

Staff Engagement in Difficult Times

Plenary Session

Hong Kong Hospital Convention

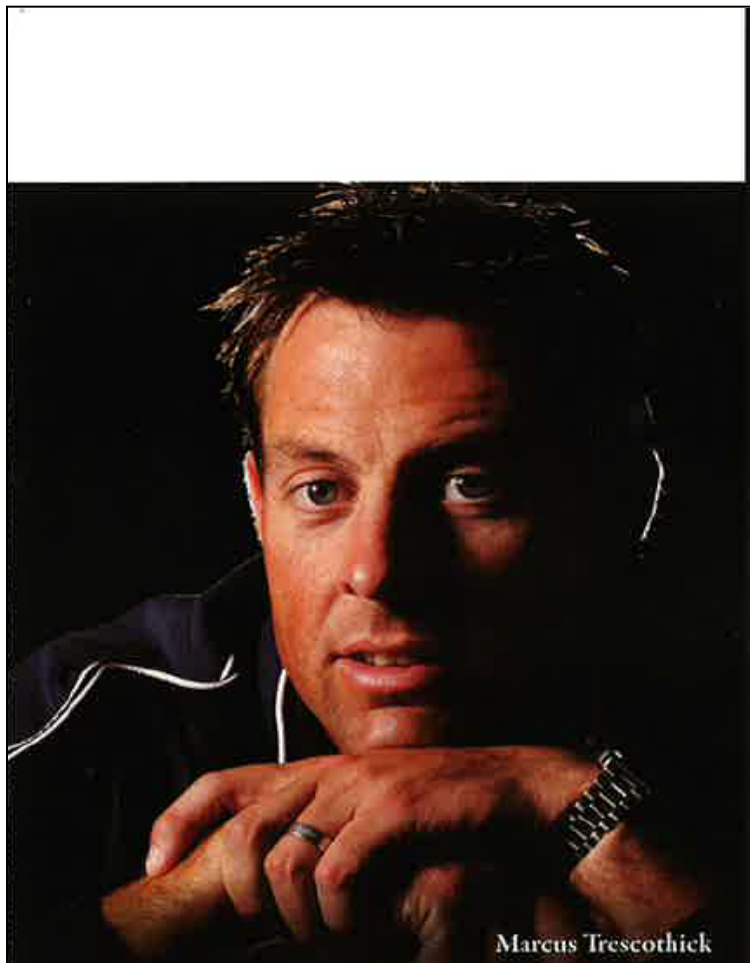
David Fillingham
7th May 2014

A Quiz...

In the past week, how many of you...

- Missed a meal?
- Ate a poorly balanced meal?
- Worked an entire shift without any breaks?
- Changed personal/family plans because of work?
- Arrived home late from work?
- Drank too much coffee/and or alcohol?
- Slept less than 5 hours a night?

Adapted from Brian Sexton



Marcus Trescothick

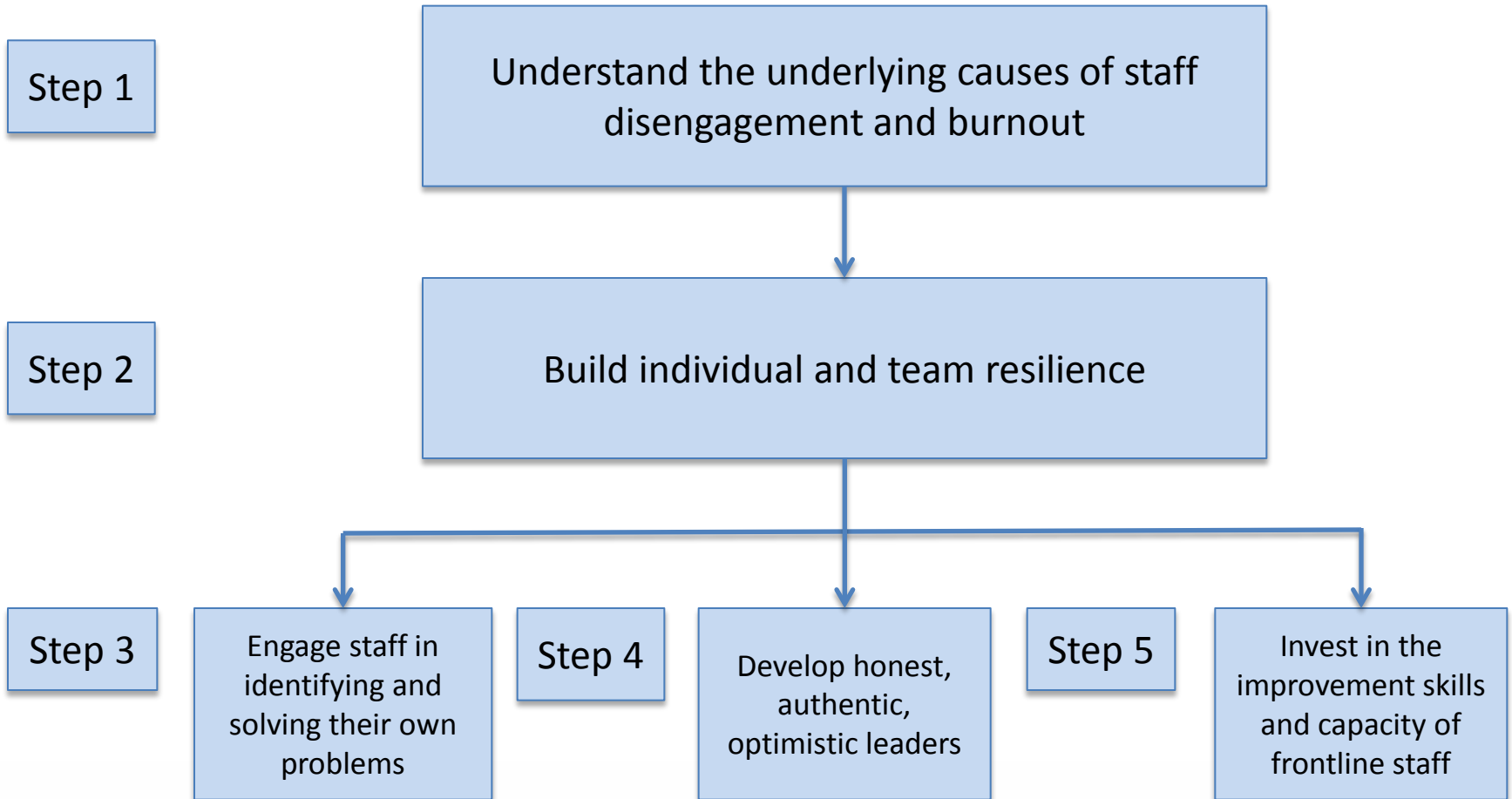
“Facing up to Australia’s fast bowlers was nothing compared to facing up to my depression.”

Healthcare is a difficult and stressful job:

- It's emotionally, physically and mentally stretching
- If we get it wrong... the impact can be catastrophic
- What we do is high profile... with patients, public, politicians and the news media
- Increasingly we are being asked to do more with less

Approximately 30% of staff
sickness absence in the
English National Health Service
is due to stress

If we don't care for the caregivers...
we can't improve the care we give



About AQuA – the Advancing Quality Alliance

- Established in 2010
- Working across 70 healthcare organisations – covering a 7 million population
- We:
 - Development improvement skills – from Boards to the frontline
 - Run collaborative improvement projects
 - Build partnerships for change
 - “steal shamelessly” wherever we can find a good idea!

Where does AQuA work?



Step 1

**Understand the underlying
causes of staff disengagement
and burnout**

Research has shown a variety of causes of stress and burnout amongst care givers:

- Intrinsic nature of the work (physical, mental and emotional)
- Impact of traumatic events (eg catastrophic error; death of child; illness and death of a team member)
- Over burden... inadequate staffing levels to do the job
- Poor team work
- Low levels of staff engagement
- Low levels of discretion and control

(sources: West; Maben; Sexton)

Quality and Safety in the NHS: Evaluating Progress, Problems and Promise

Michael West¹, Richard Baker², Jeremy Dawson³, Mary Dixon Woods², Richard Lilford⁴,
Graham Martin², Lorna McKee⁵, Madeleine Murtagh², Patricia Wilkie⁶

¹ Lancaster University

² University of Leicester

³ University of Sheffield

⁴ University of Birmingham

⁵ University of Aberdeen

⁶ National Association for Patient Participation

⁷ Aston University

Address for correspondence:

Michael West
Professor of Organisational Psychology
C42 Charles Carter Building
Lancaster University Management School
Lancaster University
LANCASTER LA1 4YX

Email: m.a.west@lancaster.ac.uk

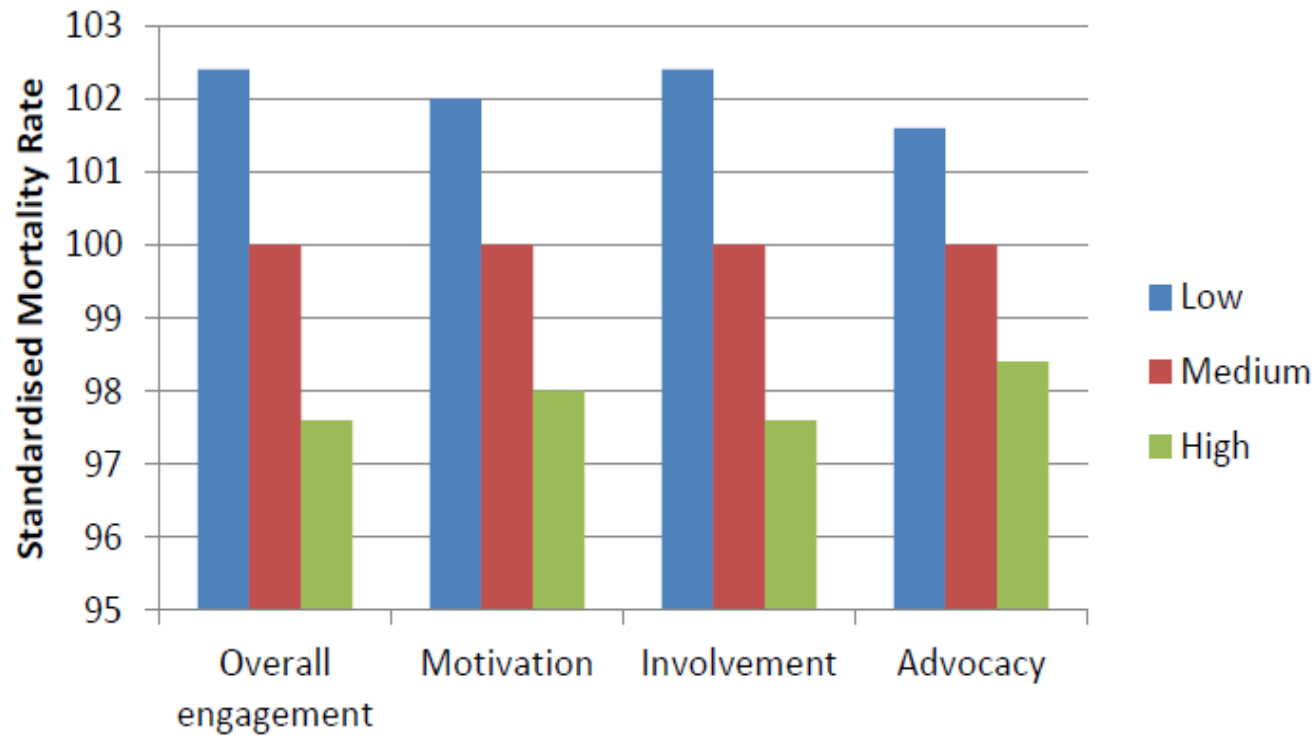
Website: www.lums.lancs.ac.uk/nhs-quality



Disclaimer: The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the Department of Health.

“Overall, the best predictor of a variety of outcomes including staff health and wellbeing, absenteeism, intention to quit, quality of patient care, patient mortality and use of resources **was the level of staff engagement .**” (M West et al)

Patient Mortality by Engagement





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

Professor Jill Maben, Director National Nursing Research Unit
King's College London

With thanks to Glenn Robert; Mary Adams; Riccardo Peccei & Trevor Murrells

Funded by the National Institute of Health Research: Service Delivery and Organisation

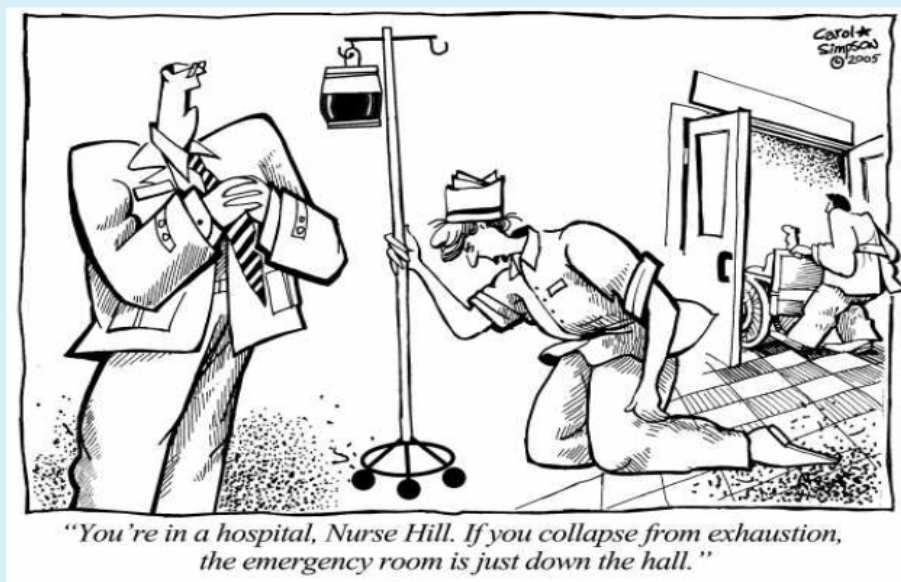
National Nursing
RESEARCH UNIT 

Key findings

- There is a relationship between staff wellbeing and (a) staff-reported patient care performance and (b) patient-reported patient experience. Staff wellbeing is an important antecedent of patient care performance.
- Seven staff variables (“wellbeing bundles”) correlate positively with patient-reported patient experience:
 - local/work-group climate
 - co-worker support
 - job satisfaction
 - organisational climate
 - perceived organisational support
 - low emotional exhaustion, and
 - supervisor support

High Demand- low control work

- Inadequate or unpredictable staffing levels.
- The movement of staff at short notice into other staff depleted service areas.
- The felt lack or inadequacy of training in specialist care skills (e.g. dementia and delirium) for nursing staff.



Step 2

**Building Individual and Team
Resilience**

- Assuring safe staffing levels
- Understanding and developing team cultures
- Developing individual and team resilience and wellbeing

**How to ensure the right people, with the right skills,
are in the right place at the right time**

A guide to nursing, midwifery and care staffing capacity and capability



How Are We Doing?

Our Common Purpose: Getting it right for every patient, every time

Patient Safety

Pressure Ulcers

Falls

Days since last
Pressure Ulcer

Days since last
Fall

PE/DVT

Urinary Infections

Days since last
Pulmonary Embolus/DVT

Days since last
Urinary Catheter Infection

Patient Experience

Friends and Family Test

Patient Experience Questionnaire

Response Rate

Response Rate

Complaints and Concerns

Compliments

Number of Complaints

Number of Compliments

Number of Concerns

Hospital Acquired Infections

MRSA

Clostridium Difficile Toxin

Days since last case
of MRSA

Days since last case
of CDT

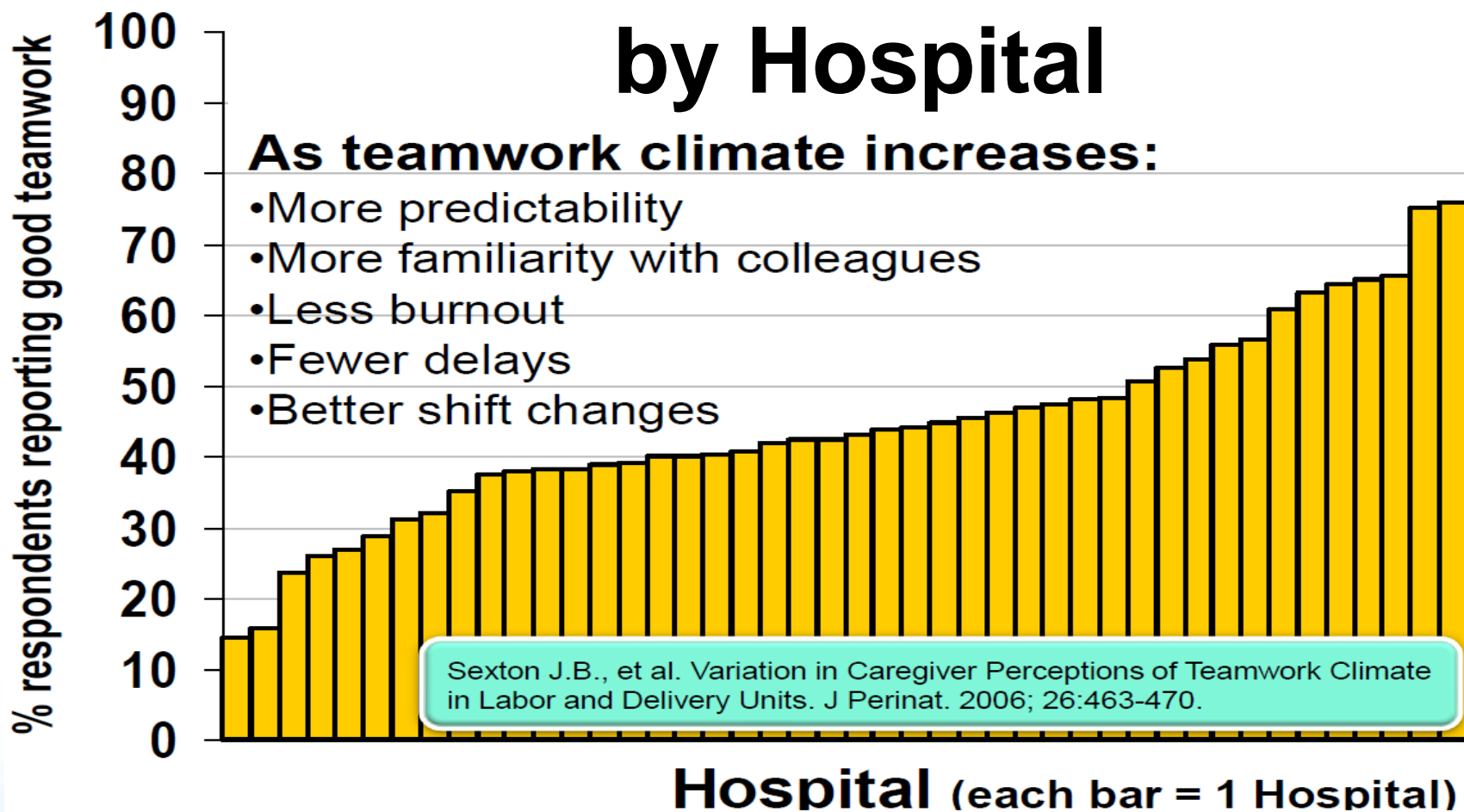
Quality

Nurse staffing today is:

Our current focus for improvement is:

	Registered Nurses		Nursing Assistants	
	Planned	Actual	Planned	Actual
Early Shift				
Late Shift				
Night Shift				

Teamwork Climate by Hospital

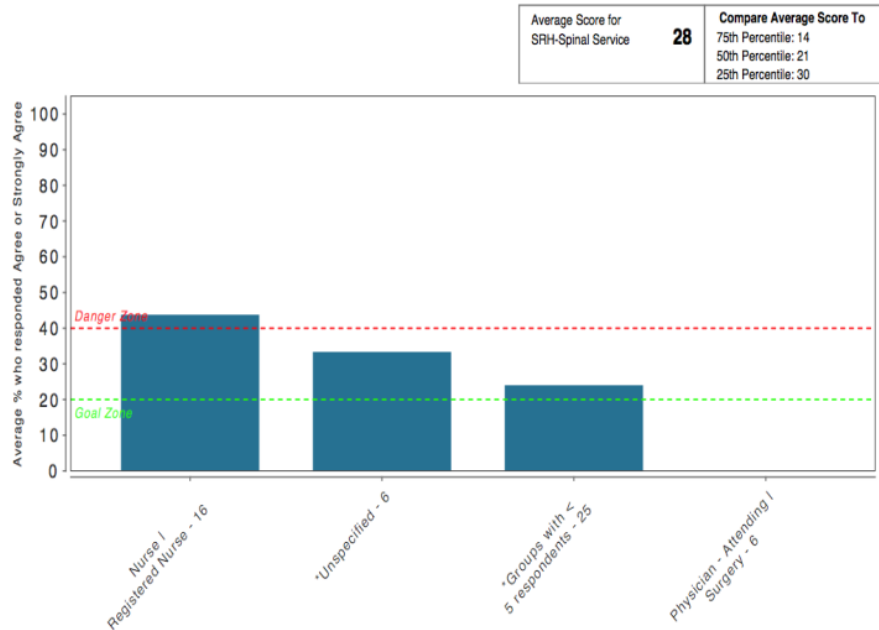


Culture is Local: Finding your Variation is Key

Ward 1: comfort with discussing errors

- 0% of doctors felt it was difficult to discuss errors
- 40% of nursing staff thought it was difficult to discuss errors

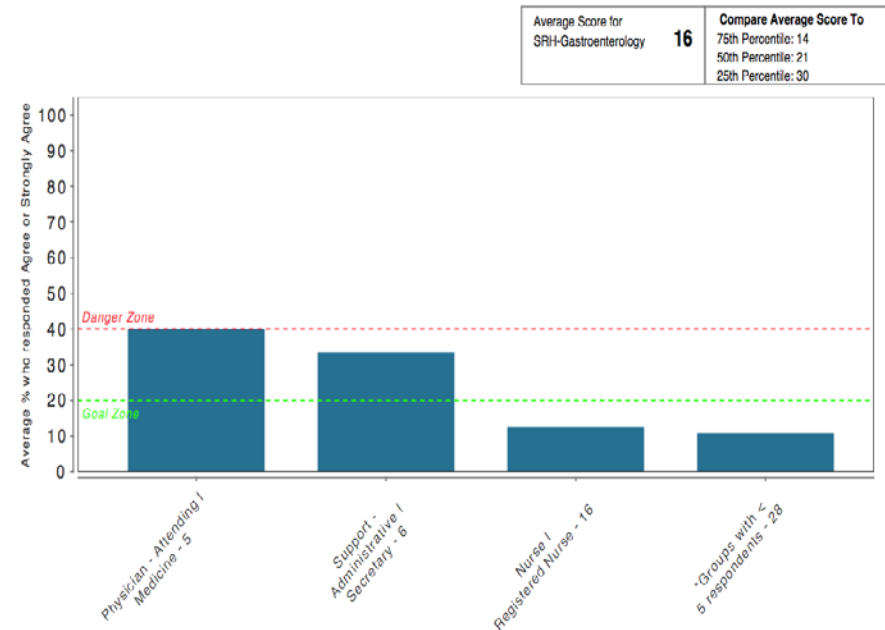
In this work setting, it is difficult to discuss errors.



Ward 2: comfort with discussing errors

- 40% of doctors felt it was difficult to discuss errors
- 10% of nursing staff thought it was difficult to discuss errors

In this work setting, it is difficult to discuss errors.



Same hospital – vastly different cultures on different wards

Data Source: SRFT uses the Safety Attitudes Questionnaire

The Walton Centre

NHS Foundation Trust



Excellence in Neuroscience





Our Focus – is the whole individual and the patients

- Health of our staff is a key domain within our patient experience strategy
- Tackling Obesity
- Improving physical activity
- Health promotion advice
- Tackling drugs and alcohol
- Training and leadership
- Staff engagement
- Leisure activities
- Mental health
- Nurses of the future



PATIENT EXPERIENCE STRATEGY
we've been listening.



Physical Health & Wellbeing Timetable

- **Mondays:** Running Club
Circuit Training and Allotment Night
- **Tuesday:** Weight Management Programme and Netball Club , Allotment Night and Choir
- **Wednesday:** Zumba
- **Thursday:** Pilates

Monday, Wednesday and Friday lunchtimes half hour intense:

“legs, bums and tums” and “bingo wings”

New activities such as art, photography, reading club and much more



Developing the Action Plan

- Staff engagement
- Open days
- Staff summits
- Clinical Senates
- H&WB Champions Virtual Group
- Exec walk about
- Back to the floor
- Nurse focus groups
- Exec's joining in!





Walton's Health Data

- Sickness in January 2010 was at 7% and rising
- August 2012 sickness is 3.79%
- Staff have fast access to physiotherapy and urgent appointments as well as counselling services
- Reduced agency staff for sickness cover
- Impact on patient care and experience

Step 3

Engaging staff in identifying and solving their own problems

“The greatest respect you can show to a fellow employee is to let them solve their own problems” (David Verble, ex Toyota)

Wrightington, Wigan and Leigh

NHS Foundation Trust



- **Listening into Action (LiA)**

- Scale: over 1000 people directly involved
- Communications; Quick wins and big themes
- 20 volunteer teams (then another 20, then another 20)
- Staff identify:
 - What they are proud of
 - What's getting in the way
 - Solutions to fix their problems
- Part of a wider drive to not just change systems and processes, but also to change the culture

LiA – A&E

Our Objective – Our aim was to engage staff more, leading to a positive inclusive working environment benefiting patients, staff & WWL



Our Mission Statement

“To give staff the opportunity to influence change/Develop positive attitudes/involve staff more in decision making regarding patient experience/Improve staff morale/Retention of staff”.

5 Demonstrable Results

- 1.Triage** - Formal group set up, Introduction of rapid handovers, Business case for rapid assessment triage.
- 2.Communication** - Formal handover in the morning between staff. Adaptation of rounding tool for patient care,5 point communication
- 3. Staff Induction** Programme has been developed which is more suitable to new staff within Emergency Care
- 4. Staff Room** With the help of estates and facilities improved this environment
- 5. Staffing Level** We have undertaken an audit using the best tool re established levels /recruitment

AQuA... working with WWL

- WWL Board attended our “Boards on Board” programme in 2012
- “Train the Trainer approach to developing improvement skills in house at WWL
- “Lean Leaders programme attended by HR Team
- Active participants in shared decision making, integrated care and mortality reduction programmes

The impact on staff

Staff...	2012	2013
feel happy working in their area/team/department	54%	76%
feel involved in changes that affect their work area	33%	59%
feel senior managers encourage staff to suggest new ideas	32%	64%
feel day-to-day frustrations are quickly resolved	17%	51%
feel we communicate clearly about what we try to achieve	31%	64%
believe we provide the very best services to patients	40%	69%
are satisfied with how much the Trust values their work	20%	55%
feel proud to work in their area/team/department	61%	79%
understand the link between their role and the wider vision	47%	73%
feel communication from management is effective	22%	57%

your hospitals, your health, our priority

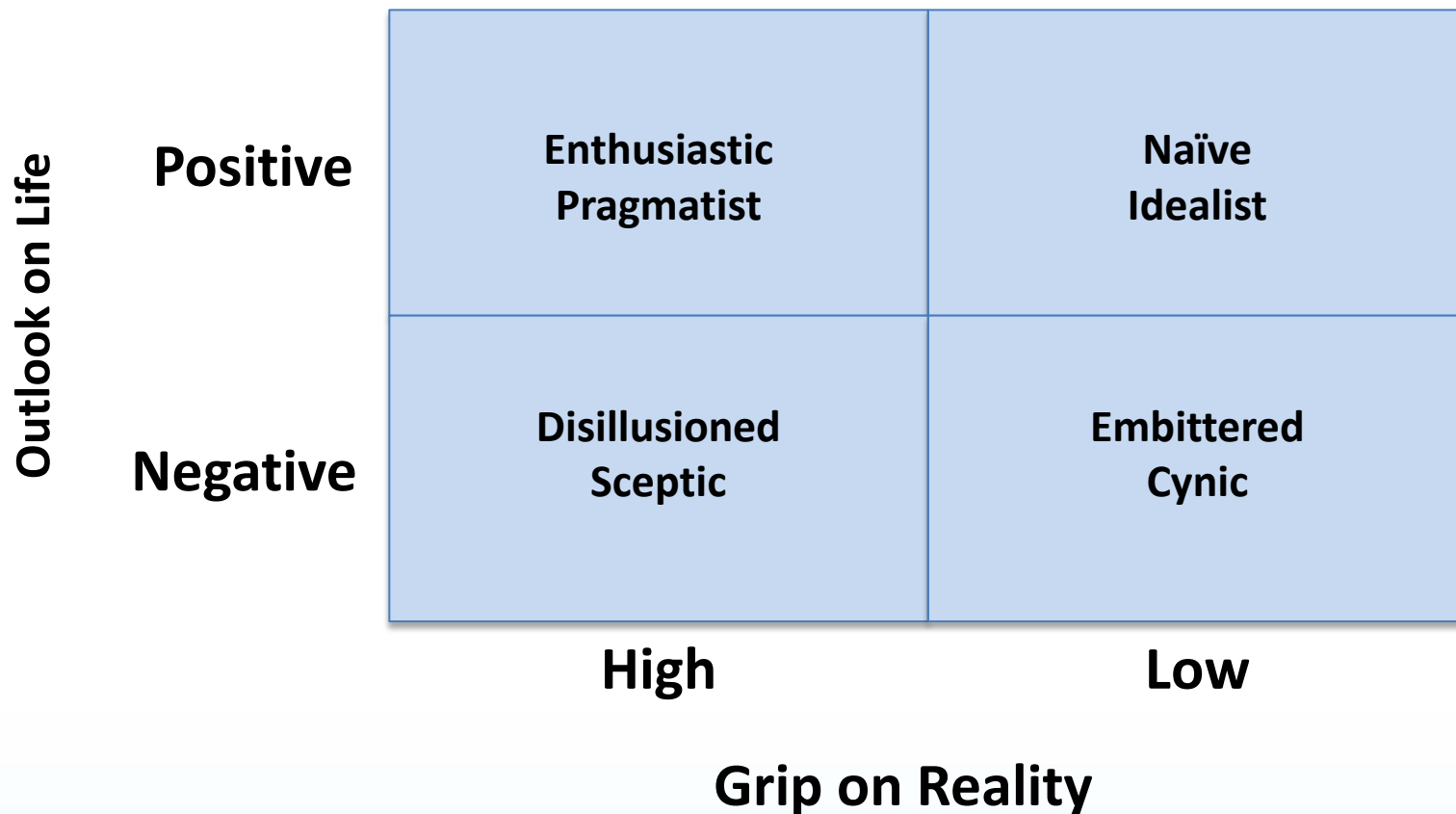
Data – Improvements to Services

- 5th out of 50 in NHS North Quality Dashboard
- 5th out of 50 in NHS North Performance Table
- 1st out of 23 in NHS NW A&E Performance Table
- Achieved Financial budget £4.1m surplus and FRR 4 for third year in a row
- Six Patient survey scores much better; none much worse

Step 4

**Develop authentic visionary
leaders**

Fillingham's Motivational Matrix



An Enthusiastic Pragmatist:

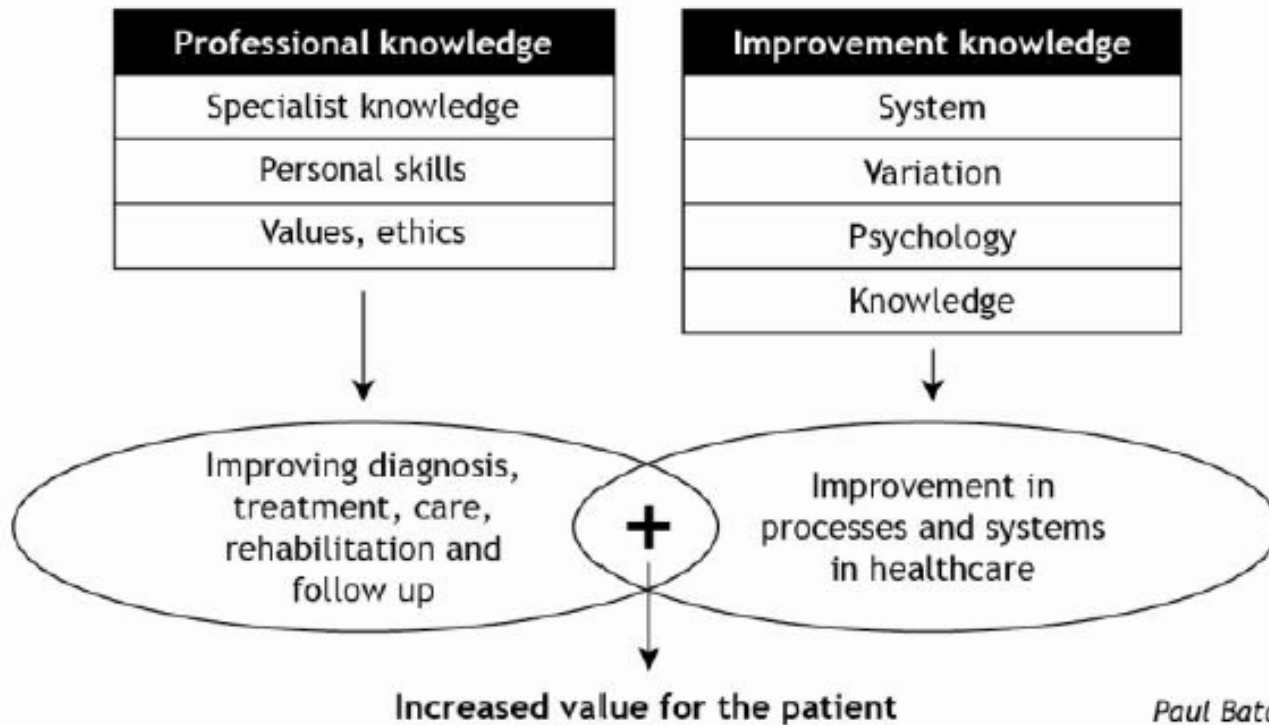
- Is highly visible... goes to where the work is actually done
- Avoids jargon and “management speak”
- Has integrity and authenticity
- Stays calm in a crisis
- Engages staff and empowers them to solve their own problems
- Masters the “honesty/faith paradox”

Step 5

**Invest in the improvement skills
and capacity of front line staff**

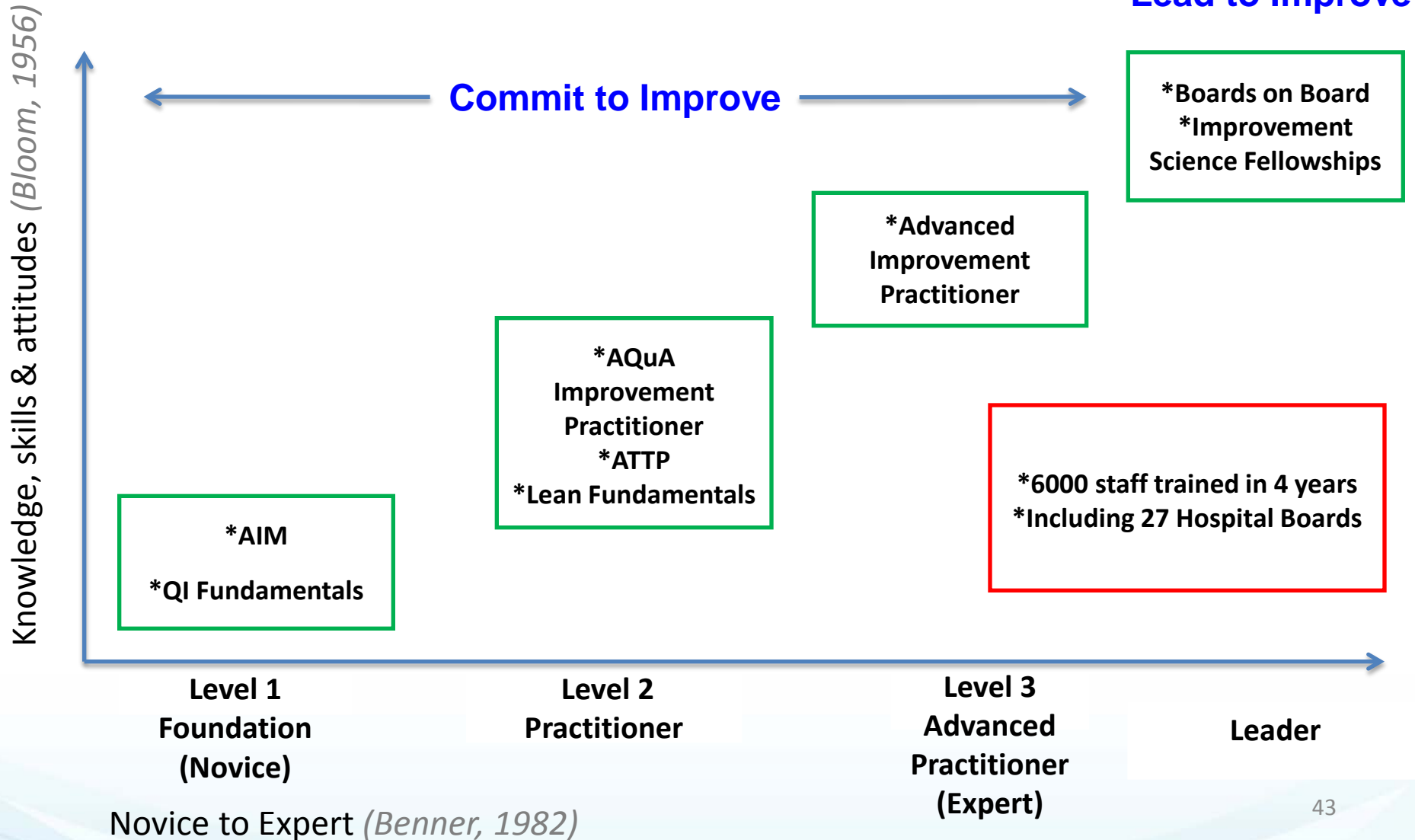


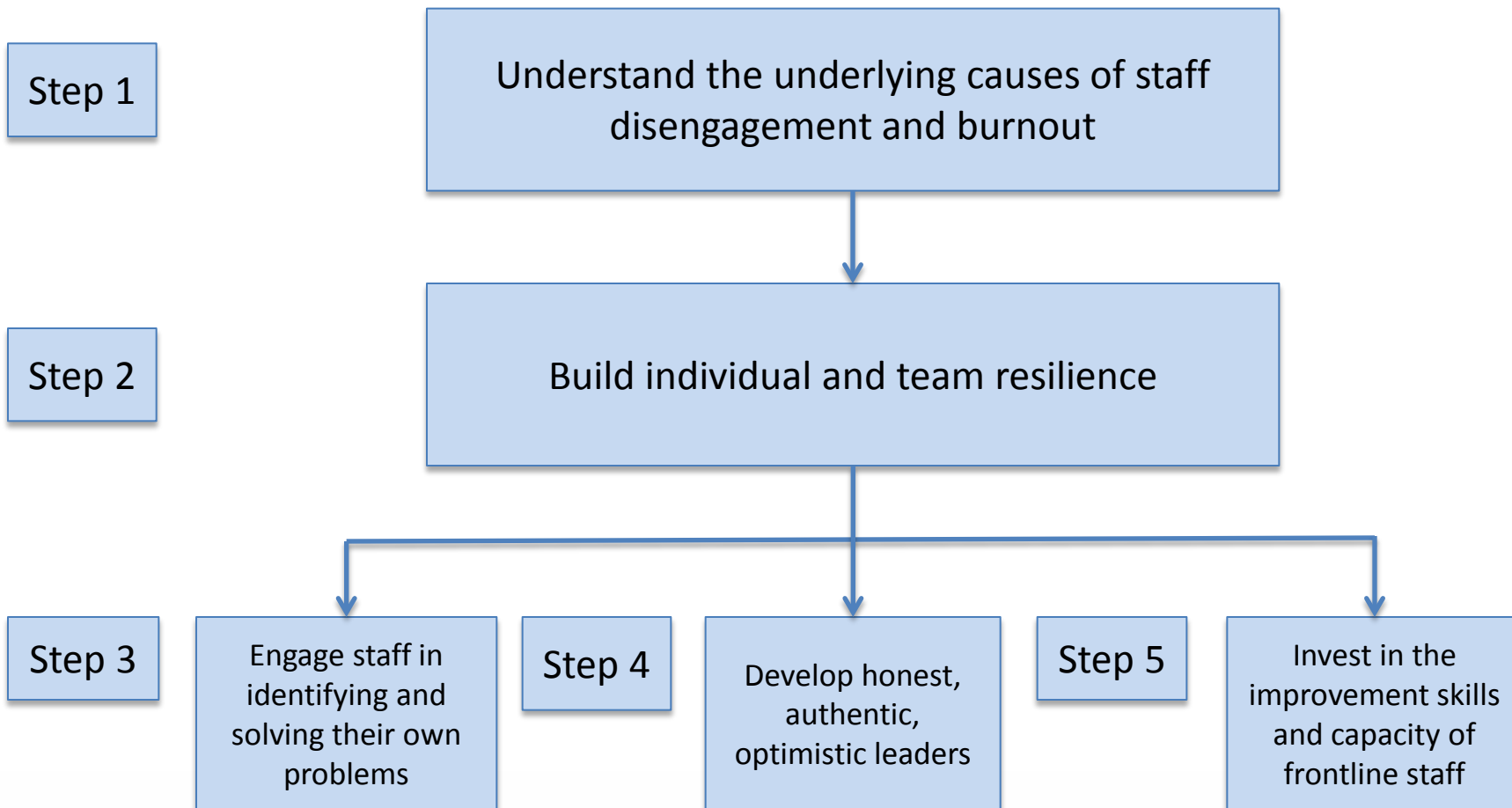
**To Develop a Change Culture:
You have two jobs: to do your job and to improve it**



Paul Batalden

Building Capability





Don't' forget to care
for the care givers...

... then you can improve
the care you give

Contact us:

- www.advancingqualityalliance.nhs.uk
- Email: david.fillingham@srft.nhs.uk
- Telephone: +44161 206 5187