Pursuing Perfect Care

Moving Beyond Blame in Your Organisation

Dublin 7 February 2018

Joe Rafferty – Chief Executive
Mersey Care NHS Foundation Trust
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Community and Mental Health Services

- An introduction to Mersey Care
- Our quality and safety improvement journey
- Quality and safety breakthroughs
- Being well led

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Welcome to Mersey Care

1 OF 3
providers of high secure services

4 FOR OUR LOCAL SERVICES
LOCAL AUTHORITIES
- LIVERPOOL
- SEFTON
- KNOWSLEY
- ST HELENS

£370M TURNOVER
up from £250m pre LCH acquisition

NEARLY **8K** STAFF...
growth from 5,000 in 2016

780 BEDS
across nine hospital sites

OVER **51,000** **LIFE ROOMS** VISITORS

ONE OF ONLY FIVE NHS **INPATIENT ADDICTIONS** SERVICES IN THE COUNTRY

Serve a population of
11 MILLION
in North West England and beyond

~2 MILLION
community contacts/year

BIGGEST IAPT SERVICE IN THE NHS

3,500+
social prescriptions since January 2017

Largest provider of **learning disability** forensic secure care

Our population and operating environment

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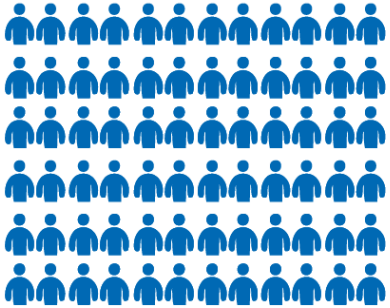
4 **LIVERPOOL**
is the fourth most deprived area in the country

839,572
POPULATION



The combined population of Liverpool, Sefton and Knowsley (predominantly Kirkby).

TWICE
NATIONAL AVERAGE FOR UNEMPLOYMENT
in Liverpool and Knowsley

UP TO 23 YEAR GAP IN LIFE EXPECTANCY

Twice national rate of deaths from drug misuse

1 IN 3
children living in poverty

22%
IN LOW PAID EMPLOYMENT

MERSEYSIDE
IS THE FOODBANK CAPITAL OF THE COUNTRY

5% **BME** groups account for 5.5% of the population of Merseyside.

1,275 ASYLUM SEEKERS
living in supported accommodation in Liverpool, - 5.7% of the UK total.

ALCOHOL ABUSE
THREE TIMES national average hospital admissions from alcohol related problems

19 NHS providers in Cheshire and Merseyside

We are responsive to current and future population need, which is growing all the time

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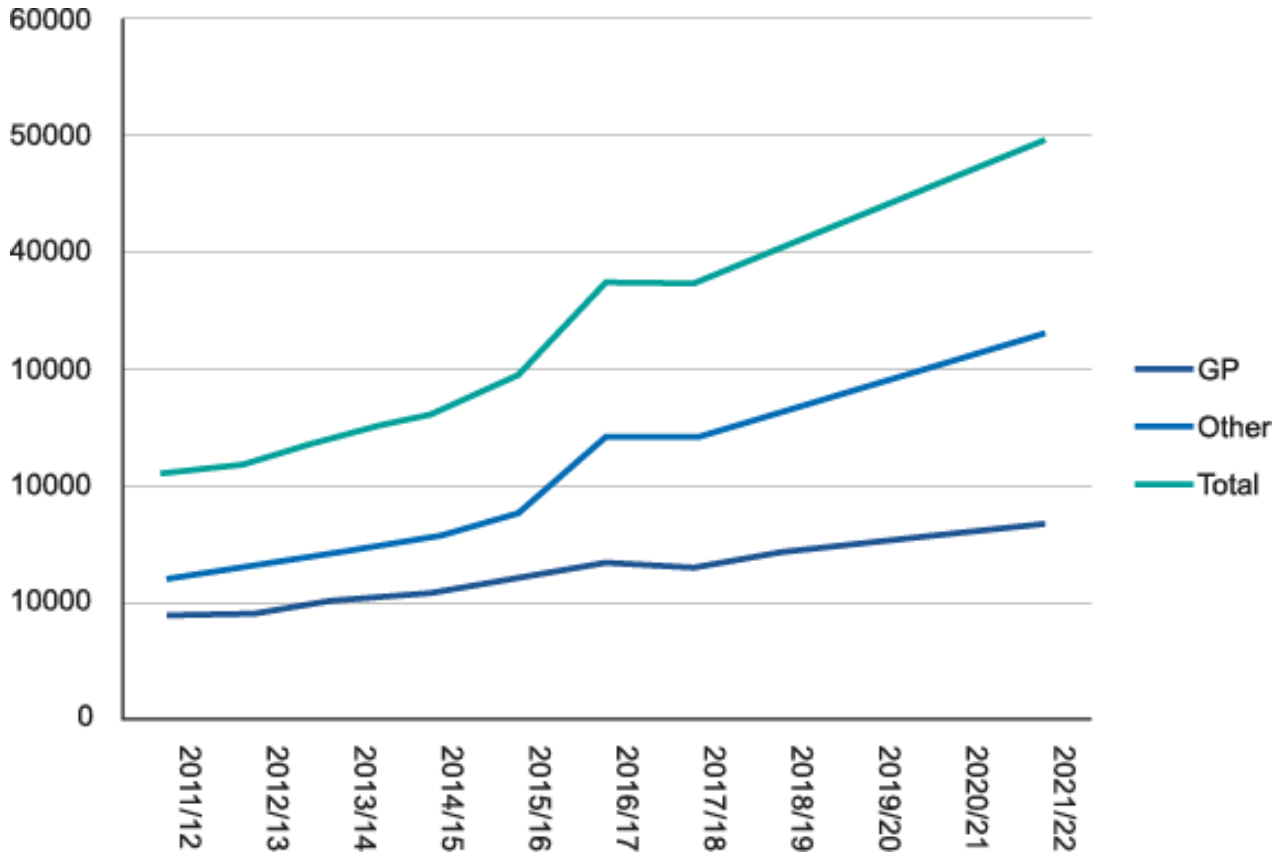
There are rising levels of multi morbidity in Liverpool and this is not just a problem of old age.

- 19% — Single long term condition (95,465 people)
- 32% — More than one long term condition (161,910 people)
- 13% — More than two long term conditions (66,445 people)

→ Of these, 45% are **under** 65 years old

Mental health referrals for Liverpool and Sefton continue to increase and are forecast to increase further



Our response to these challenges

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The foundation of our approach to quality improvement

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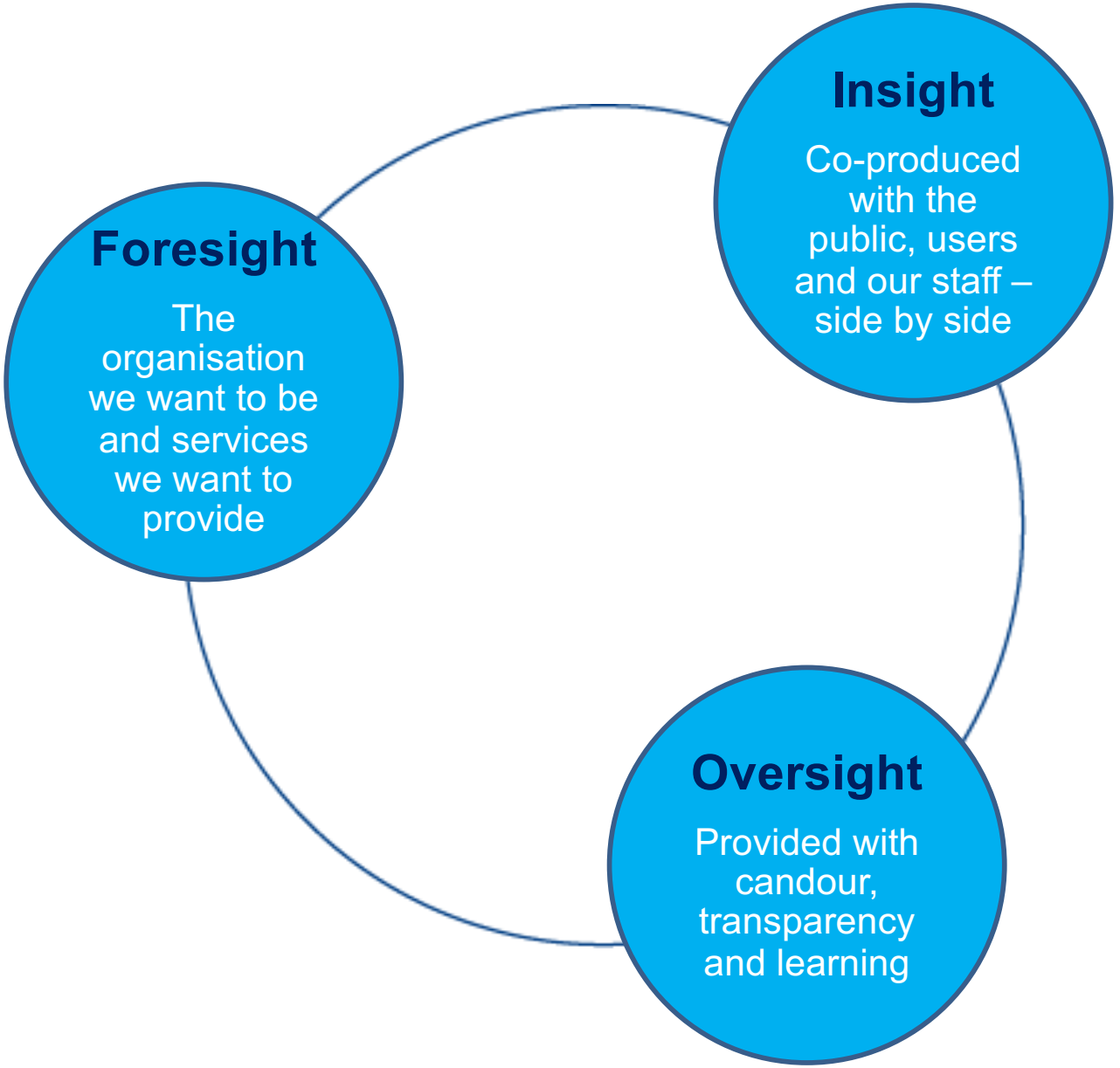
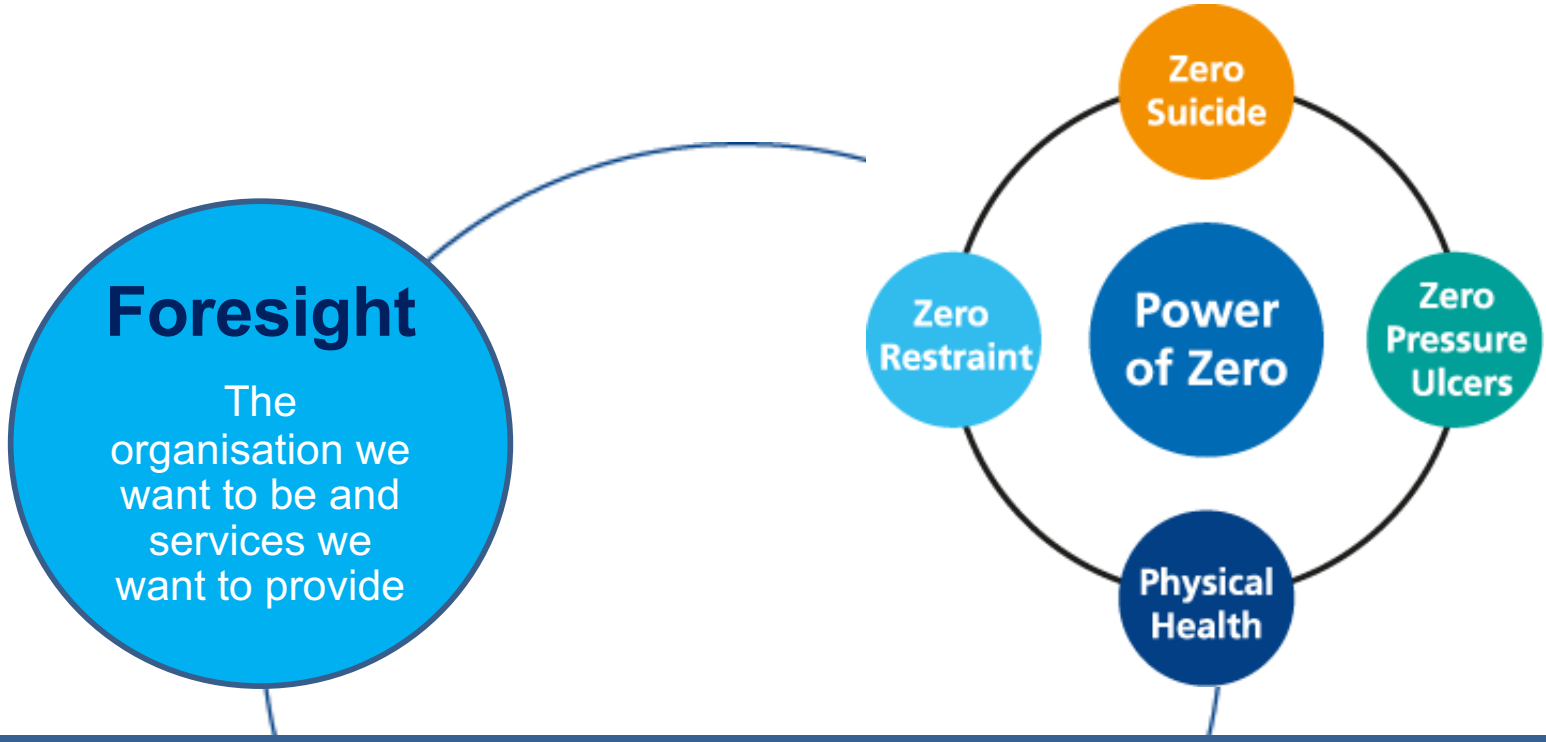


Big Hairy Audacious Goals (BHAGs)



It made those who heard the goal for the first time either give me the look of pity…
or utter surprise…or engaged them in utter delight.

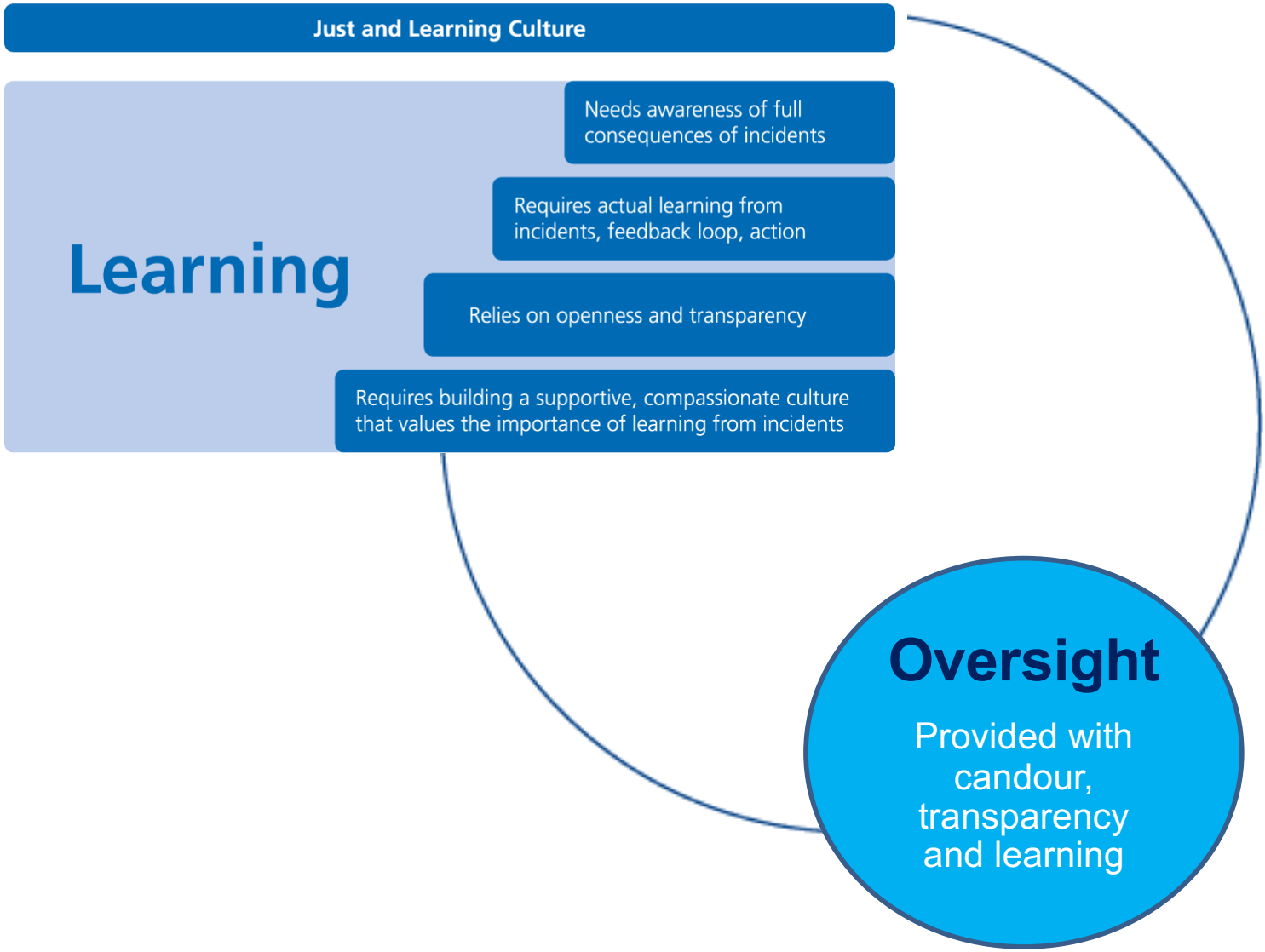
If it didn't, it wouldn't be **BIG** enough.

It required a LOT of help, teamwork, guidance, research as well as some belief and faith that we could make a difference. If it didn't, it wouldn't be **HAIRY** enough.

I had no idea HOW to achieve the goal. If I did, it wouldn't be **AUDACIOUS** enough.

Insight

Co-produced with the public, users and our staff – side by side


Just and Learning Culture
Learning
Needs awareness of full consequences of incidents
Requires actual learning from incidents, feedback loop, action
Relies on openness and transparency
Requires building a supportive, compassionate culture that values the importance of learning from incidents
Oversight
Provided with candour, transparency and learning

We have changed our goals, practices and culture to achieve breakthroughs in quality

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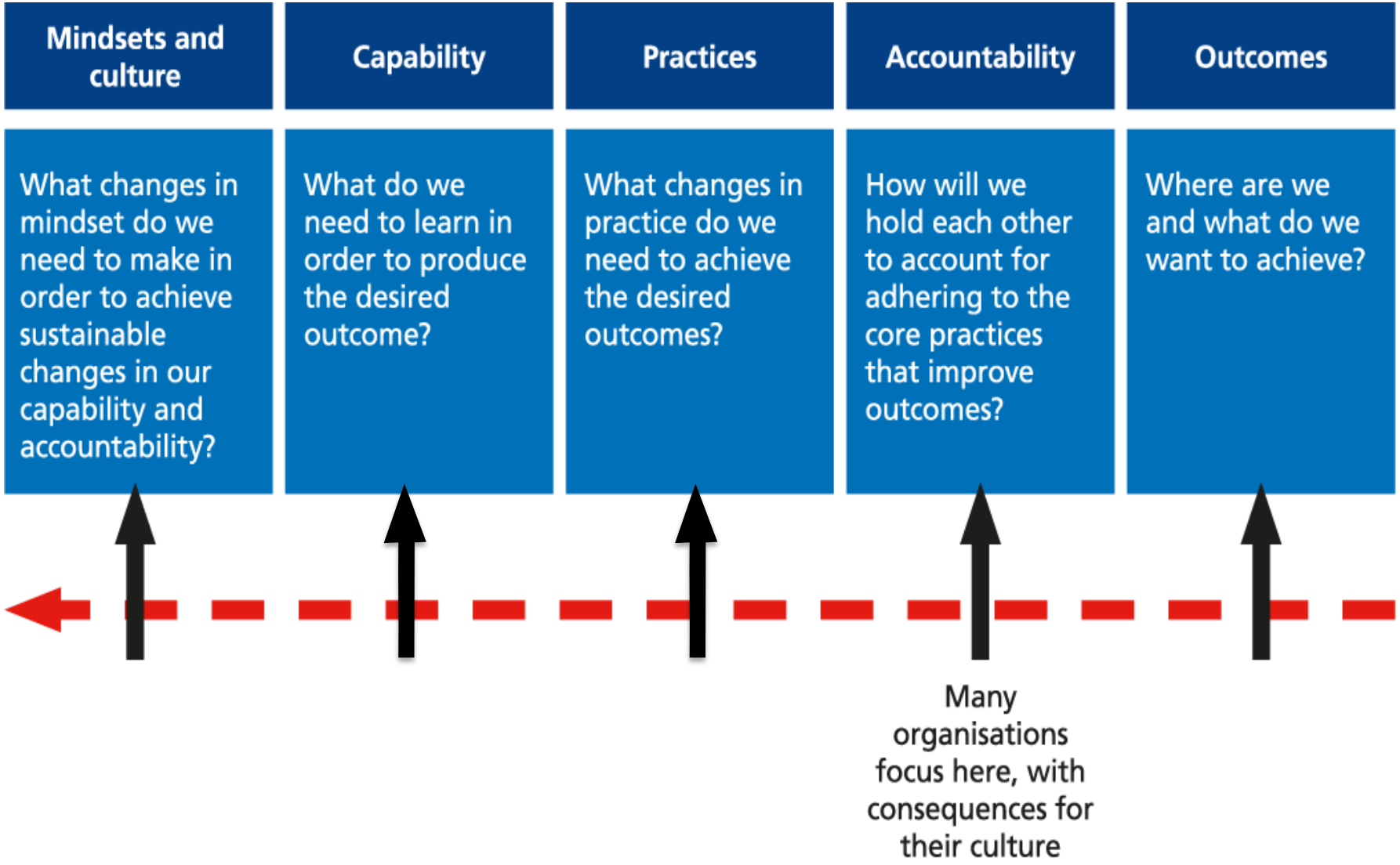

We provide practical support to all clinical teams to help them in their quality improvement journey

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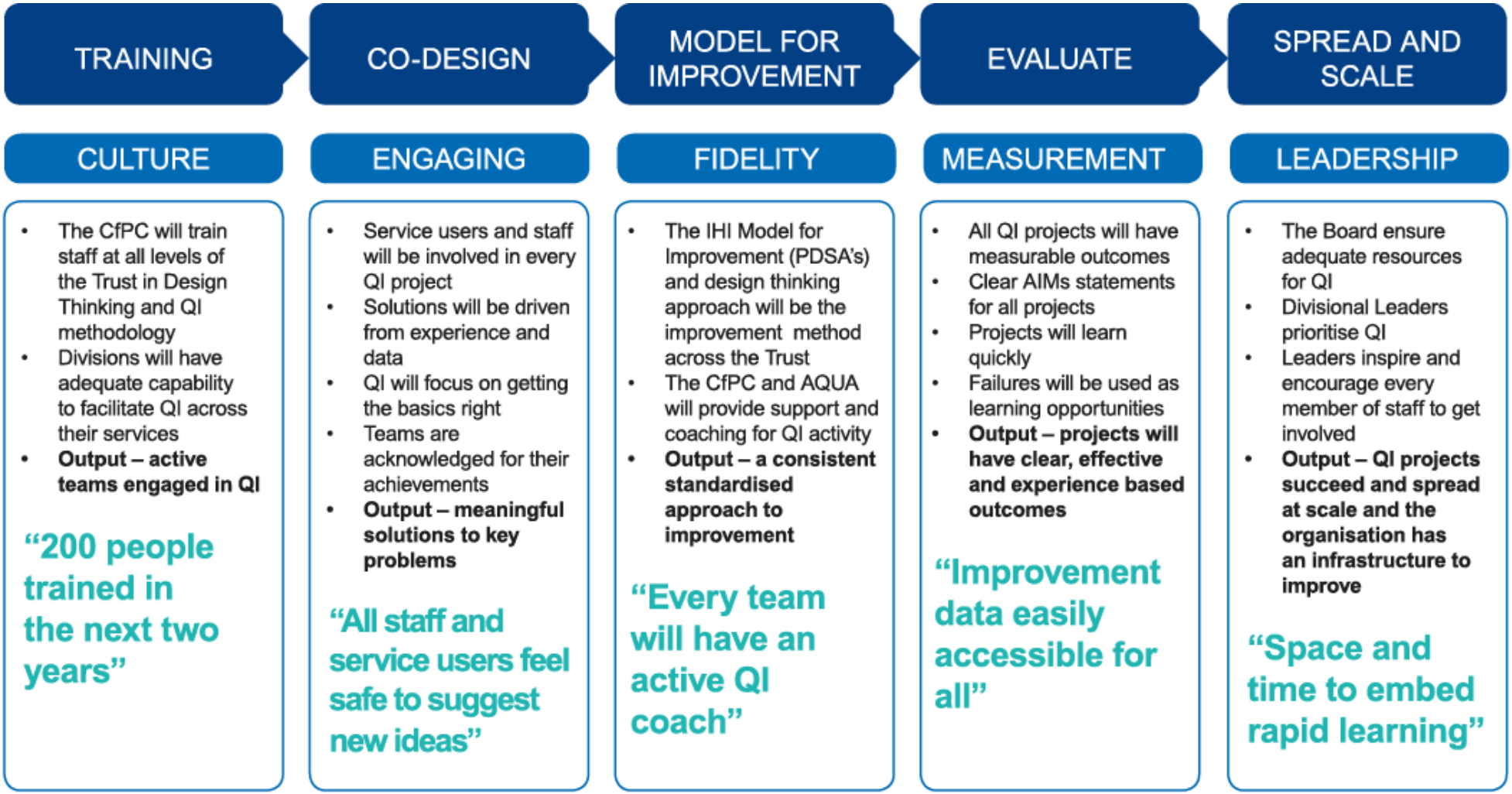


The Trust Board set the Pursuit of Perfect Care as core to our strategy
Staff were up for the BHAG approach but….
…they wanted it to happen in the context of a Just & Learning Culture

The Context and Challenge - Pre 2016

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- Staff survey results showed concern about fairness and reporting of incidents;
- Pre 2016 significant volume of disciplinary cases, 50% of investigations resulted in **NO** case to answer;
- Lengthy suspensions **damaging** for staff and services;
- Policy & Process improvements in place – but rule based;
- Staff engagement sessions told the trust the overwhelming obstacle to staff transparency in delivery of care was their **fear of the ;**
- Staff advised some of the trust processes both in HR & Patient Safety terms where **retributively** focused– who did something wrong, what are the consequences, we need more rules, people are the problem;
- Retributive emphasis in our language – investigations, hearings, allegations, disciplinary action, tribunals, mistrust;
- NO/IMPAIRED LEARNING, therefore NO/PARTIAL PREVENTION.

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A Just Culture

A just culture accepts nobody's account as "true" or "right" and others wrong … Instead it accepts the value of multiple perspectives, and uses them to encourage both accountability and learning.

Sidney Dekker

Retribution

Which rule is broken

Who did it

How bad is the breach

What should the consequences be

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An ‘officialised’ approach

People are the problem
Find out what people did wrong
Write more rules
Tell everyone to try harder
Get rid of bad apples
Investigation
Hearing
Witness
Allegations
Recklessness/Negligence/Misconduct/ Gross Misconduct
Disciplinary action – sanction

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But…it's counterproductive

Learning
Team
Review
Humanity
Compassion
Forgiveness
Understanding
Restoration
Healing
Trust

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Restoration

Who is hurt

What are their needs

Whose obligation is it to meet those

How do we involve the community

Mindset change

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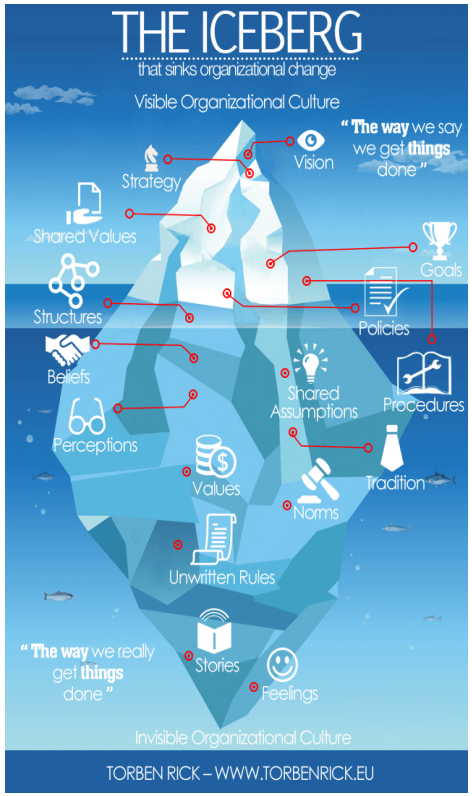
Retributive	Restorative
You pay or settle account	You tell your account
Backward-looking accountability	*Forward-looking* accountability
Who is responsible	*What* is responsible
Meet hurt with more hurt	Meet hurt with healing

Goals of restoration

- Moral engagement
- Emotional healing
- Reintegration of practitioner
- Organisational learning
- Prevention

Just and Learning Culture: our principles



- Delivering our ambition for Perfect Care depends on the development of a **non-punitive culture;**
- Learning can only flourish when responses to mistakes are **compassionate;**
- Personal **responsibility** and **professional accountability** drives the organisational learning;
- It's not about 'blame-free' or being tolerant of absolutely anything;
- It's a careful balance of accountability and learning;
- A **prospective** outlook rather than a **retrospective** bias;
- Ask **what** and **how**, not **who** because a bad system will always beat a good person.

A Just Culture (from Sidney Dekker)

- Brings out information about improvement to levels/groups able to do something about it;
- Allows the organisation to invest in improvements that have a safety dividend, rather than deflecting them into legal defence and liability protection;
- Simultaneously satisfies demands for accountability and the need to learn and improve.

What We Set Out to Achieve in 2016

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Objectives - 1. Reduce ER activity and suspensions

Organisation Learning

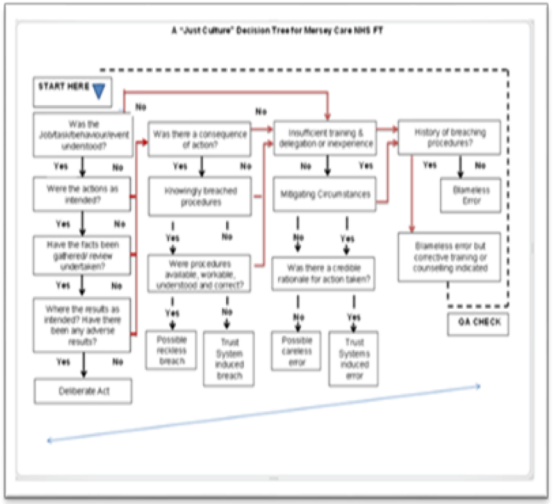
- Research evidence
- Rebuild Staff Side relations through a partnership approach
- Learn from our data and processes
- Develop documentation that supports a different approach

Modify Language

- Less punitive language
- Feedback loops
- Myth-busting
- **Move away from errors / wrong**

Piloted

- New documentation and work from 'Who' to 'What'
- Piloted Just Culture 'Decision Tree' to reduce ER activity



Change in Priorities

- Reduced inclination to start investigation
- Fewer **errors** resulting in suspensions
- Safety vs. Rules
- Re-integrating of practitioner
- Blame to learning
- Meet hurt with healing
- Forward looking accountability
- Raising concerns

What We Set Out to Achieve 2017 onwards

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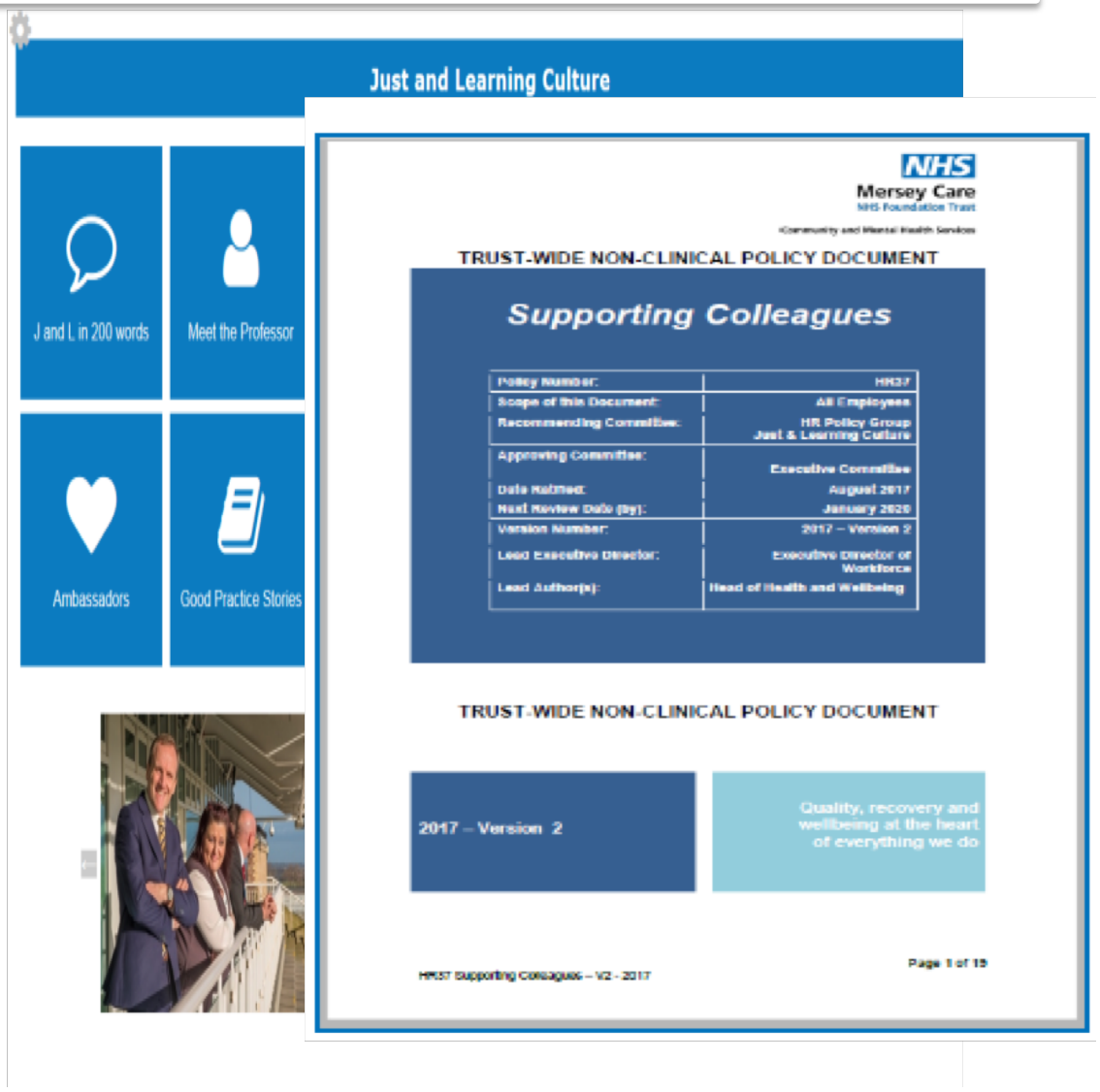
Objectives -
2. Increase support to colleagues & enable learning to improve safety
3. Improve staff survey results re confidence in raising concerns

Supporting Colleagues

- Established a Just & Learning Committee
- Improved support of staff
- Just & Learning Ambassadors
- Trained staff in Just Culture

Enable Learning & Improve Safety

- Developed an inter-active microsite
- Changed 72 hour review process and support
- Share good practice/success
- Moving away from policies that punish to policies that support



Objectives 2018

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Systematising by March 2019

- **All leaders** as part of their appraisal will have been **assessed** and have a development plan to support their teams in a Just and Learning environment
- **Supporting colleagues' psychological safety** through the **development of bullying awareness** for staff based on a preventative approach to recognise bullying behaviour and develop a process to resolve issues
- To develop a **standardised framework to support learning from incidents including supporting staff**, how to debrief, and to provide governance and validation mechanisms to improve the safety and experience of the people we service and our colleagues so that risks are addressed and learning is maximised
- Produce a guide for colleagues and service users on Just and Learning expectations to describe the shared responsibility between individuals, teams and the organisational to create a safe and compassionate environment
- **Just & Learning 'Check In' process (like Toyota 's 'Line Stop')**

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Just and Learning Culture: 2016 objectives

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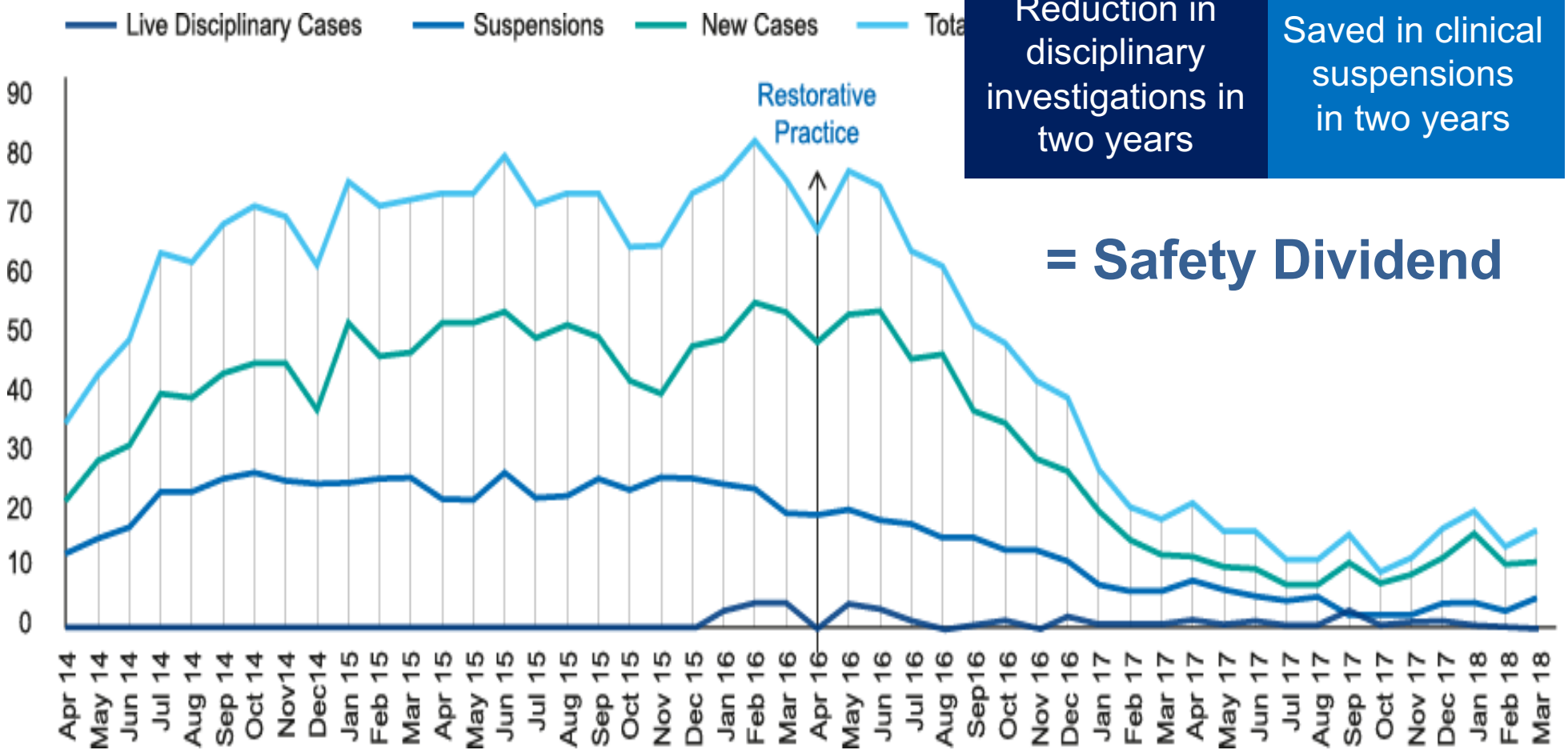
Impact of restorative practice on live disciplinary case and suspensions in local and secure divisions



54%
Reduction in disciplinary investigations in two years

£1.7m
Saved in clinical suspensions in two years

= Safety Dividend

Value Creation: 2017 objectives

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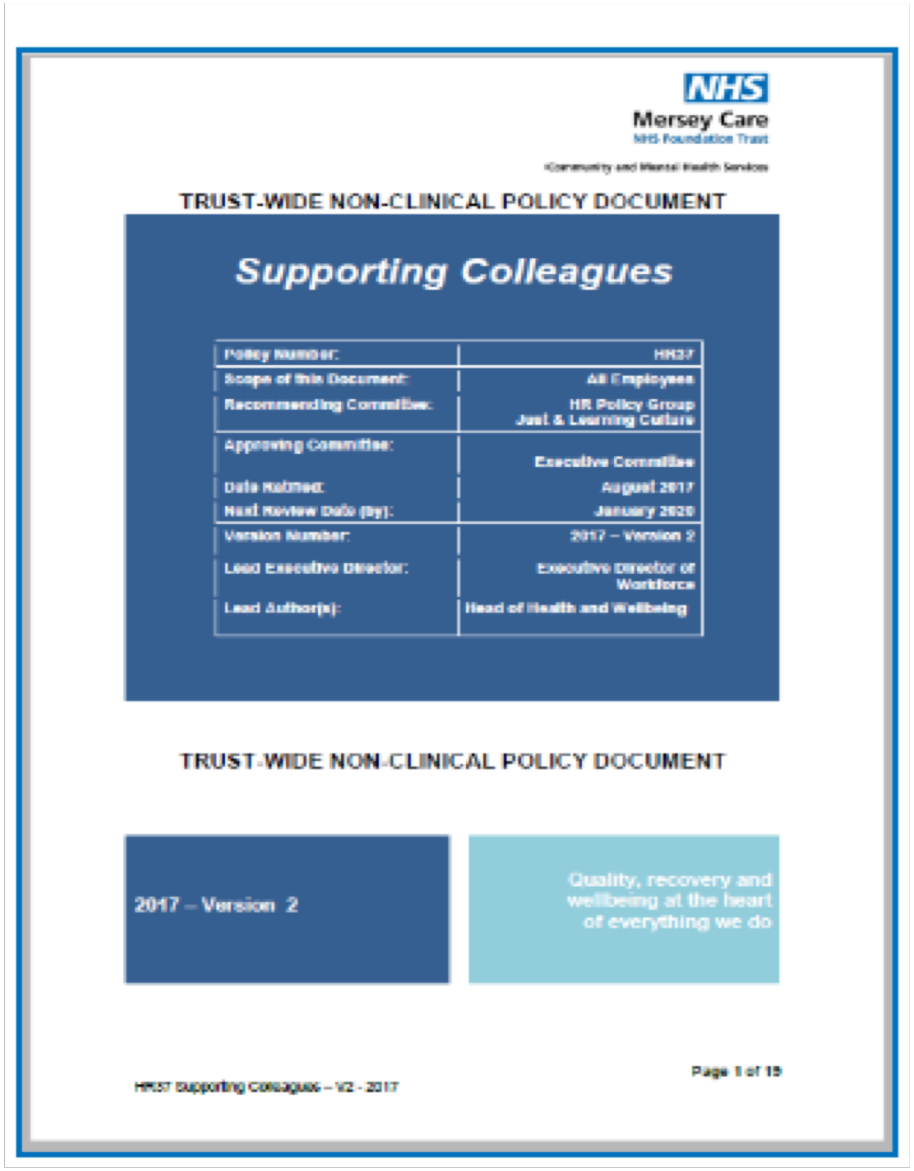
- A 59% reduction in disciplinary investigations whilst our workforce numbers have **doubled;**
- Direct salary cost of conducting an investigation reduced by over 50%;
- Largest changes since the 2016 survey are correlated with our J & L actions and include:-
  - ***Fairness and effectiveness of procedures for reporting errors, near misses and incidents from 3.63 in 2016 to 3.70 in 2017;***
  - ***Staff confidence and security in reporting unsafe clinical practice from 3.73 in 2016 to 3.79 in 2017 (against average of 3.71);***
- Increase in staff raising concerns through Freedom to Speak Up Guardian
- *Turnover reducing and better than average*
- *Increase in incident reporting and overall reduction in harm*
- *Increase in local resolution of complaints*
- *Improvements in patient experience scores*

ROI of £1.8M = safety dividends

Systematising change: 2018 objectives



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TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

Supporting Colleagues

Policy Number:	HR37
Scope of this Document:	All Employees
Recommending Committee:	HR Policy Group Just & Learning Culture
Approving Committee:	Executive Committee
Date Ratified:	August 2017
Next Review Date (by):	January 2020
Version Number:	2017 – Version 2
Lead Executive Director:	Executive Director of Workforce
Lead Author(s):	Head of Health and Wellbeing

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

2017 – Version 2

Quality, recovery and wellbeing at the heart of everything we do

RESTORATIVE JUST CULTURE CHECKLIST

Restorative Just Culture aims to repair trust and relationships damaged after an incident. It allows all parties to discuss how they have been affected, and collaboratively decide what should be done to repair the harm.

WHO IS HURT?

ACKNOWLEDGED: NO YES

Have you acknowledged how the following parties have been hurt:

- **First victim(s)** – patients, passengers, colleagues, consumers, clients
- **Second victim(s)** – the practitioner(s) involved in the incident
- **Organization(s)** – may have suffered reputational or other harm
- **Community** – who witnessed or were affected by the incident
- **Others** – please specify:.....

WHAT DO THEY NEED?

EXPLORED: NO YES

Have you collaboratively explored the needs arising from harms done:

- **First victim(s)** – information, access, restitution, reassurance of prevention
- **Second victim(s)** – psychological first aid, compassion, reinstatement
- **Organization(s)** – information, leverage for change, reputational repair
- **Community** – information about incident and aftermath, reassurance
- **Others** – please specify:.....

WHOSE OBLIGATION IS IT TO MEET THE NEED?

IDENTIFIED: NO YES

Have you explored the needs arising from the harms above:

- **First victim(s)** – tell their story and willing to participate in restorative process
- **Second victim(s)** – willing to tell truth, express remorse, contribute to learning
- **Organization(s)** – willing to participate, offered help, explored systemic fixes
- **Community** – willing to participate in restorative process and forgiveness
- **Others** – please specify:.....

READY TO FORGIVE?

NO YES

Forgiveness is not a simple act, but a process between people:

- **Confession** – telling the truth of what happened and disclosing own role in it
- **Remorse** – expressing regret for harms caused and how to put things right
- **Forgiveness** – moving beyond event, reinvesting in trust and future together

ACHIEVED GOALS OF RESTORATIVE JUSTICE?

ACHIEVED: NO YES

Your response is restorative if you have:

- **Moral engagement** – engaged parties in considering the right thing to do now
- **Emotional healing** – helped cope with guilt, humiliation; offered empathy
- **Reintegrating practitioner** – done what is needed to get person back in job
- **Organizational learning** – explored and addressed systemic causes of harm

Compassion and Accountability

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Human Error	At-Risk Behaviour	Reckless Behaviour
Product of our current system design and behavioural choices.	***A choice – risk believed insignificant or justified.***	***Conscious disregard of substantial and unjustifiable risk.***
Manage through changes in: • Choices • Processes • Procedures • Training • Design • Environment	**Manage through:** • Removing incentives for at risk-behaviours • Creating incentives for healthy behaviours • Increasing situational awareness	**Manage through:** • Remedial action • Punitive action
Console	**Coach**	**Accountability and responsibility**

Safety Dividend: Reducing physical restraint

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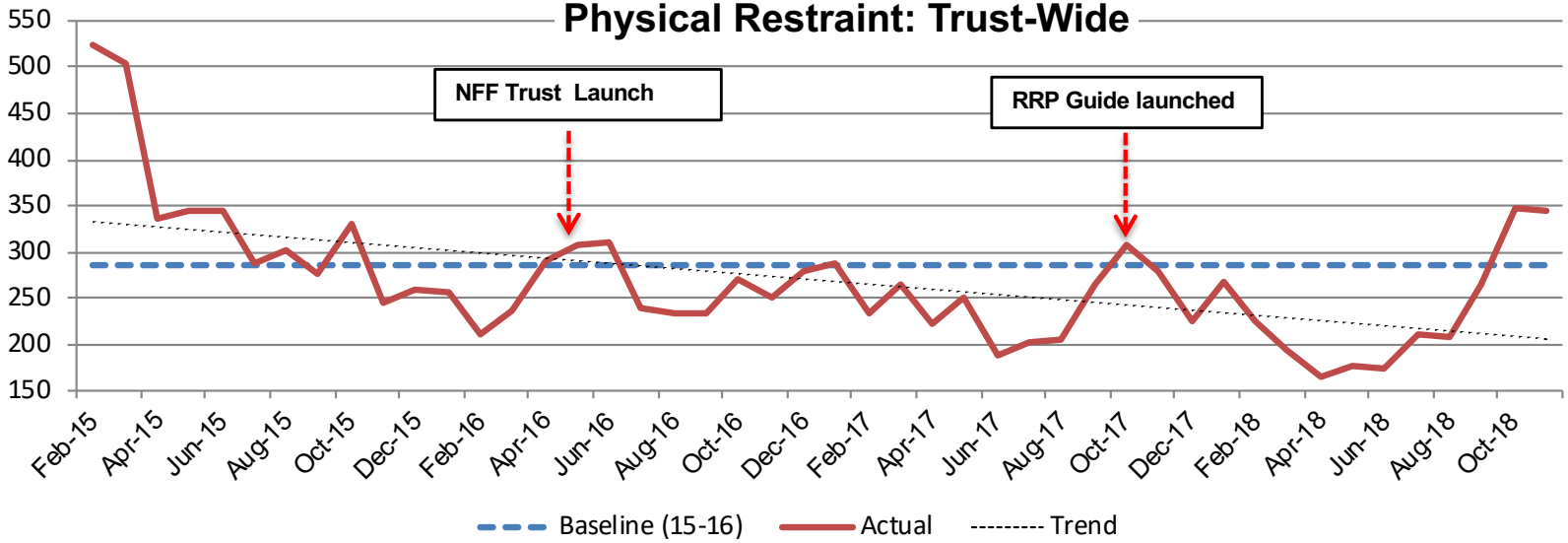
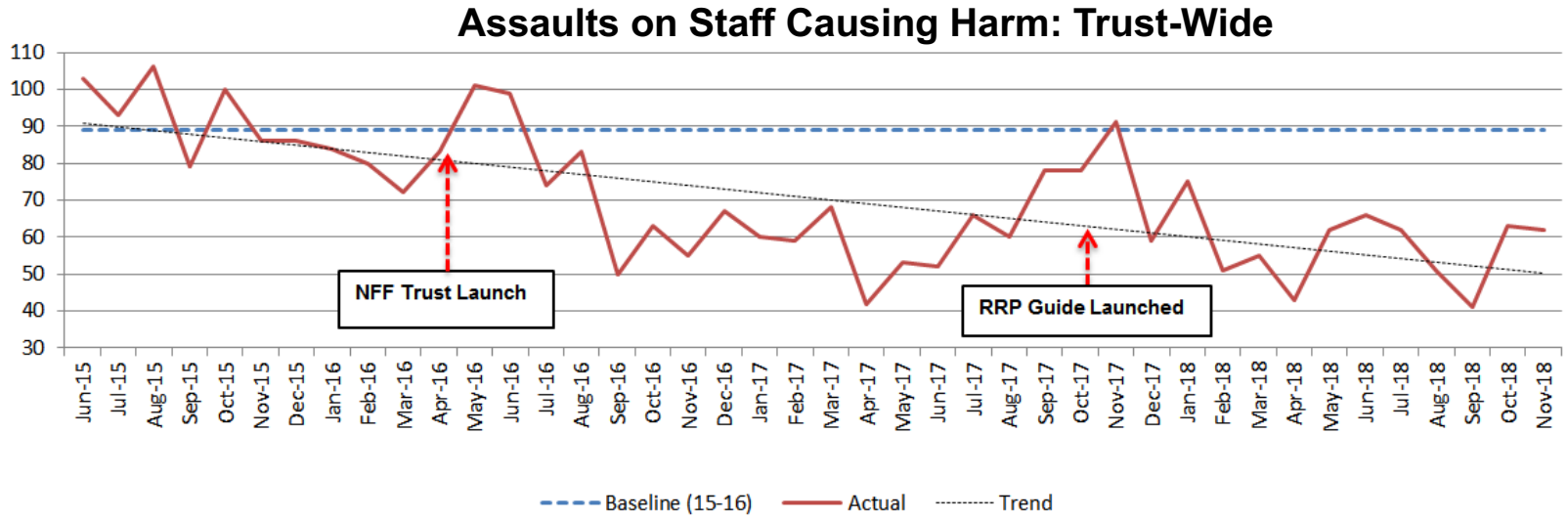


Down
20%
In the last
12 months



Down
30%
Compared to
2015/16 baseline

Safety Dividend: Suicide rate

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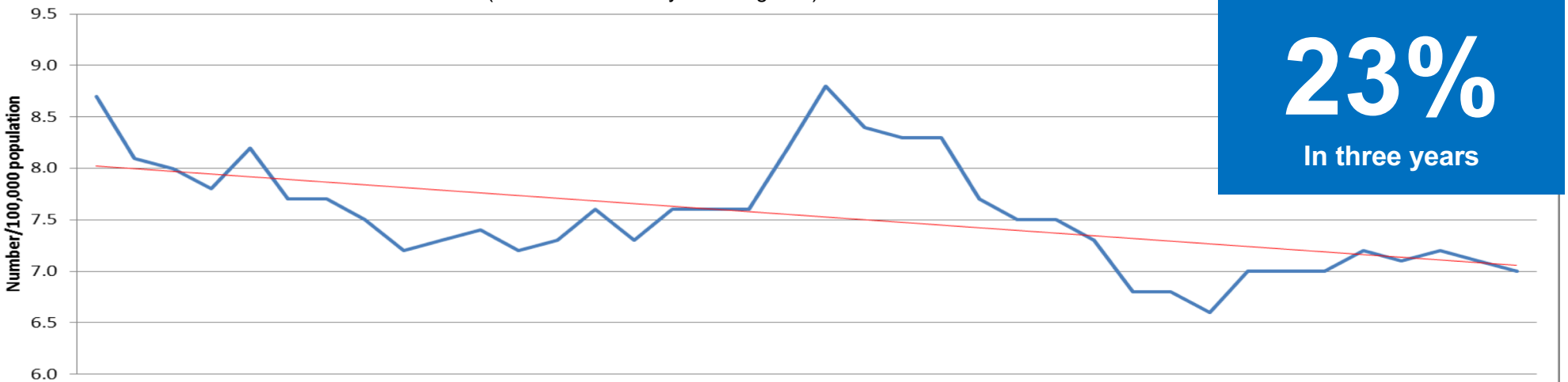
Monthly Suicide Rate per 100,000

(based over a three year rolling total)



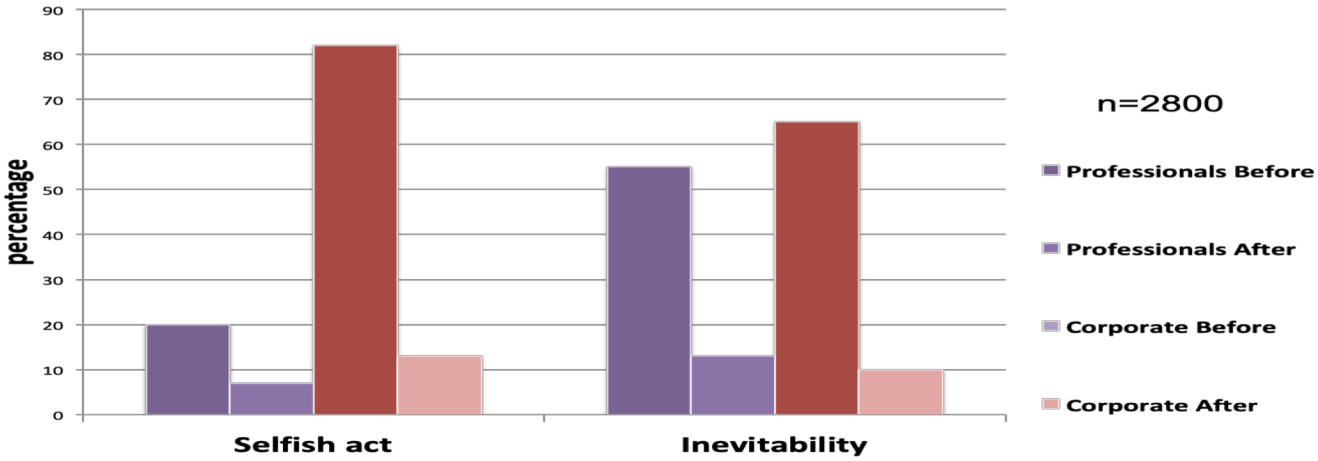
	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Rate	8.7	8.1	8.0	7.8	8.2	7.7	7.7	7.5	7.2	7.3	7.4	7.2	7.3	7.6	7.3	7.6	7.6	7.6	8.2	8.8	8.4	8.3	8.3	7.7	7.5	7.5	7.3	6.8	6.8	6.6	7.0	7.0	7.0	7.2	7.1	7.2	7.1	7.0

Down

23%

In three years

Evidence of culture/attitude change post awareness training



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As a Board we focus on organisational & team health as much as performance

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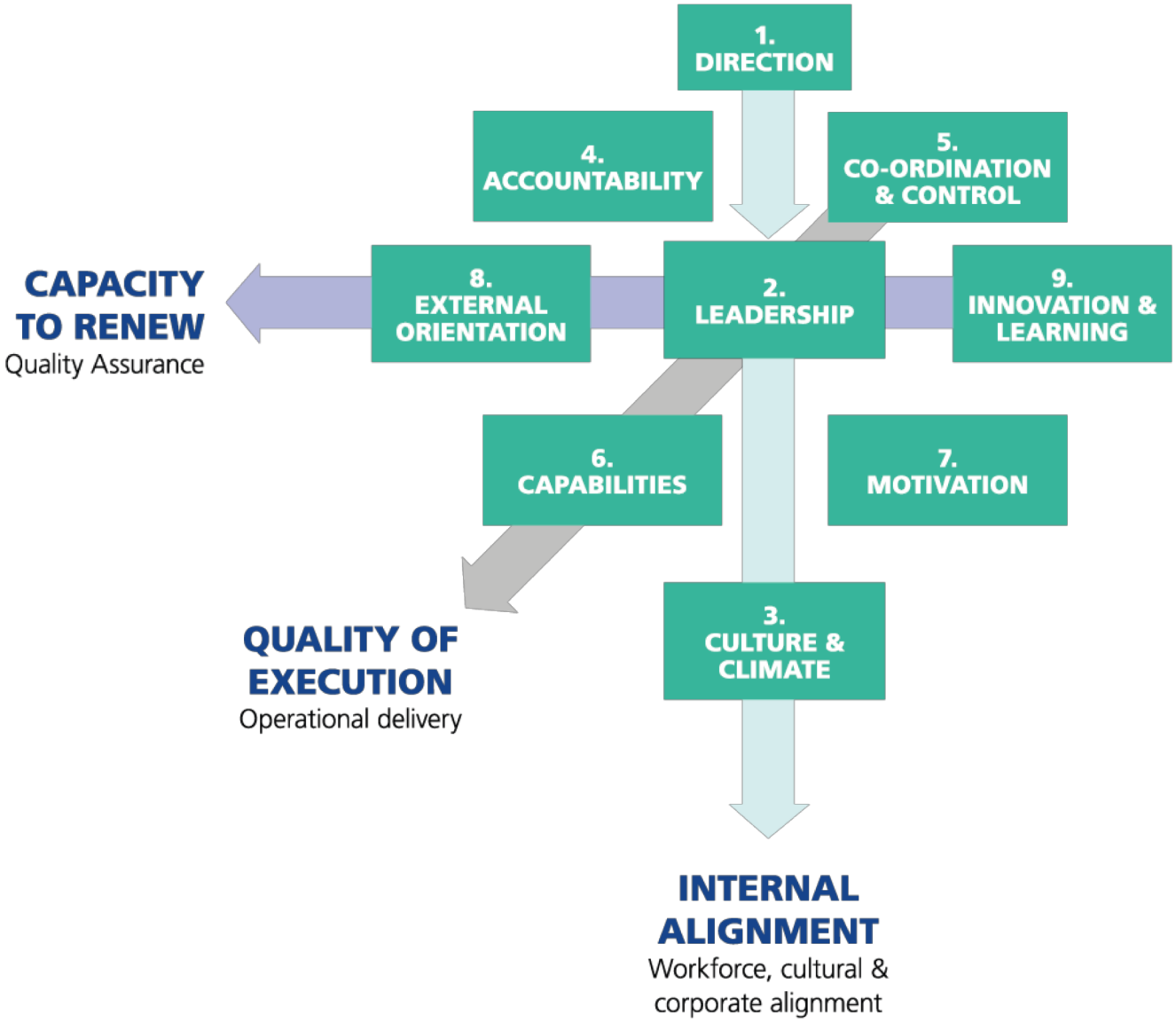

McKinsey, 2014

Just and Learning: Distinguishing Causality vs Contribution

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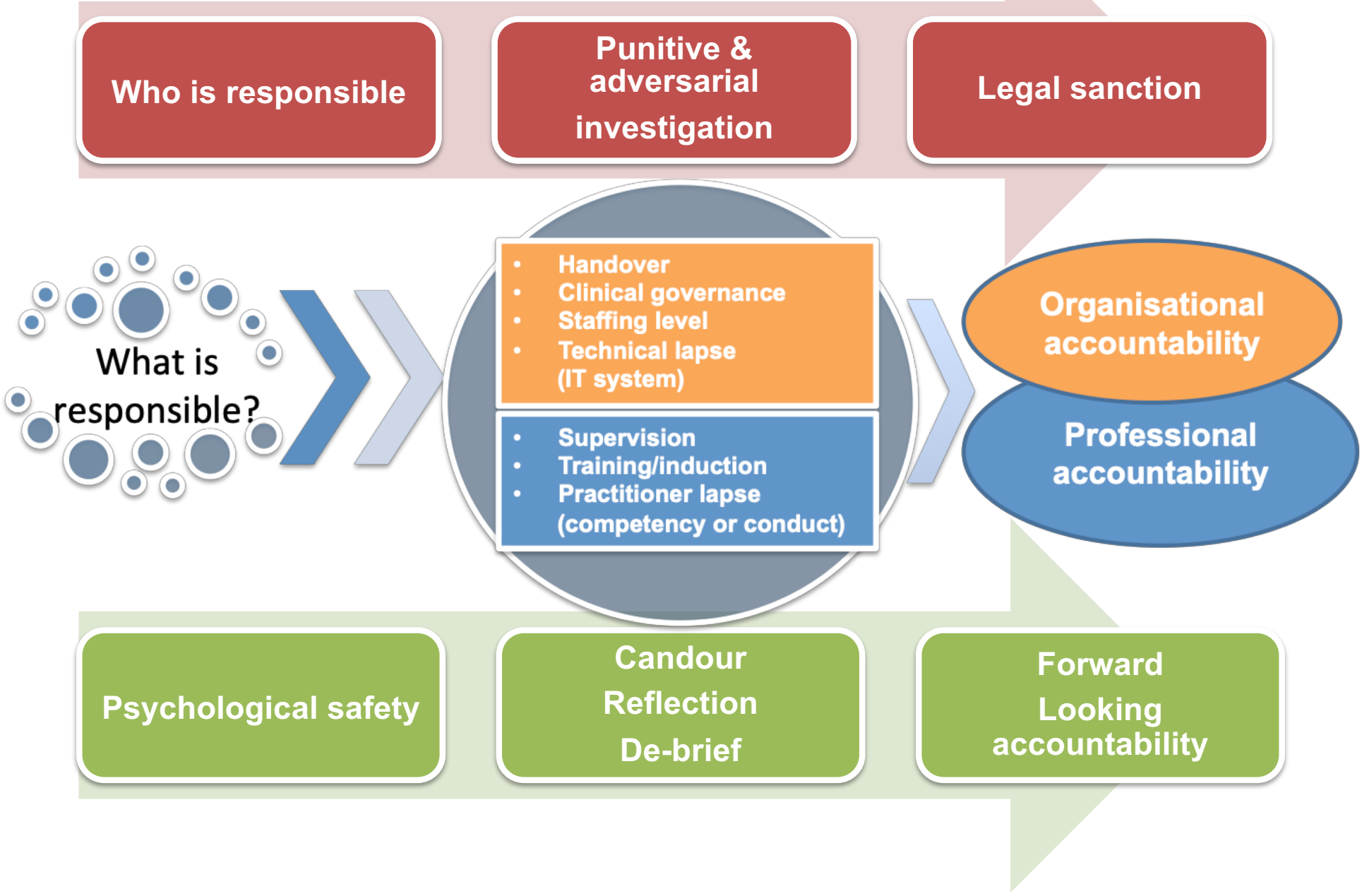

Learning in a Perfect Care System – learning from the every day routine, not just incidents

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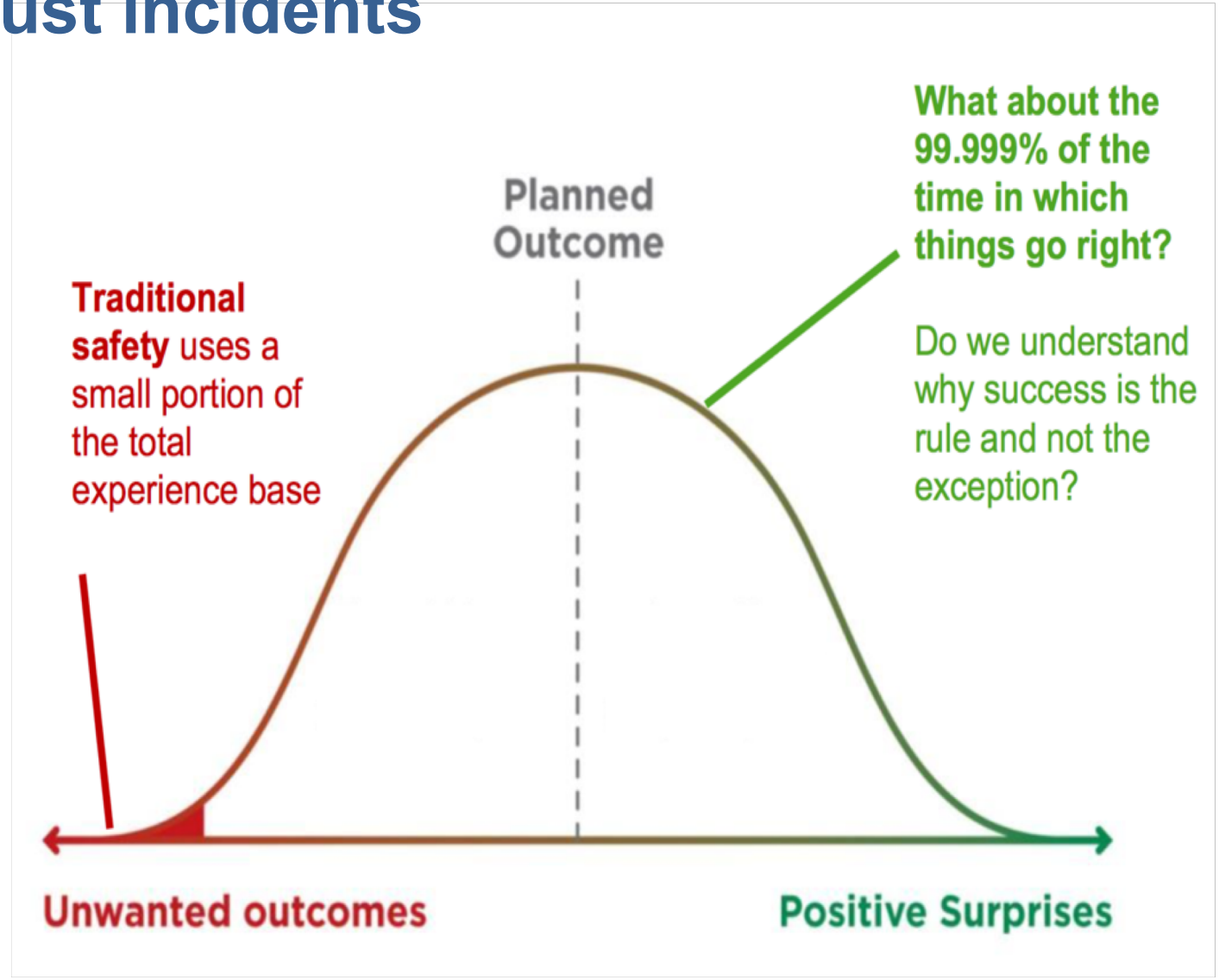

We are shifting our *Safety Mindset*

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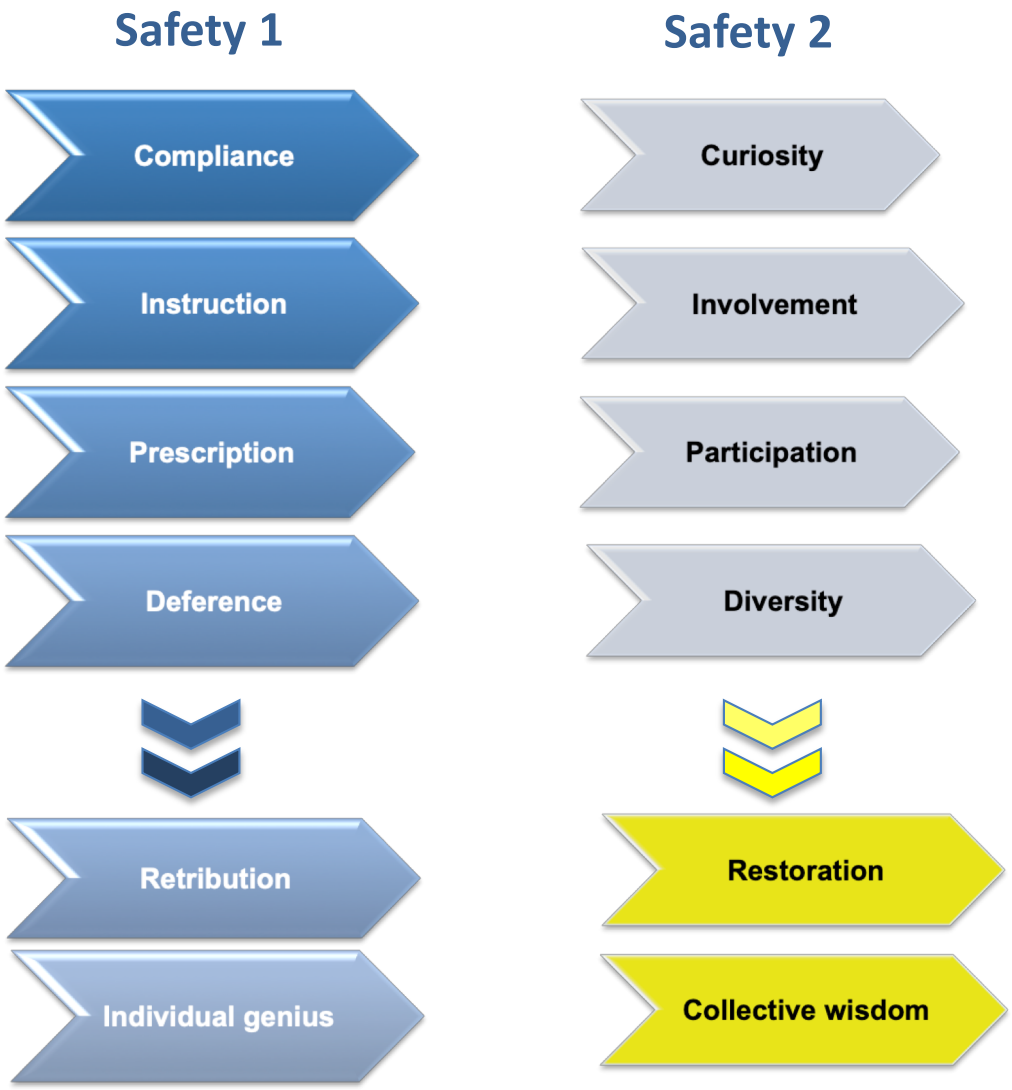
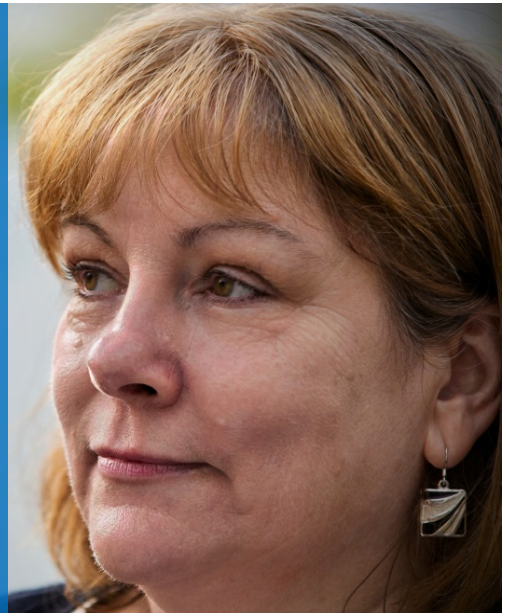


The real dividend is safer patients and staff

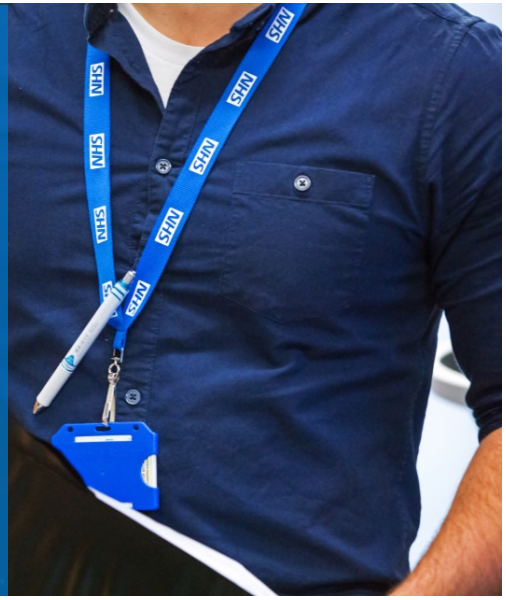
20
suicides avoided in three years

684
restraints avoided in last 12 months



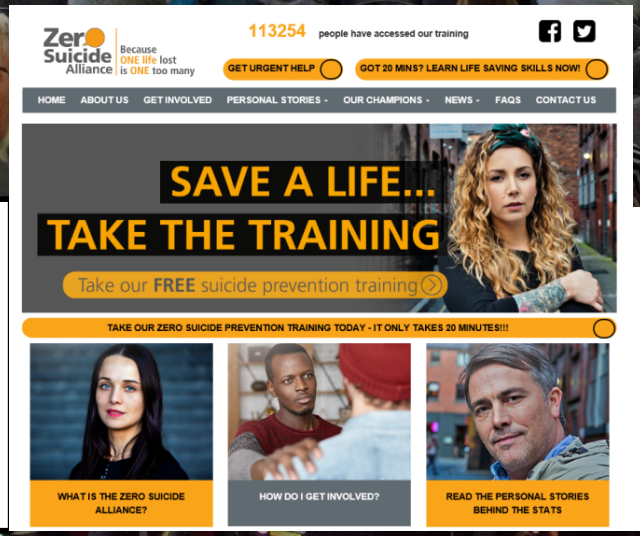
87
staff suspensions avoided in two years

222
disciplinary investigations prevented in two years



Summary

- We have focused on concept into practice;
- Power of zero as a breakthrough on outcome conversations;
- Underpin with operational excellence and support;
- But…halt judgments and instead ask why people behave in the way that they do;
- See transparency and openness as allies not enemies;
- Culture that allows the boss and colleagues to hear bad news;
- Co-produced approach with staff side and patients/users;
- Moving to learning from our routine work;
- Understand the distinction between resources and resourcefulness – the latter can take you a long way;
- See your people as the solution and not the problem.



[Just Culture The Movie]

https://www.youtube.com/watch?v=LCFcvekVWGM&feature=youtu.be

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