

Leadership for Compassionate Care. How do we know what it is and how do we measure it?

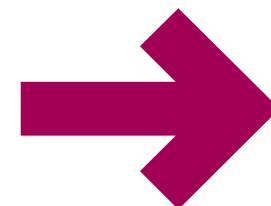
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8th September 2016





PUSHING THE BOUNDARIES OF CARE - THE COLLECTIVE LEADERSHIP CHALLENGE



The changing face of the NHS

The image shows the front page of the Express & Star newspaper. At the top left, there is a weather forecast for 'TONIGHT' and 'TOMORROW'. The main title 'Express & Star' is prominently displayed in large black letters, with 'CITY FINAL' above it. Below the title, it says 'Midlands Newspaper of the Year'. To the right of the title, there is a red box with the price '45p', the date 'Wednesday, February 6 2013', and the telephone number 'Tel: 01502 31 31 31'. Below the title, there is a banner that reads 'STAFFORD HOSPITAL SCANDAL: THE FRANCIS REPORT' in large white letters on a green background. To the right of this banner is a portrait of Robert Francis. Below the banner, there is a sub-headline: 'TODAY'S FINDINGS - FOUR-PAGE SPECIAL INSIDE TOMORROW - EIGHT-PAGES OF ANALYSIS'. The main headline reads: 'Patients paid with their lives as hospital cut costs to hit targets SACRIFICED'. To the right of the main headline, there is a sub-headline: 'Nurses had no respect or care'. At the bottom right, there is a small caption: 'Robert Francis QC files damning report at Stafford Hospital. This is his statement on the scandal'. There is also a small note at the bottom right: 'There was a lack of respect'.

Challenges continue...

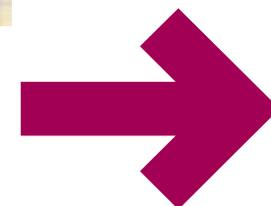
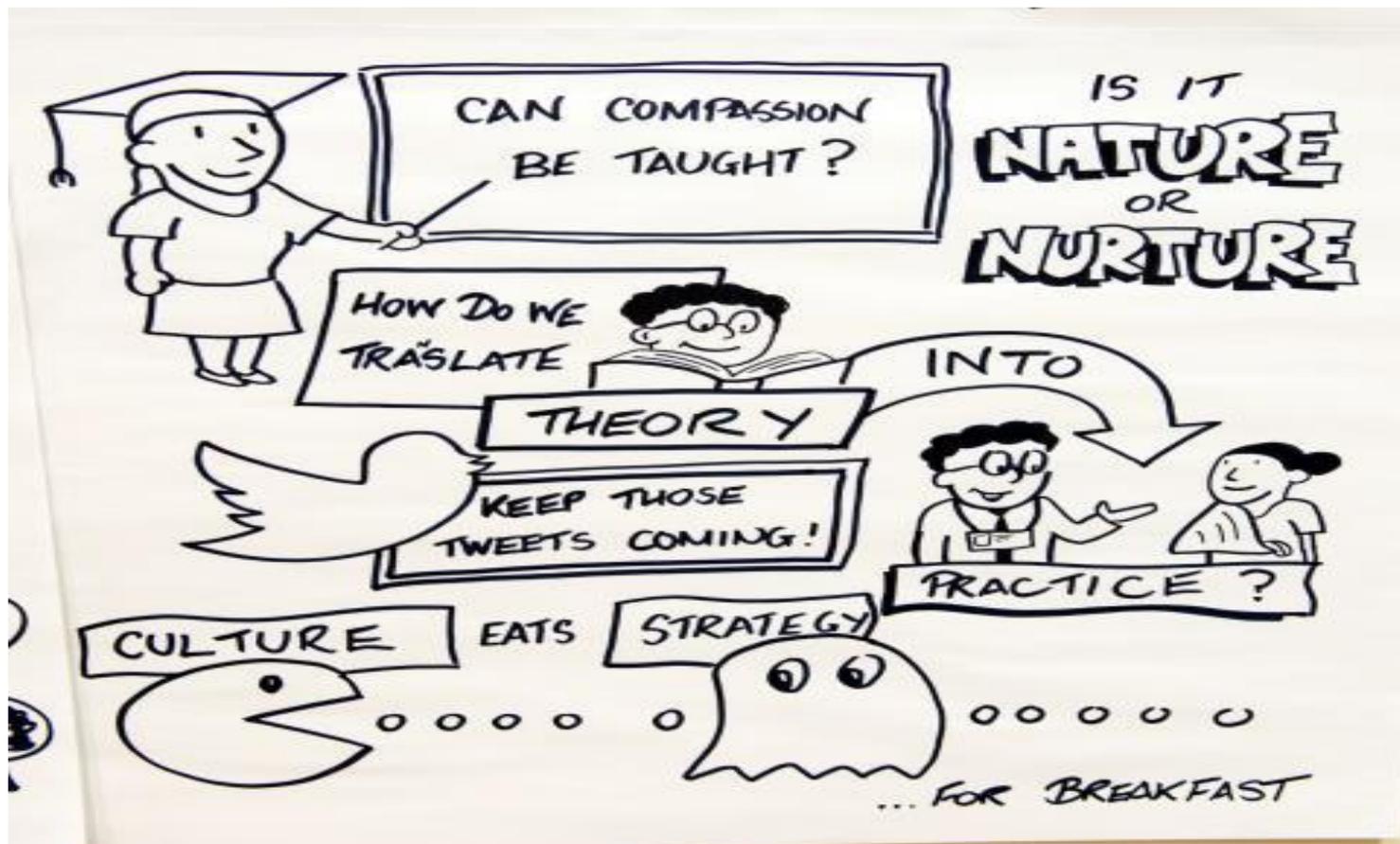
- Parity of esteem
- Mental Health Forward View
- Staffing
- Balancing health and well being, care and quality and funding and efficiency – triple aim
- Impact on nurse and AHP training funding changes
- Challenge be a compassionate leader

Building and strengthening leadership – Leading with Compassion

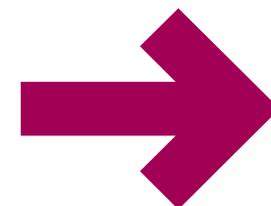
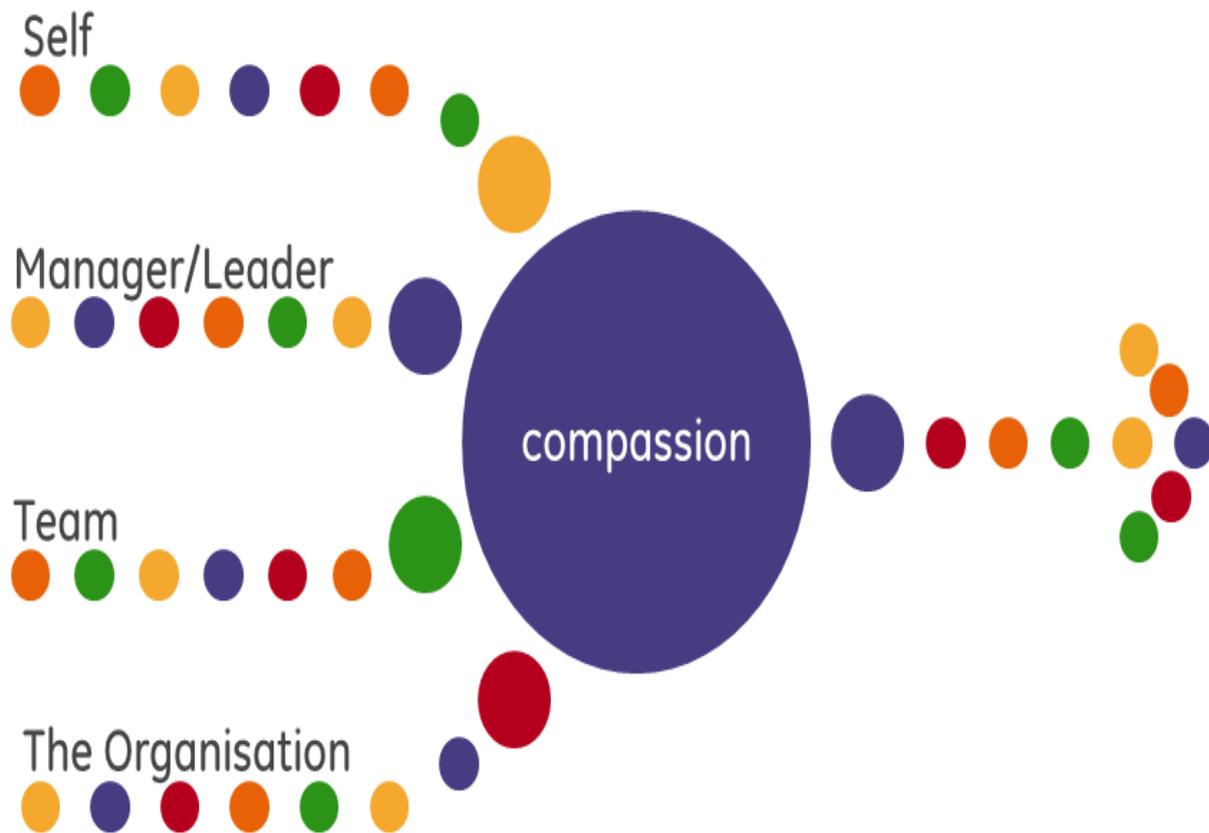


<http://www.england.nhs.uk/wp-content/uploads/2014/12/london-nursing-accessible.pdf>





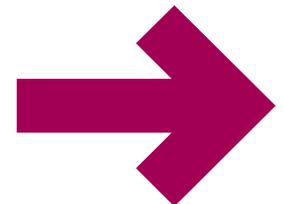
It's Every One's Business





Some useful messages

- The danger of learned helplessness
- The importance of emotional intelligence
- Mindfulness and resilience



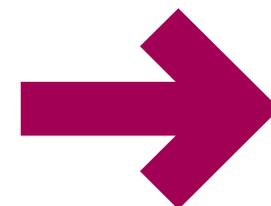
From the Field

Hurriedness and urgency overtaking the non-judgemental inquisitiveness to understand need, whether of patients, families, care givers, or other staff.

Lack of confidence in knowing how to raise difficult issues and constructively give feedback on unhelpful behaviours.

Not removing barriers to genuine listening and communication, with over-dependency on emails; not stepping out from behind the desk.

Failing to perceive the impact of personal behaviour on working climate.

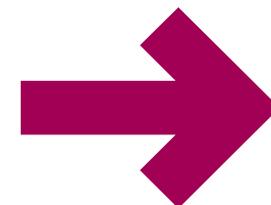


“Compassionate leadership is an outcome not an input. If you get the basics right, and help people reconnect with their work, it can truly transform patient care”

“It isn't soft - It is tough, relentless and brave as well as caring about staff and patients”

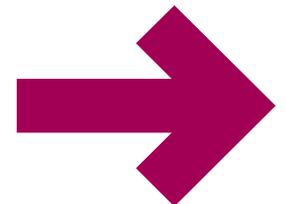
Its more than being 'nice'

“I said to myself: I'm not going to let this organisation turn me into someone I don't like.”



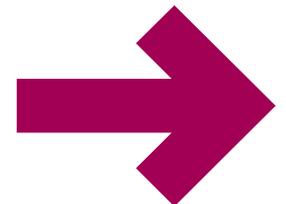
Being awake to the opportunity to make a difference

“I ask myself ‘What things can I pick up from this person that helps me understand what they are feeling, what their needs are, that informs what help I can give?’



Compassion in Practice - What it Means

- **The ability to notice the explicit or unspoken concerns of others, *with***
- **Sufficient emotional resources and practical tools in one's repertoire *to***
- **Proactively create a constructive and supportive climate *and***
- **The capability to respond to situations and emotions requiring special care and attention.**



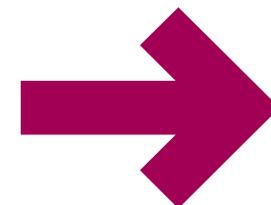
Compassion in Practice



The Culture of Care Barometer



<http://www.kcl.ac.uk/nursing/research/nuru/index.aspx>



Culture:

*If you are in that environment for long enough, what happens is you become immune to the sound of pain. **You either become immune to the sound of pain or you walk away.** You cannot feel people's pain, you cannot continue to want to do the best you possibly can when the system says no to you, you can't do the best you can.*

Evidence to the Francis Enquiry 2007

Passionate about Care Today – PACT Group



Collective wisdom, experience and passion
Independent reference group + Flo Panel-Coates & Tricia Harte

A Tool:

- a useful probe to delve into more detail and promote dialogue around staff issues especially at team level.
- simple and easy to use as well as quick to complete
- a useful adjunct to other tools such as the staff survey and friends and family test and sensitive to surfacing sub-cultures



Barometer Design

To develop and validate a measurement instrument with which to gauge the different attributes of environments in which care is delivered and help us understand the culture of care in healthcare organisations.



The Barometer recognises

- The lack of consistency within organisations
- The difficulty of sustaining improvement
- The need to engage leaders
- Builds on existing tools e.g., staff survey and Energise for Excellence

The Barometer is designed to:

- ▶ Complement not duplicate other measures or quality programmes
- ▶ Act as an early warning system to identify care culture “red flag” areas
- ▶ Be easily used by all levels and groups of staff
- ▶ Be short and quick to complete
- ▶ Prompt reflection to help identify actions required
- ▶ Be used as a individual/team or organisation wide activity
- ▶ Encourage “ward to board” communication
- ▶ It compliments other measures and should not become a bureaucratic burden on staff

The Barometer is:

- A series of statements which individuals are encouraged to: *read carefully, score, consider if they have influence to improve and if they should take any action*
- It's possible to add an additional question at the end which asks: *“Do you believe action will be taken in response to the results of the questionnaire?”*
- The purpose is to encourage conversations among groups of staff within organisations at all levels about the environment of care – the culture in which they are working

Phases of development

- A series of Pilots from an early idea tested with a small group of people through to a fully developed and evidence based tool – developed by people working in the care environment
- Discussion and focus groups-all staff groups-support on the ground
- Hard copies distributes
- On-line version commissioned



Culture of Care Barometer – What it is not

- Not a 'force multiplier' towards a positive culture but designed to assist in measuring culture of care.
- Not a 'magic bullet' to transform culture and its use will depend upon the capability of its users as well as clarity of purpose.
- It is not a 'nursing tool' : Implementation needs to be supported by a robust engagement and communication plan at Trust level and endorsed by the Board to promote uptake and response rate across different groups of staff.



Its added value is its capacity:

- to delve more deeply into cultural issues around the care environment
- to provide an enriched source of feedback and
- to prompt quality conversations for teams as well as Board and executive level.
- It was regarded as a valuable stimulus for reflection through the issues it targeted

The Outcomes of the Culture of Care Barometer

The Barometer was considered particularly useful within:

- Teams or groups of staff as a way of breaking down barriers, challenges and problems distinct to a particular area.
- It provides useful stimulus for discussion and reflection with the opportunity to create and start a dialogue at different levels in organisations.
- It surfaced social and geographical concerns and divisions.



Using the Culture of Care Barometer

Points to note

- Trusts involved were enthusiastic about embracing the Barometer.
- There is a strong appetite for using the Barometer across the health care system in England.
- It is important that the Barometer is championed by the Board and owned by the organisation.
- Strategic direction and leadership are clearly essential in ensuring that culture is seen as everybody's business



Value of the Culture of Care Barometer

- The commentary emerging from barometer conversations was seen as a rich source of intelligence –

“Trying to understand what it is that matters to staff and what they feel about the place that they work in.”

- The Barometer was also seen as an asset in enabling conversations between the executive and staff and breaking down ***“us and them”*** barriers as the executive recognised it had a responsibility to help staff to realise their potential.

The Value of the Culture of Care Barometer

- *Culture is not something that can be conjured or called into being as if by magic.*

By combining the Barometer outcomes with other tools it was seen as an enabling tool helping to -

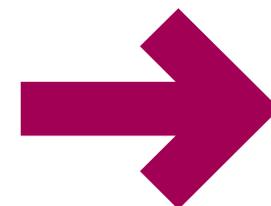
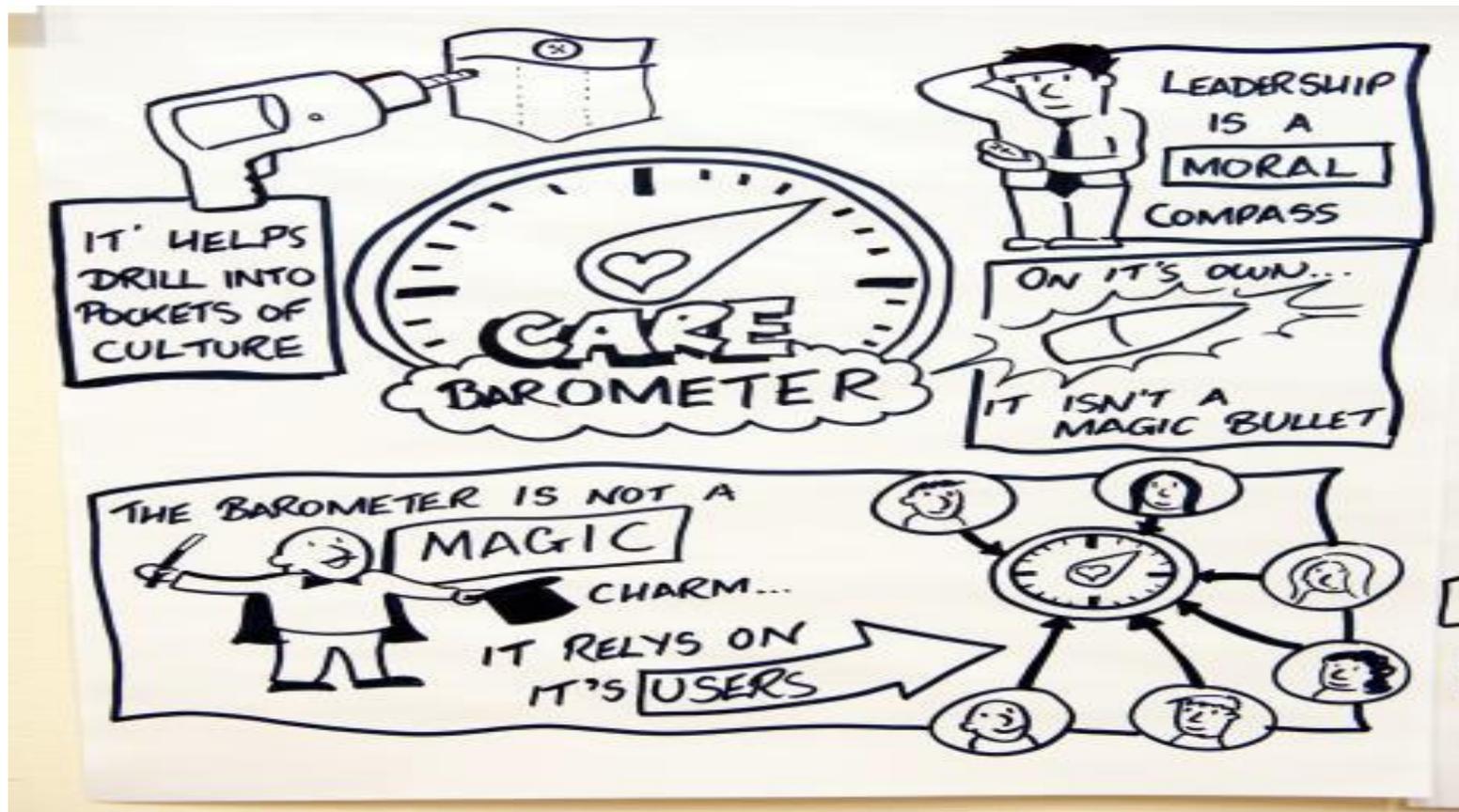
“unlock some of the things that are worrisome as well as linking to a positive culture and helping to build that culture.”

The Value of the Culture of Care Barometer

The fundamental value of the Barometer was reflected in the belief that:

“Culture changes by talking about it”





The Value of the Culture of Care Barometer

People enjoyed the opportunity to meet and talk about culture and as one senior manager said –

I had lots of people phoning me to ask about the results...the fact that staff were asking before the results were ready was a message in itself.”

It is not just acute trust tool, can be used in any setting or team. Growing interest from CCG groups.

