“Working as a whole organisation to build on a culture of improvement in order to deliver high quality and safe care for people who access mental health services is what we all strive for.”

Dr. Anushta Sivananthan, Consultant Psychiatrist/Medical Director, Cheshire and Wirral Partnership NHS Foundation Trust
Chapter 3

Culture

Understanding the characteristics of an organisation’s culture and how they can promote or impede improvement efforts is vital. This resource suggests an evaluative approach to understanding culture.

To bring about sustainable change, you must understand how to support the workforce to design and implement change.

The ‘how to’ implement and maintain culture, value and motivation for improvement requires constant efforts from all.

Current situation

‘Culture’ describes the rich pattern of social behaviour present in an organisation over time, including all spoken and unspoken rules, symbols, routines and stories. Culture binds together an organisation’s different parts, giving identity to the whole.

The NHS is multidisciplinary, multicultural and multi-level, involving all sorts of people, places, practices and procedures. Its diversity is one of the NHS’s greatest strengths. Binding all its people is the shared aim ensuring the safety, recovery and wellbeing of those who use the NHS. This forms the basis of a person-centred safety culture across the service.

Explicitly understanding and addressing culture plays a pivotal role in improvement. As staff strive to improve what they do in a dynamic and unpredictable world, they can find themselves held up by hidden or unacknowledged behaviour patterns and cultural conflicts. For improvement to flourish, NHS professionals need to understand the detailed cultural issues affecting every aspect of improvement.

Review of current thinking

Business scholars began studying corporate culture during the 1960s and 1970s, mainly developing typologies of structure (e.g. Handy 1993). Interest grew exponentially during the 1980s and 1990s with the rise of regional and global enterprises and the shift from vertically integrated manufacturing industries to horizontally networked knowledge and service-based ones. McKinsey consultants Deal and Kennedy (1982) borrowed the catchy phrase ‘the way we do things round here’ (page 4) to begin their exploration of culture, but this is too general for those charged with change and improvement.

Johnson (1988) found that organisations will often try to define their own culture and distinctness in a vision or mission statement and express it in the form of their corporate structure. These are areas where many leaders begin to influence their organisation’s culture explicitly.

A comprehensive definition is provided by Edgar Schein, for whom culture is:

- a) pattern of basic assumptions, b) invented, discovered or developed by a particular group, c) as it learns to cope with problems of external adaptation and internal integration, d) that has worked well enough to be considered valid, and e) is to be taught to new members as the f) correct way to perceive, think and feel in relation to those problems.” (Schein 1990, page 111)

Schein said culture is evident on three levels:

- **Artefacts**: the physical attributes of an organisation, such as its physical location, uniforms and observable ways in which people interact with each other and with outsiders.
- **Espoused values**: what is said outwardly about the culture, including slogans and mission statements, procedures and rules, norms and shared beliefs.
- **Basic assumptions**: the organisation’s subconscious, which is tacit and not evident through observation of daily routine or analysis of surveys. Basic assumptions carry information about deeply held values and truths over time.

The espoused values of NHS culture focus on delivering a public good – namely the safe provision of care and treatment for people who use services, as noted above, in a publicly funded and fully accountable system.
Recent thinking and practice on organisational culture have identified several approaches to culture that naturally support improvement. These include:

**Learning culture**

A learning organisation fully embraces all the different interests in an organisation and continuously draws positive lessons from deviation, failure and error.

**Listening culture**

A listening culture has moved from transmission (a speaking culture) to engagement. The most important factors in developing a listening culture are the attitudes of those at the top and the examples they set.

**Open and transparent culture**

For cultural change and learning to be sustained, people need to be able to act authentically in accordance with their personal beliefs and values. The flow of permissions, accountabilities, responsibilities and power relations must be transparent, balanced and fair.

**Just culture**

A just culture seeks balanced accountability. Wilful, reckless behaviour or blatant disregard for procedure should be dealt with fairly but firmly. However, competent, careful people can still make mistakes: any culture that routinely punishes people for errors misses the point that many accidents have systemic causes. First developed and used in the aviation industry to investigate and eliminate potentially catastrophic error, a just culture is defined as:

> “an atmosphere of trust in which people are encouraged for providing essential safety-related information, but in which they are also clear about where the line must be drawn between acceptable and unacceptable behaviour.”

*(Reason 1997)*

Just and learning cultures are complementary. A virtuous learning process can only flourish where staff feel able to report what goes wrong without fearing the consequences. Staff need to trust that being open and transparent about mistakes is the right and safe thing to do for themselves as well as for people who use services, their carers and families. Organisations win that trust by responding to mistakes in an honest, compassionate and scrupulously fair manner. These cultural elements combine to reinforce the overall safety culture that explicitly binds everyone working in the NHS.

Just culture as a concept was introduced into healthcare in 2001. David Marx (2001) outlined four categories of risk to patient safety that can shape an organisation’s response to mistakes. These are human error, negligent conduct, reckless conduct (or conscious disregard) and knowing violations. This provided trusts with a framework for establishing fair procedures for investigating mistakes that gave staff a voice.

Sidney Dekker (2016) further clarified a just culture as requiring a choice between being retributive or restorative. In organisations choosing the former, questions following mistakes are designed to find out who or what to blame and correct: questions in organisations choosing the latter aim to find out who needs help and who needs to provide it in a way that uncovers all the possible systemic causes. (See case study 11 ‘Developing a just and learning culture’).

England’s central NHS bodies see strengthening culture in NHS organisations as critical to the health system accomplishing its overriding task today: maximising clinical outcomes through innovation and improvement while minimising costs *(King’s Fund 2015)*. Many deliberate attempts to impose or strengthen a culture, especially in large or well-established organisations, fail to achieve their stated objectives. However, a planned strategic approach to culture change can improve the chances of success.

NHS Improvement offers a series of resources to help trusts plan strategic culture change. The resources concentrate on five elements found in high quality care cultures that are closely aligned with the values of the NHS Constitution.

> “In compassionate and inclusive leadership culture in healthcare, all staff focus on continual learning and through this, on the improvement of patient care.”

*West et al (2014)*

Similarly, the national strategy for improvement and leadership development, Developing People – Improving Care *(NILD 2016)*, published jointly by the main NHS arm’s length bodies, has as its highest objective developing cultures in NHS organisations that foster continuous improvement in population health, care for people who use service’s and value for money. The strategy draws particularly on the work of Michael West, an important contributor to thinking in this field.

> “Working on culture is essential, both strategically and operationally, for high quality sustainable care. The executive team at NHS Improvement recognises the importance of investing in work on culture and leadership, including a series of resources produced with provider organisations to support leaders to work on culture. We are also committed to applying the learning to our internal organisational development programme.”

*Suzie Bailey, Director of Leadership and Quality Improvement, NHS Improvement*
Practical issues

Many trusts have a thriving and positive culture that enhances and supports the organisation’s aims and objectives. The staff are motivated to deliver excellent care and are confident they will be supported to explore positive changes and developments (see case study 10 ‘Improving care quality by improving communication: the Albert Ward huddle’). They are also confident the organisation will take a non-punitive, just and supportive approach following a mistake, and a fair and systematic approach to understanding and learning from adverse incidents.

Staff in mental health trusts do their best for people who use services, their carers and families in highly complex and challenging circumstances. Everyone understands that high professional standards are essential in these circumstances because the consequences of deviating from them are so serious. (see case study 8 ‘Reducing use of physical restraint in inpatient units’).

Even trusts showing strong signs of a positive culture will want to test whether this extends across the whole organisation, including non-clinical services. Questions for a trust probing the strength of its culture are: Do our performance metrics tell a positive culture story? Does CQC feedback substantiate our own evidence? How can we maintain and augment our cultural strengths over time? Which areas need further attention? Where is there good practice that could be spread wider?

Such questions may reveal concerns about culture: the terms ‘toxic’, ‘punitive’, and ‘bullying’ have all been used to describe NHS organisational cultures in recent times. Serious cases may need external assessment and help. Statutory bodies such as the CQC and NHS Improvement may be involved, partly in exercising their regulatory responsibilities but also to give support: there may be very tough issues to address, especially in organisations that have struggled for some time.

In any organisation, one of the main cultural challenges is making sure the aspirations of individuals and teams align with the organisation’s ambitions. There are a number of ways for organisations to make sure all their activities reaffirm and strengthen their cultural values, including the following.

Working with people who use services

Many trusts have found working with people who use services, carers and their families invaluable in maintaining the motivation and vocational drive of their professionals. It helps professionals to emphasise and reaffirm ‘why we are doing this job.’

Displaying thanks

Clinicians frequently say how humbled they are by thanks from people they have served. Publicly displaying thanks from those who use services makes sure professionals and teams get the recognition they deserve, as well as inspiring other staff and encouraging other people who use services to do the same.

Values-based recruiting

Recruitment and interviewing practices that include motivational questioning make sure staff with congruent values join the organisation.

Clear modelling of values from the top

When all board members, including non-executives, visibly behave in line with a trust’s values, they send a powerful message that ‘this is how we do things around here’. Close links between board members and frontline services greatly strengthen this effect. Interview committees often include a mix of senior and frontline staff, but such links are less common in other areas of management, and worth extending.

Celebrating benefits for people who use services

Celebrating success is well known as a means of motivating staff. When success is measured in terms of benefits to the population a trust serves, celebrating a successful innovation or other improvement is always based on the measurable good effect it is having on that population. It shows that ‘how we do things around here’ is the right way to do things because it gets the right results for people who use services. Celebrating success measured in this way is an important means of reaffirming values as well as recognising achievements.

Working with public sector peers:

Truly understanding and sharing ambitions across organisations can be a helpful experience for those working in the public sector. Sharing tasks with people in other public organisations – possibly taking secondment opportunities in them – can broaden and augment awareness of a shared public service culture (see case study 9 “Developing an integrated health and wellbeing service”).

Working with the voluntary sector

Exposure to and affiliation with people who choose to give their time and skills voluntarily can be both sobering and inspiring for those who do not. Trusts that have developed seasonal collaborations with initiatives such as Crisis at Christmas and other national charities find them immensely valuable.

Summary

This chapter and its case studies are about understanding organisational culture and how it can impede and support improvement, as well as some approaches to culture change.

There are many different approaches to supporting cultural change – for example, a just and learning culture.

Our case studies share learning and offer an opportunity to connect with others wishing to achieve a similar environment.
References


Marx D (2001) Patient safety and the ‘just culture’: a primer for health care executives. Funded by a grant from the National Heart, Lung, and Blood Institute, National Institutes of Health, Columbia University.


Useful resources

NHS Improvement has published a culture toolkit, designed to help organisations diagnose their culture:

www.improvement.nhs.uk/resources/culture-and-leadership/

It can help your organisation design its strategy for developing a culture to deliver high quality, safe, compassionate and inclusive care.

A second toolkit enables organisations to implement the findings from the diagnostic tool:

www.improvement.nhs.uk/resources/culture-and-leadership-programme-phase-2-design/
Case study 8 - Culture

Reducing use of physical restraint in inpatient units

Cheshire and Wirral Partnership NHS Foundation Trust

What was the problem?

National benchmarking data in 2014 suggested the trust was reporting more incidents of prone position restraint than the national average.

What was the solution?

A quality improvement project to accelerate a reduction in physical restraint, sponsored by the medical director, was set up in 2015. It quickly and significantly reduced use of prone position restraint. Further training and monitoring sustained the reduction.

What were the challenges?

Mobilising all parts of the trust at the same time was achieved through senior sponsorship and use of internal benchmarking data to demonstrate the extent of the problem. A factor in sustaining the improvement was a quarterly report showing changes in the use of prone position restraint by ward, as well as changes in the use of seclusion, rapid tranquillisation and training. This reiterated the wider context in which the trust was managing all aspects of people presenting with challenging behaviour.

What were the results?

Fewer reports of prone position and other incidents of physical restraint – and more use of de-escalation techniques – show staff are learning from incidents by reflecting on their practice and people who use services’ feedback.

What were the learning points?

The trust attributes its success to:

- trust-wide communication and a zero-harm campaign
- matrons undertaking a 72-hour reflective review of each restraint incident, including debriefs using human factors techniques and people who use services’ views
- routine reporting of prone position restraint at ward level through locality data packs
- matrons and ward managers’ representatives producing an enabling plan to sustain the improvements.

Next steps and sustainability

The trust undertook a 90-day rapid improvement project, testing what more it could do to reduce prone position restraint. This identified areas such as improving the completeness and accuracy of incident reporting and further improvements to training.

Want to know more?

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Case study 9 - Culture

Developing an integrated health and wellbeing service

Lancashire Care NHS Foundation Trust

What was the aim?

The trust and Chorley Council wanted to create an integrated health and wellbeing service by removing organisational barriers and restrictive referral criteria so staff put people who use services’ needs before those of their organisation.

What was the solution?

Co-locating 120 trust staff with council staff in the council’s civic centre from April 2017. Both organisations developed a joint vision for the service. They communicated this to stakeholders and staff, helped by an animation, Dave’s story, about the negative effects of disjointed health and social care services. Before the co-location, a series of engagement events brought staff together to win their support for the vision, help them get to know each other and envisage working in a more integrated way. They overcame organisational and cultural boundaries to co-design and co-produce integrated services: for example, they were involved in designing the optimal building layout.

What were the results?

Three months after co-location, a staff survey found:

- 29% speak highly of working in the integrated community wellbeing service
- 6% speak critically about working in the integrated service if asked
- no respondents speak critically about working in the integrated service without being asked
- 37% are neutral or have not formed an opinion yet.

One respondent noted “the positive culture and the way that staff from both organisations have so easily started working with each other and are making suggestions for working more closely”.

The survey achieved a 52% response rate (62% among trust staff). Focus groups are developing an action plan in response to the survey.

Next steps and sustainability

To foster an integrated culture, staff have suggested:

- introducing cross-team and cross-organisation work shadowing to improve understanding of team and individual roles
- rota for attending the weekly integrated referral hub meeting and team meetings
- team photo boards
- social events and health walks.

Want to know more?

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Case study 10 - Culture

Improving care quality by improving communication: the Albert Ward huddle

Mersey Care NHS Foundation Trust

What was the problem?

Communication between the Albert Ward team and the multidisciplinary team (MDT) was poor. Staff, people who use services and carers noticed this led to inconsistent care planning. Staff reported low morale and were not always up to date on management plans for people using the service. Because of the ward’s high turnover of people who use the service, the trust felt staff should have a forum to discuss management plans and clinical changes, and devise care plans in a timely manner using a team approach.

What was the solution?

The daily huddle – a structured 30-minute session where staff use a fixed template to aid discussion, record actions and take minutes. All MDT members attend without prompting.

What were the results?

People who use service’s experience, teamwork and perceptions of communication across the MDT all improved. Two other wards have now implemented huddles and experienced similar results.

Next steps

The trust plans to implement the huddle across the division, to promote positive practice.

Want to know more?

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Case study 11 - Culture

Developing a just and learning culture

Mersey Care NHS Foundation Trust

What was the problem?

Staff saw disciplinary investigations as likely to shame, blame and possibly dismiss those who made mistakes rather than identify wider, systemic issues. This, and the time-consuming, technically demanding reporting procedure, made them reluctant to report mistakes. They were also deterred by lack of feedback, time taken to resolve issues and sometimes by a concern that they would not be taken seriously.

The high number and length of disciplinary investigations were causing ill feeling among staff. Many disciplinary hearings found ‘no case to answer’: 48% of those in the secure unit at the beginning of 2015/16.

What was the solution?

Developing a just and learning culture, informed by an 18-month programme of ‘structured listening’ to staff. The trust asked clinicians what they thought prevented it from operating more transparently and how to overcome this. It asked other staff what they wanted and needed from a just culture, what it meant to them and where executives should focus attention.

The trust implemented the new culture under four headings (see Figure 7 overleaf). It emphasises accountability and learning equally. The first response to a mistake is to ask what was responsible and why, not who was to blame. The trust aims to concentrate first on whether an investigation is necessary, and then to be compassionate, honest and fair if it is. Policies and procedures for dealing with errors no longer use punitive language. But staff are expected to act responsibly, following clearly understood lines of accountability to allow them and the organisation to learn from mistakes.

Tension between encouraging openness and recognising that not every action can be tolerated needs to be constantly managed.

Ambassadors across the organisation give credibility to the just and learning culture objectives, helping shape how the trust learns and demonstrating how it values staff.

What were the results?

- The number of disciplinary cases fell from almost 30 in early 2016 to just a couple by mid-2017, mitigating distress to staff from unnecessary investigation and saving the trust between £63,000 and £112,000.

Want to know more?

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Case study 12 - Culture

Improving staff engagement through ‘Speak Easy’ events

Northumberland, Tyne and Wear NHS Foundation Trust

What was the aim?
The trust wanted to become a better employer and improve the care of people who use services by increasing staff engagement. Despite above-average engagement scores in the annual staff survey compared to other mental health trusts, its sickness rate was higher than average too, and at about 6% cost more than £8 million. Its workforce strategy stated: “We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision-making.”

What was the solution?
Having previously held large-scale engagement events for up to 500 staff, the trust decided to devise smaller local events so that staff could raise more local issues and be better heard. These became known as ‘Speak Easy’ events; two executive directors and other senior management team members attend each. The first, in 2015, asked simply: “What's on your mind?” and “How can we help and support you?”

What were the results?
Staff voiced frustrations with the trust’s e-learning systems, its ever increasing range of performance indicators, central recruitment processes and car parking. Later Speak Easy events focused on staff survey results, generating ideas for improvement and exploring the trust’s emerging service strategy for the next five years.

As a result of the Speak Easy events, the trust:
- made its e-learning platform and performance dashboard more user-friendly
- reviewed statutory and essential training standards
- altered its central recruitment processes to involve operational groups more.

The trust’s engagement score in the staff survey rose to 3.87 in 2016 (up from 3.75 in 2014). It scored above average for:
- managers and the organisation valuing staff
- support from immediate managers
- communication between managers and staff
- those reporting they were able to contribute towards improvement.

In the Friends and Family Test, 71% recommended the trust as a place to work in 2015 (2014: 66%) and 79% recommended it as a place to receive care or treatment (2014: 74%).

Next steps
The trust intends to develop the Speak Easy concept by supporting managers and staff to lead local engagement work. Momentum and support for Speak Easy events continue to grow as staff see this approach to engagement making a difference.

Want to know more?
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Case study 13 - Culture

Talk 1st – preventing violence and aggression in inpatient services

Northumberland, Tyne and Wear NHS Foundation Trust

What was the aim?

Eradicating aggression and violence, both self-directed and towards others, from inpatient services by better understanding its causes and intervening to prevent it. Despite major progress in the last decade, some clinical settings continue to rely too much on seclusion, restraint and rapid tranquillisation. The trust’s aim was to minimise use of restrictive interventions, ensure safe care environments and focus on evidence-based therapeutic intervention.

What was the solution?

In 2016 the trust began its ‘Talk 1st’ programme to prevent violence and aggression. Three months before launch it provided 57 teams on inpatient wards with detailed data in a user-friendly format on numbers of incidents, times of day and day of the week they occurred, number of restraints and uses of seclusion, and whether prevention management of violence and aggression (PMVA) techniques were used. The data dashboards were available to all clinical staff and could be used in ward-based meetings such as Care Programme Approach reviews and care and treatment reviews. Each team used the data to help develop its own solutions to violence and aggression.

What were the results?

Work to date has helped produce downward trends in key areas (see Figure 8). In addition:

- The trust routinely provides models of debrief and post-incident support for people who use the service and staff in all wards.
- All staff are trained in how to de-escalate violence and aggression.
- Talk 1st data is used in multidisciplinary team meetings and to support tribunal reports and case conferences.
- The trust has used the data to discuss recruitment options across MDT disciplines.

Next steps

The trust is exploring with speech and language therapists the possibility of providing the Talk 1st data in a person who uses services-friendly format.

Want to know more?

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Figure 8: Talk 1st incident data

![Chart showing incident data](chart.png)
Case study 14 - Culture

A carer’s story

Paula, whose son Anthony (not his real name) is a person who uses services at Ashworth Hospital, describes the importance of the carers’ forum

When my son Anthony was admitted to Ashworth Hospital's high dependency ward three years ago, my world fell apart. I felt deep distress, panic, shock and raw grief. I felt he was lost to me forever.

The very thought of a psychiatric hospital filled me with dread and foreboding. I was overwhelmed by fear of what was in store behind that wall for Anthony, who had never used mental health services in his life. Yes, I had preconceived negative ideas about Ashworth Hospital and the power and control it exerted. I thought I would have a lifetime of challenging abusive practice.

I was desperately worried about my son, and couldn’t make sense of the world anymore. His admission to a high secure hospital made me feel I didn’t belong anywhere.

During that first year, Ashworth Hospital had no carers group. Everyone else seemed to have a support group: I felt the world of psychiatry deemed me unworthy of one because my son was detained in a high secure hospital. I wondered if it wanted to keep carers apart so we couldn’t confer.

I don’t have any family and friends supporting me, so I desperately needed to connect with other carers going through a similar experience. I wanted to be part of group that understood my needs.

Then in 2015 Ashworth Hospital Carers, Families and Friends Forum was formed. Carers were consulted on what we wanted from a support group. We set the forum’s terms of reference – confidentiality, respect for each other, listening to others speak.

Having a space specifically for carers made me feel valued and worthy of support. It showed me I am considered an asset as carer to my son, and I don’t feel isolated from society any more: I am not the only one experiencing this journey through the high secure system.

Sharing and communicating via the forum helps me regroup, gather my strength and look after my own mental health, which ultimately enables me to continue to deal with my son’s situation.

At times I’ve felt traumatised because of my son’s physical and mental distress, so Ashworth’s psychosocial programme has helped me enormously as I’ve gained an understanding of the complexities of mental illness. By meeting staff and listening to them speak in a caring, compassionate, committed manner about their work with people who use their service, I’ve banished forever those preconceived negative thoughts about this hospital. Communicating, sharing knowledge, passing information to me reveals the organisation’s transparency. This has helped me develop trust and a positive relationship with all those who care for my son.

During the last three years, due to his illness I’ve only visited Anthony on a handful of occasions. The forum and the support extended to me have been a lifeline as it’s the only tangible facet that I have connecting me to Anthony.

I feel incredibly supported, I belong to a group specific to my needs, and I don’t feel isolated. I am therefore, able to remain strong, focused and hopeful for my son’s future.