Just Culture: how well are we responding to the Francis recommendations?

Chair: Sir Stephen Moss, Non Executive Director, Health Education England

Speakers:
Dr Jocelyn Cornwell, Chief Executive, The Point of Care Foundation
Dr Henrietta Hughes, National Guardian, National Guardian’s Office
Helené Donnelly OBE, Ambassador for Cultural Change / Freedom to Speak Up Guardian, Staffordshire and Stoke on Trent NHS Trust
Dr Suzette Woodward, National Director, Sign Up to Safety
NHS Providers
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Jocelyn Cornwell
CEO

June 8th 2017
Background and context: a relationship between staff experience and patients’ experiences

• Survey results show a positive linear relationship: acute trusts that do well on staff experience tend to do well on inpatient experience, and vice versa (Raleigh VS et al 2009 Qual Safe Healthcare)

• Staff experience comes first: it shapes patients’ experience, not the other way around (Maben J et al 2012)
Staff are aware of the relationship (Boorman review 2013)

80 per cent of staff feel that their health and well-being impacts on the care they deliver to patients.

Less than 40 per cent of staff feel that their employer is proactively trying to do something to improve their health and well-being.
Seven factors link staff experience to patients’ experience

Whole organisation
1. Organisational climate
2. Perceived organisational support

Team
3. Local workgroup climate
4. Co-worker support
5. Supervisor support

Individual
6. Low emotional exhaustion
7. Job satisfaction
Whole organisation and local work climate are the keys to cultures that shape relationships with patients and families

- The right balance of demand vs control in the job
- Colleagues: a family at work: local work climate
- Job satisfaction and the ability to deliver high quality care
- Adequate staff
- Good managers (who really listen) and strong leadership
Cultural interventions?

Whole organisation
- Listening into Action
- Freedom to speak up guardians
- Schwartz Rounds

Team
- Team time (Schwartz for teams)
- Balint groups

Individual
- Mindfulness
- Clinical supervision/restorative supervision
What are Schwartz Rounds?

Confidential forum for **ALL staff** to come together once a month to reflect on the non-clinical aspects of caring for patients – that is, the **emotional and social experiences** associated with their work.

At each Round 3 people present an experience from their work.

Story is told from the **staff perspective**
Why Rounds help

1. Normalising emotions

- Healthcare settings can be lonely places.
- Thoughts of incompetence and feelings of fear, grief and shame are commonly expressed during Rounds.
- Sharing emotions allows staff to move from a place of isolation to shared understanding, reducing the sense of difference.
Why Rounds help

2. Creating a culture of openness

- The discussions that occur in Rounds model **new modes of interaction**, in which staff can share experiences without judgement or solutions.

A consistent reflective space may impact on the organisation more broadly, encouraging staff to **employ their reflective stance** in their work outside the Round.
3. Promoting connectedness

- Healthcare environments are increasingly fragmented. Difficult for individuals to see how their contribution connects to the complete patient journey.

Rounds appear to engender a sense of connectedness with the ‘whole’ system.
4. Role Modelling

“...that surgeon is so high up I would normally be intimidated by him. I’m a medical student and don’t want to say anything stupid, but his presentation made him so much more approachable. So if I now had him [for a teacher] and you find a situation upsetting you would be much more likely to say something or be more open with him. Not to be so scared to say something.”
Evaluation shows how Schwartz Rounds contribute

Feeling **valued**

Teamwork & connectedness

Appreciation for different roles

Openness to giving and receiving support

Attentiveness and compassion toward patients

Feelings of **stress & isolation**

Hierarchies between senior and junior staff

References: Lown & Manning (2012); Goodrich (2012)
Thank you
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www.pointofcarefoundation.org.uk
What are Freedom to Speak up Guardians?

National Guardian
Freedom to Speak Up

NHS Providers
Quality Conference

8 June 2017

Dr Henrietta Hughes
• Research links staff experience and wellbeing to patient experience and healthcare quality
Francis report on speaking up:
• National Guardian’s Office
• Freedom to Speak Up Guardians in every NHS trust

- 10 regions with regular meetings for Freedom to Speak Up Guardians
- Ambulance trust network
- Community and mental health network
All NHS trusts have appointed a Freedom to Speak Up Guardian. They work alongside trust leadership teams to achieve the following outcomes:

- Staff have the capability to speak up effectively and are supported appropriately.
- Speaking up processes are effective and continuously improved.
- Safety and quality are assured.
- The Board is engaged in all Freedom to Speak Up matters and issues that are raised.
- A culture of speaking up is instilled throughout the organisation and the NHS.
The speaking up process

1. Identifying that something might be wrong
2. Raising a concern
3. Examining the facts
4. Outcomes and feedback
5. Reflecting and moving forward
Case reviews

Referrals from
- Freedom to Speak Up Guardians
- Current or past NHS workers

Recommendations to trusts
- Improve their speaking up culture
- Policies and procedures

Recommendations monitored by
- CQC
- NHS England
- NHS Improvement

Commend

Refine

12 month trial
Working in partnership

- CQC assessment of speaking up
- Suspension policies
- Confidentiality clauses
- Leadership development
- Guidance on Revalidation
- Letters from risk departments
Leadership

- Standing items at Board meetings and council of Governors
- Leaders to share their own experiences of speaking up
- Use of existing data and action plan
- Executive and Non-Executive Lead for speaking up
- Sufficient resource for freedom to speak up process
- Speaking up integrated into all HR and OD policies
Further information

Contact the National Guardian’s Office: enquiries@nationalguardianoffice.org.uk

Visit the National Guardian’s Office webpages: http://www.cqc.org.uk/content/national-guardians-office
Helené Donnelly OBE
Ambassador for Cultural Change (Freedom to Speak Up Guardian)
Embedding the Freedom to Speak Up Guardian role to Change Cultures

**FTSUGs must:**

- have designated and protected time to fulfil the responsibilities of the role.
- have independence and autonomy.
- report directly to the CEO.
- not sit within the HR directorate.
- have regular access to the Chair and report regularly at full trust board meetings.
- be encouraged and supported to escalate concerns and soft intelligence outside of their organisation if needed.
- be proactive by walking the wards and attending team meetings to engage with all staff.
Embedding the Freedom to Speak Up Guardian role to Change Cultures

- Consistent use of the Freedom to Speak Up role title across all NHS organisations.
- Appropriate persons taking on the role (to ensure staff can trust the individual and there are no conflicts of interest).
- Non Executive Directors should be assigned responsibility for oversight of the role, but not appointed as the FTSUG.
- FTSUGs require use of a standardised reporting and data collection system.
- Triangulation of concerns raised is essential in order for there to be true transparency and organisational learning.
Thank you

Helené
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Dr Suzette Woodward, National Director, Sign Up to Safety