Review of Reviews

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1. Foreword

IHM managers share a common and simple vision: to improve the health and wellbeing of the UK's four nations. The context in which they work to realise this may be changing rapidly, but the mission remains the same.

And while systems issues, such as the inevitable drive for cost efficiencies, cannot be ignored – and often create barriers to innovation and progress – embedding new behaviours and values is just as important, if not more so. This is well recognised across the many reviews of the NHS which have been published since the formation of the coalition government in 2010 and beyond.

The *IHM Reviews of Reviews* looks at the key recommendations that have been made in the areas of leadership and management, transparency and accountability, patient safety and staff engagement and development, how they are being taken forward and next steps.

What is clear from the IHM membership survey which informed this project is that the commitment to change, improve and innovate is alive and well. Many of the recommendations of the recent reviews have been picked up and prioritised and others left on the shelf or quietly dropped. But there is a quiet momentum and it will take more than the uncertain waters of Brexit to cast this renewed sense of purpose adrift.

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2. Background

In June 2010, the newly formed coalition government announced that a full public inquiry would be held into Mid Staffordshire NHS Foundation Trust, which had been under scrutiny since 2008 amid reports of poor care and high mortality rates. The inquiry, chaired by Sir Robert Francis, began in November 2010. It culminated in a report which made 290 recommendations and was published in February 2013.

Alongside the Francis report, a further seven major reviews/reports on health and care management in the UK, commissioned by the government or by arms-length bodies, have been published since the change of government in 2010. Although each have a different focus, a number of common themes have emerged, centering on a perceived need for fundamental change in the culture of organisations providing health and care services.

Improved leadership, greater transparency and accountability, enhanced patient safety and a renewed emphasis on staff development have all been urged by the reports' authors, who have made their recommendations cognisant of the requirement for services, already under considerable strain, to be financially sustainable.

The IHM *Review of Reviews* offers a synopsis of the findings of the following major reviews:

Don Berwick – A promise to learn, a commitment to act: Improving the Safety of Patients in England (Aug 2013)

Lord Carter – Operational productivity and performance in English NHS acute hospitals: Unwarranted variations (Feb 2016)

Sir David Dalton - Examining new options and opportunities for providers of NHS care (Dec 2014)

Sir Robert Francis – Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Feb 2013)

Sir Robert Francis – Freedom to Speak Up (Feb 2015)

Sir Bruce Keogh – Review into the quality of care and treatment provided by 14 hospital trusts in England (Jul 2013)

King's Fund – Measuring the performance of local health systems: a review for the Department of Health (Oct 2015)

Lord Rose – Better leadership for tomorrow: NHS Leadership Review (Jul 2015)

The IHM *Review of Reviews* highlights the level of progress made towards addressing the key recommendations, based on its recent member survey.

It should be noted that, while most of the reports focus on the arrangements for NHS care in England, NHS organisations in Scotland, Wales and Northern Ireland have picked up on and are addressing relevant lessons and recommendations arising from them.

The problems facing the UK healthcare system are well rehearsed. While the economic difficulties of recent years could not have been predicted with any certainty, the challenges created by an increasing elderly population, with its concomitant health problems and growing social care needs, certainly were.

Political short-termism has dealt a serious blow to a service that, despite being the pride of the nation, now receives a smaller proportion of GDP than health and care in many other countries. OECD Health Data for 2015 records the total spending (both public and private) on health and care across 34 countries and of these 15 countries – including Portugal, France and the Netherlands – spend more of their GDP in this area. Despite this handicap, 65% of the British public remain "very" or "quite" satisfied with the NHS, a statistic that is in no small part down to the continued efforts of its managers and leaders.

However, in the light of the current and foreseeable challenges facing the NHS and social care, the case for change has now been convincingly made and won. Further restructuring of the NHS has been ruled out, a £3.8 billion, above-inflation cash injection delivered to try and address the spiraling deficits of NHS trusts, and pioneers, vanguards and test beds set up to explore new ways of delivering services in the acute, primary and social care sectors.

In April this year, the Government published the *General Practice Forward View*, which promised to increase recurrent funding by an estimated £2.4 billion a year by 2020/21, decisively growing the share of spend on the historically under-funded general practice service. This was coupled with a 'turnaround' package of a further £500 million.

Leaders and managers across the health and care system are charged with delivering the *Five Year Forward View* during a period of continuing financial austerity. They do so in a climate of ongoing political and media antagonism, hampered by the requirement to meet targets despite reduced resources and low staff morale.

Meanwhile, the results of the European Referendum will, inevitably, at the very least add a new dose of uncertainty to the health and care world. Analysis by the Health Foundation suggests that the economic fallout from leaving the EU will pose a serious risk to NHS finances. According to the report's authors, the NHS budget could be £2.8 billion lower than currently planned in 2019/20, if the government aims to balance the books overall.

3. The IHM survey

In April 2016, IHM surveyed its members on the progress made in implementing some of the main recommendations contained in the eight recent high-level reports (see box above) considered in this document. For each recommendation, respondents were asked whether there is evidence of them being implemented in their organisation since 2013, and if so, how this had been achieved.

The recommendations are set out under four key areas below – leadership and management, patient safety, transparency and accountability, and staff engagement and development – with each recommendation given a score out of 10 based on the proportion of survey results who indicated it was being implemented in their organisation. A higher score indicates a greater extent of implementation, with lower scores for those recommendations that have not yet been effectively taken forward.

4. Leadership and management

For the purposes of this report, the assumption is made that the terms 'leader' and 'manager' and 'leadership' and 'management' are often, if not always, interchangeable. Successful leaders need to be good managers and successful managers need to be good leaders. This is particularly true now collective or distributed leadership is increasingly replacing the traditional heroic leader model.

An analysis of the successes and failures of leadership features in most reviews undertaken during and since 2013. Criticism of leaders and managers varies in its intensity but possibly the most scathing observation of their competence is made in the *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* (Feb 2013), which says: *"it is because not all boards are capable of maintaining acceptable standards or improving services at the required pace, or applying effective stewardship to the resources entrusted to them that healthcare systems regulators and performance managers exist."*

In *Better leadership for tomorrow*, *an NHS Leadership Review* (Jul 2015), Lord Rose said: "*Any organisation with the scope and reach of the NHS requires strong leadership and management at all levels and in all parts of the system. Everything comes down to its people, both right now and in the future."* These sentiments are echoed in every review this report considers.

He added: *"Everyone should know what great leadership looks like; and even though not every job will require leadership qualities, some parts of every job will. We should not try to prescribe from any particular discipline. We should aim to develop, recognise and reward appropriately leadership*

qualities across the whole NHS workforce. Leadership qualities should be celebrated across all disciplines and job grades."

Heading the list of common themes across recent reviews is the urgent need for today's leaders and managers to bring about a culture change in health and care. It was the Sir Robert Francis *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* (Feb 2013) that first placed culture at the centre of the need for change.

In his report, Sir Francis laid the blame for the hospital's multifarious failings squarely at the door of the Trust Board: *"It did not listen sufficiently to its patients and staff or ensure the correction of deficiencies brought to the Trust's attention. Above all, it failed to tackle an insidious negative culture involving a tolerance of poor standards and a disengagement from managerial and leadership responsibilities."*

All the key reviews of the past three years make similar criticisms of the current culture of the NHS, although with varying emphasis and couched in slightly different words. They include criticism of leaders and managers for:

- Achieving the wrong balance of priorities between finance and targets versus patients and quality.
- Failure to understand the positive impact a happy and engaged staff has on performance, and inadequate investment in staff through training.
- Lack of progress in creating an open, accountable environment where staff can express concerns or 'blow the whistle' without fear of retribution.
- A failure to put the patient at the centre of the service and listen and engage them in every step of their care.

Headline observations from the reviews:

1. The NHS has insufficient management and leadership capability.
2. Good leadership is insufficiently rewarded or celebrated.
3. The NHS has no systematic approach to developing managers and leaders.
4. The level and pace of change in the NHS remains unsustainably high: this places significant, often competing demands on all levels of its leadership and management.
5. Performance management is haphazard and weak – a clear set of leadership capabilities needs to be used in the selection and performance management of leaders.

6. There is a mutual distrust between managers and frontline healthcare staff – the NHS remains “stubbornly tribal”.
7. There is a propensity to concentrate on meeting targets at the expense of safe and compassionate care.
8. A more coordinated approach to nurse leadership is required.

Key recommendations from the reviews:

Recommendation	**IHM progress score**
All leaders to place quality of care, most notably patient safety, at the top of their priorities	7
Boards and leaders to confidently and competently use data and other intelligence in forensic pursuit of quality improvement	5
Improved leadership with greater accountability for senior managers	4
A common code of ethics, standards and conduct for senior board level leaders and managers	4
Leaders to drive the NHS towards becoming a learning organisation by creating and supporting the capability for learning	4
Greater visibility and accessibility of all leaders at all levels, but particularly at board level, clearly open to hearing from people at all levels	4
Enhancement of the recruitment, education, training and support for all leaders and managers across the system	3
Support for and investment in patient leaders	3

Work in progress:

The IHM survey highlighted that efforts to improve leadership and accountability centre largely on revised and enhanced management training with the emphasis on leadership; greater focus on

senior managers' personal contribution to ongoing performance improvement; and restructuring of lead teams and/or investment in new senior posts and line managers.

Some survey respondents reported the introduction of a code or new standards, which had been developed with staff at all levels. Examples included:

- Translation of Trust vision into a detailed code of 'living out our values' with clear explanations of what these mean.
- Clear vision and goals communicated to staff on a regular basis and highly visible around the hospital.
- Introduction of the Leadership Behaviours Framework.

There was good evidence in respondents' replies of more confident and competent use of data and other intelligence to improve quality: "the lessons on the importance of this have been learnt", one commented. Examples included: use of quality and outcomes framework and medicine management data; greater use of statistics at top level meetings; growing performance, informatics and data teams; improvement methodology promoted and invested in across all managers; introduction of intelligence boards; and better quality reports being sent to leaders.

Summing up how better use of data was paying dividends, one respondent said: *"Safety and quality improvement have come to the top of our agenda, with emphasis on the learning and implementation of realistic action plans resulting from analyses of incidents, serious incidents and complaints; improved reporting on Datix and the use of this in our management and training."*

The greatest amount of activity under the leadership and management banner, however, appears to be in putting quality of care, most notably patient safety, at the top of the list of priorities. Evidence of this, cited by respondents, included:

- A renewed focus on careplans and reviews and on maintaining good patient access.
- Change of management structure to create a "clinically led" organisation.
- Increasing the number of qualified staff.
- Ensuring agendas at the most senior meetings, including Board level, have items dedicated to patient safety as well as reporting against progress on same.
- Incident management being discussed at high levels.
- Financial investment in quality improvement.

Meanwhile, examples illustrating that the recommendation for the NHS to become a learning

organisation is being taken up included greater promotion of bursary opportunities, increasing emphasis on learning, and dissemination of knowledge gained. Substantial investment in individual and organisational development and enablers such as learning networks, shadowing and secondments were further indications. Increased availability of training was also identified by survey respondents, along with systematic development programmes.

Greater visibility of leaders and managers was reported as being achieved through:

- Routine unscheduled walkabouts.
- CEOs meeting with all new starts at induction session.
- CEOs leading communication forums to share and exchange views and information.
- Regular, genuine open meetings on each Trust site.
- Web-based sessions with the CEO and executive director.
- Increased face to face sessions.
- CEO podcasts.

5. Transparency and accountability

The requirement for all NHS organisations and those working in them to be open, transparent and accountable in all their dealings with patients and the public is a strong thread running throughout all the reviews.

In his report, *A promise to learn, a commitment to act: Improving the Safety of Patients in England* (Aug 2013) Don Berwick said: *"Transparency should be complete, timely and unequivocal. All data on quality and safety, whether assembled by government, organisations, or professional societies, should be shared in a timely fashion with all parties who want it, including, in accessible form, with the public."*

Headline observations from the reviews:

- Self-directed improvement is the most powerful force unleashed by intelligent transparency (Hunt 2015).
- An imbalance exists around the use of transparency for the purpose of accountability and blame rather than support and improvement.

- With more information about performance in the public domain, providers will have an incentive to use this information to understand how well they are doing and to take action when they identify opportunities for improvement.

Key recommendations from the reviews:

Recommendation	**IHM progress score**
Better data being developed that is accessible to, and used by, all stakeholders	8
Simplification and better alignment of data about the performance of local health services to provide a clear and coherent picture for patients and the public as well as for commissioners and providers	6
A move towards a single reporting framework across all trusts, which pulls together clinical quality and resource performance data and compares it to the 'best in class'	3

Work in progress:

A range of examples that demonstrated implementation of the recommendation that performance data about local services should be simplified were provided by survey respondents. These included:

- Increased use of data reporting at ward level, for instance performance against hand washing targets.
- Much more proactive use of patient feedback, e.g. Patient Opinion.
- Data being aligned more to quality issues.
- Bringing comparative, comprehensive data into one system that can be viewed and used by everyone.
- Use of a Balanced Scorecard to provide a narrative and pictorial presentation of performance measures.
- Use of key performance indicators and regular reporting to Board in public domain.
- Development of dashboards within primary care.
- Changes to formal reporting and greater transparency.

Confirmation that better and more accessible data is being provided came from a high number of survey respondents. They cited the following examples from their organisations:

- Significant investment into data warehouse and information team to support access/data mining.
- Outcome measures and audit information being widely available/shared.
- Use of Apps.
- Moving towards full electronic clinical patient documentation; improved data platforms; and implementation of 'QlickView' to bring together all data in an easily accessible form.

Whether work towards a single reporting framework across all trusts, pulling together clinical quality and resource performance data and comparing it to the 'best in class', was underway elicited few comments but is possibly summed up by the following: *"It's early days as yet, but 'benchmarking' is becoming the order of the day, along with greater liaison with other providers, as well as commissioners."*

6. Patient safety

The enormity of the failings in patient safety that occurred at the Mid Staffordshire NHS Foundation Trust, fully brought to light by an Inquiry led by Sir Robert Francis and detailed in his report published in February 2013, were accepted by all as a fundamental breach of the values of the NHS.

Today, the CQC says that safety is its biggest concern. Of the services it has rated so far, 13% of hospitals, 10% of adult social care services and 6% of GP practices were inadequate for safety.

One of the key findings of the Francis report was that patient safety was threatened by a culture of fear which existed at the Trust. Staff did not feel able to report concerns and, furthermore, a culture of bullying prevented people from doing their jobs properly.

The freedom for staff to whistle blow when witnessing behaviours or events that threaten patient care has long existed in theory but proved difficult to create in reality. Efforts to achieve this have been redoubled in the past three years.

Headline observations from the reviews:

- Speaking up should be something that everyone does and is encouraged to do. There is a marked lack of the skills needed to resolve difficult and sensitive situations that can arise when staff performance is questioned.

- Hard pressed managers are often given insufficient resources to ensure that the facts are established objectively and swiftly each time a concern is raised.
- A worrying number of staff do not raise concerns about wrongdoing in the NHS due to a lack of trust in the system or a fear of being victimised.
- Some groups are particularly vulnerable, including locums and agency staff, students and trainees, BME groups and staff working in primary care.

Key recommendations from the reviews:

Recommendation	**IHM progress score**
All leaders and managers in NHS organisations must make it clear that bullying and oppressive behaviour is unacceptable and will not be tolerated	7
Processes are established at all trusts to make sure concerns are heard and investigated properly	6
All organisations should seek out the patient and carer voice as an essential asset in monitoring the safety and quality of care	5
Employers should show that they value staff who raise concerns, and celebrate the benefits for patients and the public from the improvements made in response to the issues identified	4
Managers should be given regular training on how to address and prevent bullying	3

Work in progress:

The IHM survey suggested significant efforts are being made to build the momentum and engagement required to make patient safety a top priority. Common comments made by respondents were that staff were being encouraged to – and often commended for – raising concerns, and lessons learned were being both shared and celebrated. Innovation in this area included annual feedback on ‘you said – we did’ in comparison to the previous year’s performance; Freedom to Speak Up guardians appointed and the role promoted; and Freedom to Speak Up champions introduced into in every team.

A new clarity around the unacceptability of bullying also clearly emerged with a raft of examples given on how this message is being putting across. They included:

- Induction whistleblowing policy.
- Direction from the top and a direct line to the chief executive to confidentially report any bullying or other concerns.
- E-learning for all staff, backed up with in-house training to check staff are aware, with disciplinary action taken after investigation of concerns.
- Organisational values agreed, shared and reiterated through regular communication and training.
- Zero-tolerance posters.
- Encouragement to challenge unacceptable behaviour in the moment, and specific short-term interventions.
- Reporting systems improved.
- Governance reports; outcome/actions taken from investigations (when and where necessary) and communicated to staff.
- Clear statement in published values and 'Respect' initiative.

Evidence that managers are being trained to prevent and address bullying was in short supply, although some organisations are offering courses in this area and often including it in their mandatory training programmes.

Examples of processes being established to make sure concerns are heard and investigated properly included:

- Policies being made accessible and easier to interpret.
- The establishment of an incident reporting system across the organisation which is monitored in monthly governance meetings.
- Investment in incident reporting to encourage all staff to raise concerns with link to risk management arrangements and reporting, including lessons learned.
- New electronic reporting systems.
- Clear progress documented and widely publicised.
- A revised HR policy.

A growing acceptance that organisations should seek out the patient and carer voice as an essential asset in monitoring the safety and quality of care was clear from responses to the survey, which highlighted that patient feedback mechanisms were the norm and included service user

forums, questionnaires and patient and carers being invited to regular meetings and given a rating system to monitor areas required for upgrade or improvement relating to staff issues.

7. Staff engagement and development

In his report, Lord Carter observes that the staff of the NHS are by far its biggest asset but are often regarded *"as a cost to be controlled, rather than a creative and productive asset to be harnessed."*

The importance of having an engaged staff if health and care services are to continue to improve and become more efficient is recognised by all the reviews. However, the current blame-seeking culture mitigates against these gains.

Headline observations from the reviews:

- There is a need to review and improve our people policies and practices.
- The NHS overall does not score well on the absenteeism, bullying and turnover indicators in comparison to other sectors.
- A way needs to be found in which staff can share in success with incentives for them to contribute to the quality and efficiency challenge.
- Academic research shows that there is a strong correlation between the extent to which staff feel engaged and mortality rates.
- Good people can fail to meet patients' needs when their working conditions do not provide them with the conditions for success.

Key recommendations from the reviews:

Recommendation	**IHM progress score**
Promoting staff health and wellbeing	7
Providing staff with helpful feedback and recognising good performance	6

Involving staff in decision-making and innovation	5
Making sure staff feel safe, supported, respected and valued at work	4
A collaborative culture that reaches out to people who use services and engages with all staff to ensure a shared vision and ownership of the quality of care they deliver	2
Enhancing the education, training and support of all contributors to the provision of healthcare	2
Leaders and managers actively supporting staff with excellent human resource practices	2

Work in progress:

A question around whether leaders and managers were actively supporting staff by excellent human resource practices received a tepid response from IHM survey respondents.

However, good evidence was provided that promotion of staff health and wellbeing is receiving the attention it should. Examples included:

- Onsite wellbeing centres and good occupational health and employee support schemes.
- Cover for sickness, time off for appointments, encouragement of flu jabs.
- Efforts to obtain the Investors in People award.
- Investment in health and wellbeing initiatives, for example annual healthy hospital day, access schemes to cycling, and staff counselling.
- Independent verification via Healthy Working Lives.
- Practices being open to change in working patterns to reduce stress and achieve work life balance.
- Extensive health and wellbeing programmes with fitness tests every six months, smoking cessation, and weight loss assistance.
- Staff-led health and wellbeing forum.

Key to cultivating the positive organisational involvement which is strongly recommended in most

of the reports covered in this document is involving staff in decision-making and innovation and there appear to be increasing attempts to do this. The most common ways are through regular staff engagement sessions, committees and forums, and by involving staff in new developments from the outset.

Ways to provide staff with feedback on performance are being actively pursued across health and care and, aside from the standard appraisal process, include annual awards, 'staff appreciation' pages on the organisational intranet, recognition and commendation for good practice, and using the IMatter tool to drive up performance and promote and model 'good' behaviours.

8. Conclusion

The results of the *IHM Review of Reviews* indicate that progress in taking forward recommendations from recent reports is patchy, which is perhaps unsurprising in the current financially constrained environment. Change in the NHS is always highly dependent on the good will and commitment of staff across the board but it may also require financial investment.

However, a commitment to improvement is still clear. Most heartening are the signs that a culture change is taking place in the NHS, with patient safety at its heart. There is also a renewed recognition that the engagement and development of staff is vital if the choppy waters ahead are to be safely navigated.

It would be disingenuous to suggest that uncertainty about the future of the NHS is new but equally mendacious not to acknowledge that this has been significantly increased by the result of the EU Referendum. The impact of Brexit has yet to be fully understood, but leaders and managers in health and care can expect tough times ahead. The government has made a significant investment in reviews that identify how health and care across the UK can be improved and must now create the context where innovation can thrive.