Assessing Organisational Culture

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The Plan

- Descriptions of Culture
- Background of the Cultural Barometer
- The Mid Staffs Experience
- The Role of the Board
- Development of the Care Culture Barometer
- The Next Steps
- Key messages
“The trouble with culture is everyone blames it when things go wrong but no-one really knows what it is or how to change it” – Prof John Glasby

“Its how we do things round here” – Prof Charles Vincent

“Organisational culture is informed by the nature of its leadership” – Robert Francis QC

“What are we going to work for today?” – Prof Sir Ian Kennedy

“It’s what people do when no one is looking” – comment about bankers
Background to Barometer Development

- Evidence of poor care in all types of care settings
  - Ombudsman Report elderly care – 2011
  - Patients Association Reports – 2011 / 2012

- The Group of six
  - Collective wisdom, experience and passion
  - Independent reference group
  - Focus on organisational culture – across all settings
Drivers to develop a Cultural Barometer

- Too many quick fix solutions
- Length of time it takes to affect change
- The little things seem less important
- Cultural attributes not picked up in measures of quality and performance
- Metrics fail to capture the meaning and reality of care culture for patients and staff
- Lack of a caring / safe culture is a significant factor in all NHS system failure
What happened at Mid Staffs?

The negative aspects of culture in the system were identified as including:

- A lack of openness to criticism
- A lack of consideration for patients
- Defensiveness
- Looking inwards, not outwards
- Secrecy
- Misplaced assumptions about the judgments and actions of others
- An acceptance of poor standards
- A failure to put the patient first in everything that is done.
To achieve changes, there was a need for re-emphasis of what is truly important:

- Emphasis on and commitment to **common values** throughout the system by all within it
- Readily accessible fundamental **standards** and means of compliance
- **No tolerance** of non-compliance and the rigorous policing of fundamental standards
- **Openness, transparency and candour** in all the system’s business
- Strong **leadership** in nursing and other professional values
- Strong **support for leadership** roles
- A level playing field for **accountability**
- **Information** accessible and useable by all allowing effective comparison of performance by individuals, services and organisations.
The Role of the Board

- Critical in establishing and maintaining the culture of an organisation
- NHS constitution and organisation Vision, Values and Behaviours
- Nolan rules on probity in public life
- Ensure staff feel valued and supported
The Board

“The most critical need is for a cultural environment in which effective challenge of the executive is expected and achieved in the boardroom” (Stanton and Bevington)

The best Boards are characterised by “a culture of wonder” (Stanton)
An enriched environment

- Patients, carers and families experience six senses – security, belonging, continuity, purpose, achievement and significance (*Nolan et al 2006*)
- The environment of care is broader than the notions of patient or person centred care – staff too need an enriched environment to create the same for patients
Drivers for a positive Universal culture:

- Common set of values and standards shared throughout the system
- Committed leadership at all levels to the values
- A system that recognises and applies values of transparency, honesty and candour.
- Freely available, useful full information on attainments of values and standards
- The use of a tool or methodology to measure the cultural health of all parts of the system – Mid Staffordshire Public Inquiry Report.
Ingredients of a culture of caring in Mid Staffordshire Report – reflected in Barometer

- Acceptance that patients needs come before ones own
- Recognition of the need to empathise with patients and other service users
- Willingness to provide patients with the assistance one would want for oneself or refer to someone who can help
- Willingness to listen to patients to discover what they want for themselves
- Willingness to work together for the benefit of patients
- A commitment to draw attention about concerns re safety and welfare to those who can address them – Mid Staffordshire Public Inquiry Report
Research demonstrates a number of key factors which are necessary to maximise staff commitment, engagement and productivity and linked to 4 themes –

◦ resources to deliver
◦ support to do the job
◦ a job that offers the chance to develop; and
◦ the opportunity to improve team working
The Barometer designers also identified the following dimensions which are embedded within the 4 themes:

- Leadership
- Governance
- Use of data and Information
- Staff attitudes
- Staffing levels
The Barometer recognises:

- The lack of consistency within organisations
- The difficulty of sustaining improvement
- The need to engage leaders
- Builds on existing tools e.g., staff survey/Energise for Excellence
The Barometer is designed to:

- Act as an early warning system
- Be short and quick to complete
- Be easily used by all levels and groups of staff
- Be a self reflective/developmental tool
- Be a departmental/group activity
- Be an organisational mechanism for benchmarking departments

It compliments other measures and should not become a bureaucratic burden on staff.
The Barometer is:

- A series of statements which individuals are encouraged to: read carefully, score, consider if they have influence to improve and if they should take any action
- It is possible an additional question may be added at the end which asks: “Do you believe action will be taken in response to the results of the questionnaire?”
The four areas covered by the Statements
The resources I need to do the job

- I have the knowledge, skills and equipment to do a good job
- I feel fairly treated with pay benefits and staff facilities
- Sickness and absence is fairly monitored
- I feel trusted, listened to and valued
- There are enough staff for me to do my job well
- I would recommend this as a good place to work
The support I need to do a good job

- I feel part of an effective team
- I have a regular appraisal
- Staff are generally well managed
- I know how we are doing on quality where I work
- Bad behaviour is tackled and managed regardless of who it is
- I know who my manager is
- There is strong leadership from managers
- My manager provides support when I need it
- Senior managers have a good understanding of how things really are
A worthwhile job with a chance to develop – 1

- I have a worthwhile job that makes a difference to patients
- I have the opportunity to develop my potential
- I understand my role and where it fits in
- Families and patients are actively involved in care
- I would be happy for my family or friends to receive care here/from this organisation
I help promote high quality patient care
The values of the organisation are directed towards patient wellbeing and dignity
The values are visible at every level of the organisation
The values are used as part of the recruitment, induction and appraisal process
Success is celebrated and staff commended for what is done well
The opportunity to improve the way we work in my team – 1

- I am able to improve the way we work in my team
- We meet regularly as a team
- Staff feel empowered to make changes at work
- Staff have positive role models where I work
- Care is evolving to meet the needs of users in order to better fulfil our core purpose
The opportunity to improve the way we work in my team – 2

- There is a willingness to change and try new initiatives
- I regularly get feedback on what the organisation learns from patient complaints
- I regularly get feedback on what the organisation learns from incidents
- I feel my concerns are listened to
- I feel safe, secure and supported to do my job
“Do you believe action will be taken in response to the results of the questionnaire?”
The Barometer is designed to:

- Complement not duplicate other measures or quality programmes
- Act as an early warning system to identify care culture “red flag” areas
- Be easily used by all levels and groups of staff
- Be short and quick to complete
- Prompt reflection to help identify actions required
- Be used as a individual / team or organisation wide activity
- Encourage “ward to board” communication
Personal level – Appraisal
Team level – continuing quality improvement
Organisational level – Organisational development
Barometer Shared with –

- NHS Confederation
- Willis Commission
- Mid Staffordshire Independent Inquiry
- Nursing and Care Quality Forum
- Futures Forum
- Health Service Management Centre
- CNO
- Health Minister
- Care Quality Commission
Next steps

- Refining the Tool`s construct validity and applicability in practice – discussion groups
- Piloting – on line and paper based anonymous survey in two acute Trusts = 20 – 30 units / wards ( approximately 500 – 1000 staff in each Trust
- Feedback and using the results to affect change – determine how to maximise organisational benefit as a diagnostic tool and self reflection
Next steps

- Pilot site refining the Tool’s validity and applicability in practice – discussion groups / on line survey
- Feedback to determine how to use results to affect change
- Determine how to maximise organisational benefit through use as a diagnostic tool
- “How to” guide
- Literature review – contextual background
- Embed within existing metrics
In summary – We advocate

- Universal acknowledgement that culture really matters
- The creation of enriched environments which address: consistency and complacency as well as support for front line staff in the delivery of high quality care and treatment
- Simple measures which assess & benchmark culture throughout organisations without adding to the burden of regulation