and to learn from complaints and clinical incidents."

“We’ve made a conscious decision that this would not be a quick off-the-shelf approach,” says Pippa, “We wanted to empower our clinicians to drive the improvements from a bottom-up approach.”

Following the 2014 CQC report, they set up a Dragons’ Den style competition encouraging staff to put forward their ideas. The winners had the full support of an improvement and innovation team to help trial their idea, backed by £10,000 from the trust’s charity, CW+. It led to a simple but effective change in practices with results to show improvement.

“Quite often nurses and doctors have the idea – they know the problems and have usually got a solution,” says Pippa. “Our quality improvement approach, supported by an improvement and innovation team, means that clinicians and all staff are empowered and given the skills to directly make measurable improvements in their own areas.”



Mouth care

For Angela Chick, ward manager and Ahlam Wynne, specialist nurse, having support from the trust and funding from CW+ was key to an innovation that has reduced the incidence of pneumonia for people with swallowing difficulties by 67% in 2018, compared to the same period in 2017.

The pair entered the Dragons’ Den style competition as they were concerned that mouth care varied across their ward, which treated a lot of people who had had a stroke and found it hard to swallow.

They knew that the bacteria in a patient’s mouth can, if swallowed, lead to infection in the lungs and ultimately, pneumonia and even death.

They had been using a toothbrush or sponge before, and sometimes a suction device, which was the most effective. However, the various items needed for the suction device were stored in different places, took time to find, and were not being used often enough.

CASE
STUDY
5

In May 2017, after winning the Dragons' Den, the nurses set about making changes on the stroke ward.

All patients coming on to the ward were assessed, rated low, medium or high risk of mouth infection, and treated accordingly. The nurses worked with the manufacturer of the suction device to design a kit which could hang on the patient's bed. Because the kit was highly visible, and acted as a prompt, nurse compliance increased from 20% to 82% by the end of the three-month pilot.

Compared to the same period in 2017 (June-September), antibiotic use fell in 2018, with a 79% financial saving, falling from £5,671 to £1,181. The number of cases of hospital-acquired pneumonia (HAP) fell from 30 to 10. And the number of HAP-related deaths fell from eight to two.

The nurses have subsequently spread their approach trust-wide. Now staff assess all incoming patients' mouth care, and the kits are in use for patients who need them.



We've had encouragement and they wanted it trust wide. The chief executive has been very pleased.

Ahlam Wynne, specialist nurse

Reflecting the benefits of a clearly defined and well directed organisational culture that embraces learning:

Cornwall Partnership NHS Foundation Trust



Julie Dawson,
managing director



Cornwall Partnership
NHS Foundation Trust

- The leadership has developed a culture of learning and innovation
- Staff are engaged in the process of improvement
- Innovation: better ways of working for community nurses

Background

In February 2018, Cornwall Partnership NHS Foundation Trust received a 'requires improvement' rating from CQC – a setback after being rated 'good' in 2015.

The trust, which had previously provided mental health and children's services, had in April 2016 taken on the contract for adult community services which was previously provided by Peninsula Community Health Community Interest Company (Peninsula Community Health CIC).

Overall, they found staff to be caring and compassionate. However, concerns about staffing levels, training, governance systems and processes and inappropriate premises were among the concerns, bringing down the trust's overall rating.

More recently, a July 2019 CQC report returned the trust to its previous 'good' rating.

Cultural differences

"That 2018 rating was a disappointment for us," says Julie Dawson, a mental health nurse by background who worked for the trust before the contract transfer and is now its managing director. She developed an action plan across the whole trust to address all the concerns—following the CQC report.

"After the transfer, what was a surprise to all of us was the completely different cultures the two organisations had. As a foundation trust we had very strong governance, with robust processes in place and a strong learning culture. As a community interest company, the community services operated under a very different regulatory framework.

“The staff from Peninsula Community Health CIC were very innovative and found the foundation trust’s governance arrangements a very different framework to work within. There were really good pockets of innovation in the adult community services, but a lack of consistency within their services and governance processes meant potentially differing outcomes for patients living in different areas.”



Ensuring staff engagement was a crucial part of addressing our rating. “As a board and senior management team, we felt we needed to be very visible, so staff could raise things with us,” says Julie.

From March 2018 to 2019, they held 160 engagement events across the entire trust, with a rolling programme of activities now in place to ensure this momentum is maintained. Rather than having one-day listening events, managers visit staff in their workplace for ‘kitchen table’ discussions. They also hold a ‘break the rules week’, where staff question the way things are done and try to improve them.

Staff survey results show that managers’ visibility has improved. Comparing the 2017 and 2018 staff surveys, the trust saw small but encouraging improvements in how valued staff felt after appraisal discussions and the proportion who said they looked forward to going to work. On the ‘family and friends’ test, the trust showed a 4% increase (from 57% to 61%) in the number of staff who would recommend the trust between 2017 and 2019.

The trust has also introduced ‘quality leads’, trained by the Institute for Healthcare Improvement Standards, to give a consistent approach. Julie says she’s seen a powerful change in the way staff feel comfortable raising their concerns and incidents through the trust’s reporting processes.

Moving from a task-based approach

Nurse Sue Rogers is integrated community manager, based in the far west of Cornwall. With the help of the governance lead, Michelle McLeavy, Sue set about talking to frontline staff, including community nurses, about how to improve their service.

“The community nurses had become very task-orientated,” she says. “They felt so pressured, they would, for example, administer insulin to a frail patient with diabetes, but fail to look at other factors in that patient’s health”.

In consultation with colleagues, Sue decided to introduce capacity dependency scoring, an approach adopted elsewhere in England. Each type of intervention is scored depending on how long it should take: an insulin injection would be one point, or 15 minutes; dealing with two leg ulcers would score four points, as it would take an hour. The system also records travel time – which, in busy towns like St Ives at the height of the summer, can be considerable.



...we've improved so much in such a short space of time I'm sure we'll be rated outstanding in future.

Sue Rogers, integrated community manager

She also asked senior nurses to check carefully through their patient lists, ensuring their nurses were only doing appropriate tasks.

“District nurses do tend to feel they can't say no,” says Sue. However, swapping over a catheter bag, for example, is something a carer could do. As long as the nurse says she'll do it, she hides a social care need.

Switching the culture hasn't happened overnight. When the new system was first launched in April 2018, few nurses and nurse managers engaged with the new approach.

Sue held regular 'have your say' meetings to hear how people felt. They have seen a gradual but steady improvement in filling in the necessary data, from just 47% in April 2018 to 90% by February 2019.

“It's early days,” Sue admits. “But we've improved so much in such a short space of time I'm sure we'll be rated outstanding in future.”

Reflecting the benefits of a clearly defined and well directed organisational culture that embraces learning:

South Western Ambulance Service NHS Foundation Trust



Joanne Stonehouse,
Macmillan paramedic



- The leadership has a strong vision for the organisation and its development
- Staff receive training to improve their handling of end-of-life care
- Innovation: a collaboration between nurses and paramedics to better support patients

Background

The trust covers seven counties and 13 Clinical Commissioning Groups (CCGs). Geographically it reaches over 10,000 square miles, from Cornwall and the Isles of Scilly through to Gloucestershire and Wiltshire. While it has a mainly rural population, it also covers large towns and cities including Bristol, Plymouth, Swindon, and Gloucester. It employs 4,500 staff.

In its last CQC report, the trust was rated 'good' in the well-led domain. There was, it said, "effective, experienced and skilled leadership, a strong vision for the organisation, and embedded values. Leadership had strengthened, and the new structure in frontline services would be [sic] local leadership closer to staff, patients and stakeholders. Patient care was a top priority for the trust."

CQC also remarked on a deep commitment to learning, something Sarah James, deputy director of nursing and quality, says has become a key priority.

"We've implemented leadership training and development, and we're looking to embed quality improvement across the trust so it becomes a cultural norm.

"I've only been with the organisation 17 months now. Coming in with fresh eyes, I think the trust has recognised some of the culture hasn't been conducive to allowing initiatives to get off the ground."

Historically, ambulance services may have tended to have more of a command and control approach than might be found in an acute trust. This style of management is necessary in emergency situations but doesn't encourage innovation by staff. But that's starting to change, as the trust adopts a more proactive approach to caring for people across its huge area.

"We talk a lot more about being a system leader," says Sarah. "For example, we are leading on winter plans across the whole region. There's a real focus on how we work together for the benefit of the patient."



Managing end-of-life care

Working with Macmillan Cancer Support, the trust has developed an innovative approach to caring for people at the end of their life, particularly those with cancer. Macmillan is providing more than £1m over four years for the project, which began in 2015.

Key to this has been training paramedics to recognise the signs that a person is dying, when the most appropriate place for them may not be an A&E department. Although the patient may prefer to die at home, paramedics sometimes need to offer advice and support to relatives who are frightened or in a state of panic, wanting the patient to go to hospital.

“It’s taken a good few years to recognise we are a key provider for this patient group,” says Joanne Stonehouse, Macmillan paramedic and project lead. The trust has also recruited three specialist nurses to help develop the project, one for each of the trust’s divisions.

The nurses found working in an ambulance trust was very different from an acute provider. “It’s a challenging role for them,” says Joanne. “They ride out with the crews, primarily in an observational role, and work in the clinical hub to understand how the service works.”

The nurses would help paramedics find out if a plan was in place for a patient’s medical needs at the end of their lives, making a situation easier to manage and avoiding an unnecessary admission.

“We are predominantly a life-saving service, but we also want to be able to support a good death,” says Joanne. That could involve giving a patient pain-reducing tablets already prescribed by their doctor or using a syringe driver already made available by the patient’s nurse.

The paramedics also have links to hospital oncology teams so they can seek advice about whether an admission is appropriate.

With such a wide geographical area to cover, the paramedics are seeing first-hand what end of life care is like: "There are pockets of really good practice and the frontline staff are able to feedback on where they have the challenges. That's fed in to where we need to prioritise," says Joanne.

Up to the end of 2018, 1,679 clinicians had been given specialist face-to-face training on end of life care with many more using E-learning and distance learning approaches.

One paramedic described how that training helped when they visited a 60-year old woman with cancer who was breathless, in pain and agitated.

"She had told her family she wanted to go to hospital. Thankfully she had her 'just in case' medications and we were able to make her comfortable and liaised with the district nurse about her syringe driver. Once comfortable she wanted to remain at home to die."



The course gave me so much more confidence in administering her medication, discussing with the patient about her death and what she wanted and ensuring that the patient was in control.

Paramedic, South West Ambulance Trust

Showing visible and approachable leadership:

Dorset Healthcare University NHS Foundation Trust



Eugene Yafele,
chief executive



**Dorset HealthCare
University**

- The leadership is visible and approachable
- Staff see transparency in decision-making
- Innovation: the creation of community hubs to minimise duplication of work

Background

Dorset Healthcare University NHS Foundation Trust provides community and mental health services. It employs nearly 6,000 staff and covers a population of 787,000 people, including the urban conurbations of Poole and Bournemouth. As a popular retirement area, more than a quarter (28%) of its population is aged 65 or over.

The trust rated 'requires improvement' in 2015. By 2018 it had moved up to 'good'. The most recent CQC report, in July 2019, rated it 'outstanding'.

The trust recently had a number of changes in senior leadership.



Up front management

The current chief executive (previously deputy chief executive), Eugene Yafele, puts great store on being visible to staff, engaged and approachable.

“That was my normal character,” he admits. But when he was appointed chief executive in February 2019, it was one of the things he prioritised.

“A big part of enabling change is how engaged people feel and how far they can relate to what is important to you. The only way you do that is by making yourself available and being around.”

Previously as a trust that had been in breach of its licence, the management team was fixated on meeting its required management goals:

“When we came out of special measures, there was a real sense of [the board] understandably wanting to grip performance and driving improvement from the top, partly because of nervousness of where the trust had been. But we realised that the way we had led from the front wasn’t going to enable the organisation to really flourish.”

Eugene is investing in a leadership programme for staff. The leadership team also agreed to reduce the number of priorities it would deal with and was explicit with staff what those priorities would be.

He also wanted to be more transparent with staff about how decisions were made and to ensure they were well communicated: “We had created the impression that we did things behind closed doors.”

Now both he and his chair produce separate videos after board meetings – Eugene focuses more on the ‘communication’ and ‘engagement’ themes they are working on, such as learning at work, embracing diversity and inclusion and smarter working, while the chair reports on specific decisions from the board. “Myths and legends had been born about decisions we made and how we made them. Now we are bringing more light to the decision making, which has broken down the mystique.”

Eugene also feels that being a mental health nurse by profession (he is still registered) gives him an added advantage as a manager.

“I think I still have enough clinical credibility that I can have no-holds-barred conversations that support clinical leaders to bring about improvements with our clinicians,” he says.



The hub has complete oversight of our patients’ journey and we now get very little duplication and we are able to flex across services and find innovative solutions.

Antonia Gabrielli, locality manager for the Poole locality team

Community hubs

One of the improvement initiatives the trust has implemented as part of its journey to outstanding is to establish community hubs across Dorset. The hubs help to minimise the duplication of work across different health and social care teams - it was not unusual for a patient to be referred into several teams at once, then to get several visits from different members of staff, when what was needed was just one visit.

The new approach – a single point of entry to services – is being set up in close consultation with staff teams.

“It was potentially confusing for those making referrals to know who best to approach, and for patients it might mean they had to repeat their stories,” says Jane Elson, director for integrated community services. “We also had different teams working to different criteria.”

In trying to improve the situation, the trust encouraged staff to develop their own solutions to the problem in creating a better service for patients. It started with an away day event for each locality.

“The brief was how can we as professionals work better together,” says Antonia Gabrielli, manager for the Poole locality team. “It’s really important that the hub was born from all the teams signing up and creating the hub themselves. They understand exactly what we are intending to do.

“The hub has complete oversight of our patients’ journey and we now get very little duplication and we are able to flex across services and find innovative solutions.” The Poole hub started in mid-September 2018. “It’s quite a culture change,” says Antonia. But initial results are positive.

Between the start date and May 2019, there had been 3,720 referrals. Of these, 22% helped to avoid a hospital admission and 73% provided the acute hospital with support before and immediately after a patient was discharged.

Antonia cites an example of the benefits of the hub: a patient returned home from an acute hospital but fell soon after. His wife, who was also vulnerable, had tried to pick him up and also fell. They called an ambulance but the district nurse – there on a routine visit to the man following discharge from hospital – arrived first. She called the hub, who managed to arrange beds for the couple on the same community ward, so they could recover together.

“If our district nurse hadn’t been there, the ambulance would have had no choice but to take both of them to an acute unit,” says Antonia.

Night owl

Carolyn Regan, an experienced senior NHS and public sector manager, joined the trust as chief executive in December 2015, a 'new broom' after the damning CQC report.

"Number one priority was to address the CQC report," she says. "Our ethos was that money goes with quality and we can't do them separately. We also needed a complete change of culture across the organisation."

Her team's strategy was "basically written on two sides of A4", she says.

Carolyn set up meetings with the clinical directors to talk about quality and money, to go through their budgets, cost improvement programmes and find out what they were doing to address the findings in the CQC report and quality improvement.

"At first the clinical directors wondered whether they needed to meet me every month, and there was a bit of obfuscation. But it was about bringing everyone together to share issues, such as high bed occupancy. They needed to see that the problem couldn't be solved by moving it around; we had to work on it across the whole system."

The management team also set up quarterly leadership forums, to discuss what more visible management looked like – including promoting initiatives that made a real difference for patients. Similar meetings were held with middle managers.

"As well as running listening events and daytime walkabouts, I do night walkabouts, at three am. The first time I did that I thought people were going to keel over seeing me coming through the doors. I wanted staff to see me living the values: that transparency included the night staff, not just people coming on at 8am."

The 2015 CQC report was, she says, a catalyst for improving quality, one of their key objectives.

Changing restrictive practices

The trust's forensic service – caring for people who have been admitted to hospital under the Mental Health Act after coming through the criminal justice system – came in for criticism about the use of restrictive practices in the CQC's 2015 report.

Yoke Wong, Lilian Hove and Albano Cabral, practice development nurses in the forensic service, have led on the work to improve practice. Their team has come together since the CQC report highlighted the over-use of restraint and patient seclusions.

Among their projects is Safewards, aimed at reducing conflict, improving patient involvement in care plans, and setting up a recovery college which encourages collaborative learning between staff and patients.

The Safewards approach was designed by Len Bowers, professor of psychiatric nursing at South London and Maudsley NHS Trust. It encourages more thoughtful use of language with patients and developing a ward environment and working relationships with service users aimed at reducing conflict and the need for services.

“We started the Safewards initiative around the time the 2015 report came out,” says Albano. “The original trial showed that acute mental health wards could reduce conflict by 15% and the use for restrictive practices by 26.5%. But this was the first time the model had been used in a forensic nursing setting. We started small with a pilot on just six wards. We found it worked.”

His findings – mainly qualitative data based on focus groups and patient feedback – were reported in the British Journal of Mental Health Nursing. The study concludes that on the six wards where Safewards interventions were used, there was a positive change in the community’s experience of safety, therapeutic hold and group cohesion.

“In the last year, it’s really moved forward and we now have this approach on all 19 wards.”

The forensic service is also leading the way on co-production and involving service users more in their care, says Yoke.

“We were getting feedback that there were some concerns with the care programme approach (CPA). Service users and carers didn’t feel involved in the process.”

A comment by a consultant psychiatrist to a service user unexpectedly triggered a range of changes to the culture and practice in CPAs. Following a CPA meeting, the consultant told this service user that she could have chaired the meeting herself. So, at the next CPA meeting, she did. After Yoke promoted this in the in-house magazine, other service users have been encouraged to become more involved in their CPA, with some either chairing or co-chairing it.



The original trial showed that acute mental health wards could reduce conflict by 15% and the use for restrictive practices by 26.5%. But this was the first time the model had been used in a forensic nursing setting.

Albano Cabral, practice development nurse

Yoke has set up a survey monkey audit tool to measure how many service users feel more involved in their CPA. Accumulative data from July 2018 to September 2019 shows that 84% (45) of the 51 service users who responded felt involved in discussions important to them. 80% (41) were clear about their goals for the next six months. And 70% (36) were given a chance to contribute to their care plan.

Hounslow and Richmond Community Trust



Patricia Wright,
chief executive



**Hounslow and Richmond
Community Healthcare**
NHS Trust

- The leadership is harnessing the trust's data in order to improve
- Staff are better able to support patients
- Innovation: a more robust admissions policy to ensure the best care for patients

Background

Hounslow and Richmond Community Healthcare NHS Trust provides community health services to more than 500,000 people in south west London. Its services include rehabilitation, community district nursing, health visiting, physiotherapy, speech and language and occupational therapy.

In 2016 the trust was rated by CQC as 'requires improvement'. In particular the inspectors were concerned about Teddington Memorial Hospital, a 50-bed rehabilitation unit for patients who needed support before returning home, which was rated 'inadequate'. Its average length of stay was too long, at 42 days, and it was admitting patients with complex healthcare needs because of pressures in local hospitals.

In its most recent CQC report, in 2018, the trust rating improved to 'good'.

Rising to the challenge

The trust had, in its first six years, two substantive chief executives and an interim chief executive. The present chief executive, Patricia Wright, joined in October 2015, initially on an interim basis.

The management team had decided to ramp up for the next CQC inspection prior to Patricia starting and had launched a 'journey to outstanding' campaign, which Patricia wholeheartedly supported: "It was something I was clear we needed to do and by when."

Patricia also drew on her experience from previous roles in the acute sector, identifying the areas they needed to tackle as priorities. A better understanding of the trust's data was one of her priorities.

"The trust wasn't using performance indicators as well as it should have been. We had incredibly detailed performance statistics, but they weren't telling us what we really needed to know. For instance, we were very good at measuring the number of falls on our rehab ward, but not at knowing whether this level of falls was significant, or whether it told us something about the care on that ward."

Patricia also knew that tackling the high level of vacancies – 22% across the trust as a whole – was a top priority. “I stood up at a leaders’ forum and said we’ve got to get that down to 10% in the next six months.”

While they didn’t quite manage that, they did achieve it within 12 months, in part by ensuring the data they had on vacancies was accurate, but also by drilling down to see which departments had shortages and why.



Rethinking rehab

The two rehabilitation wards at Teddington Memorial Hospital were housed in a building more than 100 years old and dearly loved by the local community. Yet they were highlighted by the 2016 CQC report as requiring a major re-think.

The CQC inspection showed that the average length of stay was 42 days, when best practice was half that. It also revealed that the wards did not have a clear clinical strategy and patients who did not necessarily have the potential for rehabilitation were being admitted routinely. Patients with very differing needs were being cared for in a general care environment.

“That CQC rating in 2016 was a real surprise,” says Donna Lamb, director of nursing. “Staff were shocked. We were quite confident it was a good unit.”

The CQC findings were a wake-up call: sorting out the situation had to become a priority for the trust.

“We didn’t have a very clear strategy, and had no clear admission procedures,” says Donna. “We took patients because we thought we were helping acute hospitals by taking whoever we were asked to take. But we were impacting on other patients’ recovery as a result.”

As a result of the CQC report, the trust called in two senior nurses – one a former director of nursing, the other with experience in project management – to investigate. “We didn’t shy away from doing that. We felt that if you need to do a full change programme, you need to get external views. It enabled us to help us direct our focus to getting things right,” she says.

The trust decided to close one ward, which had a high number of agency staff, and – by changing the overall patient profile – reduced the average length of stay on the remaining ward from 44 days to 16.

“The service was no less productive – in fact it was more productive. We kept a team of loyal employees who we could work with and who were committed to getting this right for our patients.”

Following the CQC observation of the type of patients admitted, the nurses developed a more robust admissions policy, which they knew was backed by their managers. Donna cites one example when a sister on the rehab ward was placed under huge pressure to admit a patient from hospital with a broken leg. The sister said no because the patient didn’t fit their admissions criteria.

A few days later, Donna had a call from the hospital’s director of nursing, still trying to find that patient a bed so they could discharge her.

Donna checked with the rehab ward sister why the patient hadn’t been admitted. She discovered that the therapy staff had visited the patient in hospital for an assessment. “The patient didn’t have the cognitive ability for rehabilitation. So I rang the director of nursing back and was able to reinforce our sister’s original decision.”

The trust no longer takes patients who are not suitable for rehabilitation. This means the problem about finding appropriate beds for those patients is no longer hidden.



We kept a team of loyal employees who we could work with and who were committed to getting this right for our patients.

Donna Lamb, director of nursing

London Ambulance Service NHS Trust



Garrett Emmerson,
chief executive



- The leadership has built a coherent strategy to change the culture
- Staff see good ideas put into action
- Innovation: a 'mental health car'

Background

London Ambulance Service (LAS) is the busiest ambulance service in the country, handling an average of 5,000 999 calls and hundreds of 111 calls a day. It covers 620 square miles, an area where 300 languages are spoken and serves one of the world's most diverse and dynamic cities. It employs over 6,000 staff and volunteers across London who respond to the health needs of over eight million people who live, work and travel in the capital.

In November 2015, the trust went into special measures following a highly critical report from CQC. It has been gradually making improvements since then, following a major shake-up in the management team.

In May 2018, CQC upgraded LAS from 'requires improvement' to 'good'. The trust came out of special measures, and a further CQC report is due in October 2019.

A shift of culture

LAS chief executive Garrett Emmerson, LAS chief executive joined in May 2017 from a senior management role in Transport for London. He believes building a coherent strategy was key to delivering a shift in culture.

That strategy set four principles for the trust: providing outstanding care for patients, being a first-class employer, providing the best possible value for money and partnering with others to optimise healthcare and emergency services provision across London.

"One of our key objectives was to support the wider system by lowering conveyance to hospitals," he says. "We've got to move from being perceived as being the back door of the emergency services, to being the front door of emergency care for the whole of the health care system."

"Having a strategic context is what's changed. It's not about letting a thousand flowers bloom and seeing what happens."

The mental health response car was a significant opportunity for the trust to reduce the number of mental health patients being taken to hospital but to do it in a way that was properly measured, so the impact was clear.

Dr Trisha Bain joined LAS as chief quality officer soon after the trust went into special measures.

She introduced a standard quality improvement methodology. Any initiative accepted as a “pioneering service” by the trust is given full support through a rigorous monitoring programme.

“It’s the first time the trust had this approach,” she says. “Otherwise people try things out, don’t get the resources, and they disappear into the ether”.



The mental health car

In 2018 the LAS received calls from about 150,000 patients who were in a mental health crisis. An ambulance had to be sent to 100,000 of these patients, more than half of whom were sent to A&E. One of the challenges, following the CQC report, was to reduce inappropriate referrals which placed an additional burden on already busy A&E departments.

“When someone is acutely emotionally distressed, then A&E is not the best place,” says Carly Lynch, mental health consultant nurse.

Patients had said they would prefer to be seen by a mental health professional from the outset, while LAS staff felt poorly equipped to deal with mental illness issues. The trust had employed mental health nurses since 2015 at its call centre, to advise on mental health related calls on a 24-hour basis. But Carly felt it would be worth trialling a more direct approach, sending a mental health nurse out on the emergency call with the paramedics.

Initial results of the three-month pilot project showed that, when a mental health nurse was in the car, the number of patients admitted to A&E was just 19%, down from 53% when the conventional paramedic team handled the case.

More than half (52%) of cases were dealt with on the scene, compared with just 17% when only paramedics were attending.

These results were so positive Carly then looked to how they could staff this arrangement permanently from within existing resources.

“The impact on patients is quite extraordinary in terms of the care they are now getting,” says Trisha. “It also helps the hospitals, as fewer are going to A&E, which helps their workload. And many of our paramedics want to work in the car.

“We’re now looking for mental health trusts to host nurses who can work with the car on a rotational basis, for example. The important thing is to develop this idea across London.”



I've learned a great deal about better history taking and assessment models along with more exposure to complex presentations.

Liam Clarke, paramedic

Reading through these case studies some clear and striking themes emerge.

It comes as no surprise that the key attributes for improvement highlighted by Professor Ted Baker – good leadership, effective staff engagement and a strong organisational culture that embraces learning – run through the narratives presented here.

They also demonstrate 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, Eugene Yafele, a central element of good leadership is about being visible and approachable. Beyond this commitment to face-to-face contact, the trust now produces videos after board meetings to demystify decisions and the way they have been taken. 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”. This approach, encouraging staff to challenge the way things are done, has helped to reduce duplication by different services, and to improve patient flow through the system.

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 reflects a strong emphasis on learning in order to improve care for patients. The trust’s adaptation of the Dragon’s Den formula has evidently helped to motivate staff, drive innovation and deliver improved care, as demonstrated by nurses working to improve mouth care on the stroke ward.

The “Break the rules” week at Cornwall Partnership reflects the same willingness to empower staff in finding better ways of working and delivering care, which in this example has enabled them to refine and clarify the roles of district nurses. And as staff are trusted with a greater say, and more responsibility, engagement scores have improved alongside tangible ‘wins’ for patients.

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.

There are further important themes that run through these success stories. One 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.

There are other qualities evident in these case studies: resilience, commitment, determination and resourcefulness. One of the most striking though is courage. Trust leaders carry great responsibilities as major employers running complex organisations, overseeing huge budgets of public money, and accountable for the quality and safety of care for countless patients and service users. Seemingly small decisions can have huge ramifications.

Placing faith in staff, encouraging ideas, supporting and refining them, acknowledging and learning from mistakes – that takes bravery. As Robert Woolley from University Hospitals Bristol NHS Foundation Trust says, “We’ve made mistakes, but we own it. It’s ours”.

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NHS Providers is the membership organisation and trade association for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in membership, collectively accounting for £84bn of annual expenditure and employing more than one million staff.



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