Compassion, care, dignity and respect: the NHS needs a culture change

The NHS is society's most valuable institution. The Francis Report into care failings at the Mid Staffordshire NHS Foundation Trust (Francis, 2013) reveals a betrayal of everything the NHS stands for and makes uncomfortable reading. The central implication of the Francis Report is that within parts of our hospitals, dignity, care and compassion are routinely absent from care of patients and that patients and families suffered appalling standards of care that have no place in our health service.

Over 1200 people died at Mid Staffordshire NHS Foundation Trust (Francis, 2010, 2013). There are horrific tales of poor standards of care, especially of elderly and vulnerable patients. All sections of the NHS and the public have asked a simple question: 'how is it that so many knew of these appalling errors and yet nothing was done'. Health professionals were unwilling to raise concerns. GPs were slow to recognize the problems at their local Trust. The Trust's priorities were foundation trust status, the Strategic Health Authority failed to ensure proper accountability and the warning signs were missed. The regulators were slow to stop the practice even when early warning signs and their significance were identified.

The Francis Report (Francis, 2013) and the stories of unnecessary mortality and morbidity have had a deep impact on those working in health care. It is a sad reflection of a system that failed at every level within the NHS. Central lessons from Francis revolve around the culture of the NHS, care of older people and effective regulation – all of which need to contribute to patient-centred, compassionate care where staff feel valued and respected and patients are treated with dignity and respect.

What are the causes?

Over the past 25 years or so, there has been a mentality of introducing commercialism and business into the NHS, giving rise to a new culture that focuses on finance and targets above everything else. The Griffiths Review in the 1980s (Griffiths, 1983) introduced a strong emphasis in the NHS on finance, targets and systems and a potential gap between those who delivered health care and those who were managing the business end of delivering health care.

This has also lead to a culture that is not open or transparent and that does not allow or encourage staff to raise concerns when patient safety or patient experience is threatened. The closed culture of the NHS ensured that when complaints or concerns were reviewed, either at the trust level or at the strategic health authority level, all the warning signs were missed because they were reviewed again and again by people inside this culture.

The General Medical Council (2006), in *Good Medical Practice*, has given guidance to doctors not only about their right to be able to raise concerns without fear or apprehension but also placing a duty on them to raise concerns when they become aware of failings in health care. All health professional regulators should send the same clear message.

We need leadership to develop a culture and leaders who are not blind and deaf to the feedback they receive from frontline staff, patients, carers and families. We need a culture that focuses on psychological safety whereby staff are able to speak up if they see warnings of potential failures. In ensuring a culture of openness, innovation and accountability, it is important that we do not create a climate of more fear, as this could lead to caution and reluctance among lay people to take on the role of non-executives on boards for fear of personal criminal prosecutions.

Older patients

The UK has a rising elderly population – as the demographics of society shift towards an ageing population, the healthcare needs of the population over 65 years of age will undergo an enormous change. In 2008, 16% of the UK population was over 65 years of age, with the very elderly (over 85 years) accounting for around 2% of the total population (National Statistics Office, 2009). It is projected that by 2033 the percentage of the population over 65 years will rise by 50% to 22% of the total population and that the number over 85 years of age will more than double to 4% of the total population. It is estimated that the prevalence of physical dependency, disability and chronic conditions will rise proportionately in these groups.

This population group is the largest user of emergency services, and also accounts for a large proportion of long hospital stays and high dependency care (Ayyar et al, 2010). It is important that we are able to address the needs of older people via a joined-up and integrated approach, ensuring continuity of care in hospitals with seamless transfer of care to the community and seamless transfer of information.

Older people with complex needs and complex multiple pathologies and comorbidities comprise the largest group of patients in NHS hospitals. The Francis Report gives numerous examples of the elderly not being treated with dignity and respect, and not having their basic needs of personal hygiene, nutrition or hydration attended to, despite concerns from families, patients and relatives. Nutrition and hydration are basic standards of dignity and care and an integral component in the recovery of older people from illness and disease (Singh et al, 2010). Continuity of care for older people in hospitals should ensure not only care being delivered by the same team throughout the whole journey episode but avoiding moving frail elderly patients from one ward to another for non-clinical reasons (Ayyar et al, 2010).

Patient satisfaction

The Francis Report (Francis, 2013) identifies that one of the key reasons for failure of the Trust board was, in part, the result of a focus on reaching targets, achieving financial balance and seeking foundation

trust status at the cost of delivering safe and acceptable standards of care. When hospitals are applying for foundation trust status it is important that, apart from demonstrating financial competence and viability, they are equally able to demonstrate patient satisfaction and a good patient experience via staff and patient surveys and the Friends and Family Test.

It is important that we are able to have a core and central priority of measuring and delivering compassionate care to those who are most vulnerable, such as elderly people with mental illness and people from black and minority ethnic communities. Organizations should regularly produce data and information on the standards of care and patient satisfaction from these vulnerable groups, and the Care Quality Commission (2013) and regulators should ensure targeted inspections and regulation on indicators of care for those who are most vulnerable. BJHM

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KEY POINTS

- Delivering safe care with dignity, respect and compassion should be the fundamental priority of all health professionals.
- Medical and nursing education, whether undergraduate, postgraduate or continuing professional development, should have a greater focus on a culture of caring.
- The NHS needs to develop a culture which welcomes and encourages health professionals to raise concerns.
- Care of older people in hospitals should include nutrition, cultural, spiritual and communication needs.
- The Care Quality Commission, Monitor, the General Medical Council and other regulators should work together to deliver effective regulation of health-care systems.

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