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
“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
Step 1
Understand the underlying causes of staff disengagement and burnout

Step 2
Build individual and team resilience

Step 3
Engage staff in identifying and solving their own problems

Step 4
Develop honest, authentic, optimistic leaders

Step 5
Invest in the improvement skills and capacity of frontline staff
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 West, Richard Baker, Jeremy Davison, Mary Dixon Woods, Richard Lilford, Graham Martin, Lorna McKee, Madeleine Murtagh, Patricia Wilkie

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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

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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

- Overall engagement
- Motivation
- Involvement
- Advocacy

Standardised Mortality Rate
- Low
- Medium
- High
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

www.kcl.ac.uk/nursing/nnru
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
- Fall

#### PE/DVT
- Urinary Infections

#### Days since last
- Pulmonary Embolus/DVT
- Urinary Catheter Infection

### Patient Experience
- **Friends and Family Test**
- **Patient Experience Questionnaire**

#### Response Rate
-

#### Complaints and Concerns
- Number of Complaints

#### Number of Concerns
-

### Hospital Acquired Infections
- **MRSA**
- **Clostridium Difficile Toxin**

#### Days since last case
- MRSA
- Clostridium Difficile Toxin

### Quality
- **Nurse staffing today is:**
- **Our current focus for improvement is:**

<table>
<thead>
<tr>
<th>Nurse Group</th>
<th>Planned</th>
<th>Actual</th>
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<tbody>
<tr>
<td>Registered Nurses</td>
<td></td>
<td></td>
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<tr>
<td>Nursing Assistants</td>
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</tbody>
</table>

### Shifts
- **Early Shift**
- **Late Shift**
- **Night Shift**
Teamwork Climate by Hospital

As teamwork climate increases:
- More predictability
- More familiarity with colleagues
- Less burnout
- Fewer delays
- Better shift changes

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

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

Same hospital – vastly different cultures on different wards

Data Source: SRFT uses the Safety Attitudes Questionnaire
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
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
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”.

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

5 Demonstrable Results


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

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

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
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<tbody>
<tr>
<td>Enthusiastic Pragmatist</td>
<td>Naïve Idealist</td>
</tr>
<tr>
<td>Disillusioned Sceptic</td>
<td>Embittered Cynic</td>
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Grip on Reality

High | Low
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

Professional knowledge
- Specialist knowledge
- Personal skills
- Values, ethics

Improvement knowledge
- System
- Variation
- Psychology
- Knowledge

Improving diagnosis, treatment, care, rehabilitation and follow up

Improvement in processes and systems in healthcare

Increased value for the patient

Paul Batalden
**Building Capability**

- **Commit to Improve**
  - *AIM*
  - *QI Fundamentals*

- **Lead to Improve**
  - *Boards on Board*
  - *Improvement Science Fellowships*
  - *Advanced Improvement Practitioner*

**Knowledge, skills & attitudes (Bloom, 1956)**

- **Level 1**
  - Foundation (Novice)
- **Level 2**
  - Practitioner
- **Level 3**
  - Advanced Practitioner (Expert)
- **Leader**

Novice to Expert *(Benner, 1982)*

- *6000 staff trained in 4 years*
- *Including 27 Hospital Boards*
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Invest in the improvement skills and capacity of frontline staff
Don’t’ forget to care for the care givers...

... then you can improve the care you give
Contact us:

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