

CASCADING

EMPOWERING

SUPPORTING

INSPIRING

THE LEADING CHANGE PROJECT

Embedding recovery approaches into service delivery and culture

Evaluation of the project – what it did and the impact it made

Introduction

NHS staff, patients and relatives in Ayrshire and Arran took part in the Scottish Government's mental health Leading Change Project. They wanted to identify ways to introduce and extend recovery approaches in the very specific context of particular wards.

The Ayrshire and Arran project's aims included:

- Raising the confidence and knowledge of the staff who are part of these ward teams around recovery-based approaches and finding ways to solve problems.
- Achieving benefits for the patients and their relatives.
- Learning how to support this change and what would help it be extended to other parts of the mental health services in Ayrshire and Arran.
- Learning if these ways to support change could be used as part of work to improve other services provided by NHS Ayrshire and Arran.

This is an independent evaluation of the Leading Change project which has been commissioned by the leadership group from Outside the Box Development Support. It draws on sessions with the leadership team, the experiences of 31 members of staff working in the pilot wards, and feedback from 22 patients and 9 relatives in the pilot wards.

The report was written by Anne Connor and the graphics are by Albi Taylor.

The full report from the evaluation is on the Outside the Box website: www.otbds.org

What the Ayrshire and Arran Leading Change project did

The leadership project brought together 9 people from a range of roles and backgrounds, who all had an interest in recovery and in supporting services to change. They worked alongside the ward teams as 3 smaller teams of 3 people. The overall leadership team was supported in learning sets by 2 facilitators. There was also someone who took on an overall co-ordination role. The team also took part in the masterclasses and workshops organised by the Scottish Government team for all the projects within the Leading Change project.

The main activity in the project has been the facilitators/leaders giving sustained support to the members of a ward team, to help them identify ways in which they can take a stronger recovery focus – to the way the work is organised, to the support for individual patients, and to the roles of the ward team.

The focus was on services which up until then had less contact with existing activities to promote recovery. The 3 pilot settings covered 5 inpatient areas. These areas are:

- Two (adult) acute inpatient wards within the setting of a general hospital.
- One (adult) intensive continuing care ward on Ailsa Hospital campus in Ayr, which is the main psychiatric hospital in Ayrshire and Arran. This ward was locked at the time this project started.
- Two admission/assessment wards for older people – one on the Ailsa Hospital campus and one on the site of Ayrshire Central Hospital in Irvine.

The leadership team decided at the outset that their role would be the 'trusted outsider'. This meant that none of the team members associated with each pilot setting would have line management responsibilities for that service. They also wanted continuity – the same small group from the leadership team working with one or 2 wards over the year.

There were also regular feedback/networking meetings to let the teams 'catch-up' with people from the other ward areas in the pilot and make connections with the leadership group members.



What impact the project had

Impact for the staff on the wards

The people who were directly involved with it were positive about the role of the leadership project. Staff on the wards identified several types of benefits.

- Working in a recovery-focussed way.
- Engaging with the people they care for and relatives.
- How the staff work – individually and as a team.
- Contact with other parts of the mental health services in Ayrshire and Arran and with people in other places who are interested in recovery.

Some staff were concerned that the pace and type of work on their wards made it difficult for them to apply what they had learned and work in a more recovery-focussed way. However they had ideas that they were trying to introduce.

“This is a much healthier, happier place to work. I have never felt so enthused about something, and the reason is that it works so well.”

“More understanding of how people feel in hospital and how important our support and engagement in encouraging recovery.”

“Within the ward environment there is a noticeable change to the ambience. There is a more relaxed air, less heightened emotion and tension.”

(ward teams)

Impact for the people receiving care

Patients and relatives were also mostly positive about the impact of the work to promote recovery. We heard positive feedback from patients at all of the wards taking part in the pilot. Sometimes patients and their relatives were more positive than the staff about the impact.

"This is the most valued I've ever felt."

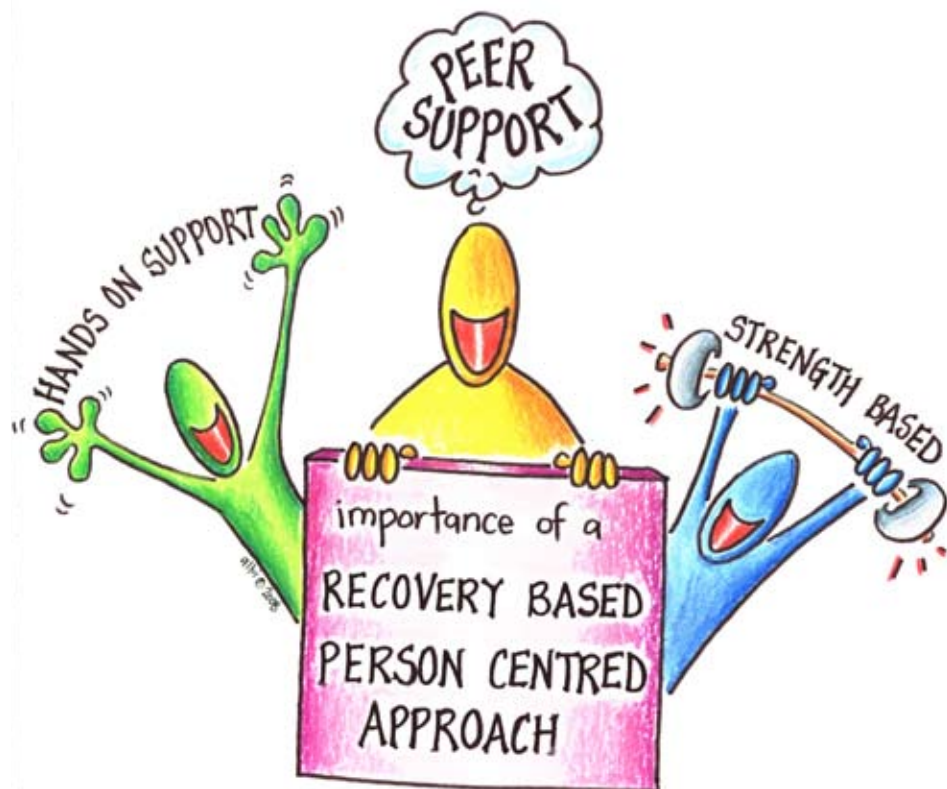
"The nature of my illness is that I find it very difficult to cope. The staff are more hopeful than I am."

"I've been here a long while. This place has felt better in the past few months."

"I have seen a difference since the last time I was a patient here. I feel I have hope and that everyone in the ward gives support to each other."

"Sometimes there are new patients coming in and the things that staff had planned don't happen. But I think the staff are doing their best."

(patients on pilot wards)



Impact for members of the Leadership Team

The different team members brought different experience and skills – living with mental health problems, delivering the services the team were supporting, and around how change happens.

The individual members of the leadership team described benefits for themselves and impacts they had seen in other members of the team.

- Learning about recovery.
- Learning how to influence people and help them to learn and change what they do.
- Learning new skills that people could then use in their other roles and/or personal lives.
- Personal satisfaction from helping staff in the ward teams to learn and seeing benefits for them and for their patients.
- Making contact with people from other health board areas through the national learning and networking.
- Getting support from each other through periods of professional or personal uncertainty.

“We knew we were in it together if any idea doesn’t work out and goes wrong, and we recognise and support the ward team when it goes right.”

(Leadership team)

Lessons from the project

Factors that contributed to the impact

This is what we identified across all the sources on the factors that contributed to recovery becoming embedded into the activities of a ward and having an impact for the people using that service. The list includes aspects of the support from the leadership team, what was happening with the wards and external factors, and are consistent with the findings from other research around change and innovation.

- The leadership team having enough time, skills and being able to be flexible enough to work alongside each ward team as well as being part of the overall project.
- People seeing recovery as being as much about values as about technical skills – so how staff thought of their patients and how they valued each other, as well as using skills around recording person-centred plans, for example.
- The charge nurse in a ward team taking ownership and leadership in making recovery part of what happens in that ward. The ideas and practices were then shared among the other staff on the ward.
- There was networking with staff and teams in other places. People had positive encouragement from other teams who were part of the pilot and other people with an interest in recovery.



**“It is about allowing people to grow.
Give them the practical resources they need.
Be challenging and nurturing.” (leadership team)**

- The team had high expectations of themselves and other people also had high expectations of the team.
- There was a culture of learning and innovation within the team. People felt it was possible to make changes. The team also recognised that they were making changes and valued what they were achieving – because they saw it themselves and/or because their patients and other people told them.
- The team knew that these changes are important. The changes and the people were affirmed by being part of the pilot project in Ayrshire and Arran and being part of a high-profile national initiative.
- The team knew that they had support from managers, such as encouragement to try things which might not work and support to keep going even if the impacts slowed.
- The team had access to external resources that helped them start and maintain change, including the support from the leadership team and training.

Factors that made it more difficult

These are the circumstances when teams found it more difficult to maintain progress for part of the period of the pilot. These factors can reinforce each other: for example, when a team begins to have staff absences or vacancies, it becomes harder to find time to network with other people or release staff for training.

- There was pressure to make the support from the leadership team to each ward fit with another timescale or plan, but this overall project or a particular ward's circumstances were different or had changed.
- The people in the leadership support team changed part-way through, or found it more difficult to give the time needed.

- The ward team did not feel that they could achieve change – for example, because previous suggestions had not been followed up or because the pattern of work felt unpredictable.
- The team was or felt isolated from other parts of the mental health services, or found it difficult to network with the other teams in the pilot or with wider recovery activities.
- The team was under pressure, such as high staff turnover or sickness, or changes in their working environment.
- The team were struggling to see whether they were achieving the impacts they wanted.
- The team had less access to training and/or other sources of learning support.

“Part of the learning has been recognising the different time spans and paces of change in different wards. One of the 3 wards has needed more time for the initial stage than the others, but the timings in the initial plan did not take account of this. So we have learned that we need to make the flexibility and plan to stay with the wards longer. The experience so far is that this is really a 2 year project.” (Leadership team)

“The leadership team being there and listening, being a sounding board. Letting me and the rest of the team talk through a problem and work the answer out for ourselves. So it taught us how to take more responsibility around learning and developing our practice.” (Charge nurse on a pilot ward)

“Take the journey together.”

(Staff team at a pilot ward)

What next?

Continue to embed recovery in the pilot services

- Continue access to training such as Tidal Model for the staff in the 5 wards who have not yet received it, and for other people they work alongside.
- Make time and space for the ward teams to continue to try new ideas and continued access to someone who can provide an encouraging external perspective.

Extend the approach to other Mental Health services in Ayrshire and Arran

- Recruit a new leadership team – some of the existing team who are able to continue, some people from the pilots and some other enthusiasts.
- Adapt the model and develop it in a planned, incremental way. Repeat the approach in other settings, including other in-patient areas and at least one community team.
- Encourage staff to look at ways to learn from and with their patients – for example, including them when thinking about ways to reorganise activities on the ward to create more space and time for 1:1 work and discussion groups.
- Make sure there is management support and that the staff in the participating teams have the resources and time to develop and maintain links with other teams as well as taking part in the training.



- Keep linking in to other learning and related service developments. Make sure staff in other areas can also get access to the training and reinforce the links with Continuous Professional Development.
- Send round updates about what is happening to all parts of the mental health services, with staff and patients telling their peers.

“We would love to do this [be part of the leadership project in the next stage]. I think helping another staff team would also teach us even more, keep us learning and on our toes.” (Nurses on a pilot ward)

“The next round should make sure that all 3 aspects are highlighted.

- It is a way of supporting learning among staff, and between staff and patients.
- It is a way of engaging with patients.
- It can benefit all people, not just those with mental health needs.”
(Leadership team)

Wider lessons for Ayrshire and Arran

- Repeat the model in other settings. One example could be the growing emphasis in self-management which will be an integral part of the Long Term Conditions Collaborative which is getting underway.
- Take advantage of national programmes.
- Involve staff, patients and relatives when looking for solutions.



“I feel this is the start of a bright future in terms of care and treatment of patients, and for staff.”
(Nurse on a pilot ward)

Points for national leadership projects

- Allow longer for the planning stage – either a longer discussion period, or an initial application followed by a longer period to work out the details.
- Accept that work to support change and innovation will need to be flexible and is unlikely to follow the initial plan.
- Build in opportunities for shared learning across pilot areas, such as the leadership workshops in this programme.
- Keep a focus on reflective learning.
- Keep the approach of offering help when local areas have difficulties and putting people in touch with others.

“I liked the way the whole thing was about taking responsibility for your own learning rather than being taught. It worked for us as a team from a health board. And then we used that approach with the ward teams, and the charge nurses used it with their staff teams. And it is what they then do as they work alongside patients to help them in their recovery.”
(Leadership team)

Further information

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