



CASCADING
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THE LEADING CHANGE PROJECT

NHS Ayrshire and Arran Leading Change Project

Embedding recovery approaches into service delivery and culture

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

August 2008



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Acknowledgements

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

Outside the Box wants to thank

- All the staff on the pilot wards who shared their experiences and helped create opportunities for patients and staff to contribute.
- The people who were receiving services and their friends and relatives who took part.
- The members of the leadership team.

Introduction

About the Leadership project

This project is part of the Scottish Government's mental health Leading Change Project. NHS Ayrshire and Arran is one of 8 NHS boards running a project in their area to take forward change on an aspect of the priorities set out in Delivering for Mental Health. The projects were to begin in 2007 and were intended to last one year.

The project in Ayrshire and Arran has focused on bedding in recovery approaches and a culture of recovery into mental health services. It centred on working alongside staff in service teams and helping them identify ways to introduce and extend recovery approaches in the very specific context of their ward.

The 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.

About this evaluation and this report

This is an independent evaluation of the Leading Change project which has been commissioned by the leadership group from Outside the Box Development Support.

The report draws on a range of sources. There were 2 sessions with the leadership team – one in March and one in July 2008. Members also fed in additional material by phone and email.

We got information from 31 members of staff working in the pilot wards.

- Teams discussed the questions we asked and sent in their shared response through an on-line survey and by sending written notes.
- Individual members of staff completed the online survey.
- We met with staff individually.
- We met with small groups of colleagues from a particular ward.
- The people who took part included Ward Managers, Charge Nurses, Qualified Nurses, Health Care Assistants and student nurses, and included staff from each of the wards taking part.

We got feedback from 22 patients and 9 relatives from the pilot wards. The information comes from people who are in touch with all of the wards taking part in the recovery leadership project.

- We gave short questionnaires for patients and for relatives/carers to the ward staff and asked them to distribute these. People could leave them with staff or post directly back to Outside the Box.
- We went to each of the wards and talked to patients and to visitors. The type of discussion depended on what people wanted, and included: short discussion with people who were patients, short discussions with relatives, discussions with several patients and joint discussions with someone and their relative.
- The questionnaires listed statements that reflected what a recovery-based service would do and the impact it would have. These were drawn from research and good practice statements available through sources such as Scottish Recovery Network and work that Outside the Box has done with recovery networks across Scotland.

Statements about recovery-focused mental health services

I have [my relative/friend has] opportunities to talk about my experiences and my story if I want to.

I am listened to.

I feel I have hope.

I feel safe.

The staff at the hospital are interested in all parts of my life, such as keeping in touch with my friends.

I have an opportunity to talk to other people about what helps us recover or about keeping well.

I have enough information about my care and treatment.

I am able to tell people what I want to happen about my treatment and care.

Staff in the ward have enough time to listen to the patients.

Staff talk about recovery and are positive about the future for people.

The staff know what the other staff are doing.

Staff seem positive about their own roles.

“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)

What the leadership project did

Scope of the project

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 teams of 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, to the roles of the ward team.

The focus has been on services which 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.

What the leadership team did

These were the activities over the planning and setting up stage.

- Deciding to make an application for a leadership project around recovery, drawing on work such as the Mind Your Health discussions and Ayrshire Recovery Network activities: these had already involved people who used mental health services and their families and staff across a range of settings.
- Identifying the members of the leadership team. The team included managers from a range of mental health settings, including those which were not part of the pilot, someone who worked in a different direct care setting, someone from a local authority team, someone who had lived experience of mental health problems and a non-executive member of the NHS Board.
- Preparing the application and getting formal approval from the Mental Health Programme Board and NHS Board.
- Attending the first national leadership workshops.
- Identifying the learning set facilitators and setting up the local learning sets, which were an integral part of the project and complemented the national learning.

Quotes

“The timing was good for us. We wanted this to be part of shaping something positive. The feeling was that we should not wait until everything was settled before taking on a project like the leadership programme, because the project could itself contribute to the overall change.” (Leadership team)

These were the activities over June – October 2007.

- Exploring a range of recovery approaches and identifying which would be more useful in these settings.
- Setting up the first Tidal Model training for staff from the pilot wards and others, and planning further training for early 2008.
- Feeding back to colleagues through the Mental Health Programme Board.
- Linking the leadership project to work around the Scottish Recovery indicators.
- Involving staff, people who use the services and their carers in planning the work in each of the 3 pilot settings.

By early 2008, the on-going work with the staff at the 3 pilot settings had begun. The pace of the contact in each place varied, reflecting the circumstances of that ward or team and the availability of the team of 3 people from the leadership project.

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

Quotes

“These meetings have been invaluable in exploring progress, highlighting any emerging issues and developing next steps, both for us and for the staff in the pilot areas.” (Leadership team)

“We have learned that we need to be realistic about our own capacity. We all gave the commitment at the planning stage, but circumstances can change. So we need to plan for this in any follow on work and take account of it now.” (Leadership team, March 2008)

How the team worked

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 1 or 2 wards over the year.

The reasons and intended benefits around working in these ways were:

- Establishing a different type of relationship - more confiding and where people could bounce off ideas.
- The leadership team members could challenge the ward team's line manager or their peers – in that team or in other parts of the service – if needed.
- Persisting, encouraging the staff and their manager to work on something until they find the solution and it comes right.

Quotes

“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)

“We approached and worked with the pilots in a Recovery focussed manner, that is working with strengths, positive risk taking (i.e. not directing their course etc), assisting sourcing the resources they were looking for, training, and developing a forum for peer support”.

“If you ask us what we do, we would all probably say nothing really, or not very much.” (Leadership team)

As part of the evaluation we looked at what 'nothing' consists of - what the sustained support means in practice. These are the main elements that the team identified.

- Being accessible to staff on the wards – making time to be there, being flexible in how and when the team met them.
- Taking an interest in that setting – what they do, who their patients are, what issues they are working with.
- Being encouraging.
- Showing people how their role and their part of the service fits into the overall jigsaw.

The leadership group identified the role of the co-ordinator as important in supporting them. This is what the coordinator did.

- Bringing personal trust and credibility with all the members of the team, including people from a service user background.
- Being able to talk over difficulties with members of the leadership group: for example, 2 people were uncertain about whether they should continue, talked it over with her and each decided to stay on.
- Knowing people in the mental health services – who does the group need to talk to if we need assistance.
- Paying attention to the progress of the overall project as well as supporting the individual strands.

What impact the project had

Impact for the staff on the wards

Senior staff in each ward talked about the leadership project. Some other staff referred mostly to training about recovery which they had attended over the past year, but in some settings all the staff were aware of many aspects of the leadership project and related activities.

The people who were directly involved with it were positive about the role of the leadership project.

- People know more about recovery and were now in touch with on-going sources of information such as SRN and Ayrshire recovery activities.
- Staff identified specific outcomes around how they delivered care and the impact for their patients. They also identified benefits around how teams worked together.
- A minority of staff saw the recovery project as being mostly about staff receiving training. This included staff who had come to these wards since the project began.
- 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.
- The people who saw little impact yet from the leadership project were still positive about the prospect of working in a more recovery-based and patient-centred way.

Staff identified 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.

Quotes

“Support from peers, networking, learning about examples of recovery orientated care and good practice.” (Collective response from staff team at a pilot ward)

“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. The patients are happier, and the level of staff sickness absence has dropped.” (Nurse on a pilot ward)

“More understanding of how people feel in hospital and how important our support and engagement in encouraging recovery.” (Nurse on a pilot ward)

“Before I went on the Recovery training I thought I was providing an excellent service. Following the training, when we came back and looked at our case notes with fresh eyes, I was shocked to realise how alike they were. Each one could have belonged to a number of different patients. I didn’t understand how personal and individual each case file should have been. I know now!” (Nurse on a pilot ward)

“The staff are now designing their own Recovery leaflet for patients, and the plan is to have a Recovery Path along each side of the corridor, giving information and a visual representation of someone’s journey. A sort of Recovery Trail.” (Response from team at a pilot ward)

“Working in a strengths-focussed way has also improved team work - greater understanding of each other, closer working relationships and increased appreciation of each others skills.” (Nurse on a pilot ward)

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

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.

- Some people who had been in hospital for a long time, or had a previous admission over the past year or so, described how things had improved.
- Patients and their relatives and friends give specific examples of support and care that reflected recovery-focussed practice.
- In some settings, people thought that the staff were trying to make time to listen to patients, but were struggling.
- Some times patients and their relatives were more positive than the staff. We met patients who were positive about the care they received and how staff worked in a recovery-focussed way while some staff on that ward said it felt difficult to work in a recovery-focussed way and that there was not yet as much impact as they would like to see.

There were some aspects of practice that were less positive for a minority of patients and their families. The main aspects were having hope, feeling that they could say what they wanted around treatment and care, being listened to, and feeling safe.

- People explained that they or their relative/friend was experiencing distressing symptoms or was unwell in other ways, which was why they did not feel hopeful.

- Some people noted that they or their relative were not always able to express themselves. Other people thought the problem was that staff were not listening.
- Several people - patients and carers - described situations when another patient was unwell and their behaviour had been abusive or frightening.

Quotes

“My problem was sorted out; [linked to being listened to]

“I go into the unknown future with confidence.”

“This is the most valued I’ve ever felt.”

“I feel the staff give me hope and put me on to people who can help me when I leave hospital.”

“The staff inspire hope.”

“I have been going to the discussion group since I was readmitted. This is excellent.”

“I was in this ward at this time last year. Compared with then, the staff are now more understanding, and made time to both talk and listen to me”

“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.”

“The staff work well together. Points that I discussed with the staff I met when visiting are passed on to colleagues. This inspires confidence for the patients and relatives.”

“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.”

“When the staff talk to us it is good. They listen. But they seem to have so much paperwork and computer entries to do, that they didn’t have enough time to give the patients.”

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

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. These included:

- 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.

People identified both the work that was done in Ayrshire and Arran and their participation in the national masterclasses and learning sets as ways they gained from the leadership project.

Quotes

“I thought it was important and it made sense for other parts of my life.”

“It’s a more effective way of finding out what is going on – listening to the people who deliver services and use services.”

“I’m still enthusiastic. I can see great potential for change.”

“I have been part of supporting people to make a different type of change happen and have supported a development in the culture of the NHS.”

“The Forth Valley connection has been great. People in both areas have got a lot from that.”

“There are so many positives about learning that is not being directed. I’ve been part of it at the national support and in the learning sets here. It’s completely changed the way I think about how people learn.”

(all from members of the leadership team)

“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.” (Patient on a pilot ward)

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.

- 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.
- The overall leadership team having a mix of skills and experiences, and being able to respond to the requests made to it.
- People seeing recovery as being as much about values as about technical skills – so how staff thought of their patient 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 of making recovery part of what happens in that ward.
- Enthusiasm and optimism around the process of working in a more recovery-focussed way among all the people involved– staff in that team and other people they work alongside
- 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.
- The ward had a calm atmosphere. Pressures were seen as part of the tasks and anticipated and/or dealt with. People felt it was possible to make changes.
- The team had high expectations of themselves and other people also had high expectations of the team.
- The team were not under a lot of pressure, such as staff absences or a high turnover of staff.
- There was a culture of learning and innovation within the team – for example, going on the first round of any training, coming up with suggestions of ways to adapt processes to better reflect the needs of their group of patients.
- The team 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, with 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 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.

- Pressure to make the support from the leadership team to each ward fit with another timescale or plan, when this overall project or a particular ward's circumstances have changed.
- The people in the leadership support team changing part-way through, or finding it more difficult to give the time needed.
- Finding it difficult to network with the other teams in the pilot or with wider recovery activities.
- When the staff had low expectations of themselves and other people had low expectations of them
- The ward team did not feel that they could achieve change – for example, because previous suggestions had not been followed up.
- The team was or felt isolated from other parts of the mental health services.
- 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 found it difficult to anticipate or deal with the pattern of work, such as responding to admissions or crises
- The team had less access to training and/or other sources of learning support.
- The team were more familiar with top-down developments and had less experience of flexible or self-directed learning.

The factors identified by the leadership team and staff from the pilot sites are consistent with the factors identified through a substantial body of research around change and innovation as supporting innovation and making innovation more difficult.

Quotes

“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 charge nurses saw their role as encouraging, inspiring and supporting the other staff.” (Leadership team)

“None of us understood how personally challenging it would be, for us or for the people in the wards who are taking part. This learning approach is uncomfortable for some people as it is much less structured than people are familiar with. But we have been able to say this and so support each other.” (Leadership team)

“Change in mental health services comes with risk. We have learned that any leadership or change work in this field needs to help staff on the ground and managers deal with both the perceived and the real risks.” (Leadership team)

“Funding for training. Support when things have been going well and even more support when the team had lost focus. Ideas. Motivation. Sense of feeling valued.” (Response from team at a pilot ward)

“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)

“We’ve learned that you need to stick at it to get access to a team, be around. Recognise that it may take longer than you expect for some settings. It takes time for you to get started working alongside a team and for them to be able to start working with you. For example, there may be practical reasons, or it is the type of work they do, or there are staff shortages, etc.” (Leadership team)

“Looking back, the pace set by the Scottish Government was too fast at the beginning. It would have been better if the people in Ayrshire and Arran who were part of the leadership team had longer to get to all know each other first and take a bit longer over the planning stage.” (Leadership team)

What next?

The notes here draw on the suggestions from the ward teams, their patients and the relatives, and from the leadership team. They also draw on the recognised good practice and evidence around supporting change and innovation and around promoting recovery values and practice.

Continuing to embed recovery in the pilot services

Both the leadership team and the ward teams are clear that the project has just started the process of building recovery-based practice and values into the work of these 5 settings.

These are the elements that people in both roles think are needed over the next year or so.

- Continued 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.
- Time and space for the ward teams to continue to try new ideas.
- Introducing the action learning set principle to the ward settings, as further support to the staff in those settings.
- Continued access to someone who can provide an encouraging external perspective – either the current members of the leadership team or some other people with the same roles and values.
- Recognition that there is more to do by managers and others in the mental health services.

Quotes

“Training for staff who currently haven't had any.” (Nurse on a pilot ward)

“Continuing to work alongside the wards. Developing the relationship and continuing to help them reflect and build on what they are achieving.”
(Leadership team)

“The experience has been a bit of a roller coaster ride, exciting, exhilarating and scary all at the same time, but overall a very stimulating positive experience for staff and patients. Staff recognise that we are at the beginning of this journey and that we have along way to go but we are all looking forward to the ride. Staff are discussing and teaching student nurses about Recovery and hope the university will catch up and teach more about Recovery.” (Staff team at a pilot ward)

Extending it to other Mental Health services in Ayrshire and Arran

The leadership team and the staff in the wards also saw benefits in extending the project to other mental health teams in Ayrshire and Arran. They also agreed that this was something that had to be planned carefully.

The plan from the leadership team is to continue but adapt the model, and to do it in a planned, incremental way.

The leadership team

- Recruit a new leadership team – some of the existing team who are able to continue, some people from the pilots and some other enthusiasts.
- Have someone who does the job as one of the people working with each ward team. Ideally, this will be staff who were part of the pilots.
- Continue to have action learning sets to support the people supporting the change.
- Continue to have someone taking on a co-ordination role.

Level and style of the next stage

- Repeat it in 4 settings, including other in-patient areas and at least one community team. There should also still be a focus on having an impact on the patients who are the most vulnerable.”
- Keep working with the champions at team or ward level and encourage them to become part of the leadership team.
- Extend the Tidal Model training to the next round of ward or team settings, to people who work alongside them.
- Make sure staff have space to reflect and understand the importance of having time to reflect.
- 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.
- Build in the action learning set approach from the outset to the future sets of participating ward teams.

Links with other mental health services in Ayrshire and Arran

- Keep linking in to the Charge Nurse Leadership Programme and the training around the 10 Essential Shared Capabilities.
- Use the management structure in Ayrshire and Arran to make sure that these related initiatives do join up – for example where the same people are managing several things.

For the next phase, the leadership project should show the benefits for people in other parts of the mental health services as well as for the teams taking part.

- Recognise that staff move in and out of wards/teams. So let the staff who move across continue to get access to training, shared learning, information about the recovery events, and also let the staff moving in get a chance to find out about what colleagues have been doing and learning.
- Make sure staff in other areas can also get access to the training.
- Send round updates about what is happening to all parts of the mental health services, with staff and patients telling their peers.
- Reinforce the links with Continuous Professional Development.

Quotes

“Designated time to meet and liaise with others. Managers who believe in recovery and can offer ideas suggestions and follow up to keep the ethos alive.” (Staff team on a pilot ward)

“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)

“This is a good opportunity to start it off, when the new teams are getting established.” (Leadership team)

“The aim should be to recognise that the system needs to recover as well as individual patients do.” (Leadership team)

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

Responses to questions we asked staff as part of the evaluation

What advice would you give to staff who work directly with patients when the project comes to them?

“Expect highs and lows! Don't expect to know it all. Don't think it will be easy.” (Nurse on a pilot ward)

“Think values based. Give the patient ownership and work on their strengths not their needs. And engage with the patient.” (Nurse on a pilot ward)

“Stay focussed. Look to alternative ways to help your patients. Fresh ideas and goals that may be completely different from usual (institutional) way of working.” (Staff team at a pilot ward)

“To take the journey together.” (Staff team at a pilot ward)

What advice would you give to managers?

“Understand the massive change and challenges being faced by staff and be visibly supportive. Promote confidence in staff to try new ideas and accept that they may not all be successful. Facilitate protected time for staff to work in a Recovery based way.”

“Provide support/guidance to your staff. Giving all staff the opportunity to attend all relevant training or in house training.” (Staff team at a pilot ward)

“Act on feedback, whether positive or negative, from those implementing recovery.” (Staff team at a pilot ward)

Wider lessons for Ayrshire and Arran

The experience of the recovery leadership project suggests lessons for the overall NHS in Ayrshire and Arran.

- Repeat the model. The model of a leadership team – a mixed group of people championing and supporting change in clinical teams – was worked well, and could be used in other settings. One example is 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. Being a project within a national programme has also had benefits. These have included access to advice and information, and the validation for the work that is being done locally. Other services may also have opportunities to take part in national programmes.

- Look at how other systems interact with the change that you want to achieve. The experience of this change project also highlighted the ways in which other systems and processes can reinforce or unintentionally reduce the impact of efforts to promote positive change. For example, the focus on developing professional skills in staff reinforced and gave a context to the learning for many of the ward staff. On the other hand, some staff were concerned that the arrangements for recording patient information used new technology but were still based on the needs that patients had and on a medical model which did not reflect the aims of recovery-focussed care and promoting self management.
- Involve staff, patients and relatives when looking for solutions. The people involved in the recovery leadership project also came up with possible solutions around recording case notes – keep the elements that work, check out models for recording information and setting plans for patients' care that reflect good practice around strengths-based approaches and person-centred care, and ask patients and their relatives what information they think should be recorded.

Quotes

“I thought they would just come along and tell me what the good practice was, be quite directive. Because that is the way the health service generally works. But they didn't. So what we have come up with is our solution, and it is more likely to stick.” (Nurse on a pilot ward)

“The charge nurse Leadership courses have also been a good help.” (Nurse on a pilot ward)

“I'm a bit worried that the new system for recording care plans will become a reason for people not supporting patients to plan their own care and build on their strengths. It shouldn't get in the way of a recovery based approach, but it might.” (Nurse on a pilot ward)

“Being part of a national programme has been a help. It's brought recognition for the ideas and approach within Ayrshire and Arran.” (Leadership team)

“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)

Points for national leadership projects

These are the suggestions for future national change programmes. They include things that support positive change and ways to reduce the difficulties that were experienced in Ayrshire and Arran. (The Scottish Government has commissioned a separate evaluation of the overall Leading Change Project.)

- 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.

Quotes

“The best masterclasses were the ones where people made you think and didn’t give you answers.” (Leadership team)

“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

A shorter report from the evaluation is on the Outside the Box website:
www.otbds.org

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