

Correspondence

NHS morality and care based on compassionate values

It is difficult to disagree with the main thread of Cox & Gray's argument that the National Health Service (NHS) as a whole has lost its grip on being person-centred in any genuine way, amidst the industrialisation and authoritarian managerialism of the modern NHS.¹ However, I would take issue that the College Centre for Quality Improvement (CCQI) is being idle about the matter.

For over 12 years, I have worked with CCQI staff to set up and develop three projects to promote exactly what Cox and Gray are asking for: robust systems of quality assurance and quality maintenance which focus on the emotional experience of the patients in their particular treatment environments. The Community of Communities quality network for therapeutic communities² started in 2002; the Enabling Environments Award³ (which is suitable for any setting) was established in 2009; and the National Enabling Environments in Prisons project began to improve relational-based practice in participating British prisons in 2009. All three projects continue to flourish, and more are planned.

The Enabling Environments Award is based on a set of ten value statements which define 'relational excellence' in work environments. These value statements have been processed to form ten standards, each with several criteria for demonstrating that they have been met. Naturally, compassion and the quality of relationships are at the centre of the expectations. The standards are measured by submission of a portfolio, for which we have designed a flexible and hopefully enjoyable process, rather than a persecutory inspection. Rather than being part of the regulatory burden that many units nowadays feel, our experience to date is that participants take great pride in the process and receiving the resultant award. It is important to note that the award was prominently mentioned in the Royal College of Psychiatrists' report Cox & Gray are commenting on, OP92: 'The Enabling Environments Award recognises that good relationships promote well-being, but that many organisations and groups fail to address this aspect of people's lives'.⁴ It therefore already forms part of the College's response to the Francis report.

Unfortunately, the response from NHS organisations (mental health and others) has not been encouraging and the award is much better used and recognised in the prison service and all sorts of different third-sector units. I believe this may be caused by a deeper malaise in the NHS, very much in line with what Cox and Gray are arguing in their paper. In short, the NHS is being run with a competitive business model to such an extreme and aggressive extent that 'soft' values such as empathy, emotional intelligence and kindness are given no force.

Related to this, it is worth mentioning that the Institute of Group Analysis, alongside other organisations including the Royal College of Psychiatrists, are running a 6-month listening exercise to gather information from staff across the range of NHS professions and specialties.⁵ When the information is collected and collated, it will be used to negotiate with politicians of all parties in advance of next year's general

election. As Cox & Gray argue, this is a moral question – and a profoundly important one for all of us who want the NHS to survive in a form that we can once again be proud of.

Declaration of interest: R.H. is Enabling Environments Lead, Royal College of Psychiatrists' Centre for Quality Improvement.

- 1 Cox J, Gray A. The College reply to Francis misses the big question: a commentary on OP92. *Psychiatr Bull* 2014; **38**: 152–3.
- 2 Haigh R, Tucker S. Democratic development of standards: the community of communities – a quality network of therapeutic communities. *Psychiatr Quart* 2004; **75**: 263–77.
- 3 Johnson R, Haigh R. Social psychiatry and social policy for the 21st century: new concepts for new needs – the 'Enabling Environments' initiative. *Ment Health Soc Inclusion* 2011; **15**: 17–23.
- 4 Royal College of Psychiatrists. *Driving Quality Implementation in the Context of the Francis Report* (OP92). Royal College of Psychiatrists, 2013.
- 5 Moberly T. Doctors are invited to help improve NHS staff culture. *BMJ Careers* 2014; 14 Aug.

Rex Haigh is a consultant medical psychotherapist, Upton Hospital, Slough and Framework Lead, Royal College of Psychiatrists' Centre for Quality Improvement, London, UK, email: rexhaigh@nhs.net

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In December 2013, the Royal College of Psychiatrists published an occasional paper responding to the Francis report, OP92.¹ In an editorial, John Cox and Alison Gray stridently criticise the document.² By contrast, I believe that OP92 strikes exactly the right tone and that the actions it sets out should be strongly supported. All members of the College should read it (it is available at the College website: www.rcpsych.ac.uk/files/pdfversion/OP92.pdf). It succinctly relates principles to the actions that the College is taking.

I suspect that that the source of dissatisfaction for Cox & Gray lies in the following passages in the document: 'Responses to inadequate or abusive practice tend to emphasise the practical, ethical or moral failings of individuals. These are relevant, but, alone, statements of the importance of compassion, patient-centred care and the duty of candour are unlikely to prevent further scandals. Inadequate and abusive care arises in response to situational forces and a variety of behavioural cues. [. . .] We need to take on board the lessons of the Milligram (1974) and Zimbardo (Haney et al, 1973) experiments [. . .] namely that ordinary, decent people will behave badly in environments that are not designed to help them to behave well'.¹(pp. 4–5)

This touches on a systemic and empirical understanding of the problems in British healthcare delivery, which is exactly the appropriate approach for applied scientists to take. However, Cox & Gray seem to prefer a model of moral decay, which they want addressed through urgent dialogue between the College and the medical profession in general on the one hand, and religious leaders and thinkers on the other. They introduce this suggestion through the rhetorical device of an allegation that OP92 fails to address the inadequacies of the 'business model' in healthcare. This criticism is in any case