

AGENDA ITEM

4.5.a

PEOPLE & CULTURE COMMITTEE
RESTORATIVE JUST CULTURE TRAINING PROGRAMME

Date of meeting	10/08/2022
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Karen Wright, Assistant Director of Policy, Governance and Compliance
Presented by	Karen Wright, Assistant Director of Policy, Governance and Compliance
Approving Executive Sponsor	Executive Director for People
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
RJC	Restorative Just Culture
CTMUHB	Cwm Taf Morgannwg University Health Board
OD	Organisational Development
EDI	Equality, Diversity and Inclusion

1. SITUATION/BACKGROUND

- 1.1 Mersey Care NHS Trust developed the concept of a "Just and Learning Culture" in 2016, in response to concerns raised by trade union colleagues, in respect of the very high number of suspensions and disciplinary cases relating to patient safety incidents. Further

research by the Trust found that staff were reluctant and lacked the confidence to speak up when things went wrong, because they feared the associated consequences of blame.

- 1.2 Consequently, there was a realisation within the organisation that valuable lessons were not being learned, which could be resulting in the same errors and incidents being repeated. In response, the Trust began working in partnership with their trade unions and stakeholders to establish an alternative approach. This led to the development of a just and learning culture, to provide all stakeholders with a more realistic understanding of the risks, the needs of staff and the organisation's expectation of learning, when things did not "go as expected".
- 1.3 The Trust adopted an approach based on the principles of restorative justice, which aims to repair trust and relationships damaged after an incident. This approach allows all parties to discuss how they have been hurt and decide collaboratively what can be done to repair it.
- 1.4 The introduction of this culture within Mersey Care NHS Trust resulted in the following outcome:
 - In 2014, the Trust employed 3500 staff and had 143 live and ongoing disciplinary investigations;
 - Since the introduction of their just and learning culture in 2016, there has been a notable decrease in the number of disciplinary cases. In the pilot and launch year, 2016 / 2017, there was a 54% reduction in disciplinary investigations across their two clinical divisions, saving the Trust £1.7m in clinical suspensions.
 - In 2018 / 2019, the Trust employed 8000 staff and had only 28 disciplinary cases. They also saw a significant decrease in the number of staff suspensions, which went down from 55 to five in the same period.
- 1.3 On 29 June 2020, the CTMUHB Board approved the new Values and Behaviours Framework. While the Framework did not make specific reference to a "Just and Learning Culture", the approved values and behaviours are aligned to these aims. In October 2020, the organisation set out our ambition to create a culture, aligned to our values, which will promote a work environment where this culture can flourish i.e.
 - We Listen, learn and improve;
 - We Treat everyone with respect; and
 - We work together as one team.



- 1.5 Due to the Health Board's response to the COVID Pandemic in 2020 and 2021, this work has not progressed at pace. However, in the 2022/23 Workforce and OD "People Deliverables Plan", the function is committed to:

*"Drive culture change across the Health Board to ensure CTM can be at its best, achieved through the embedding of organizational values and behaviours, service specific culture change programmes, to enable improved clinical care, the introduction of Speak Up Safety Guardians and the **introduction of a Just, learning and restorative culture.**"*

- 1.6 This is an important ambition and objective for the Health Board, as research has shown that an estimated 6,000 workers are currently suspended in the public sector, at a cost upwards of £50 million, due to bullying / harassment, disciplinary, clinical incidents etc. Such matters are usually managed in most sectors in a retributive rather than a restorative way, which sadly can result in people suffering long-term health and wellbeing issues as well as a breakdown of trust in the employer employee relationship.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 On the 7 June 2022, 27 senior Health Board managers, trade union representatives and Workforce and OD Professions commenced a six day Restorative Just Culture Programme. The Programme was ran in partnership between Northumbria University and Merseycare NHS Foundation NHS Trust and funded by the Welsh Government.
- 2.2 The Programme is aimed at any professionals and practitioners who are involved in the management and welfare of a range of stakeholders e.g. employees, patients, service users, when an employee relations matter has arisen, including bullying and harassment, disciplinary, respect and resolution cases and / or an adverse event / incident (clinical or non-clinical) has occurred.
- 2.3 Just cultures that are restorative as opposed to retributive are increasingly being recognised for their contribution in dealing with adverse events and serious incidents, managing employee relations, developing high performing teams and enabling the delivery of safe and continuous care and improvement.
- 2.4 The Programme teaches the participant how to manage these issues in a restorative way, which minimises negative impacts, maximises



learning and develops an organisational culture based on trust, where people feel safe.

2.5 A Restorative Just Culture recognises the important role played in all of the above areas, by considering a system wide approach and asking:

- Who is hurt, what do they need and whose obligation is it to meet those needs?
- Do our teams feel psychologically safe to speak out, take interpersonal risks and make decisions to provide necessary care without fear of retribution or marginalisation?
- Do we understand work done versus work imagined and how this facilitates Safety II approaches such as, the need to understand system dynamics and the way people adjust or make trade-offs to be able to continue to provide safe and good quality care when equipment or documentation is unavailable?

2.6 The approach is centered around the Mersey Care Four Step Process for dealing with incidents, events and employee relation cases, the role of trade union representatives and organisational design and HR approaches to help embed cultural change. On the Programme, our staff members have learnt the theory and concepts behind a RJC approach (including civility and respect) and how to implement this practically within the Health Board, to reap the following associated benefits:

- better relations with our employees and trade union colleagues;
- improved staff survey results as staff have an improved employee experience;
- reduced employment relations conflict; and
- more motivated staff member who are all working towards providing higher levels of safe and continuous care and performance.

2.7 The approach is centered around the Mersey Care Four Step Process for dealing with incidents, events and employee relation cases, the role of trade union representatives and organisational design and HR approaches to help embed cultural change.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Next Steps

The final day of the Programme is 4 August 2022. During the final session, the tutors will work with the participants to start the process of thinking about the methodologies, which can be used to:

- Establish what our desired culture will look like;
- Analyse our current culture;
- Determine the gap between desired and current culture; analyse the gaps using qualitative and quantitative data; and
- Developing the action plan to bridge the gaps
- Monitoring and implement learning from feedback

This learning and process will assist the participants to reflect on the above elements and their learning, enabling them to start the process of agreeing initial recommendations / actions for dissemination to the Board and relevant sub-committees of the board for approval.

To get ahead of this work and to ensure participants are able to maximize the benefits of this session, the WOD professional attending the Programme have arranged to meet on the 25 July 2022. The purpose of the meeting is to start discussing how we take this work forward collaboratively within CTM, using an evidence based approach, which will enable the organisation to:

- Establish what the desired CTMUHB listening, learning and improvement culture (CTM branding for RJC) should look like, based on feedback from our clinical and non-clinical workforce;
- Analyse our current culture, to help identify the gaps in our current practices, principles and policies, against those required in a RJC (against the Programme's six topics);
- Consider how a RJC can be threaded through the other elements of the 10 People Deliverables and Health Board objectives;
- Analyse the gaps to develop appropriate recommendations; and
- Action plan on the basis "we cannot do everything at once" and this work will take a number of years to complete and become fully embedded.

The group will also consider what should be or is the appropriate project structure, to support the delivery of this programme of work, given it is a journey and it will take a number of years to implement all of the identified recommendations and actions.

3.2 This work is aligned to the CTM People Deliverables and the following ambitions around cultural change. To:

- create a more open and transparent culture;
- develop an EDI strategy to create a more inclusive culture;



- create a culture of safety via service improvement, which will shape the blueprint for behavioural change across CTM;
- develop a Listening, Learning and Improvement culture based on the RJC approach; and
- Embedding a listening, learning and improvement culture.

3.3 The People and Culture Committee will receive regular updates on progress being made against the future planned programme of work.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Research by Professor Michael West and Peter Brennan have evidenced the link between civility and respect in the workplace and the impact this has on performance and ultimately high quality and safe patient care and outcomes.
Related Health and Care standard(s)	Staff and Resources
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.
	If no, please provide reasons why an EIA was not considered to be required in the box below.
	No requirement for this paper, as it is for information purposes only.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Sustaining our Future

5. RECOMMENDATION



- 5.1 The People and Culture Committee is asked to **NOTE** the content of the paper along with the next steps, to commence the process of embedding a RJC approach within the Health Board.
- 5.2 The People and Culture Committee is asked to **NOTE** the Health Board will brand the RJC approach as a Listening, Learning and Improvement approach and culture.