An evaluation of the impact of the Chief Nursing Officer's Review of Mental Health Nursing

Stage 1 Report

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Executive Summary

The Chief Nursing Officer's (CNO) Review of Mental Health Nursing in England reported its findings in 2006 (DH 2006a), making 17 key recommendations to improve Mental Health Nursing. Subsequent publications aimed to provide organisational guidance for the implementation of the recommendations in Mental Health NHS Trusts and Primary Care NHS Trusts (Trusts) and Higher Education Insitutions (HEIs) (DH 2006 b; DH 2006 c). The publication of the CNO Review stimulated debate in the professional community (Brimblecombe and Tingle 2007, Brooker 2007) and it was recommended that there should be a formal evaluation both of progress towards implementation and impact of the recommendations in practice and education. In 2007, the Department of Health commissioned a 2 year evaluation of the implementation of the CNO recommendations. This report summarises the first stage of this evaluation, an e-survey of all relevant Trusts who deliver mental health services (n=68) and HEIs who deliver pre-registration mental health nursing education (n=50) in England.

The survey aimed to gather a National picture of:

- rated importance of the CNO recommendations by Trusts and HEIS, in terms of priorities, and implementation progress of recommendations, including specific strategies in place, dates for completion and anticipated likelihood of achievement by target dates
- perceived facilitators and barriers to implementation of the recommendations influencing progress to date and future progress
- successful and less successful Trust and HEI implementers, providing a sampling frame for selection of Trusts and HEIs for in-depth case studies in phase two of the study

A total of 42 Trusts (63.6%) and 40 HEIs (80%) completed the survey.

<u>Key Findings</u>

- The survey clearly indicates that the CNO Review has stimulated specific activity in all organisations responding to the survey with all having made some progress in the implementation of the recommendations and accompanying suggestions (*'making change happen points'*).
- 11 of the recommendations were ranked similarly in terms of priorities by Trusts and HEIs though there were also some marked differences in priorities between Trusts/HEIs
- Statistically significant differences between Trusts and HEIs ranking of priorities of the 16 common recommendations emerged in the following areas:
  - Recommendation 12 - *Improving inpatient care* was rated as priority 1 by Trusts and priority 13 by HEIs *($p = 0.006$)*
  - Recommendation 3 - *Providing evidence-based care* was rated as priority 10 by Trusts and priority 3 by HEIs *($p = 0.006$)*
  - Recommendation 12 - *Improving recruitment and retention* was rated as priority 16 by Trusts and priority 9 by HEIs *($p = <0.006$).*
  - Recommendation 15 - *Working effectively in multi-disciplinary teams* was rated as priority 11 by Trusts and priority 5 by HEIs *($p = 0.042$)*

- Whilst all organisations ranked highly the importance of adopting both recommendation 1 (*Applying Recovery Approach values*) and recommendation 5 (*Strengthening relationships with service users and carers*) in terms of implementation progress these were rated low for both Trusts and HEIs.
- In terms of specific implementation activity, 91% of Trusts responding to the survey indicated that implementation of the CNO Review recommendations were either built into overall organisational strategy or had led to overall Trust strategy being reviewed. Only 9% reported 'little' or 'no' implementation activity. 82% of Trusts had set specific implementation target dates with 58% considering it likely that they would meet overall targets by due dates.
- 90% of HEIs responding to the survey indicated curricula had been reviewed in response to the CNO Review recommendations and the 'Best Practice Competencies and Capabilities for Pre-registration Mental Health Nurses' (DH 2006c). Key aspects of curriculum development activity to date and planned were focused around '*Increased user involvement in courses' and 'Strengthening partnership working with practice'*.
- The survey highlighted key differences between Trusts and HEIs in terms of the level/seniority of the organisational lead for implementation of the recommendations. In Trusts the overall lead for implementation was most commonly the Director or Assistant Director of Nursing and within HEIs the lead for implementation was most commonly a lecturer.
- In terms of perceived facilitators to implementation to date and for progress in future of the review recommendations, a range of factors was identified. '*Organisational engagement'* and *'Staff commitment and motivation'* were seen as common facilitators in responses from Trusts and HEIs. Other facilitators were identified as *'joint working approaches'*, *'harmonization with other national policy initiatives'*, *'performance monitoring'* and *'input from users and carers'*.
- A range of factors was identified as actual or potential barriers to implementation of the recommendations to date or in the future. Common barriers in responses from Trusts and HEIs included *'competing priorities'* and *'lack of funding/staffing issues'*.
- This stage of the study has enabled the identification of a sample of HEIs (n=6) and Trusts (n=6) to be selected for stage 2, in-depth case studies, over the next 9 months. Each sample has been drawn from 3 each of those scoring high and low on implementation progress.

1. Background

In April 2005, the Chief Nursing Officer for England (CNO) announced a major review of mental health nursing and, following a widespread consultation with a range of key stakeholders, the final report made recommendations for current and future mental health nursing practice and education (Department of Health 2006a). A 'Self assessment tool-kit' for Mental Health Trusts (MHTs) and 'Good practice guidance for pre-registration mental health nursing education' were subsequently published (Department of Health 2006b, Department of Health 2006c), the latter providing specific guidance for HEIs on curriculum content related to the recommendations of the CNO Review.

The Chief Nursing Officer's (CNO) Review of Mental Health Nursing in England reported its findings in 2006 ((DH 2006a), making 17 key recommendations to improve Mental Health Nursing. Subsequent publications aimed to provide organisational guidance for the implementation of the recommendations in Mental Health NHS Trusts and Primary Care NHS Trusts (Trusts) and Higher Education Insitutions (HEIs) (DH 2006 b; DH 2006 c). The publication of the CNO Review stimulated debate in the professional community (Brimblecombe and Tingle 2007, Brooker 2007) and it was recommended that there should be a formal evaluation both of progress towards implementation and impact of the recommendations in practice and education. In 2007, the Department of Health commissioned a 2 year evaluation of the implementation of the CNO recommendations. The study and findings outlined in this report relate to the first phase of a three stage, 2 year study. Stage 1 comprised a survey of all Mental Health and Primary Care Trusts (Trusts) delivering mental health nursing services and Higher Education Institutions (HEIs) who deliver pre-registration mental health nursing education in England. The survey sought to provide a rigorous, evidence-based assessment of both progress and impact of the CNO review, to help identify key facilitators and barriers to change and to enhance the sharing of good practice. The second phase of the study, currently ongoing, involves in-depth case studies of 6 Trusts and 6 HEIs and the third phase will be a repeat of the stage 1 survey.

2. Aims and Objectives

2.1 Aim

The aim of stage 1 of the study was to evaluate both the progress towards and the impact of the implementation of the CNO review recommendations in Trusts who deliver mental health services and Higher Education Institutions (HEIs) who deliver pre-registration mental health nursing in England.

2.2 Objectives

The objectives of the study were to:

i. establish a national picture of the implementation of recommendations in both Trusts and HEIs;

ii. examine key facilitators and barriers to implementation of the recommendations;
iii. identify Trusts and HEIs who have most and least successfully implemented the recommendations.

The survey aimed to gather a National picture of:

- rated importance, in terms of priorities, and implementation progress of recommendations, including specific strategies in place, dates for completion and anticipated likelihood of achievement by target dates
- perceived facilitators and barriers to implementation of the recommendations influencing progress to date and future progress
- successful and less successful implementers, providing a sampling frame for selection of Trusts and HEIs for in-depth case studies in phase two of the study

3 Study Design

3.1 Sample

Sixty-eight Trusts delivering mental health services in England were identified from the Department of Health and Health Care Commission databases. Fifty HEIs offering pre-registration mental health nursing courses in England were identified from the Nursing and Midwifery Admissions Service (NMAS) and University and College Admissions Service (UCAS) databases.

3.2 Recruitment

In order to ensure high levels of participation, organisations were contacted to identify names of Directors of Mental Health Nursing (MHN) or organisational equivalent for the Trusts and MHN Branch Leaders or the most appropriate individual in the HEIs.

3.3 Data collection method

A structured, web-based, secure electronic survey accessed by emailed web link was used as the data collection tool. The survey conprised Likert rating scales and some open ended questions.

For Trusts, questions focused respondents on progress towards implementation (based on the self assessment toolkit format (Department of Health 2006b)). The questions for HEIs focused on progress towards implementation of the specific recommendations for HEIs in the CNO review and subsequent 'Good practice guidance for pre-registration mental health nursing education' (Department of Health 2006c).

In addition, open ended questions required respondents to identify:

i. three key facilitators and three key barriers to progress;
ii. levels of organisational priority/ownership for overall implementation, and for each recommendation;
iii. specific implementation strategies in place and dates for completion;
iv. anticipated likelihood of achievement by the target date.

For each of the open ended questions, responses were subsequently collated based on common themes arising.

3.4 Ethics/clinical governance

Nottingham Research Ethics Committee confirmed that for Trusts the survey constituted service evaluation/audit and research governance approval would not therefore be required. Instead, clinical/audit governance approval was obtained for all Trusts. For HEIs, ethical approval was obtained from the School of Nursing, Midwifery and Social Work Ethic's Committee at The University of Manchester.

4. Results

Forty-two Trusts (63.6%) and 40 HEIs (80%) completed the survey. Two organisations declined participation: one Trust as it recruited only small numbers of MHNs and one HEI as its pre-registration education contract had recently expired. The remaining organisation did not respond to the survey.

4.1 Trust responses – recommendation priorities and implementation progress

4.1.1 Trust ranking of priorities for each of the CNO recommendations.

Trusts were asked to rank all 17 CNO recommendations in terms of the priority within their organisation on a Likert scale (5 = very high priority to 1 = very low priority). The 17 recommendations have been categorised from highest to lowest ranking of importance as rated by all responding Trusts in England (Table 1). The total score indicates the combined scores of all responding Trusts.

Ranking	Recommendation (CNO review number)	Total
1	Improving inpatient care (12)	199
2	Strengthening relationships with service users and carers (5)	189
3	Applying Recovery Approach values (1)	187
4	Improving physical well-being (7)	185
5	Holistic assessments and managing risk effectively (6)	184
6	Promoting equality in care (2)	182
7	Providing psychological therapies (8)	177
8	Meeting the greatest need (4)	173
9	Increasing social inclusion (9)	172
10	Working effectively in multi-disciplinary teams (15)	170
11	Providing evidence-based care (3)	169
12	Responding to the needs of people with substance misuse problems (11)	167
13	Supporting continued professional development (16)	166
14	Developing new roles and skills (13)	160
15	Recognising spiritual needs (10)	155
16	Improving recruitment and retention (17)	153
17	Strengthening pre-registration education (14)	151

Table 1: Overall ranking of Trust organisational priorities for the 17 CNO recommendations.

There was some variation in the levels of organisational priority for implementing the recommendations (range 52-85, mean 69.5), (min score 17; max 85).

4.1.2 Trust progress with implementing the CNO recommendations.

Trusts were asked to rate their levels of implementation for each of the 17 recommendations and the seventy accompanying *making change happen points*. To establish overall levels of organisational implementation scores for each of the 17 recommendations, the scores for each of the *making change happen points* associated with each recommendation were added together. This provided a proxy measure of implementation for each recommendation within Trusts. There were variations in levels of implementation based on the sum of accompanying suggestions with scores

ranging from 195 to 295 (mean 251.5; missing data 18/2940 cells = 0.6%). This has enabled perceived levels of implementation for each recommendation to be ranked for Trusts overall. Table 2 outlines the ranking of each of the 17 recommendations according to implementation progress.

Ranking	Recommendation (CNO review number)	Total	Mean	Missing (n)
1	Holistic assessments and managing risk effectively (6)	1053	175.5	-
2	Working effectively in multi-disciplinary teams (15)	857	171.4	-
3	Strengthening relationships with service users and carers (5)	1015	169.2	1
4	Strengthening pre-registration education (14)[1]	161	161.0	1
5	Recognising spiritual needs (10)	159	159.0	-
6	Developing new roles and skills (13)	315	157.5	-
7	Improving physical well-being (7)	469	156.4	1
8	Improving inpatient care (12)	2166	154.7	1
9	Responding to the needs of people with substance misuse problems (11)	306	153.0	-
11	Promoting equality in care (2)	602	150.5	2
10	Providing psychological therapies (8)	599	149.8	
12	Meeting the greatest need (4)	292	146.0	2
13	Improving recruitment and retention (17)	145	145.0	-
13	Supporting continued professional development (16)	722	144.4	1
15	Applying Recovery Approach values (1)	970	138.6	4
16	Providing evidence-based care (3)	680	136.0	3
17	Increasing social inclusion (9)	269	134.5	2

Table 2: Implementation of CNO recommendations for Trusts based on the ranking of accompanying suggestions (*making change happen points*) (full implementation to no implementation).

Table 3 outlines the ten most and least implemented accompanying suggestions (*making change happen points*) from the CNO review.

Ranking	Accompanying suggestions (making change happen points)	Total
1	All MHNs to have ready access to advice and guidance from named and designated child protection professionals and know to whom they are accountable in relation to safeguarding children (6.6)	198
2	All MHNs to have an identified professional lead who can offer support and professional advice (15.2)	194
3	All MHNs to have access to advice on how information can be provided without breaching confidentiality (5.3)	181
4	All MHNs to have access to support systems for identifying and addressing stressful situations, eg: opportunities to raise with managers issues that cause work stress; regular clinical supervision; advice from professional leads; staff counselling services (5.5)	181
5	All assessments to identify any risk of self harm, self neglect, abuse from others and violence towards others. Care plans to reflect these issues and this to be audited (6.2)	180
6	Modern Matrons to be given sufficient authority to ensure that cleaning standards are met and maintained, and for this role to be part of their annual appraisal (12.9)	178
7	Individual risk assessments and risk management plans in inpatient settings	177

[1] Only one question for recommendation 14, 'Strengthening pre-registration education' was included for MHT/PCTs.

	to include assessment of possible risk to service users posed by others (including the risk of intimidation or sexual violence), in addition to risks presented to self or others (12.1)	
8	All MHNs to work assertively and professionally within multidisciplinary teams and to identify any factors preventing this (15.1)	174
9	All ward managers to agree with their manager any actions needed to develop their leadership skills through annual individual development plans (12.8)	173
-	To identify ways of encouraging and celebrating nursing achievement, eg through annual awards, publicising good practice, actively supporting publications in professional journals and conference presentations (15.5)	173
62	Service providers to consider developing local career frameworks to support education and workforce planning and career development advice (16.3)	133
-	To establish arrangements whereby the MHN workforce in the future will reflect diversity in the communities served, for example by: profiling the current workforce against the populations served; forming links with local community groups; advertising in minority publications; publicising the contribution made by existing MHNs from minority backgrounds; providing opportunities to develop support workers (2.3)	132
63	To carry out 'paper reviews' to identify and remove duplications in administrative processes and to shift routine administrative tasks to non-professionally qualified roles (12.13)	132
64	Service users to be routinely involved in the recruitment, education and assessment of all MHNs (1.6a)	131
65	Inpatient services to develop arrangements to break down barriers with local communities, eg through: open days; inviting local media in; forming links with voluntary groups (9.2)	126
66	To consider the identification of specific time for continuing professional development for each nursing role and include within job specifications (16.4)	124
67	MHNs working in care management roles to arrange for direct payments to service users where they choose this (1.3)	117
68	Carers to be routinely involved in the recruitment, education and assessment of all MHNs (1.6b)	117
69	All new community staff to spend time in inpatient settings as part of their induction, and vice versa (12.7)	110
70	MHNs completing postgraduate level courses to produce articles/summaries of their research for possible publication and/or internal distribution (3.2)	109

Table 3: The ten most and least implemented accompanying suggestions (making change happen points) from the CNO review (range 109-198, mean 154).

Table 4 provides a comparison of ranked priorities and implementation progress indicating some marked differences between priorities and progress. This may give some indication of which of the recommendations are easier or harder to implement.

Recommendation	**Ranked Priority**	**Implementation Progress ranking**
Improving inpatient care (12)	**1**	**8**
Strengthening relationships with service users and carers (5)	**2**	**3**
Applying Recovery Approach values (1)	**3**	**15**
Improving physical well-being (7)	**4**	**7**
Holistic assessments and managing risk effectively (6)	**5**	**1**
Promoting equality in care (2)	**6**	**11**
Providing psychological therapies (8)	**7**	**10**
Meeting the greatest need (4)	**8**	**12**

Increasing social inclusion (9)	**9**	**17**
Working effectively in multi-disciplinary teams (15)	**10**	**2**
Providing evidence-based care (3)	**11**	**16**
Responding to the needs of people with substance misuse problems (11)	**12**	**9**
Supporting continued professional development (16)	**13**	**13**
Developing new roles and skills (13)	**14**	**6**
Recognising spiritual needs (10)	**15**	**5**
Improving recruitment and retention (17)	**16**	**13**
Strengthening pre-registration education (14)	**17**	**4**

Table 4: Comparison of ranked priorities and implementation progress for Trusts.

4.1.3 Trusts implementation strategies for the CNO review recommendations

Most Trusts reported some activity in the development of a specific implementation strategy for the CNO recommendations. Just over half (57%) reported that this had already been formalised and built into an overall organisational strategy and 34% indicated that the strategy had been or was being reviewed. However a small number of Trusts (n=4, 9%) reported little or no implementation activity to date. The data for this question is summarised in table 5.

Specific implementation activity	n	%
Built into overall organisational strategy	23	57%
Strategy reviewed or being reviewed	14	34%
Little or no implementation activity	4	9%

Table 5: Implementation progress of CNO review in Trusts.

Just under half of Trusts reported having set specific target dates for implementation of the CNO review recommendations (Table 6). These dates ranged from five year plans to plans which were about to be completed. Seven Trusts (18%) had set no specific target dates. 24 Trusts (58.5%) considered it 'likely' that they would hit targets overall by due dates with the remainder 'neutral' then 'unlikely' (rating: very likely to very unlikely).

Target dates	Number of Trusts
No targets set	7
Plan to be imminently completed	1
Ongoing plan	4
Quarterly plan	1
Annual plan	3
Two year plan	1
Three year plan	6
Five year plan	2

Table 6: Target dates for implementation of CNO review set in Trusts.

4.2 Higher Education Institutions (HEIs) - – recommendation priorities and implementation progress

4.2.1 HEIs ranking of priorities for each of the CNO recommendations.

HEIs were asked to rank 16 of the CNO recommendations[2] in terms of the priority within their organisation on a Likert scale (5 = very high priority to 1 = very low priority). There were variations in these ranked priorities for the HEIs based on the sum of the 16 recommendations with scores ranging from 51 to 80, mean 67.1 (min score 16, max 80). An overall ranking of importance of individual recommendations for all responding HEIs in England was calculated (Table 7).

Ranking	Recommendation	Total
1	Strengthening relationships with service users and carers (5)	187
2	Applying Recovery Approach values (1)	182
3	Providing evidence-based care (3)	181
4	Promoting equality in care (2)	177
5	Holistic assessments and managing risk effectively (6)	175
-	Working effectively in multi-disciplinary teams (15)	175
7	Providing psychological therapies (8)	172
-	Increasing social inclusion (9)	172
9	Improving recruitment and retention (17)	169
10	Improving physical well-being (7)	167
11	Supporting continued professional development (16)	160
-	Developing new roles and skills (13)	160
13	Improving inpatient care (12)	158
14	Responding to the needs of people with substance misuse problems (11)	155
15	Meeting the greatest need (4)	153
16	Recognising spiritual needs (10)	141

Table 7: Overall ranking of HEI organisational priorities for 16 of the CNO recommendations.

4.2.2 HEI progress with implementation of CNO recommendation 14, 'Strengthening pre-registration education'.

Recommendation 14 of the CNO Review specifically focussed on '*Strengthening pre-registration education'* and included five accompanying suggestions (*making change happen points*). Survey participants were asked to rate their progress towards implementation for each of the five *making change happen points* of Recommendation 14. These ratings were then combined to provide a measure of overall HEI implementation of Recommendation 14 with scores ranging from 16 to 30, mean 21.1 (min score 6 to max 30). Each of the five *making change happen points* have been ranked from fullest to lowest implementation (Table 8).

[2] Recommendation 14, 'Strengthening pre-registration education' was treated as a separate question for HEIs.

Ranking	Accompanying suggestions (making change happen points)	Total
1	14.1 Higher education institutions (HEIs) to review pre-registration programmes to meet minimum competencies as set out in *'Best practice competencies and capabilities for pre-registration mental health nurses'*.	166
2	14.3 Service providers and HEIs to develop strong co-operative relationships to improve educational outcomes.	156
3	14.2 HEIs to consider adopting a range of different approaches to placements to improve benefits for students, eg longer placements and client attachment.	155
4	14.4a Higher education institutions to involve service users in every aspect.	146
5	14.4b Higher education institutions to involve carers in every aspect.	122

Table 8: HEI implementation of Recommendation 14 'Strengthening pre-registration education' accompanying suggestions (making change happen points).

4.2.3 HEI implementation of 'Best practice competencies and capabilities for pre-registration mental health nurses'

HEIs were asked to rate their overall progress towards the implementation of each of the six main themes from *'Best practice competencies and capabilities for pre-registration mental health nurses' (Department of Health 2006c)*, on a Likert scale (5 = full implementation to 1 = no implementation). Table 9, ranks the six main themes in terms of most to least implemented in all HEIs. Individual HEI implementation scores were also calculated. These were based on adding implementation scores for all six components for each HEI. Scores ranged from 20 to 30, mean 25.1 (possible scores from 6 to 30).

Ranking	Main competencies	Total
1	Communication	179
2	Values	176
3	Psychosocial care	168
-	Risk and risk management	168
5	Multidisciplinary and multi-agency working networks and relationships	161
6	Physical Care	151

Table 9: HEI implementation of '*Best practice competencies and capabilities for pre-registration mental health nurses*' themes (fullest to lowest implementation).

Challenging factors

HEIs were asked to identify which, if any, of the 6 key themes were most challenging to implement. Just over half of the HEIs responding listed factors they had found challenging in their efforts to implement the best practice competencies (Table 10).

Challenging factors	Frequency
Multidisciplinary and multi-agency working	9
Physical care	6
Communication with users and carers	5
Values	2
Psychosocial care	1

Table 10: Challenging factors to implementation of the CNO review identified by HEIs.

4.2.4 Overall HEI implementation of Recommendation 14 and 'Best practice competencies'

A combined score of implementation progress for Recommendation 14 **and** the 'Best practice competencies' was calculated to provide an estimation of overall HEI implementation for each HEI. A maximum score of 60 (full implementation) and a minimum score of 12 (no implementation) was possible. HEI overall implementation scores ranged from 35 to 53 (mean 43.7).

4.2.5 Curriculum development/revision activity related to the review recommendations and pre-registration 'Best Practice Competencies'

The majority of HEIs reported either having already reviewed, and revised their curriculum in light of the recommendations or being in the process of doing so. These are presented in Table 11 below, together with a number of specific areas or activities related to curriculum development or delivery. A small number of HEIs reported that many of the recommendations had already formed part of their curricula prior to the review being published.

Progress to date on implementation	**Frequency**
Review of curriculum carried out	26
Revision of curriculum completed or in progress	36
Curriculum already reflected recommendations and few changes needed	4
Specific revisions to curricula	
Increased user involvement in course design, delivery or assessment	8
Mapping of curricula to best practice competencies and capabilities	6
Strengthened partnership working with practice	6
Inclusion of the recovery approach	5
Increased emphasis on physical care training	2
Creation of new staff roles	2
Development of longer placements	2

Table 11: Curriculum development/revision activity related to the review recommendations

The majority of HEIs identified future plans for furthering the implementation of the CNO recommendations in their organisations, mainly involving further discussion about and review/revision of curricula (see Table12 below). Again a number of HEIs described specific planned future areas for development.

Future plans for implementation	**Frequency**
Further revisions to curricula	15
Further discussion	10
Further review of curricula	8
Specific future plans	
Increased user involvement in course design, delivery or assessment	13
Strengthened partnership working with practice	10
Inclusion of the recovery approach	3
Development of more diverse and longer placements	2
Increased emphasis on psychological therapies training	2

Table 12: Specific future plans to further implementation of the recommendations in HEIs.

4.3 Comparisons of implementation priorities between MHTs and HEIs.

Eleven of the CNO recommendations appear to be ranked broadly similarly by both Trusts and HEIs in terms of priorities. However, there were also some statistically significant differences between Trusts and HEI ranked priorities for four recommendations (Table 13). Most notably recommendation 12 (*Improving inpatient care*) and recommendation 15 (*Working effectively in MDTs*) were ranked significantly higher by Trusts than HEIs. Recommendation 3 (*Providing evidence-based care*) and recommendation 17 (*Improving recruitment and retention*) were ranked significantly higher by HEIs than Trusts.

Recommendation	MHTs	HEIs
Improving inpatient care (12) *(p = <0.001)*	1	13
Strengthening relationships with service users and carers (5)	2	1
Applying Recovery Approach values (1)	3	2
Improving physical well-being (7)	4	10
Holistic assessments and managing risk effectively (6)	5	=5
Promoting equality in care (2)	6	4
Providing psychological therapies (8)	7	8
Meeting the greatest need (4)	8	15
Increasing social inclusion (9)	9	=8
Working effectively in multi-disciplinary teams (15) *(p = 0.042)*	11	=5
Providing evidence-based care (3) *(p = 0.006)*	10	3
Responding to the needs of people with substance misuse problems (11)	12	14
Supporting continued professional development (16)	13	=11
Developing new roles and skills (13)	13	=11
Recognising spiritual needs (10)	15	16
Improving recruitment and retention (17) *(p = 0.006)*	16	9
Strengthening pre-registration education (14)	17	-

Table 13: Comparison of ranked priorities of main recommendations for Trusts and HEIs

4.4 Reported implementation facilitators and barriers – Trusts and HEIs

Respondent were asked to identify three key factors which they considered had facilitated CNO recommendation implementation progress *to date* **and** three key factors which they considered would facilitate *future implementation* progress.

4.4.1 Factors facilitating implementation progress for Trusts and HEIs.

Key factors considered to be facilitators for the implementation of the CNO recommendations were identified by both Trusts and HEIs (Table 14). In Trusts, there was a strong consensus that *"organisational engagement with the review recommendations"* was the most important implementation facilitator for progree,

both to date and in the future. Almost all respondents identified elements related to this theme.

	Implementation Facilitators	
	Trusts	**HEIs**
For Progress to date	Organizational engagement with the review recommendations (36)	Joint working approaches (24)
	Harmonization with other national policy initiatives (8)	Staff commitment and motivation (16)
	Staff commitment and motivation (7)	Input of users and carers (14)
For Progress in Future	Organizational engagement with the review recommendations (30)	Partnership working (15)
	Harmonization with other national policy initiatives (10)	Review and monitoring of performance against recommendations (15)
	Development of joint working (6)	Links with users and carers (11)

Table 14: Key facilitators to implementation identified by Trusts and HEIs.

Trusts' views of engagement were characterised by a 'top - down' approach encompassing various elements such as: formal embedding of the implementation into the organisation's overall strategy or business plan, strong leadership and management support, a shared ethos with the recommendations, a willingness to promote discussion, consultation and feedback and the provision of resources for development. Various features of organisational engagement viewed as facilitators to implementation were described:

'Key champions in the service areas who have remained positive and promoted improvement' (Trust 31)

'Integrating into existing activity, integrating into business plan and integrating into strategic goals' (Trust 65)

Trusts reported '*harmonisation* [of the CNO Review recommendations] *with other national policy initiatives*' as the second most important implementation facilitator to progress to date and that this would continue to be an important facilitator for future progress. A typical comment included in this category was:

'In the main the CNO recommendations are reflected in general mental health policy and cross referenced with the Standards for Better Health Framework' (Trust 21)

'Motivation and commitment of staff' was the only common key facilitating factor identified in Trusts and HEIs being cited more frequently in HEIs than in Trusts. Some examples of comments included in this category were:

'Enthusiasm and energy of nursing staff and nurse leaders' (Trust 15)

'Cohesive team work, well motivated and eager to respond to policy changes in curriculum planning and development' (HEI 48)

In contrast to Trusts, HEIs identified as key facilitators to implementation, factors that appeared more collaborative and inclusive in nature. Most common of the HEI key facilitators identified was an approach to "joint working" within and without the organisation, with three quarters of respondents typically making comments similar to the following:

'Partnership working with local NHS trust and other organisations delivering mental health care' (HEI 18)

'Good relationships with partner organisations to support changes in practice and excellent 'Academic in Practice' activity, taking lecturers into practice as support for the learning environment, students and to further develop clinical focus' (HEI 39)

Almost half of responding HEIs identified the "input of users and carers" as a second key facilitator to implementation of the recommendations, especially linked to their input to curricula development:

'Service user and carer involvement in developing and teaching within the curriculum' (HEI 19)

'Involving service users and carers fully in ALL student activity (recruitment and assessment)' (HEI 48)

4.4.2 Factors perceived as barriers to implementation progress for Trusts and HEIs

Key factors considered to be barriers to implementation of the CNO recommendations were identified by both Trusts and HEIs (Table 15).

	Implementation Barriers	
	Trusts	**HEIs**
For Progress so far	Competing priorities[3] (29)	Competing priorities (16)
	Lack of funding (16)	Staffing issues (15)
	Lack of ownership of review recommendations outside the nursing profession (11)	Logistics of involving users / carers in educational settings (9)
For Progress in Future	Competing priorities (14)	Competing priorities (16)
	Lack of funding (14)	Lack of funding (7)
	Lack of national drivers to encourage implementation (5)	Limited skills base of staff (3)

Table 15: Key barriers to implementation identified by Trusts and HEIs.

Trusts and HEIs reported a range of competing priorities as the main key barrier, with three quarters of respondents agreeing, for example:

[3] This category included elements such as being overloaded with national policy initiatives, local changes and a perception that the CNO review priorities conflicted with those of the NMC review.

'The fact that it has had to compete with several other mainstream / must do initiatives including those against which the Trust's performance is more directly assessed (eg. CNST, Standards for Better Health). Although these do sometimes match or significantly overlap (eg. clinical supervision) there can sometimes be a conflict of competition for limited resources, including line managers' time' (Trust 7)

'An NMC decision to move towards a generalist rather than branch specific training' (HEI 13)

About half of the Trusts and a number of HEIs responding viewed '*lack of funding*' as the second most common key barrier to implementation with comments such as:

'The NHS financial difficulties have produced knee jerk changes rather than considered ones to new ways of working in some instances' (Trust 38)

'Further uncertainty about resources with annual commissioning targets' (HEI 37

About a quarter of Trusts responding perceived a third key barrier to implementing the review recommendations to be a '*lack of ownership of the recommendations outside the nursing profession*' with comments such as:

'Much of the philosophy of the review re: recovery, new roles, risk etc., fits with all professional groups and hence it is not always appropriate to limit this just to nurses' (Trust 15)

A third key barrier to implementation identified by HEIs, again relating to users and carers was the logistics of involving such groups in educational settings, particularly with regard to difficulties in remunerating individuals without affecting benefits:

'Problems around the use and misuse of service users and carers in the education arena particularly around payment' (HEI 3)

4.5 Organisational Ownership within Trusts and HEIs

4.5.1 Implementation lead

Almost two thirds of Trusts and almost a half of HEIs were able to identify an individual, or individuals, in their organisation with specific responsibility for overseeing the implementation of the CNO review recommendations. Table 16 shows the most frequently identified individuals for both types of organisation

Setting	Key implementation leads	Frequency
Trusts	Director of nursing	12
	Deputy/assistant head of nursing	9
	Nurse consultant	2
HEIs	Programme leader	8
	Head of mental health division	4
	Principal lecturer	3

Table 16: Key individuals identified to lead implementation in Trusts and HEIs.

4.5.2 Forums for discussion

Respondents were asked to identify whether the CNO was a specific agenda item on relevant senior level committees within their organisation. In most Trusts the CNO review was not a standing item at either Trust Boards or Senior Management Meetings (n=24, 58.5%). However, in both Trusts and HEIs about half of respondents were able to identify a forum in their organisation at which the CNO review had been an item for discussion. A minority of Trusts reported little or no discussion had taken place to date. Table 17 shows the most common arenas in which discussion was reported to have taken place for both types of organisation.

Setting	Key forums for discussion	Frequency
Trusts	Lead nurses' meetings	10
	Practice development groups	8
	Executive committees	7
HEIs	Programme management meetings	11
	Curriculum review meetings	9
	Mental health team meetings	4

Table 17: Key reported forums for discussion of implementation in Trusts and HEIs.

4.5.3 Consultation with others on completion of the questionnaire

Around half of Trusts and two thirds of HEIs reported having consulted with others in completing the questionnaire. The main groups consulted for each type of organisation is outlined in Table 18.

Setting	Staff consulted	Frequency
Trusts	Lead practitioners	7
	Deputy directors of nursing	6
	Modern matrons	4
HEIs	Mental health teaching staff	19
	Clinical staff	8
	Other mental health team members	7

Table 18: Key staff consulted for the completion of questionnaire in Trusts and HEIs.

4.6 Other relevant issues for Trusts and HEIs.

About one quarter of Trusts and half the HEIs took the opportunity to raise and comment on other issues of relevance to them. For Trusts there was only one common issue raised by respondents: that changing the culture of organisations had been a slow process (n=3). The range of remaining comments from Trusts was disparate and included: the necessity to address issues of funding; issues of involving children and disabled people; that the review should be wider and that it had raised the profile of nurses.

In HEIs there were two common issues raised: concerns about NMC priorities conflicting with those of the CNO review (n=3); the observation that the CNO report

appeared timely, just as some institutions had recognised a need to review their curricula regardless of any external driver (n=3). The range of other comments from HEIs appeared disparate and included: that child and adolescent, and legal issues had not been addressed; concerns about performance criteria; achievement and clinical supervision; the need for consistent financial support to be provided for users and carer group involvement.

5. Summary

5.1 Key Findings

- The survey demonstrates that all organisations have made some progress in the implementation of the recommendations and accompanying suggestions (making change happen points).
- Some appear to have been easier to implement than others.
- It is interesting to note that whilst all organisations ranked highly the importance of both adopting Recommendations 1 (*Applying Recovery Approach values*) and 5 (*Strengthening relationships with service users and carers*); there has clearly been some difficulty in implementing these for both Trusts and HEIs.
- Trusts and HEIs broadly agreed on the importance of each of the CNO recommendations, with the exception of four items which they significantly differed on: Improving recruitment and retention (17) *(p = 0.006);* providing evidence-based care (3) *(p = 0.006)*; Working effectively in multi-disciplinary teams (15) *(p = 0.042)*; Improving inpatient care (12) *(p = <0.001).*
- A range of factors were identified which were perceived by respondents as facilitating the implementation of the CNO review including; organizational engagement with the review recommendations, joint working approaches, harmonization with other national policy initiatives, and staff commitment and motivation.
- A range of factors were identified which were perceived by respondents as barriers to the implementation of the CNO review including; competing priorities, lack of funding, and staffing issues.
- The survey also highlighted the differing organisational importance placed on implementation of the review recommendations. Most Trust responses were completed by Director of Nursing or equivalents, for HEIs completion was often by Lecturers. This may highlights disparities in the two different types of organisations, with mental health nursing only occupying a small part of the HEIs focus but a major part of Trusts.
- This stage of the study has enabled the identification of a sample of HEIs (n=6) and Trusts (n=6) to be selected for stage 2, in-depth case studies, over the next 9 months. Each sample has been drawn from 3 each of those scoring high and low on implementation progress.

5.2 Limitations

There are several limitation associated with the survey. All surveys are subject to errors of sampling, coverage, measurement and non response (Dillman 2000). Online surveys have been criticised as particularly susceptible to sampling and coverage error (Koch and Emrey 2001) though since this survey aimed to recruit a population of which all the members were known and could be targeted, the opportunity for such self selection bias was vastly reduced (O'Neill and Penrod 2001). The potential for

measurement error due to poor presentation of the study instrument including design, length and complexity (Reips 2002) was also minimised by keeping the questionnaire simple and with minimal downloading time (Mertler 2003, O'Neill et al. 2003). It has been suggested that non-response error or drop-out rate for web-based surveys is affected by a number of factors interacting in complex ways. However much appears to rest both on the subject matter of the survey and participants' intrinsic motivation for its completion (O'Neill and Penrod 2001, O'Neill et al. 2003). The above average response rates to this survey questionnaire (63.6% for Trusts and 80% for HEIs) suggests that respondents were generally interested and motivated to take part in the survey. The use of a web-based questionnaire to undertake the survey presumed both access to email / internet and adequate levels of computer literacy amongst the study population. It may be possible that some non-respondents, despite being high level managers in the public sector, may have been discouraged from responding due to the format of the instrument.

A number of considerations were taken into account in the preparation of the study questionnaire: piloting of the instrument for clarity of instructions and use, checking the instrument's availability on different web platforms and for configuration errors, using a unique password allocation to guard against multiple submissions and establishing a robust security system to afford protection to participants and maintain reliability of the data (Mertler 2003).

A small number of Trusts gave feedback on the questionnaire and deemed the format to be user-friendly. However, several elements that could have been improved were also identified by Trusts.

- Inclusion of a mechanism for allowing respondents to save their responses in order to return to complete at a later date prior to return the fully completed questionnaire instrument. This would have been possible but would have incurred additional cost and therefore was not included.
- The ability to print off a copy of their completed response.
- An automated acknowledgement of receipt
- Avoidance of technology failures at the time of submission.

Although the web-based survey instrument had limitations, it was nonetheless a useful tool for this study and may have been particularly effective because it was used to reach a known, specialist sub-group whose members were likely to have both email and internet access (Reips 2002, Truell et al. 2002).

6. Next steps

Phase 2

The University of Nottingham will conduct a series of in-depth case studies with six HEIs and six Trusts in England selected on the basis of these findings.

Phase 3

The survey will be repeated in 15 months time using the same sample and data collection methods. Analysis will include comparisons between baselines and follow

up data to identify areas of significant progress or delay, both within individual HEIs and Trusts and overall to identify a national picture of change.

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