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QUALITY CULTURE
Our collective mindset for high-value care

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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

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

Jocelyn Cornwell
CEO

June 8th 2017



The
Point of Care
Foundation

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




Patients' experiences of care and the influence of staff well-being in acute and community settings
 Authors: Maben J¹, Pececi R², Adams M¹, Robert G³, Richardson A⁴, Martelli T⁵ & Morrow E¹
¹National Nursing Research Unit, Department of Health Policy & Management, Florence Nightingale School of Nursing & Midwifery, King's College London; ²Department of Management, King's College London; ³University of Southampton

Aims
 This three year mixed methods study explored links between (a) patients' experience of health care, and (b) staff satisfaction, affect and well-being. Objectives were to:

1. identify what particular attitudes and behaviours of staff described by patients as shaping their experience that are most common, valid, and be influenced by staff well-being
2. determine which particular staff attitudes, affect and behaviours impact on patients' experience of care
3. explore how staff experience work and how this influences their affect, satisfaction and capacity to deliver high quality care
4. identify how systems, including different types of organisational arrangements, culture or climate contribute to staff well-being and patient care
5. explore with staff the nature of structures at work, emotional labour and consumer orientated care

Methods
 Our mixed methods research design comprised multi-level case studies to allow comparison of two microsystems within each of four organisations in two phases.

Phase 1 2 patient focus groups and interviews with 12 senior managers in 4 trusts

Phase 2 400 patient experience surveys, 100 patient interviews, 200 focus 1:1 staff well-being surveys (120 at time 1), 80 staff interviews, 200 hours of observation were undertaken in 8 clinical microsystems (2 in each of the four study organisations) - see figure 1

Study Organisation	Number of patient experience surveys	Number of patient interviews	Number of staff well-being surveys
Trust A	100	25	50
Trust B	100	25	50
Trust C	100	25	50
Trust D	100	25	50

Key findings

- There is a relationship between staff well-being and (a) self-reported patient care performance and (b) patient-reported patient experience.
- Staff well-being is a important antecedent of patient care performance.
- Trustee staff variables ("well-being teacher") correlated positively with patient-reported patient experience.
 - local work group climate
 - co-worker support
 - job satisfaction
 - organisational climate
 - patient experience/organisational support
 - low emotional exhaustion, burnout
 - supervisor support (see figure 2)
- High levels of job demand impact adversely on staff well-being, through higher emotional exhaustion and reduced job satisfaction, and impact on patient care.
- Four individual care characteristics low patient experience ratings with staff largely failing to 'venerate' with individual patients.
- High levels of job control, job skills, responses and work satisfaction significantly help to reduce the negative effects of high job demands on well-being and improve satisfaction.
- High levels of social support from supervisors, co-workers and the organisation has a positive effect on well-being and satisfaction, while reducing emotional and practice affect at work.
- Individual climate for patient care at the local level does not help to reduce rates of the patient experience of individual well-being on patient care performance.
- Local climate can still be improved by focusing on the local climate of high levels of well-being. Seeking systematically to enhance staff well-being, in London, can only improve it to an extent that has also for the quality of patient experience.

Conclusions
 With the exception of one of our eight microsystems (hospitals) - where patient experience is good, staff well-being is good, and vice versa.

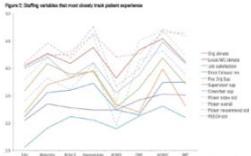
Interventions between both organisational and team climates for patient care and individual staff and patients shape the relationship between staff well-being and patient experience.

Individual staff well-being is best seen as an outcome rather than as a component of patient care performance. That is, it is important to assess it and support individual staff well-being at work in order to enable staff to better deliver high quality patient care.

Our study has highlighted the importance of the local work climate for staff well-being and patient care performance. The team leader role is important in supporting and motivating staff, in building a strong climate for patient care and in setting expectations of values, behaviours and attitudes to support the delivery of patient-centred care.

Implications for practice
 NHS organisations need to:

- target their limited financial resources to areas that are known to be problematic either in terms of patient experience (complexity, routine workload) and/or poor staff well-being (high sickness absence, reports of burnout or emotional distress)
- invest in the training for staff
- and be aware to the places where staff work to work
- team leaders need to be aware that listening time and energy time comes building of critical experience for patient care delivery



Contact: Professor Jill Maben: jill.maben@kcl.ac.uk

SEO Funding Acknowledgement: This project was funded by the National Institute for Health Research Service Delivery and Organisation programme (grant number 1002131/2000) Department of Health, Department of Health, Department of Health. The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NIHR, SEO programme or the Department of Health.

Reference: Maben J, Pececi R, Adams M, Robert G, Richardson A, Martelli T and Morrow E. Patient experience of care and the influence of staff satisfaction, affect and well-being. Final report. NIHR Service Delivery and Organisation programme. 2015.

30th Anniversary 2017 - 2022 - Florence Nightingale School of Nursing & Midwifery at King's College London

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.



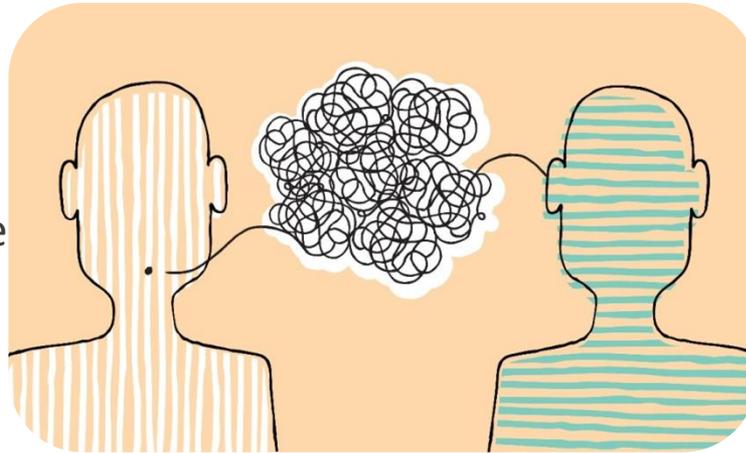
A consistent reflective space may impact on the organisation more broadly, encouraging staff to **employ their reflective stance** in their work outside the Round

○ Why Rounds help

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

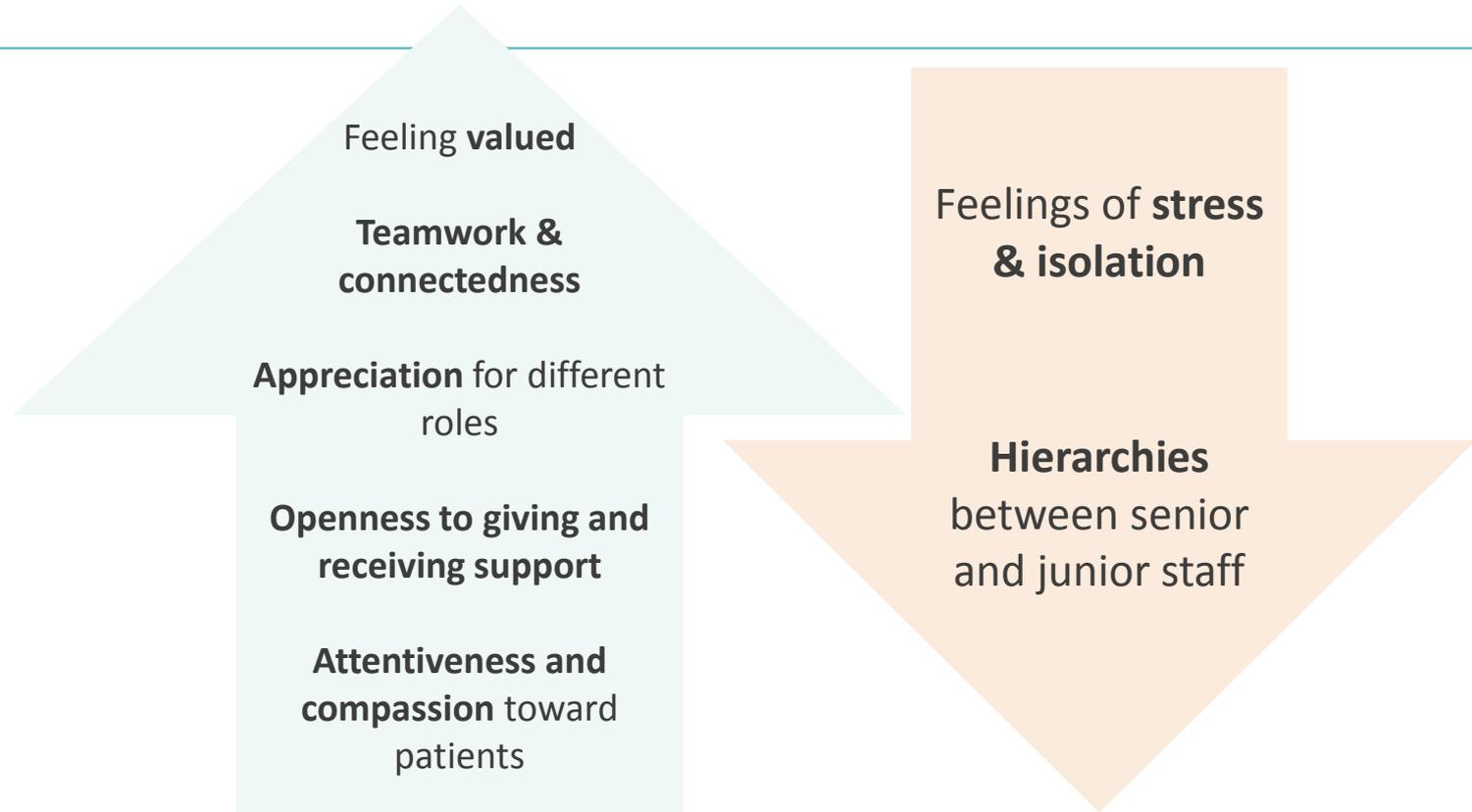


○ Why Rounds help

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



Thank you

@JocelynCornwell

www.pointofcarefoundation.org.uk



The
Point of Care
Foundation

National Guardian Freedom to Speak Up

NHS Providers Quality Conference

8 June 2017

Dr Henrietta Hughes



Patient and staff experience

- Research links staff experience and wellbeing to patient experience and healthcare quality

Policy+

Policy plus evidence, issues and opinions in healthcare Issue 39 • May 2013

Does NHS staff wellbeing affect patient experience of care?

It may be reasonable to presume that patients receive better care from staff who feel happier in their work. However little is known about the strength or possible impact of associations between staff wellbeing and patient outcomes including their experiences of the care provided. Previous research has tended to focus on single aspects or one staff group [1,2], or have looked at associations at the whole hospital level (for example using the national staff and patient surveys, and hospital level outcomes) [3,4]. Researchers in the NIHR have completed a study within the English NHS exploring the links between patients' experiences of health care and staff experiences at work such as staff motivation and wellbeing at work [5,6]. Staff and patient views were captured at the team/unit level – where possible matching staff to the individual patients they cared for to test associations between staff and patient experience [7].



JULY 2014

STAFF EXPERIENCE AND PATIENT OUTCOMES: WHAT DO WE KNOW?

KING'S
College
LONDON

HSJ

TECHNOLOGY AND INNOVATION

How NHS staff wellbeing affects patient care

Listening better to the experiences of staff, as well as patients and their relatives, is imperative for improving the patient experience, writes Jill Maben

Following the publication of the *Engage 2013*, NHS Quality will be keen to learn from Mid Staffordshire and to implement the message findings to consistently improve the experience of patients in their care.

As a system, the NHS needs to listen better to patients and their relatives and act upon their stories and complaints. It is also imperative that they listen better to the experience of staff. Mid Staffordshire shows us that



Exploring the links between staff wellbeing and patients' experiences of care

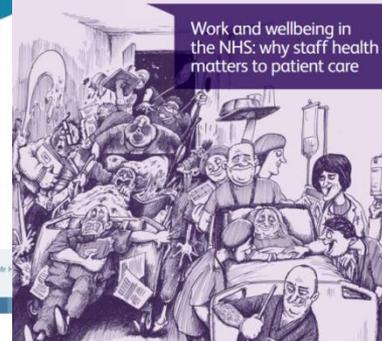
Understanding staff wellbeing, its impact on patient experience and healthcare quality

picker
Institute Europe

Royal College
of Physicians

Setting higher standards

Work and wellbeing in the NHS: why staff health matters to patient care



picker
Institute Europe

Making patient views count

- The relationship between cancer patient experience and staff survey results

A REPORT FOR MACMILLAN CANCER SUPPORT
STEVE SIZMUR
PICKER INSTITUTE EUROPE
30 JULY 2013

The National Guardian's Office



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

Freedom to Speak Up Guardians

All NHS trusts have appointed a Freedom to Speak Up Guardian. They work alongside trust leadership teams to achieve the following outcomes:

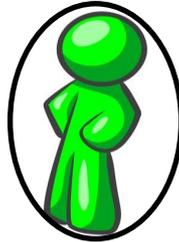
Staff have the capability to speak up effectively and are supported appropriately

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

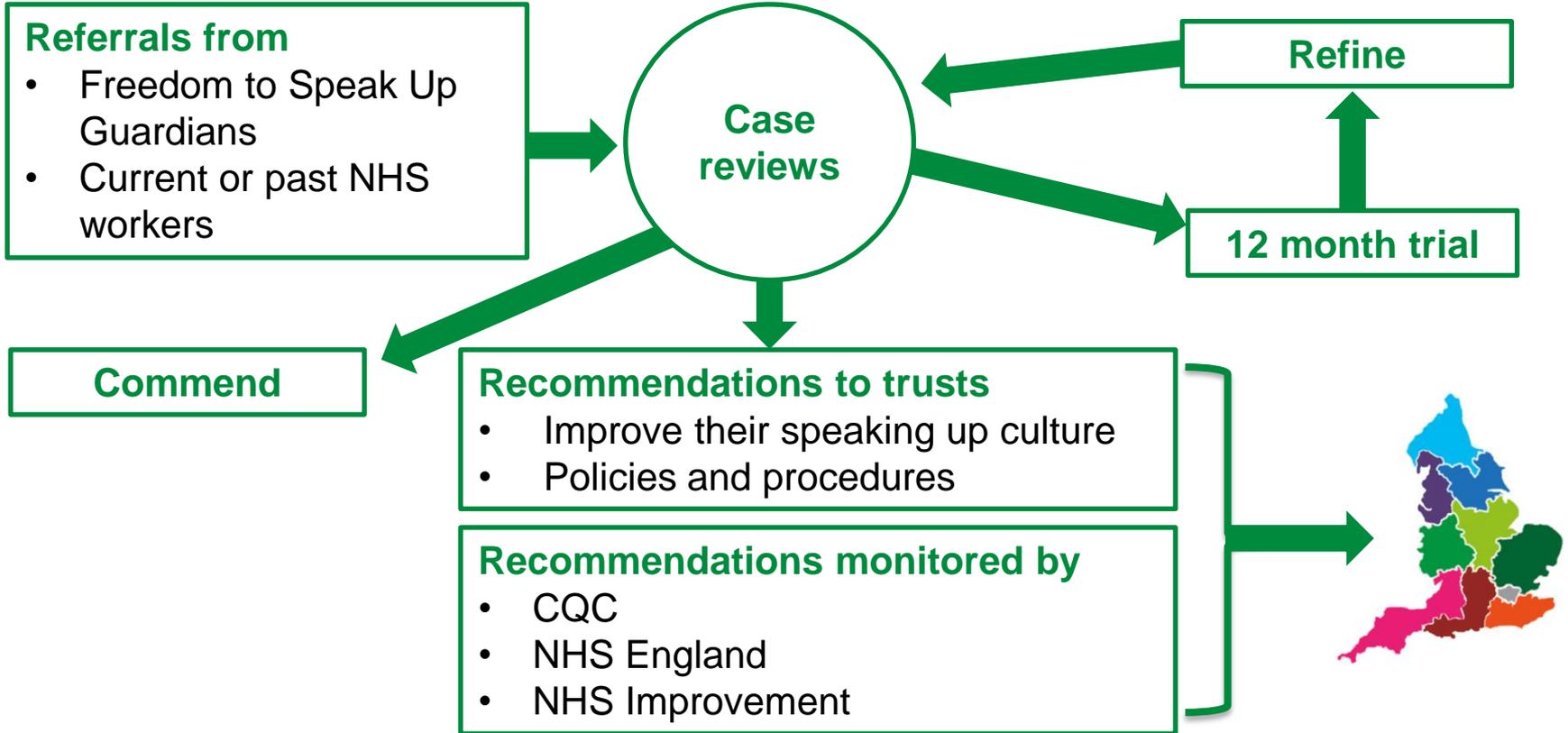
A culture of speaking up is instilled throughout the organisation and the NHS



The speaking up process



Case reviews

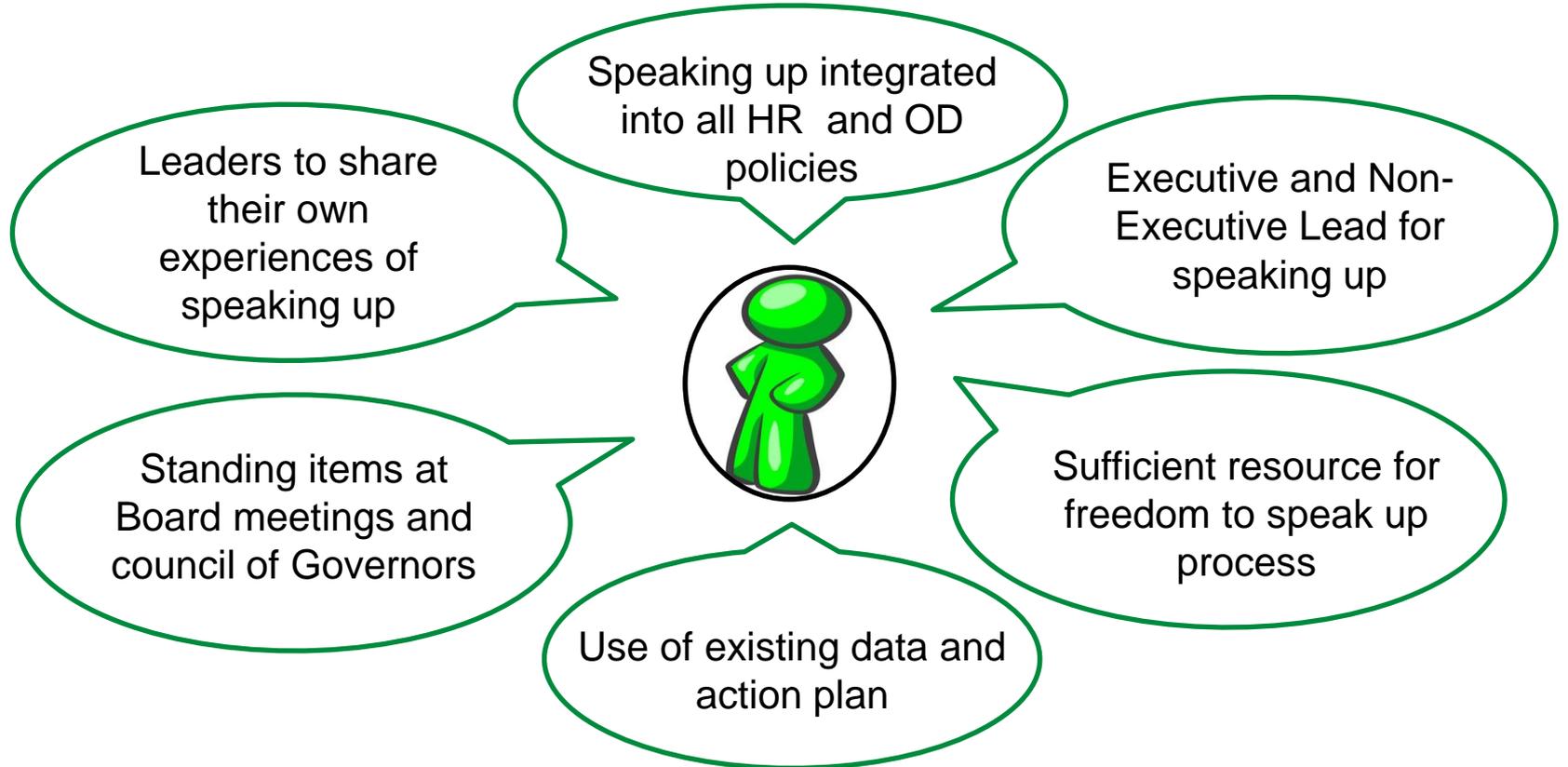


Working in partnership

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



Leadership



Further information

Contact the National Guardian's Office:

enquiries@nationalguardianoffice.org.uk

Visit the National Guardian's Office webpages:

<http://www.cgc.org.uk/content/national-guardians-office>

Helené Donnelly OBE

Ambassador for Cultural Change
(Freedom to Speak Up Guardian)



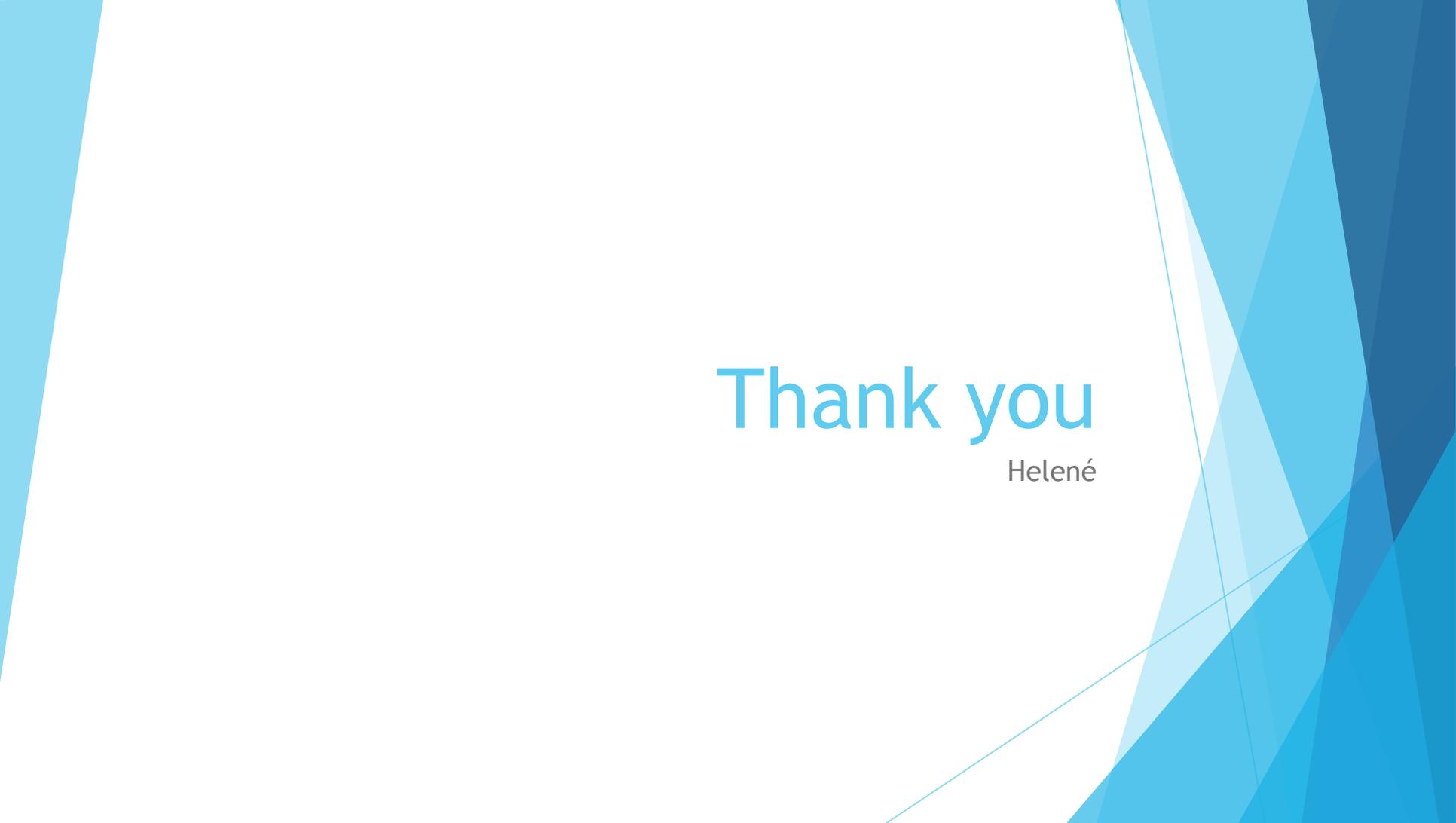
Embedding the Freedom to Speak Up Guardian role to Change Cultures

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.

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The text is centered on a white background that occupies the left and middle portions of the frame.

Thank you

Helené

A large, abstract graphic on the left side of the slide, consisting of overlapping curved shapes in shades of orange, red, and dark brown.

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

Dr Suzette Woodward, National Director, Sign Up to Safety