

## **Concept Note**

# **The CAREFUL organisation**

# Executive summary

- A CAREFUL organisation is a place where you - as a patient - would want to be treated. It is also a place where you - as a member of staff - would want to work. A great place to be treated *and* a great place to work. CAREFUL organisations attract the best staff and deliver the best care. They are therefore the most operationally efficient and the most profitable.
- The CAREFUL programme is a proven organisational development approach which creates CAREFUL organisations. By focusing on improving the care we give to staff, we improve the care we give to patients.
- The CAREFUL programme provides a sustainable structure with which we can improve the culture of the organisation by directly addressing the engagement and inclusion of staff. We create an organisation that is self-improving, more bottom-up than top-down, more capable and more positive. The programme is highly structured yet flexible, based on a curriculum of coaching and training for entire organisation, with a special emphasis on the needs of first-level leadership.
- The CAREFUL programme concepts, training materials and approach can be licensed for delivery within your organisation either for a single hospital, or for the entire group.
- Support for delivery of the programme can be found through partner companies in the UK or by developing 3rd party consultants or through internal resources within your organisation.
- The advantage using the CAREFUL approach across a healthcare group is its ability to engage disparate cultures in an effort to improve both quality and governance; the programme can be delivered hospital-by-hospital as the group grows by acquisition; lessons from individual hospitals can be disseminated to newcomers and late adopters; competition between hospitals to be the “most” CAREFUL will continue to drive both quality and revenue.
- The benefit will be improved financial results, improved staff and patient experience, more reliable quality, governance and outcomes for patients.

# The CAREFUL approach

## History and background

The CAREFUL approach has been designed over several years in acute hospital settings in the UK - both in the National Health Service (*St Georges' London, maternity services; Wye Valley Trust*) and in the independent sector (*HCA International, London; Princess Grace Hospital; Portland Hospital for Women and Children*).

The approach has been developed by Dr D J Brown who captured the concepts and outline in a short book published in 2009 called "The Meaning of CAREFUL" - downloadable from the website [www.themeaningofcareful.com](http://www.themeaningofcareful.com).

The ideas and concepts in the book have been codified into a structure and change management system called the CAREFUL programme, described below.

## The Seven Qualities

At its heart, the CAREFUL approach promotes seven qualities of a great organisation - an organisation in which you would want be treated, and in which you would also want to work.

These qualities ensure that the organisation works towards excellence in all that it does. Through the programme, changes are couched in ways that motivate and engage healthcare staff. For instance: all staff abhor negativity, dealing with the small minority of colleagues who make life difficult for everyone, including patients. The CAREFUL programme addresses this universal and difficult problem - not by talking about 'performance management' but by training leaders to recognise and encourage positivity and how to deal effectively with negativity.

The seven qualities, which form the acronym CAREFUL are summarised briefly here and in the accompanying diagram:

**COMMITTED:** the organisation strives to be "first or best" in its field and ensures that it measures itself against this ideal

**ACTIVE:** the organisation collaborates effectively to solve problems

**RESPONSIVE:** the organisation listens to both staff and patients - and behaves well towards them

- ENERGETIC:** the organisation values leadership and strives to improve its leaders' capabilities
- FOCUSED:** the organisation ensures that it employs and promotes the right people with the right behaviours
- UNIFORM:** the organisation gets its processes right - first time, every time, for every patient
- LEADING:** the organisation recognises great performance and publicises its own performance - showing it to be "first or best" in its field



# The CAREFUL programme

We use the CAREFUL programme to transform the seven qualities into action.

- Each quality has its own cross-functional delivery team headed by a senior leader.
- An eighth ‘quick start’ team called “Preliminaries” is also included.
- A programme board, consisting of the team leaders from these eight groups is set up to oversee the work.
- Each group is given a clear set of deliverables - 27 of them across the programme - known as the “elements” of the programme.
- All the elements are measurable - they describe clear improvements which the teams can monitor. The teams are results focused.

## Learning and development

- Many of the elements are based on a curriculum of training and coaching for leaders - which are disseminated across the organisation.
- The entire programme is also a case-study in change management for the leadership team - helping them to understand and learn how to effect systemic cultural change.

## Style

The programme is designed with sustainability in mind - creating an environment where staff can learn new skills and develop new ways of working. For that to succeed then the style of the programme is important. The programme is designed to be:

- **Positive:** we focus on becoming first or best and using positive psychology, stressing the *care* in healthcare.
- **Inclusive:** we ensure that everyone in the organisation is part of this.
- **‘Bottom-up’:** we use action teams wherever possible, asking the ‘shop floor’ how to make changes.
- **Clearly linked:** through the leadership team, we link the work to other operational projects.

- **Not-too-much-at-once:** we follow a realistic plan from the beginning.
- **Systematic:** we install systems and use measures in order to manage progress and demonstrate success.
- **Persistent:** we realise that this will take a long time and that we need to stick at it until it becomes second nature.

## Demonstrating success

To make the successes of the programme transparent, the programme itself is measured in several ways:

- Improvements in staff experience - defined by cultural questionnaires and a monthly ‘barometer’.
- Improvements in patient experience measures.
- Improvements against an “organisational standards” - measured through a standardised leadership questionnaire are monitored through the programme.
- The programme may also be linked to other operational programmes.

## Flexibility

Despite what may initially appear to be rigidity in the structure, the programme allows for considerable flexibility. In discussion with the leadership team, any of the 27 elements can be included or excluded. Additional elements can be added to meet local needs.

For instance, in the UK “Telephone Follow-Up” is a standard part of the programme. All discharged inpatients are phoned within 24-48 hours. This, for many reasons, may be inappropriate in other settings. Instead, another form of patient experience measure may be used instead and managed - in this case by the “Committed” team.

## ‘Start where you are’

Many of the elements, described below, are likely to be part of the organisation’s plans already - usually owned by a particular department or directorate. The programme intends to provide a vehicle for many of the staff and quality-related initiatives and to make them more sustainable and persistent by sharing them across the leadership team. This provides more flexibility for the

programme, making it suitable for different organisations at different levels of development.

## The Eight Delivery Teams and Programme Board

The following paragraphs give a brief overview of the remit of the eight delivery teams and the programme board:

**PRELIMINARIES:** This group is dedicated to making senior leaders more visible across the organisation. They install a system which ensures that staff are properly thanked for the work that they do. They ensure that the organisation becomes better at celebrating its successes by “talking-up” its good points.

**COMMITTED:** This group ensures that staff and leaders are clear about - and aligned towards - the same objectives and vision. They ensure that all staff are aware of what makes the organisation ‘first or best’. They install systems for patient and staff feedback. They also install a way of measuring leaders’ performance, based on these feedback systems and operational measures.

**ACTIVE:** This group helps staff improve the way they collaborate and the way that decisions are made. Their primary goal is to make meetings more effective. They also make sure that project teams are used to collaborate between departments.

**RESPONSIVE:** This group focuses on listening properly to the needs of both patients and staff. They ensure that all staff understand and adhere to behavioural guidelines and help each other to use the right language when dealing with patients and other members of staff. They make sure that all staff have customer service training where it is useful. They also review and update the Compliment Handling and Complaint handling processes. Finally, they install relevant staff and patient forums.

**ENERGETIC:** This group ensures that leaders have the right level of

leadership training. This means designing and delivering leadership training for all first-level leaders. They will also develop an in-house coaching programme for leaders to support each other.

**FOCUSED:** **FOCUSED:** This group works on creating a workplace which promotes the right attitudes. They focus on promoting kindness and compassion and reducing negativity. They also ensure that staff are suitably recruited for the roles that they fulfil by including existing staff in the recruitment process.

**UNIFORM:** This group ensures that staff are clear about how processes work – to make sure that they do the right thing for every patient, first time, every time. They also ensure that performance data is kept up-to-date and visible to staff. They also ensure that clear, simple documentation is available for all processes and they ensure the way processes are managed and changed is properly revised and clarified.

**LEADING:** This group revise the recognition system, making sure that the organisation celebrates the achievements of staff who have contributed most. They also ensure that our successes are publicised as widely as possible.

**BOARD:** The programme board (or ‘steering group’) consists of the leaders of the delivery teams with an independent chair. The board meets regularly to look at the work of the delivery teams, to monitor progress, deal with overlaps or barriers and to ensure that success is publicised.

## The Barometer and Cultural Survey

The success of the programme overall relies on a change in the experience of staff. To monitor this regularly is an important element of the programme. We recommend a 6-monthly in-depth survey with monthly ‘mini-surveys’ of a few key questions, which we call “the Barometer”. This is usually done using email.

# Dr D J Brown



Dr D J Brown is the founder of the CAREFUL programme and author of the much acclaimed book on healthcare improvement “The Meaning of CAREFUL”. He is a member of the College of Emergency Medicine in London and practises as an Emergency Physician for half of his working week. The rest of his time he dedicates to improving healthcare leadership in national and independent hospitals across the world. He has relationships with institutions in the USA, Canada, India and China.

A few years after qualifying as a doctor, having gained degrees from Cambridge and Nottingham universities, Dr Brown left his job to develop a second career as a implementation consultant, focusing on helping organisations change the way they worked. Working with global companies such as BP, BG and Holderbank he learned how spending time and energy creating the right culture, giving staff and leaders the right skills, can transform the results that an organisation can deliver.

After spending a few years outside medicine he returned to his vocation. He found the hospitals and clinics were still staffed by caring, capable and committed people - but realised he was now surrounded by the problems he had worked so hard to solve in industry: poor leadership, process and systems that didn't work, unbalanced targets and above all, a lack of understanding of how people are motivated to do their jobs. For most staff, he realised, the system really wasn't working.

Not long after his return to medicine, poor hospital care nearly killed his mother. It was at that point he realised that the system wasn't working for patients either.

Since that time, he has focused his non-clinical work on creating CAREFUL organisations: places that are great places to be treated *and* great places to work.