Report of the HOPE network meeting

July 5 2018 – UCH Education Centre, London

Introduction[1]

In July the HOPE network met in London to look at staff engagement and experience, with a focus on how it shapes patient experience. We invited HOPE members to bring along colleagues from Human Resources and Organisational Development, and we had nine join us. The meeting coincided with the NHS's 70th Birthday, so in the afternoon the members celebrated with cake.

[1] HOPE meetings are conducted under Chatham House rules, which means we treat the proceedings as confidential and don't attribute remarks to individuals outside of the meeting. However, we do want to share the content of discussions and resources with the wider network and with others with an interest in patient experience. Following discussion with members we have agreed the following process:

1. The Point of Care Foundation (POC) team writes up and circulates a draft report of the meeting to everyone who attended, including speakers, inviting changes and comments to be sent back within 10 days.
2. If people comment, POC takes account of what they have said, revises the text and checks it with them, allowing a 10 days for a response
3. If people don't respond within 10 days, POC assumes it has consent to publish.

POC includes links to reports in newsletters and posts reports on the HOPE webpage on: www.pointofcarefoundation.org.uk

Learn Borrow Steal

Inclusion as standard - Jayne Kenyon and Maria Finch - North West Anglia NHS Trust

The aim of this scheme is to remove the burden of worry people with special needs can feel about using services that their personal needs will be ignored, as well as to reassure them that even if their needs are not currently met, there is a system in the trust that supports staff to learn and adapt.

To ensure the project's success, the trust designed services together with the people they were trying to support. They began by setting up coproduction groups, and specific groups for deaf and hearing loss, LGBTQIA, and Autism.

The inclusion as standard scheme follows 4 steps:

1. A staff member (any staff member from porters to consultants) to complete a report, on something that has gone well, or a problem they have encountered with regards to inclusivity
2. The report is sent first to the Equality, Diversity, and Inclusion Lead, and then to the relevant coproduction subgroup, who can make a request that a policy be adapted.
3. The evidence is collated and used to support the Trust's Equality Delivery System 2 submission
4. Departments and Wards that achieve the greatest levels of inclusivity are then rewarded with Inclusion as Standard awards. They also take into account whether the ward or department has managed to support groups who are outside of the Equality Act such as homeless people. This acts as both an incentive to the Wards, but also works to reassure patients.

Leadership coaching - Shirley Moon and Michaela Tait – Milton Keynes

In November 2016 Shirley achieved the ILM (Institute of Leadership & Management) level 5 coaching qualification, and began to use this to help managers in her Trust use coaching within their roles. In September 2017 they began training their first cohort of 6 coaches, then started referring staff to receive coaching from them. Through this programme they have also developed resources, and developed a structure for the coaching relationships. The key part of this is a coaching contract between the coach and coachee for confidentiality and expectations, and the coaches are also supervised by a collaborative group.

Patient leadership - Maria Walker and Sharon Herring from Royal Berkshire NHS Foundation Trust

Over the last 4 years they have developed a patient leadership training programme at the Trust. They felt it was important to have a third type of leader, alongside clinical leaders and managers – patient leaders. The programme is a six week course, advertised on NHS jobs, and just as with a job application they shortlist, run assessments, interviews, and they do turn people down. One of the key criteria is that those who want to be patient leaders, need to want to create the change, not to simply identify the problems. So far they have trained 37 patient leaders, who have already been in high demand. They have been involved in interview panels, and are on almost every committee in the organisation.

Wicked issue - Lisa Anderton – University College Hospital London

Lisa Anderton presented her wicked issue - she is very passionate about patient involvement, and she believes in paying patient leaders. The problem is that this clashes with the growth of unpaid volunteers, who also make a huge contribution. The organisation's policy is that they will not pay volunteers but in other areas they will pay patients. She wanted to see if anyone had a suggestion of how she can resolve this clash.

Wicked Issue - Sharon Kidd - United Lincoln Hospital NHS Trust

Sharon's problem is noise at night on the wards in the hospital, but doesn't have a budget attached to solving the issue. So she wanted to ask the members if they could offer some help, or suggestions of how they have combated this issue.

Staff Engagement – Case Study

Jeanette Williams – Staff Engagement and Wellbeing Manager – East Sussex Healthcare NHS Trust

Jeanette works as the Staff Engagement and Wellbeing Manager for East Sussex Healthcare NHS Trust, which has generated huge improvements in their staff engagement over the past few years. In 2015 they found themselves in the bottom 20% for 18 of the staff survey measures, with a perceived disconnect between the Trust's board and the front line staff in the organisation. Their approach to their disappointing staff survey results was to identify three organisational goals:

- Continue to develop ESHT as a good place to work and ensure patient care is our organisation's priority
- To further reduce the number of staff experiencing bullying and harassment from colleagues, patients and public
- Continue to improve good communication between managers and staff

Using these goals they began to develop action plans based on local feedback, which led to an immediate impact. By the 2017 staff survey these areas had already shown improvement. Instead of settling, they have pressed on with the goal of continuous improvement. They have used the 2017 results as benchmarks for future improvement and set the next steps in motion, built around the following actions:

- To ensure all staff demonstrate values based behaviour and develop a range of interventions that will embed the behaviours we expect to see
- To identify the main causes of stress at an individual, team and organisation level and identify how they can work with staff to reduce/eliminate stress so they feel valued and supported
- To support and involve staff to improve and deliver excellence in care
- To develop action plans directly with the staff
- They emphasise the importance of sharing progress on actions back to the staff through their project - "You said……..We did"

The turnaround in staff engagement has led to a very strong CQC report in June 2018, which said, **"**Engagement is a real strength of the organisation. Innovative and effective work with ESHT and Healthwatch led to changes in care practice and provision. Staff feeling more engaged and motivated by a visible executive team who recognised the challenges and valued them"

Key points from the discussion

Workplace bullying is a much more common issue than most of us would expect. They have a zero-tolerance policy for bullying at ESHT. When they suspect or hear that bullying is going on, their first step is to start with a conversation. Simply by asking the member of staff if they think their behaviour is reasonable, and then using the method of appreciative enquiry, gives them a strong starting point to move conflicts and bullying towards resolution.

The central theme of the staff engagement work at ESHT is, "What matters to you, matters to us", this shows itself through some of the programmes they have started at the trust, which quite often have been a result of appreciative enquiry: they have started Compassion without burnout workshops as they found this was something that matters to staff; they also run Schwartz rounds along with many of the HOPE members organisations in the room.

The evidence behind staff engagement

Jocelyn led a session on the evidence base behind staff engagement, and its links with patients. The slides from this session can be found here

Discussion
Jocelyn asked the members what these findings mean for them?

- Some people felt that patient and staff experience are both equally important but paternalism prevents them from being seen equally.
- Medical education has not changed as much as we would expect in 100 years (which references Joanne Watson's presentation at the Taunton regional meeting in April).
- What drives this unequal relationship is that staff and patients cannot feel equal, because as staff cannot feel vulnerable in front of patients.
- Fear of making a mistake is a huge factor for medical staff, the case of Dr Bawa-Garba was mentioned in this context.
- The language of healthcare was discussed as one of the drivers for this relationship. The language does not always work well for both patients and staff
- It was mentioned that Experience Based Co-Design brings both patients and staff together to reflect on their experiences, and makes use of this overlap to improve experiences of care. We ended the discussion considering whether when prioritising staff versus patient experience we could arrive at a win-win, or whether one has to lose out to the other? The consensus was that it could be win-win but all too often they were fighting for the same space, due to limited resources.

Reflection on the connection between staff and patient experience
At the end of the meeting we reflected on the learnings of the day. We asked each table to discuss key takeaways. , You can find some selected themes below:

- It is important to make the evidence base easily accessible (maybe via intranet), and to use this as a platform to bring patient experience and staff experience together. Linking with communications teams was also emphasised as a route to get the message out.

- One of the suggestions from some of the HR representatives was to bring the HR survey heat map together with patient experience data for comparison. Many of the HOPE network members also took away the need for them to bring up the staff survey to use it in comparison with FFT and patient survey data.

- There was a desire to see more co-production projects for staff, and for some of the patient experience methodologies to be applied to help improve staff experience.

- There was an interest in changing HR, and how it effects staff. Changing culture from the top down, with more openness and willingness to change.

- One of the most common themes was the importance to bringing staff and patient experience together, and to start to try and convince senior colleagues of quite how connected they are to each other

- One of the most memorable reflections of the day came from this session, around HR. Some of the HR/OD representatives at the meeting felt that often HR and OD can be all about control, and process, rather than the human aspects of looking after staff.