

Appendix 1: Culture of Care Barometer

1 Introduction

1.1 The Culture of Care Barometer

The development of the Culture of Care Barometer is part of the governmental response to the Francis Report: Hard Truths (Department of Health, 2014), which outlined a series of measures designed to improve the consistency of quality across the NHS.

Evidence suggests that major care failures are not generally brought to light by existing quality assurance, regulatory or improvement systems. Since cultural attributes do not feature widely in the measures of quality and performance currently in use, existing metrics cannot describe the reality of the care culture experienced by service users and staff.

The Barometer project was commissioned as part of the “Compassion in Practice” programme of work. The aim was to develop a measurement tool capable of gauging the various attributes of care delivery environments, so as to improve the understanding of the culture of care in the organisation.

1.2 Development and Evaluation of the Culture of Care Barometer

The Barometer tool was designed to reflect common themes identified by previous research as being closely linked with staff commitment, engagement and productivity.

These were:

- the resources to deliver quality care
- the support needed to do a good job
- a worthwhile job that offers the chance to develop
- the opportunity to improve team working.

The Barometer has been subject to testing across a range of care settings, including acute, community and mental health trusts.

The analysis of test data has revealed 4 key factors, these being;

- **Factor 1** is linked to Trust level values and culture
- **Factor 2** is concerned with team level support and management
- **Factor 3** is linked to support and respect between colleagues
- **Factor 4** concerns constraints in undertaking the job.

“Culture” was seen by trusts within the study as the way that things were done and as a means of signalling the values of the trust. The Barometer was valued for providing a reference point for Trusts to gauge their position on a cultural spectrum or journey. Trusts responded largely in terms of the cultural challenges they were confronting, e.g. restructuring, which made it more difficult to create a consistent vision of culture around which all groups could coalesce.

The Barometer provided insight into the different cultures prevailing in geographical pockets. The Barometer also stimulated discussions about ‘us and them’ – divisions between staff groups and between staff and management.

The Barometer was judged to be simple and quick to use. It was seen as complementary to other tools such as the staff survey and Friends and Family Test. It’s added value is related to it’s capacity to surface existing sub-cultures and to dig more deeply into cultural issues around the care environment; give enriched feedback to Trusts and to prompt ‘quality conversations’ for groups as well as at Board/Executive level. It was regarded as a valuable tool for reflection through the issues it targeted.

Full detail regarding the barometer is available at;

<http://www.england.nhs.uk/wp-content/uploads/2015/03/culture-care-barometer.pdf>

2 Implementation of the Culture of Care Barometer within AWP

2.1 Implementation to date

The Culture of Care Barometer has not previously been adopted within AWP – instead other, mechanisms are in place which engage staff in discussions around quality and which can, in combination be triangulated to give a view of quality in the context of culture and staff attitudes. These include (but are not restricted to); Week in Focus, Staff Family & Friends Test, Staff Survey, etc.

2.2 NHS England Contract requirements 2015/16

Within the published Reporting requirements relating to the NHSE Standard Contract for 2015/16 (which applies to those specialist services commissioned directly by NHS England, i.e. Low Secure, Medium Secure, Mother and Baby Unit and the Eating Disorders Unit), there is a nationally mandated quality standard which requires that all providers implement a local Culture of Care Barometer. Specifically, the Contract requires a Q1 report that shows;

“Evidence of staff being involved in developing a provider Culture of Care barometer. Narrative report below of how developed/list of those involved and evidence of the tool etc”

It also requires reports in Q2 and Q4, as specified below:

“Barometer survey to be completed in Qtrs.2 and 4 with a report of the findings after each survey to be provided to the commissioner including an associated engagement and improvement plan”

2.3 Progress within Specialised and Secure Services

Work is underway within Specialised and Secure services to ensure that the Trust is able to provide a Q1 report that is compliant with the contractual requirements set out in 2.2 above – essentially evidence that staff are being involved in developing the barometer.

2.4 Trust Wide Adoption of the Barometer

If the Board endorse the trust wide adoption of the Culture of Care Barometer, then it will be necessary to develop a trust-wide process that builds upon the initial preparatory work undertaken within Specialised and Secure Services. This will require coordination and engagement with staff from across the range of Trust services.

3 Summary

The Trust faces a 2015/16 contractual requirement to develop and implement a local Culture of Care Barometer, although this is not a requirement at this time.

NHS England has given verbal advice that such a tool should not be produced in isolation, but should be trust wide and reflective of trust values.

It is possible that in future years the requirement for this tool might be included in the main NHS contract, covering all CCG commissioned services.

Initial planning and development work is underway in Specialised and Secure LDUs.

There is now an opportunity to develop a process that brings the Specialised and Secure planning work into a coordinated and Trust-wide initiative that will satisfy NHS England expectations, provide further opportunities for triangulation of trust quality governance and also deliver valuable intelligence to help move forward in developing a caring and transparent organisational culture, to the benefit of staff and service users.