

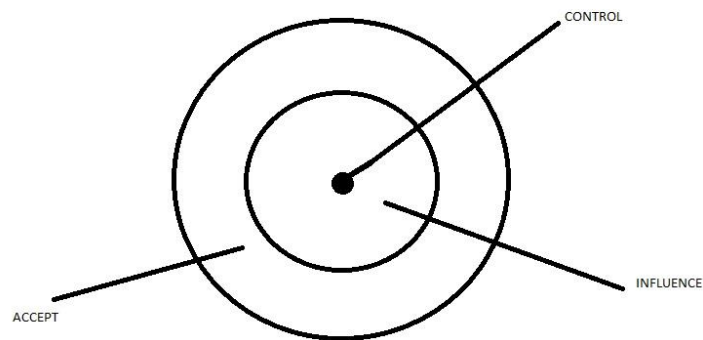
HOPE network summary: 'Change, and how to cope with it'

19 July 2017

On Wednesday 19 July, members of the HOPE network met at the Wellcome Collection to discuss the topic of 'Change, how to cope with it'. The morning session featured a resilience workshop run by Kathleen Sullivan, which explored how to cope with stress and avoid burnout, whilst the afternoon session explored how to apply this resilience in keeping patient experience on the STP agenda.

Before beginning the workshop, Kathleen facilitated a warm-up exercise which asked members to consider their character strengths. She handed out various cards which each had on them one of twenty four character strengths. (You can find out about your own character strengths [here](#).) Individuals were asked to sift through the cards and think about what their strengths might be – knowing one's strengths can help us know how to deal with challenges and be more engaged at work.

In the resilience workshop, Kathleen began by explaining why and how healthcare staff are susceptible to stress and burnout. She described how staff in the NHS give a lot and are asked to constantly give more, as well as how the 'toxic cocktail' of high demand and low control leads to stress and burnout. Kathleen presented us with a CIA circle which related to control, influence, and acceptance, telling us that if you want to build resilience then you must focus on what you can control or influence, rather than on what you cannot.



As Kathleen put it, 'if it's in your power to change, do something.' In order to cope with the things we cannot change, it's important to recognise that the thing you can change is your response. Kathleen explained how two people in the same environment, with the same 'stressors' (demands which contribute to stress), can have very different responses – with one stressed and one not. Stressors can upset adaptive capacity and, as they build up, our balance can tilt and we can start to feel that we can no longer cope.

Kathleen also presented us with a stress arousal curve, explaining the various stages a person can go through (please see resources available to download at end). We also discussed the links between stress and perfectionism, with Kathleen making the poignant remark that 'to burnout, one has first to have burned brightly.' Kathleen emphasised the importance of mindfulness, as well as of staying connected, learning, being active, taking notice, and giving. Members then took it in turns to advise one another on things they wish they could do differently, and the session finished with a challenge to delegates: in pairs they asked each other 'what excuse will you use for not doing something differently as a result of this session?'

In the afternoon, members heard from Helen Buckingham, Senior Fellow at the Nuffield Trust. Helen spoke on the topic of 'Sustainability and Transformation Plans (STPs): how to influence for patient experience'. Helen began by introducing five paradoxes that exist within the NHS:

- We're getting healthier, but we're using the NHS more
- Quality is improving; but we're becoming more transparent about gaps and mistakes
- Staff numbers are up; but staff are under greater pressure
- The public are satisfied now; but concerned about the future
- There's a consensus that care needs to change in the long term; but we are absorbed in managing today's problems

In order to deal with these problems and prepare for the future, STPs were introduced in NHS planning guidance, published in December 2015. Helen pointed out that the 'P' in 'STP' used to stand for 'Plan', but has since come to represent 'Partnerships' and should now be seen as a collaborative piece of work – which includes the role of Heads of Patient Experience. They are a partnership between CCGs, trusts, and primary care providers. The language in the title highlights how they are an opportunity for change as well as sustainability.

However, Helen pointed out that some of these STPs are like arranged marriages, some may work but others might be forced and so will fall apart. But Helen argued that no organisation can survive in isolation, and it's important to use them not just in driving big service changes but also in making the day-to-day work better in the here and now. It's therefore important to create a working relationship.

Helen also asked, 'where do patients fit in?'. She said that sometimes people are protective of patients, and they put them in the centre in a lifeboat. But it is important to remember that patients are in a pathway and 'walk both ways' as such. They are part of the process and so must be involved in changes to this process. Helen reminded us of the Healthwatch Principles, such as 'Involve people from the start in coming up with potential solutions', and asked members to consider two key questions: would you be able to prove you do this? How might you go about doing so and driving change?

Towards the end of the day, members heard from other members about how they are using the STP agenda in combination with their patient experience agenda, as well as other work that they are doing to drive change. Diana Garanito, Head of Patient Engagement and Communications at NHS Hillingdon CCG, emphasised that the STPs are everything that she is doing everyday anyway, but that they help to legitimise these actions, whilst also providing an opportunity for innovation. For example, Diana said that the STP at Hillingdon has given her the mandate to go out and expand self-management, because this is one of the STP priorities. It has enabled her to go out and have conversations with clinical providers in clinical working groups, because the STP gives legitimacy to these relationships. She also explained how it has enabled her to work with voluntary and third sector organisations.

Finally, members then heard from Amy Maclean, who shared some of the learning that she has taken from her knowledge of, and continuous visits to, American healthcare organisations. Amy talked about the importance of learning from other thought-leaders, and how we can all learn from difference and contrast. Amy explained how American organisations have used principles from Ritz Carlton (luxury hotel company) to improve patient experience, adopting the attitude that patients should have a positive experience as soon as they walk through the door. Other ideas that Amy shared included a

‘twilight service’, where patients received homemade gifts such as quilts (Project Linus), and a live baby webcam which allowed parents to check in on their baby at any time.

Overall, the day was rated really positively, with 100% rating the meeting as either ‘excellent’ or ‘good’. The next HOPE meeting will be in November 2017 and dates will be released shortly. Kathleen Sullivan’s session was highly rated, with 79% of attendees rating it ‘excellent’, and many of the comments expressed appreciation for the insight Amy offered into US patient experience.

“Resilience workshop was really helpful and insightful.”

“I enjoyed and was inspired by Amy’s presentation.”

“Always full of energy, interaction, information.”

“Another excellent day. Thank you.”



All of the resources from the day are available via the various links below:

- [Kathleen Sullivan’s slides](#)
- [Resilience matrix](#)
- [SSRI Resilience – Dr Chris Johnstone](#)
- [SSRI handout](#)
- [Stress arousal curve](#)
- [Helen Buckingham’s slides](#)
- [Amy Maclean’s slides](#)