South London and Maudsley NHS

NHS Foundation Trust

Culture, Quality and Transformation: Delivering our Vision and Values

An Organisational Response to the Francis Report – Summary Report

Introduction

The government commissioned Robert Francis QC to report on failings at the Mid-Staffordshire NHS Foundation Trust, between 2005 and 2008. His report is damning, and makes very uncomfortable reading, with stories about patients left in their own faeces, patients so thirsty they had to drink water from flower vases and patients suffering without adequate pain relief. It became clear that some of the worst stories from the hospital were not isolated incidents, but the culture at Mid-Staffs had become insidiously so damaged that such occurrences had become normal practice.

One of the overwhelming messages of the report is that the 'culture' within Trusts (and perhaps the wider NHS) needs to change. Too often the system makes it easier to comply with poor care, rather than challenging it.

All Trusts and FTs are expected to carefully consider the Francis report and its recommendations and produce a response which is right for the organisation. A response which is agreed by the Trust Board is expected both by our regulators and commissioners.

The SLaM Francis Working Group has been tasked to develop an organisational response to the Francis Report, and draft a proposal. The group acknowledge that an Organisational Development strategy would be the usual and logical vehicle for delivering a programme of culture change. The Trust does not have a current OD strategy, and it is expected that the Trust's OD strategy will be developed over the next year, with the full involvement of the new Chief Executive. The essential elements of this Francis response will be considered in the light of the development of that strategy. Also in this context the Workforce Strategy also encompasses some principles of our Francis response within its broad themes of organisational development, leadership, productivity and engagement.

It is acknowledged that SLaM is in a period of transition and the plan may need to be adapted. Nevertheless progress has been and can continue to be made in developing a coherent approach to the provision and development of quality patient centred care, within available financial resources.

Purpose

The purpose of this paper is to present a model which has four essential elements as the vital components of SLaM's Francis report response. It will provide some background information and a framework with some quick gains within SLaM, and plans for other longer term pieces of work. It outlines what we are aiming to achieve in terms of organisational culture, and the values which we wish to embed.

Background – the Trust's Mission, Goals, Purpose, Approach and Ways of Working

This paper refers you to the Trust's Mission, Goals, Purpose, Approach and Ways of Working set out in the Trust's Strategic Framework 2012-15.

There are many elements of our Strategic Framework which are particularly relevant to culture, quality and transformation, such as our mission 'Everything we do is to improve the life experience and outcomes of people who use our services and to promote mental health well-being for all'.

Our five commitments are paramount to building mutual and respectful relationships with each other and service users:

★ *be caring, kind and polite*   ★ *be prompt and value your time*

★ *take time to listen to you*   ★ *be honest and direct with you*

★ *do what I say I am going to do*

The Trust's Strategic Framework provides the authority to move forward on all aspects to embed within our Trust cultures which would protect against any future widespread failure of care. A new model is emerging from conversations within the Trust, which consists of just four essential elements

1.   Creating the right culture for positive challenge and positive action

2.   Working with service users in a spirit of co-creation and co-production

3.   Looking after staff, each other and ourselves

4.   Assuring the quality of patient care in every corner of the Trust

The Francis Report calls for a change in culture. The risk of stating that "cultural change is needed" is that the precise changes needed to improve quality are not identified and therefore real change that 'sticks' such as change in practice and process is not achieved.

In complex multifaceted organisations there is likely to be sub-cultures within an overarching culture and hence there may be nuances in cultural differences in teams and services, and professional groups. The Francis Report provides an opportunity for individuals, teams, professional groups the CAG Executives, Trust Executive and Board to:

•   Identify and keep the components of organisation culture that are working well
•   Identify and change those components that have a negative effect
•   Provide a framework and systematic approach within which teams and individuals can take responsibility for making changes to practice

Working to achieve cultural change is not a new phenomenon within SLaM and for staff at all levels of the organisation - since the Trust's inception in 1999 staff have been actively involved in retaining and changing components of the cultures.

SLaM developed five commitments (indicated earlier) that identify the core behaviours expected of everyone. In addition to these, it is helpful to identify core

leadership and management expectations and behaviours to achieve change in systems and practice. In order to help identify where the effort needs to be focussed, it is helpful to consider this at organisation, team and individual level.

1.   **Organisation** culture is set by the top of the organisation, the Board, Trust Executive, CAG Executives and corporate leadership/management teams have a responsibility to make explicit the espoused values and align these values through their behaviour. They also have a key role to support and challenge teams and individuals to act in a way that consistently demonstrates the Trust values to each other, patients, families, carers and stakeholders. As the Board holds overall responsibility for assurance, clear methods to assess against standards are required. The Board needs to be visible, listen and respond to feedback from patients, families, carers, staff, stakeholders, partners and commissioners.

2.   **Team** effort focuses on ensuring teams have a clear purpose, objectives, adequate resources, leadership, management, clear roles and responsibilities. Engagement in reflective practice, team appraisals, clear measures of success for performance, team coaching and links with other teams and stakeholders are cited in the research as important components of effective team work. It is important to have clear methods to listen and respond to feedback from patients, families, carers, staff (such as colleagues, professional supervisor, line manager, other teams) and external stakeholders.

3.   **Professional group** effort focuses on developing professional practice, competency, confidence and excellence.

4.   **Individual** effort focuses on recruiting and developing the right people with behaviours aligned to the organisation's values. Individuals need timely, day to day feedback on successes and areas for development as well as through formal processes such as appraisals, supervision, talent management systems and development programmes. It is important to have clear methods to listen and respond to feedback from patients, families, carers and staff (such as line manager, colleagues and professional supervisor). Individuals need to have clear expectations regarding work role and opportunities to develop and care for self and others.

The Model

Since the Francis report was published there have been many conversations and events were staff have had the opportunity to discuss the implications of the report for the NHS and the Trust. The Francis working group have distilled these thoughts and ideas in to a simple model from which a plan for change is emerging. There are four essential elements to the model:

1.   **Creating the right culture for positive challenge and positive action.**

One of the aspects of the culture at Mid Staffs was that staff did not feel able to challenge poor or unacceptable practice, and that challenge fell on deaf ears.

A culture of positive challenge goes hand in hand with a culture of positive action where staff and patients can see problems and concerns being addressed, and improvements made as a consequence. Staff will not challenge poor or unacceptable practice if the belief is that nothing will be done to change it.

2.   Working with service users in a spirit of co-creation and co-production.

Mental Health services have always acknowledged the importance of working collaboratively with service users as individuals and groups. This ideal has been enforced by successive national mental health strategies. The Francis report recommends strong collaboration as a key defence against poor patient experience, and the development of damaging cultures.

3.   Looking after staff, each other and ourselves

One of the key challenges of the Francis Report is to ensure that the organisation, CAGs, teams and individuals within it, continue to provide compassionate care. The research literature strongly supports the position that failures of compassion are normal, and compassion is highly influenced by working relationships, staff support systems, organisation factors, and the senior leadership. The question for the Trust is; what is it about the organisation's systems, processes and culture which would stop staff from adopting behaviours consistent with the 5 commitments.

The evidence is clear that trusts with higher levels of staff engagement have higher patient satisfaction scores, have consistently safer services and they also perform better financially.   The key principle here is, that it is easy to blame individuals rather than fix the faults which lie within the organisational systems, processes, and culture.

4.   Assuring the quality of patient care in every corner of the Trust

The Board is accountable for the quality of all services throughout the Trust and in order for the Board to be assured of that quality; they have to have information and intelligence which can be triangulated to give robust evidence of service quality.

Whilst the Trust has volumes of information about its services, this information is not always the right information, and is not always used effectively to manage service quality. This is about ensuring that the right metrics are chosen, the chosen metrics are presented in a way which they can be understood, and the information is used to monitor and drive quality improvement.

These four elements will be driven by the leadership (note: leadership does not always follow heirarchy), and leadership commitment to quality of care, and organisational and cultural change. These are in line with the key messages from the Francis report and analysis from health leaders from the Kings Fund, professional bodies and other commentators.

Two other essential ingredients are vital if the model is going to work. They are:
- Enagaging all staff as the model is developed and implemented
- Simplifying the message. The message must be clear and simple and confident – a mantra.

Within each element there are long term work streams and quick wins. The table below unpicks these quick wins and work streams and presents them in the form of a summary plan.

The following summarises actions for embedding this model in different ways across the Trust.

	Existing work streams and quick wins	Longer term work
1.Creating the right culture for positive challenge and positive action	- Commit to a schedule of leadership walk rounds in all CAGs. 'Walkrounds' are designed to encourage a mature attitude towards reporting and resolving risk and quality issues, by inviting staff to discuss issues with senior leaders and other stakeholders. - Recruitment – testing for 5 commitments in addition to clinical/ technical/ leadership/management competencies in place - Programmes developed and dates set for the autumn for leaders managers and frontline staff to participate in coaching conversation training and development - Senior clinical staff co –delivering coaching programme project for front line clinical staff	- Conduct a programme of facilitated conversations with staff about: - The Francis report - Culture within teams - basic care and compassion - personal / and professional responsibility. - Removing the obstacles for all staff to challenge poor practice in all corners of the Trust. - Developing a culture of intolerance to problems which impact on patient care. - Affirming positive challenge with positive action. Identifying key niggles which can be fixed to make life easier for staff and patients. e.g. reducing the number of ePJS screens for mandatory completion. - Central SLaM QI resources working collaboratively to ensure a coherent, systematic approach to team based improvement work and team development.
2. Working with service users in a spirit of co-production and co-creation	- Review the structure and process for service user participation. Move to non-hierarchical and widespread – (involving as many as possible). - Recruit service users and carers to internal inspection (PAV) Teams - Deliver planned Carers coaching programme	- Removing the obstacles to participation of service users/carers within key operational meetings. - Introduce a process whereby skills can be given to/ gained by staff who have no experience of working collaboratively with service users. - Set % targets to achieve meaningful user involvement in key roles / positions/ professions - Develop policy of service user involvement in all key recruitment processes

3. Looking after staff, each other and ourselves	• Invite Trust Board and Executive to review their behaviours and the impact of those behaviours on the way the organisation works. • Commit to the mental health promotion team's well being initiatives. Promoting staff mental well-being with a series of interventions at individual, team and organisational level to promote the positive mental health and wellbeing, including mindfulness, stress awareness, mental health awareness for line managers and Mental Wellbeing Impact assessments. • Deliver Service line leader/ senior clinical programme over autumn 2013. (A shared leadership pilot has been completed within Psychosis CAG; for team leaders and Consultants). • Joint HR Business and SP programmes to help leaders and managers manage change and develop best performance • Non clinical staff programme being negotiated • Deliver service user involvement training / responsibilities for Senior Managers.	• Promoting and marketing SLaM values, and expected behaviours. • Conduct staff support surveys informed by information systematically collected about staff experience (SEDIC) • Plan to address wider psychological / organisational impact of violence and aggression. • Launch Schwartz rounds as a means of allowing staff to get together to reflect on the stresses and dilemmas that they have faced • Joint HR Business and SP programmes to help leaders and managers manage change. • Consider developing a senior role leading staff partnership and engagement (as Oxleas have done successfully).
Assuring quality of care in every corner of the Trust	Focus on two big ticket high impact items from the Quality Governance Framework review: 1. Commit resources to delivering an early warning quality indicator 'cockpit' capable of reporting down to team level. 2. Invest in an annual schedule of standardised self assessments and validation against essential / fundamental standards of care.	• Aligning the Measurement of Quality throughout the organisation, making a clear link between Quality Governance and Quality Programme delivery so that when problems are identified and prioritised to take through to projects to lead to improvement. • Conduct detailed review of Quality Governance arrangements.