

Mersey Care's Journey to Restorative Just Culture

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Chief Executive Officer

15 October 2024



More than

299,000

appointments and visits for children and young people



Provide services from more than

230 sites



Largest provider of
LEARNING DISABILITY
 forensic secure care




1 OF 3
 providers of high secure services

Working in **six** places

LIVERPOOL
SEFTON
ST HELENS
KNOWSLEY
HALTON
WARRINGTON



ONE of only FIVE

inpatient addiction services in the country



The biggest
Talking Therapies
 service in the NHS



£ **OVER** **£754.9** million **TURNOVER** £

The **LIFE ROOMS** had

28,140 contacts

and issued

10,764

social prescriptions

2023/24



CIRCA 11,000
WORKFORCE

One of the **LARGEST** healthcare employers in the North West



Serve a population of
MORE THAN 1.4 MILLION

across our region and are also commissioned for services that cover the North West, North Wales and the Midlands

 **3,079,767**
 adult outpatient appointments, visits or community contacts

8 community NHS walk-in and urgent treatment centres



950
 inpatient beds



Awarded £10.5m

Funding to lead groundbreaking mental health research with the University of Liverpool (Mental Health Research for Innovation Centre)





Our vision

To lead the way in perfect, whole person care that helps people of all ages live healthier lives



Our strategic intentions

OPERATIONAL AND CLINICAL EXCELLENCE

Outstanding services which are stronger, more effective, consistent and more reliable wherever people access them

HIGHLY ENGAGED AND SATISFIED STAFF

Attracting and retaining the best people through an inclusive culture which supports wellbeing and engagement

WHOLE PERSON

Using our unique blend of all age services to become more preventative with a focus on people's total health and wellbeing needs

REDESIGN TO IMPROVE VALUE

Aligning our services with those of other providers, reducing waste and increasing capacity

TECHNOLOGY AND DATA TRANSFORMING CARE

Making our services more targeted, effective and personalised, giving people greater control of their health and extending the reach of our specialist teams

REALISE THE BENEFITS OF RESEARCH AND INNOVATION

Establishing a world class research and innovation environment which improves mental health and wellbeing and shortens the time taken for effective innovations to reach patients.

Our perfect care goals

Stretching goals to keep us at the forefront of challenges and maintain our enduring commitment to safety.



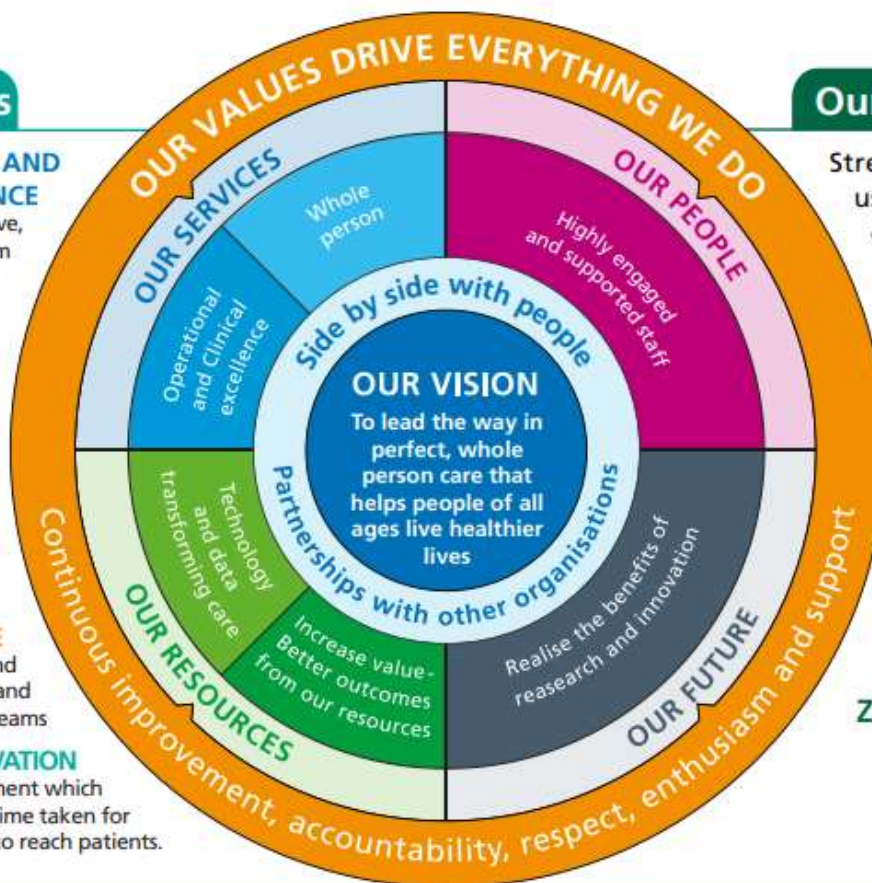
ZERO acceptance of racism, discrimination and unacceptable behaviours

ZERO restrictive practice

ZERO suicide

ZERO harm from medication

ZERO falls in our care



Our values

The way we will achieve our vision, mission and goals, built on a solid foundation of restorative just and learning culture.

C **Continuous improvement**
We are committed to making improvements to our services for the benefit of all.

A **Accountability**
Taking ownership to anticipate, develop and deliver high quality care.

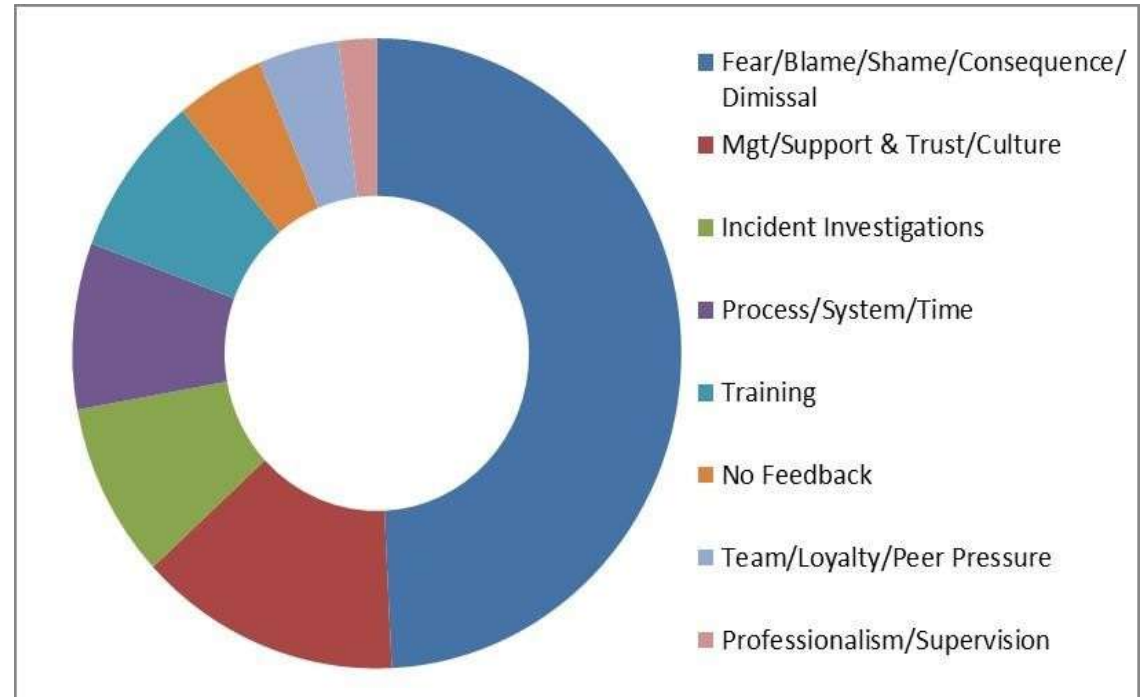
R **Respect**
How we treat others in an inclusive and supportive way.

E **Enthusiasm**
Demonstrate our passion and pride for what we do and how we do it.

S **Support**
Actively supporting others with compassion and courage.

Case for Change

- Fear of consequences, blame, shame and being dismissed
- Lack of support or trust, 'adversarial'
- Incident investigations
- Lack of feedback / learning
- Improvements not maintained or sustained





Staff wanted a staff perfect care goal

...they wanted to work in a safe place, be treated fairly and compassionately, and so our Just & Learning Culture was born....

Our Restorative Just and Learning 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

Developing 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
- It distinguishes between **causation** and **contribution** and **work done V work imagined**
- A **prospective** outlook rather than **retrospective** bias
- Ask **what** and **how**, not **who** because a bad system will always beat a good person.

Benefits & Challenges

Benefits & Challenges



For Senior Leaders

Consider their style & impact,

Asking them to move from an old way to a new way of leading

Credibility and humility



For the Workforce

Safe to raise a concern

Culture that allows the boss to hear bad news

Empowered to catch errors

Accountable not punished

Improve disproportional experience



For Patients

Accountable staff

Reduce risky behaviour

Reckless behaviour is not accepted by anyone

Staff morale is high as staff are empowered to do the best job they can do

Benefits & Challenges



For the Organisation

See transparency and openness as allies not enemies;

Sharing good practice stories
Trickle down of restorative culture in everyday organisational life

To create the best safety culture, staff have to feel safe themselves

Learning to prevent
Systemising change



For Policies & Procedures

Co-produced approach with staff, unions, ambassadors and patients/users;

Reduced in number

We put people before process

We have focused compassionate HR and patient safety systems and processes;

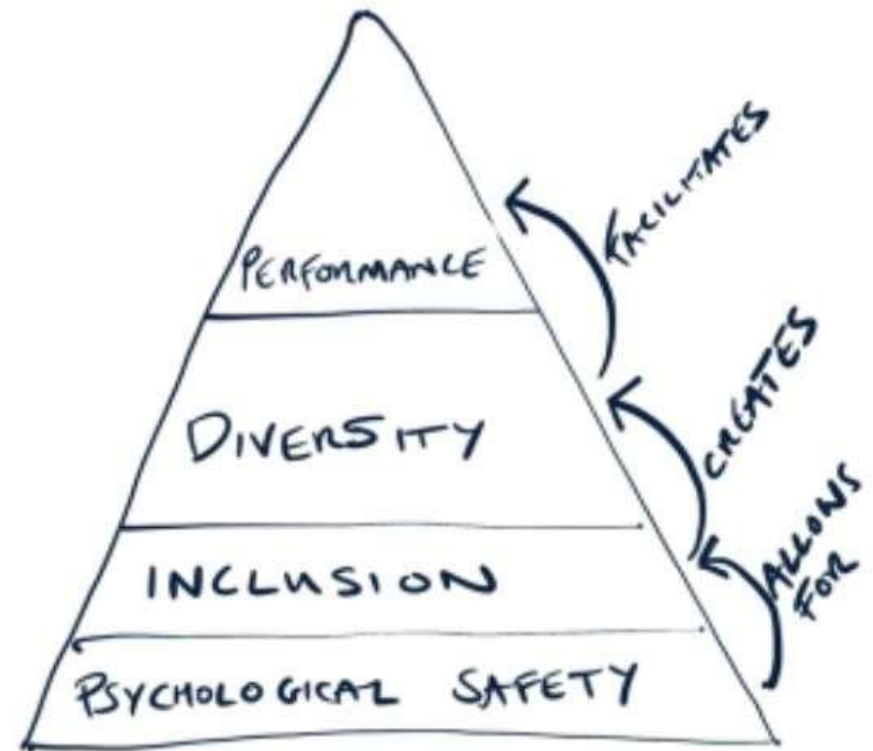
Shift in judgemental language

What we wished we knew then...

- **Key Learning Points**
- **Development of policy, process and practice**

A pressurised challenging environment can affect how people behave, and behaviours create culture.

We need to be at the top of our game in performance terms, but to do this we must be at the top of our game culturally, and in our relationships.



Creating Psychological Safety

Setting the Stage	Inviting Participation	Responding Productively
Frame the Work <ul style="list-style-type: none"> Set expectations about uncertainty, failure and interdependence to clarify the need for voice 	Demonstrate Situational Humility <ul style="list-style-type: none"> Acknowledge gaps 	Express Appreciation <ul style="list-style-type: none"> Listen Acknowledge and thank
Emphasise Purpose <ul style="list-style-type: none"> Identify what's at stake, why it matters, and for whom it matters 	Practice Inquiry <ul style="list-style-type: none"> Ask good questions Model intense listening 	Destigmatize Failure <ul style="list-style-type: none"> Look forward Offer help Discuss, consider, and brainstorm next steps
	Set Up Structures and Processes <ul style="list-style-type: none"> Create forums for input Provide guidelines for discussion 	Sanction Clear Violations

Psychological safety is the belief that you won't be punished, humiliated rejected for speaking up with ideas, questions, concerns, or mistakes.

The Importance of Language

Semantics is critical

- ❖ Why did you make that mistake
- ❖ What did you do wrong

Versus

- ❖ Why did that not go as expected
- ❖ Why did that not go as planned

- ✓ Language in policies / SOPs critical
- ✓ Language in dialogue critical – led from the top

No one comes up with a good idea while being chased by a tiger.

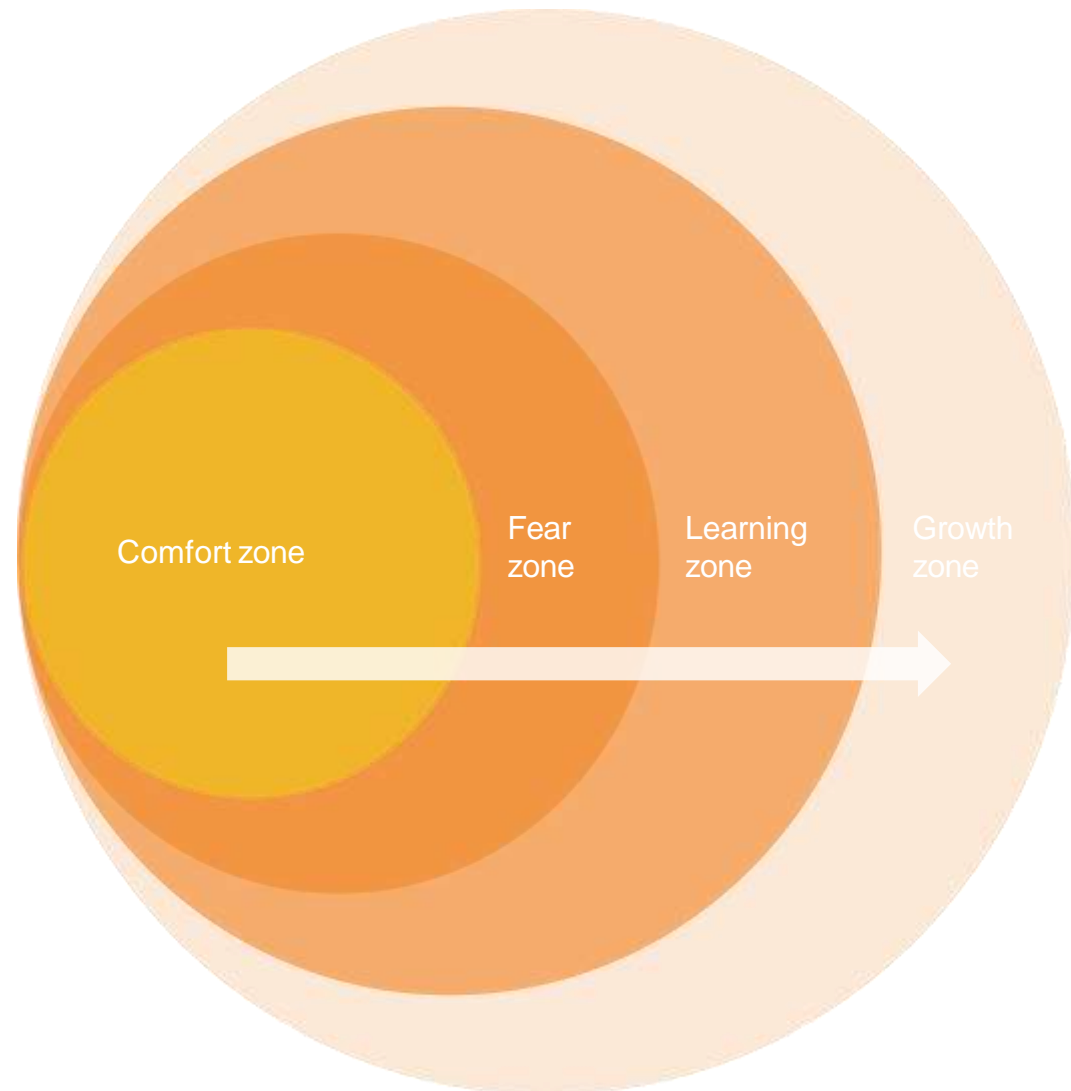
- Anonymous board member of Tesla to Elon Musk as quoted by Wired in DR. ELON & MR. MUSK



Leadership Alignment, Accountability & Discomfort

Why is it hard for leaders?

- If I say we need a new way, am I saying the old way I was harming people ?
- Accountability
- Question own values and beliefs
- Fallibility – causing harm
- Culpability
- Vulnerability



Partnership – Key Stakeholders: Trade Unions, Regulators, Commissioners



Redesign People Policies and Processes

Have a framework

Our Just and Learning Culture has shaped how we have approached improvements in our people processes.

This supports the Trust aim for Perfect Care for all of our patients and service users.

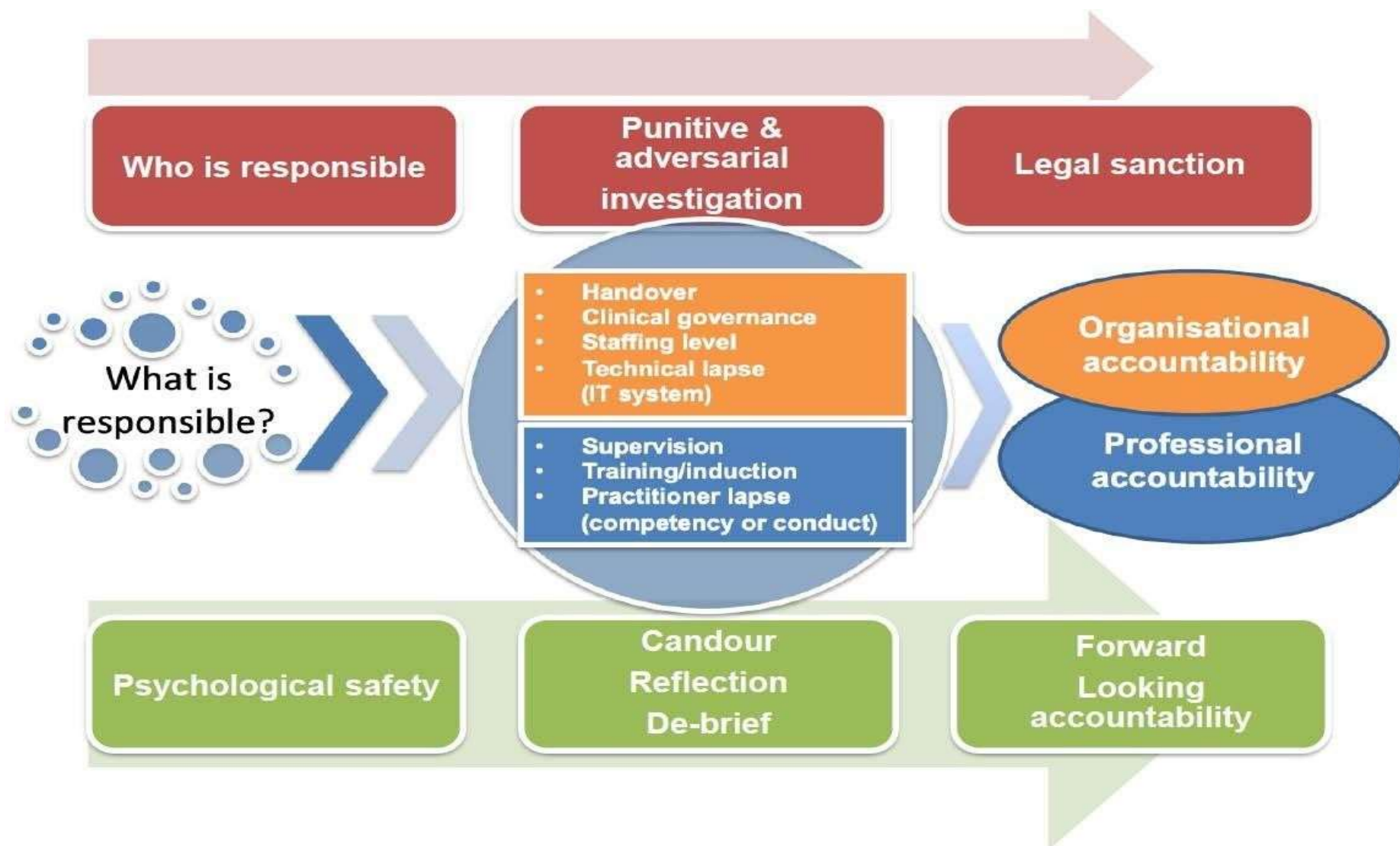
Currently we are re framing our framework into Restorative guidance

STEP 1 - TRIGGER POINT

Comments	
The adverse event/incident	
An event that could have caused or did result in harm to people or groups of people. This can include psychological harm and feelings of hurt, or physical harm even or damage to property, and/or people external to our organisation.	
What is their need? Support, include clear communication plan, regular and timely. Consider staff support policy, interventions, etc.	
Whose obligation is it to meet that need? Someone especially assigned to ensure the restorative process is properly applied	
What is the understanding of what happened? Did it make sense?	
Are the resources available and appropriate?	

yes, if this is not the case, then no further disciplinary action

Distinguish between Causality and Contribution



Work as imagined & work as designed



User experience

Design

Our Team Canvas

NHS
Mersey Care
NHS Foundation Trust

Community and Mental Health Services

<Insert Team Name> St Cuthbert Ward

Last Updated: April 2022
Next Update Due: July 2022

WHAT

HOW

Our Purpose:

We will provide dedicated clinical and psychological care pathways to support our bariatric patients to be able to return home with a sustainable and fulfilling lifestyle

Our Objectives:

- Reduce delays to discharge caused by lack of MDT planning by September
- Improve CCB score "I am able to influence changes in my Team" by Q4 through identification of improvement projects and supporting staff to complete them
- Research what anti racism means in Merseycare FT and develop our own anti-racist operating principles
- Implement regular service-user forum to review service quality by November
- Attain Good Plus in our next QRV visit (January) as evidenced in our use of data, discussions and actions agreed in our Team Canvas
- Ensure each patient has a care plan with personalized goals set by clinicians and the patients at discharge by August
- Additional clinical objectives

We will show we care for each other by checking in if something is wrong
We will check out with each other every shift
We will be intentionally inclusive and anti racist in our practice and process
We will call out uncivil behaviour in a supportive way
We will remind ourselves and each other that the patient is why we are here and we are here for each other
Handovers will be informative, share good practice and allow respectful challenge to ways of working
We will uphold the Trust Values and support each other to do so
We will make time to get to know each other through regular away days
We will embed the principles of Just and Learning Culture to improve safety and innovation

WHO

SO WHAT/REVIEW

Who's in our team:

Asher Ward Manager
Frances Advanced Practitioner (Team Canvas Lead)
Sam (Quality), Alex, Pierre-Yves (Coaching), Carlos (anti racism), Petra, Chou, Kiki
Staff Nurses Mary (R&C), Jim, Declan, Tahir, Pawel (CCB),
Facilities Nelson, Most, Inaya Assistant Psychologists
Rabia Psychologist
Maryam Dietician
Bruce Ward Clerk
Sheila Apprentice

Others we work with:

You can include a community map here
We work closely with Community Outreach Team
GPs
Physios

We need to work more closely with lived experience support workers, community OTs

The length of stay will be dictated by patient need. This will be reflected in MDT discussions and notes
CCB scores will be discussed quarterly and will be reflected on the Team Canvas or staff meeting minutes. Staff will be confident to suggest improvements and changes to the way the team operates.
The team will complete training and hold regular discussions on how intentional inclusivity is used to drive decisions and plans. This will be recorded in team minutes and outputs from away days
Feedback from patients including thank yous, complaints, FFT and verbal/ written questionnaires will be discussed at team meetings to improve services and any resulting actions minuted in team meetings.
Key clinical outcomes and where they will be recorded and discussed.

Learning review following a homicide (RCA)



The staff said...

“It was the best training session they have ever been to in 20 years of working in the Trust”

Civility & Respect Campaign



Focus on Prevention, Respond Restoratively

For Staff

For Patients

- Restoring any harm caused to our colleagues, their relationships, trust, and confidence
- Meaningful Apologies
- Compassion

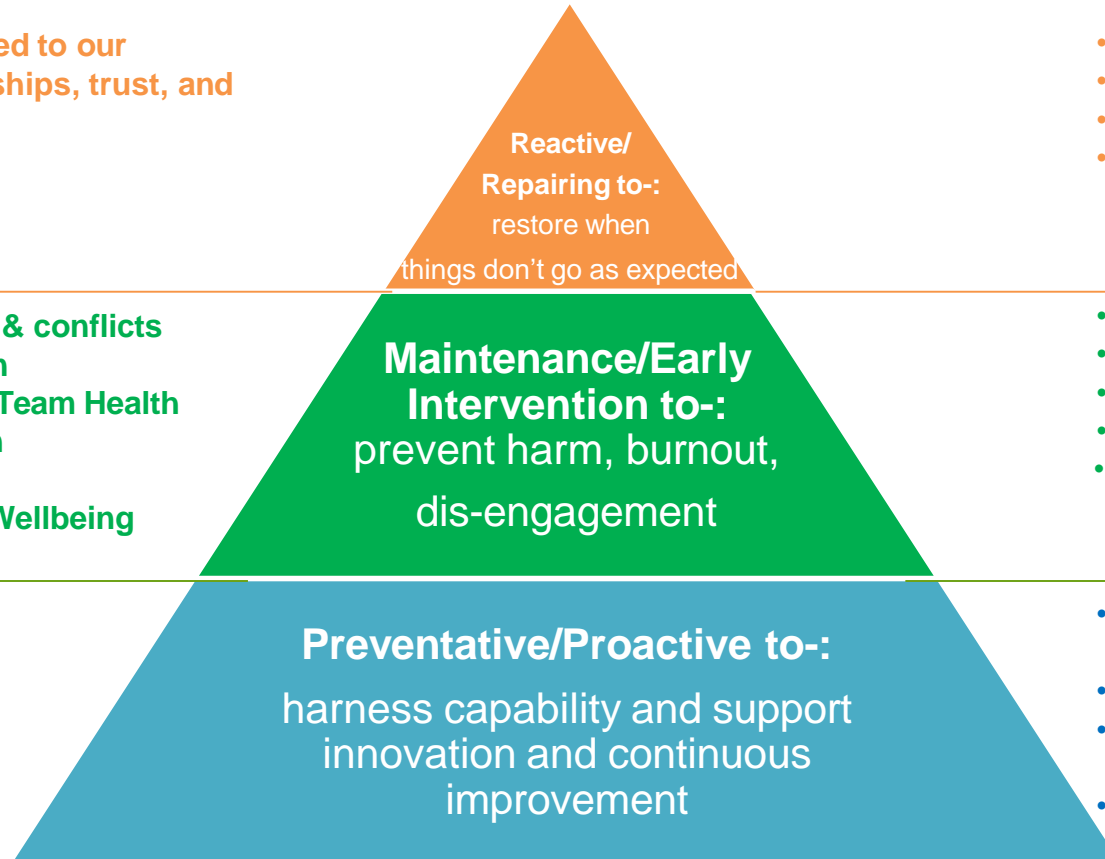
- Duty of candour
- Repairing harm
- Improved treatment
- Compassion

- Managing relationships & conflicts
- Effective communication
- Psychological Safety & Team Health
- Feedback & Recognition
- Compassion
- Occupational Health & Wellbeing
- Freedom to Speak up

- Patient Safety
- Collaboration
- Service user feedback
- Compassion
- CQC and Quality Review Visits(QRV)

- Building relationships
- Team Canvas
- Values & behaviours
- Respect & Civility
- Education & Awareness
- Compassion
- Inclusivity

- Building relationships & trust
- Respect & Civility
- Education & Awareness
- Compassion



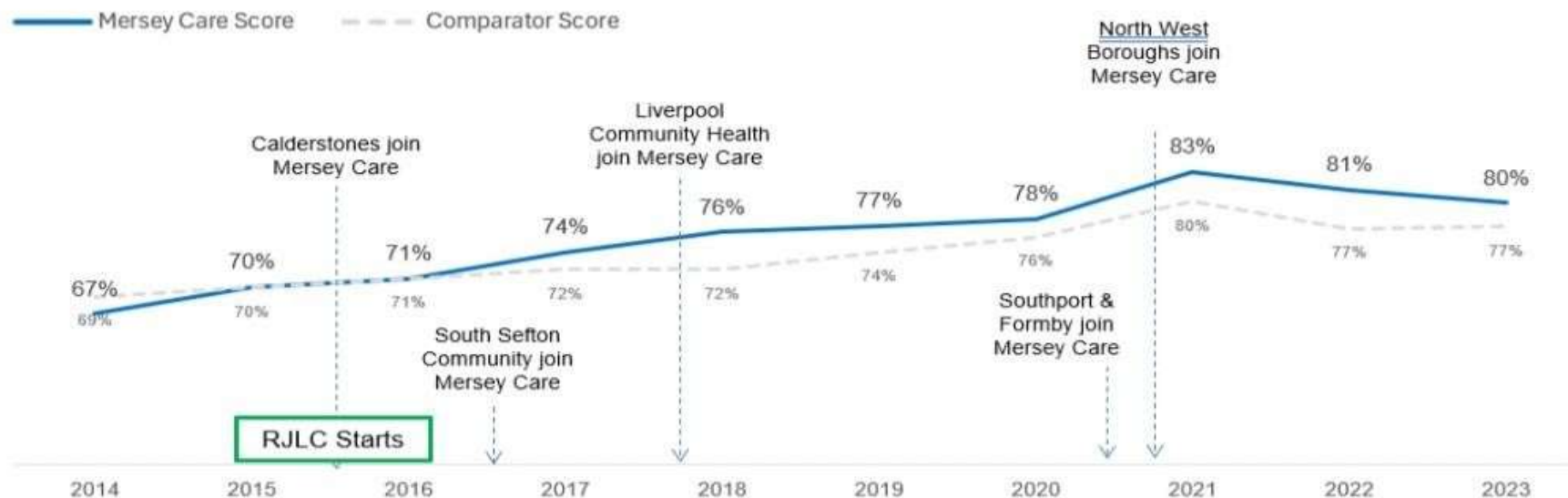
Health Care environment inherent with risk

The impact and benefits of RJC practices

The Data Impact

Staff feel safer raising concerns

Staff Survey Question: I would feel secure raising concerns about unsafe clinical practice



National Rank

15

Out of 213 Trusts

NW Region Rank

4

Out of 31 Trusts

Cheshire & Mersey Rank

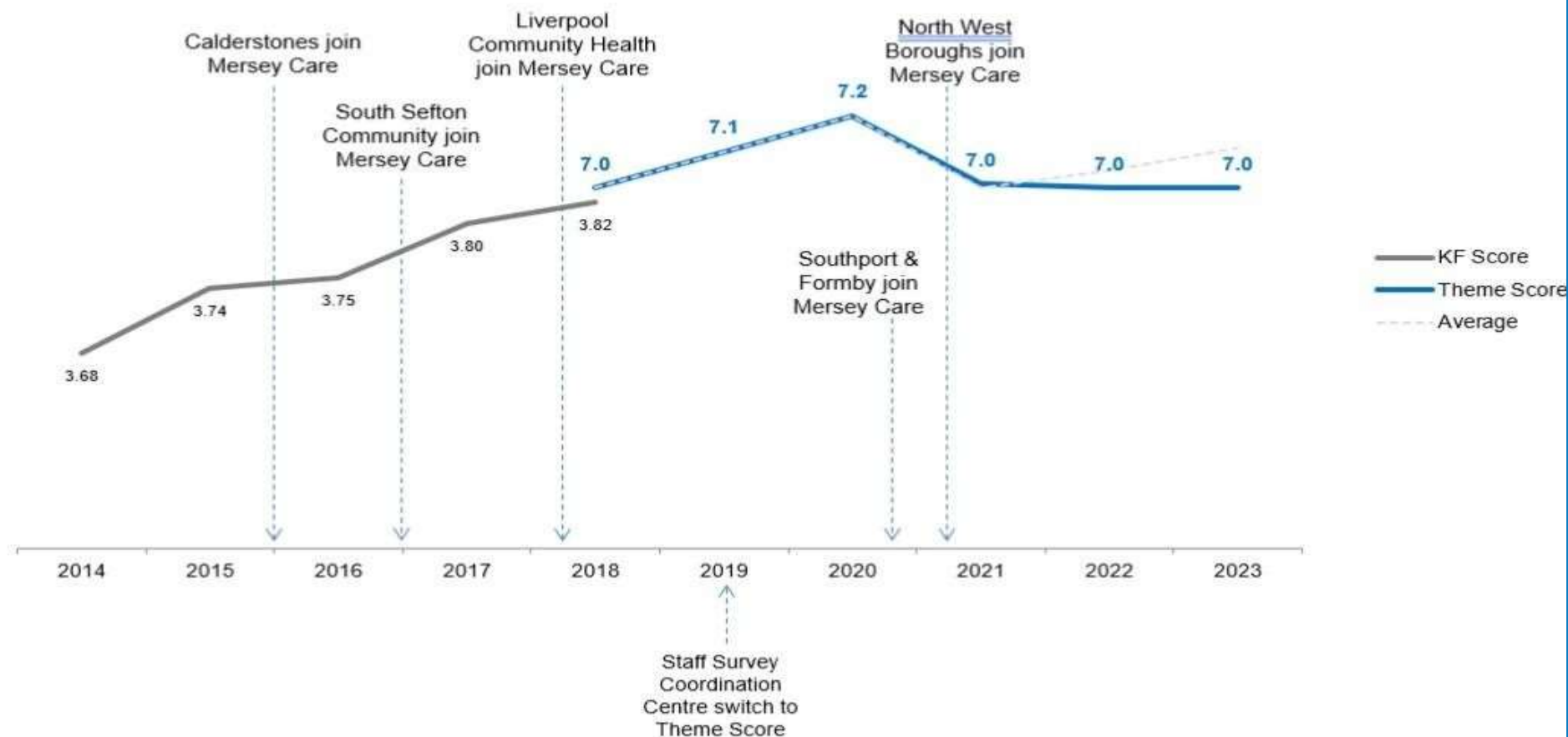
4

Out of 16 Trusts

9th Nationally
safe to raise concerns
on bullying &
harassment

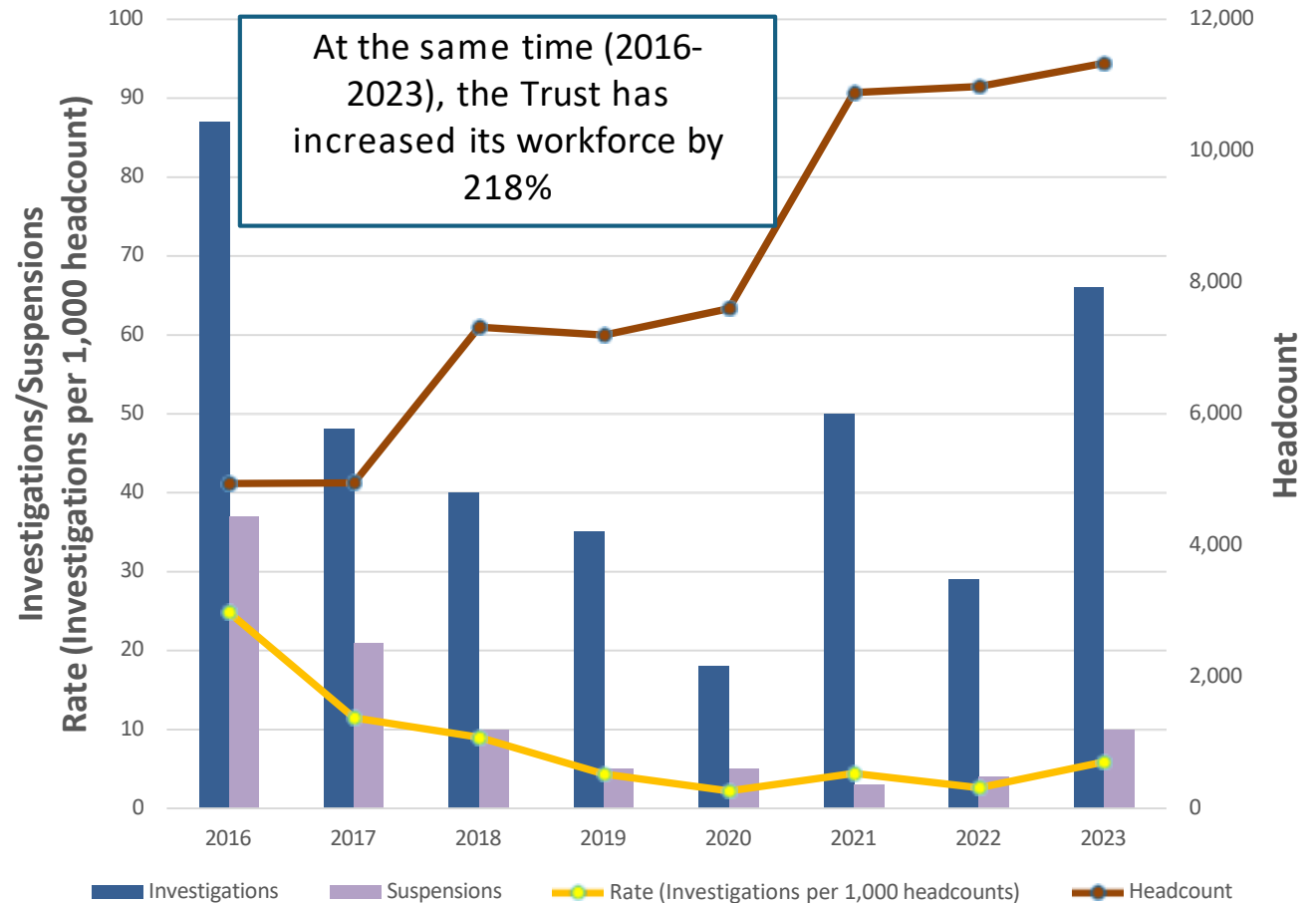
Staff Engagement

Staff Engagement Theme Trend

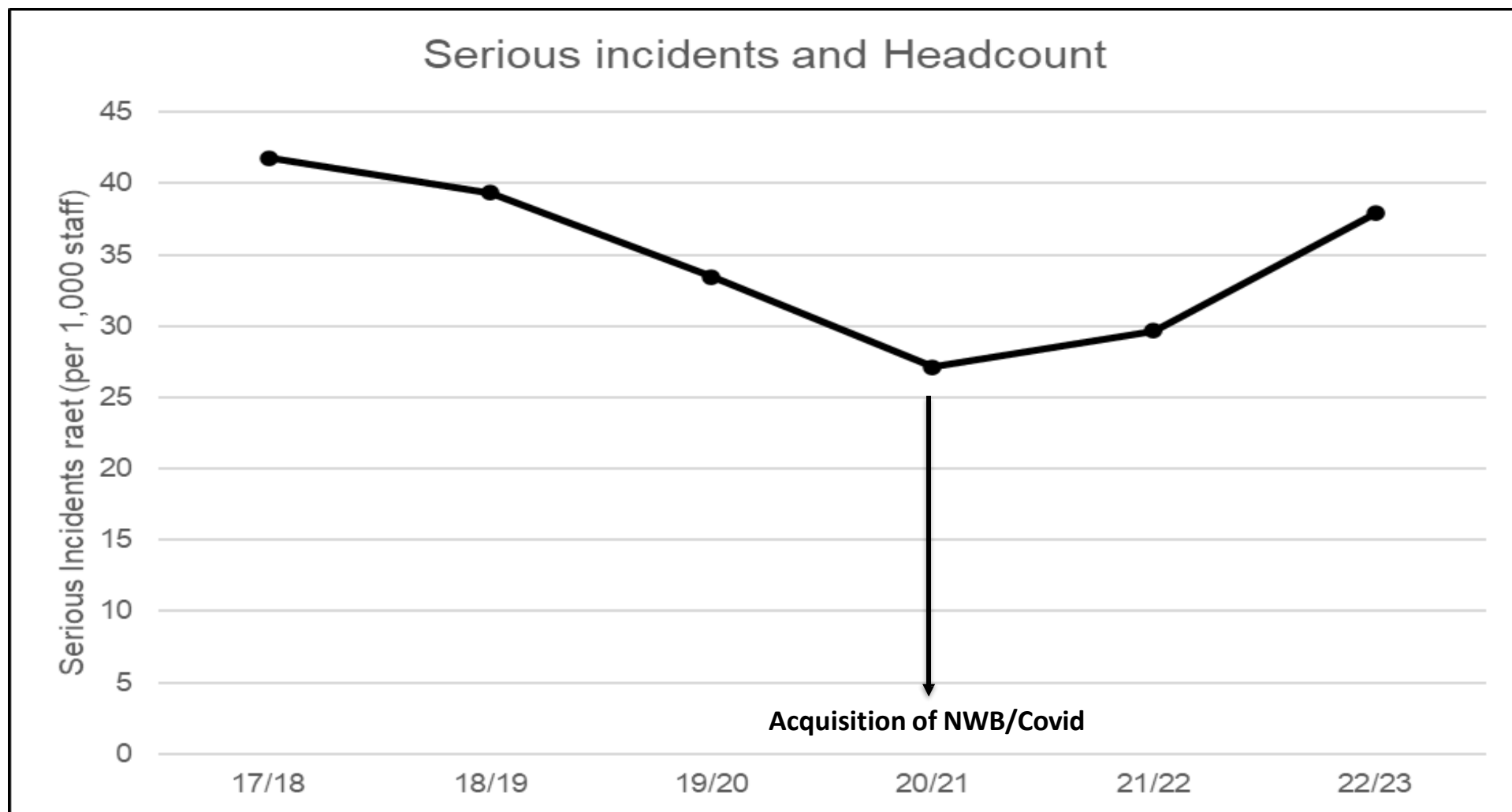


Investigations and suspensions (2016 -2023)

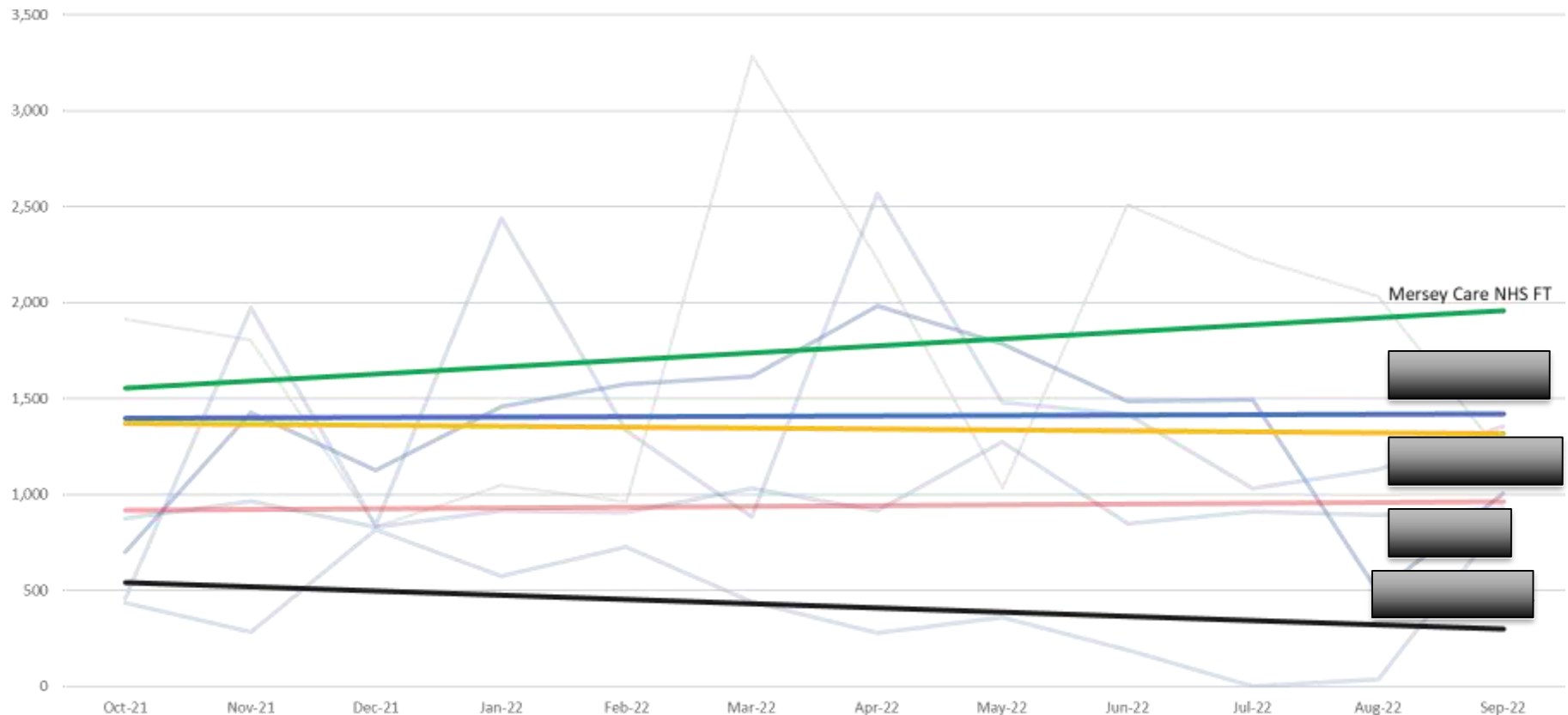
- Total number of investigations avoided between 2016 – 2023 is 1,972



Serious incidents and Headcount



Incidents reported to NRLS show a positive trend both empirically and relative to neighbouring MH/LD&A/Community trusts (Oct 21 to Sep 22)



NB: The National Reporting and Learning System (NRLS) records monthly against the number of incidents uploaded onto the system, not the date the incident occurred, which causes the spikes in reporting. The linear average lines help to show a steady/maintained position of reporting, demonstrating a positive safety culture of reporting for MCFT compared to other local (comparable) Trusts and the NRLS average

What RJC implementation might look like and include

Implementation – what it might look like

- Accountable lead
- Case for change
- Agree board alignment within strategy / operational plan
- Engage on concept, and meaning:-
- Establish a delivery group
- Agree terms of reference for the delivery group
- Agree priority areas / interventions/ communications
- Agree outcome measures, economic, qualitative
- Formulate Year 1 plan
- Review key policies and processes
- Conduct learning reviews
- Establish framework (4 step process)
- Produce annual report and report process for year 2

Evidence of a Restorative Just Culture

- Free flow of information between hierarchies where managers are “able” to hear bad news
 - It gets reported
 - They welcome it
 - They act on it in the sense of a Just & Learning Culture
- Disputes are discussed and settled
- Staff feels supported and heard
- Restorative language is used throughout
- Incidents are used to learn from
- Trusting attitude



Summary



My thanks to
the thousands
of Mersey
Care Staff
who have
made change
possible

