

HOPE network 15 March 2017

'Happy staff, happy patients'



On 15 March, we hosted our first HOPE network meeting of 2017 which was on the topic of 'Happy staff, happy patients.' The day aimed to explore the links between, and understand how to overcome the barriers to, improving staff and patient experience together.

The meeting was attended by 60 delegates, who contributed eagerly throughout the day to the topics discussed, which included evidence on the links between staff and patient experience, case studies of putting this into practice, and how to engage medics with the issue of patient experience.

The topic proved to be very poignant for attendees and confirmed that looking at the experience of staff and patients in isolation is fundamentally misguided.

Professor Jill Maben gave the opening presentation, providing a compelling case for how staff and patient experience are inextricably linked, for better or worse. Citing seven different variables of staff experience such as work-group climate or co-worker support, each one correlated positively with patient-reported experience measures.

Jill went on to discuss how her recent research into the effectiveness of Schwartz Rounds has reinforced her belief that providing a safe space for staff to reflect on their demanding work will benefit patients. Without such support, healthcare staff face far higher than average risk of burnout and work-related stress, or as one doctor Jill quoted put it: "Everyone will say you need to be good at communicating, ... at basic science, but one of the main things I think you need is resilience, because you work in a job that knocks you down constantly."

Richard Chester then gave a practical case study of his team's work to improve patient experience at the Royal Free by injecting a sense of enjoyment into the work environment. He cited the example of staff taking the time to sing *happy birthday* to a 104 year-old patient on a ward, which only took 11.28 seconds, as a demonstration that providing a good experience for patients doesn't necessarily require additional time or resources.

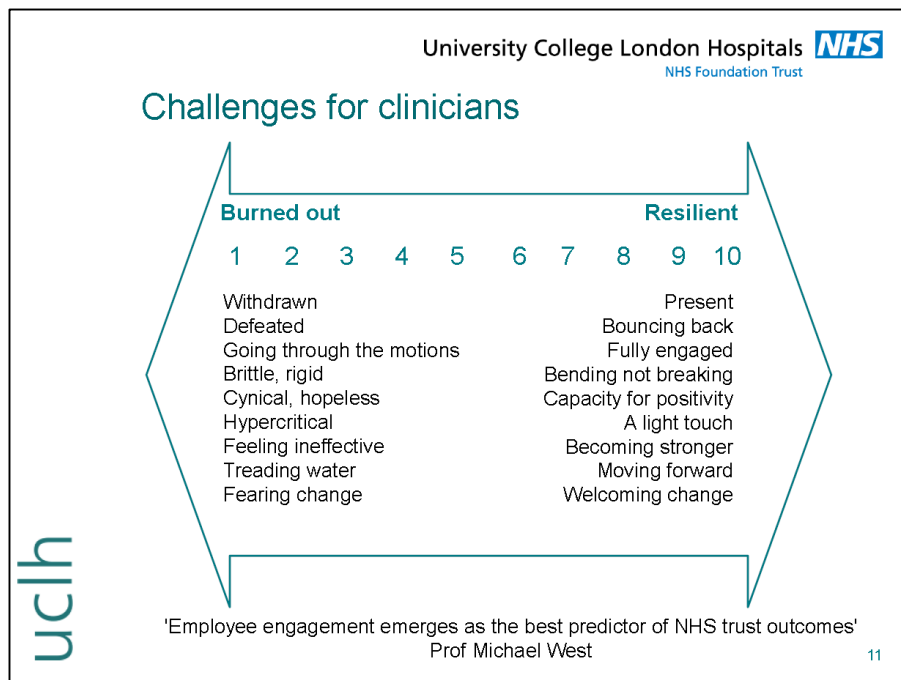
Richard went on to describe the Royal Free's journey to becoming an organisation that actively embodies its values through behaviours rather than just plastering a series of aspirational words over the walls of the building. By mapping performance data against each of their values, they are able to measure the extent to which they are living each one. Whereas values can often seem abstract, Richard and his team have helped to make them practical and achievable through the use of existing data available to everyone.

Throughout his talk, Richard was at pains to stress that we must all be aware of each other's perspectives when we work with colleagues from different departments or professions. One of his colleagues has worked at the trust for 46 years, so has seen dozens of organisational initiatives come and go and has outstayed all of them; perspective is a vital consideration if you are hoping to engage someone in a project!

The theme of empathising with colleagues before trying to engage them became even stronger during the afternoon session, where we heard talks from two medical colleagues who are both very

active in patient involvement and engagement. Jane Moore and Damon Kamming both emphasised that doctors are stressed and close to burnout, which makes it much more difficult for them to engage in the activities of their colleagues, as they're struggling just to get through each day.

The slide below aptly demonstrates why burned out clinicians are unlikely to be able to support other projects until they are able to support themselves and feel valued by their organisation.



Damon also shared his own experience of being a patient through the [staff story he made as part of NHS England's DNA of care project](#). It is an affecting account which explores the inherent vulnerability of being a patient as well as how our personal context shapes how we experience care. Yet for all of this, something as seemingly simple as a reassuring touch of the shoulder can make a huge difference, reaffirming what Ken Schwartz said 23 years ago that “acts of kindness -- the simple human touch from my caregivers -- have made the unbearable bearable.”

“An excellent day – my first experience of this meeting and can’t add any constructive comments as really enjoyed the event from start to finish”

“I just wonder how you can keep up the standards”

Jane Moore, who is a Consultant gynaecologist at John Radcliffe Hospital in Oxford, talked about some of the barriers and enablers that influence the level of engagement medics have with patient experience and involvement work.

The slide below lists some of her suggestions for how to work in partnership with clinicians to improve the experience of patients:

Creating a multidisciplinary patient centred team to achieve change

- Demonstrate care and compassion for the clinicians
 - If they are burnt out, that needs attention first
- Find out what the clinicians concerns are and what they want to achieve
- Pick something specific and achievable if possible

- Include several patients, perhaps working with a partnership organisation
- Focus on building a team, not involving token patient reps.
 - Working together requires honesty and trust
 - It takes time and commitment
 - It may require training
- Pay everyone for their time – if not, why not?

- Involve junior staff – they are more flexible in their thinking!

During the *learn, borrow, steal* session we heard four presentations of projects to improve both staff and patient experience from members themselves. Sharon Manhi explained how Royal United Bath use the *See it my way* programme to help staff to understand patients' experience better. The patient stories shared during these sessions have a powerful impact on staff perception of certain conditions and illnesses and facilitate more partnership working between patients and staff, as well as motivating staff to provide care that is more tailored to individual needs.

Michaela Tait and Karen Camm talked about the amazing success of the P2P support programme at Milton Keynes NHS Trust, where 60 staff are now trained to provide non-judgemental, confidential, peer support and to signpost as appropriate to other agencies and support networks.

Georgina Charlton from Guy's and St Thomas' NHS Trust shared her organisation's commitment to creating an environment where staff are able to raise concerns about patient safety. Her role as Freedom to Speak Up Guardian gives her a unique insight into the experience of both staff and patients across the organisation and to reassure staff that the organisation will not just listen to, but also act upon, concerns.

Keshav Nambiar talked about the Experience Based Co-Design approach that his team are using at Ashford and St Peter's NHS Trust to improve the experience of patients in colo-rectal surgery.

We are grateful to all the speakers and members who contributed to another lively and positive meeting, which is reflected in the feedback: 90% of attendees rated the meeting as excellent, noting particularly the breadth and quality of speakers as well as the opportunity to share learning and network with peers.