

ORGANISATIONAL CULTURE AND THE ROYAL FREE

THE 'CARE' PHILOSOPHY

Introduction

To truly achieve excellence in care we need a paradigm shift towards people-centred health care. Our aspiration must be to have high quality, safe health care delivered by a valued team of providers who have pride in their work. This document lays out a process by which the Royal Free can achieve this. If successful it is anticipated that this programme will benefit both patients and healthcare workers leading to a cycle of continued improvement, confidence, satisfaction and good performance.

Culture – fundamental principles

Standards have driven the quality agenda in the NHS and financial balance has been achieved for many organisations. However, high on the DoH agenda are the words compassion, dignity and humanity. It is acknowledged that these areas of care are of fundamental importance and have sometimes been forgotten in the efforts of the last few years. Placing them as primary objectives, embedded in the heart of service delivery, will build on the achievements of the NHS and further improve performance. It will enable us to deliver 'personalised care' that is sensitive to all the wide ranging needs of our patients. It will also encourage organisations to create a culture where we value our staff and understand that that they are our greatest asset.

Patient Safety continues to be one of the greatest priorities for the NHS. To enable our patients to be managed in the safest of environments demands a culture of openness and transparency.

Therefore culture is not a soft option – it is the core component of safe, high quality patient care.

This issue is high on the national agenda. Below are several publications that highlight the importance of organisational culture, each one with a different focus. Taken together the message is clear; the NHS needs to improve the patient and staff experience. To do this there needs to be focus on changing behaviour throughout the health service, cascading from senior management throughout the organisation:

- **NHS Confederation. Great expectations: What does customer focus mean for the NHS?** This report examines what establishing a customer focus means for the NHS and draws on the experience from nine organisation leaders, from both outside and inside the NHS, who can talk about customer focus with considerable authority
<http://www.nhsconfed.org/issues/mediacentre-listing.cfm/pressrelease/607>

- **Department of Health. What matters to our patients, public and staff Nov 2007** This report consolidates and develops our understanding of what matters to patients, public and staff. This is necessary if the transformation of the NHS is to be connected to these critical groups. This is not about asking people for a wish-list of what they want, but about being clear on the things that really matter to them
http://www.dh.gov.uk/en/Publicationsandstatistics/Bulletins/theweek/DH_080355
- **NHS Confederation. Compassion in healthcare: The missing dimension of healthcare reform? May 2008-** This paper explores how, despite the scope and sophistication of modern healthcare, care and compassion appear to be under strain in health systems globally. It outlines the story of Robin Youngson, an anaesthetist and clinical leader in New Zealand, and his daughter's treatment in hospital after an accident. Through his prescription for compassion, Robin considers how to put the empathy back in to modern healthcare across the world. <http://www.debatepapers.org.uk/pdf/Futures-Debate-2.pdf>
- **Other recent publications include**
 - **Improving the Patient Experience: NHS Elect** The Royal Free is a member of NHS Elect
 - **Essay What the NHS needs to improve: four behaviours to sort our the health system - 'The flight of the flamingos'** Hadridge, Pow (Co founders of idenk – leadership management consultancy) JRSM2008 (Jan) 101:7-11

In addition customer focus and organisational culture is high on the international agenda, with several influential bodies reporting its importance. There is evidence that such changes lead to improved efficiency and effectiveness however, despite this, there are still problems delivering compassionate and appropriate care:

- **Patient Centred Care What Does it Take? Shaller report** – commissioned by Picker. Key factors to improve patient centred care are: engaged leadership, a clear strategic vision, involvement of patients and families, care for caregivers, systematic measurement and feedback, quality of built environment and supportive technology (April 2007)
<http://www.pickerinstitute.org/documents/PI%20Shaller%20Final%20Report.pdf>
- **People centred health care – A policy Framework. WHO 2007** This document points out that as health is influenced by a complex interplay of physical, social, economic, cultural and environmental factors, it must be seen in a broader context, with all stakeholders involved. There is a need to re-establish the core value of healthcare, which is health and well-being of all people as the central goal. This entails a more holistic and people-centred approach to healthcare, and a balanced consideration of the rights and needs (as well as the responsibilities and capacities) of all health constituents and stakeholders. Health systems, therefore, need to change.
<http://www.wpro.who.int/NR/rdonlyres/55CBA47E-9B93-4EFB-A64E-21667D95D30E/0/PEOPLECENTREDHEALTHCAREPolicyFramework.pdf>

The process in the RFH

When a series of investigations about untoward incidents were audited, it became clear that patient safety was compromised not because of ignorance and incompetence but because of system failures and cultural issues preventing challenges to decisions and the escalation of problems. Staff felt unable and ill-equipped to challenge colleagues, fearing criticism and possibly reprimand if they did so. It was also evident that the structures to address these 'cultural issues' were, at best, unclear. The conclusion was that there needed to be new structures and new ways of working in place. If patients are to be at the centre of our decision making process the culture of the organisation needed to be addressed. The Organisational Culture Group was set up as a high level, multi-professional group to scope, understand and develop a framework for action for the trust. With the support of the Chairman and Chief Executive the group was led by a Medical Director and a Non-Executive Director and met throughout 2007. Using the audit evidence from the serious untoward incidents, inpatient surveys, staff survey, safer patient initiative culture audit, patient complaints and sickness and absence trends it became clear that this was a wide ranging canvass. ***Patient safety is paramount however if it was identified by the working group that if there is to be real change then the heart of the issue needed to be addressed – the culture of the organisation. It is only by addressing this that real sustainable changes can be made.***

Therefore the Organisational Culture Group:

- Had an understanding of the underlying systemic and cultural problems in the trust, through examination of a set of untoward incidents.
- Concluded that new structures and ways of working were needed.
- Believed that humanity, dignity and compassion remain integral components of health care.
- Understood that the key to achieving the right culture is being clear about the behaviours that the organisation values.
- Secured high-level backing, created a multi-professional group and leadership for the work, and developed a framework for action.
- Paid attention to the fact that an enormous amount of cultural work that had already taken place in other groups, particularly the '*Patient Experience Strategy Group*', '*The Human Resources Strategy Group*' and the '*Marketing Strategy Group*'. The output of these work streams were taken into account and incorporated into the final analyses of the Organisational Culture Group.
- Determined that the output is a set of **values** CARE; and a **set of interventions**, to change some aspects our structure; some aspects of how the Board and management work; and some are about changing staff behaviours.

The group concluded that the behaviour of the staff at all levels needed to be examined. A set of values and a framework of interventions were established.

The set of values are known as the CARE philosophy for the Royal Free. They are:

C - I know how to positively **Challenge** others and be positively challenged by them

A - I take personal **Accountability** as part of the team and deliver my promises

R - I **Respect** the people I work with and the patients and customers I work for

E - I am expert at **Escalation**

An integrated bundle of interventions were developed based on the evidence collected and the output of a series of meetings. These covered 4 key areas: **expectations, feedback, support and consequences**. The challenge is to ensure that these four target behaviours are genuinely embedded in the day-to-day running of the Trust. Each area/behaviour has several elements (In total there are 19 modules of change)

Expectations – setting expectation for the staff and patients by:

1. Having Royal Free Values (CARE)
2. Service Standards for each area
3. Role expectations – clarity about job descriptions and including cultural values within them

Feedback – Measuring progress and obtaining feedback

4. Getting the most from patient feedback
5. Getting the most from GP feedback
6. Staff feedback – 360 appraisals
7. Feedback from near miss incidents – ‘rising tide’ incidents need to be evaluated in a timely fashion
8. Meaningful appraisal system
9. Measures for the Board to monitor culture

Support – providing all staff with the correct tools to do the job

10. Escalation protocols and training
11. Training for positive challenge
12. Scripts for customer service
13. Management development
14. Effective communications cascade

15. Organisational structure that has at its centre the patient experience

Consequences – consequences of good and bad behaviour must be effectively managed and this process must be transparent

16. Good behaviour is recognised and rewarding

17. Bad behaviour should be confronted

18. Poor performance should be recognised and rehabilitated

19. Recruitment needs to take account of the behaviours that we expect for our staff

The next step

The Trust continues to support this initiative at the highest level. The implementation of the CARE philosophy is one of the 4 major objectives for the Trust for 2008/9. This has been agreed by the Trust Board and the Shadow Members Council.

The CARE group will continue to be led by the Medical Director but will be supported by a new Organisational Director post which will be appointed in the summer (2008).

Adrian Tookman

Medical Director

8th June 2008