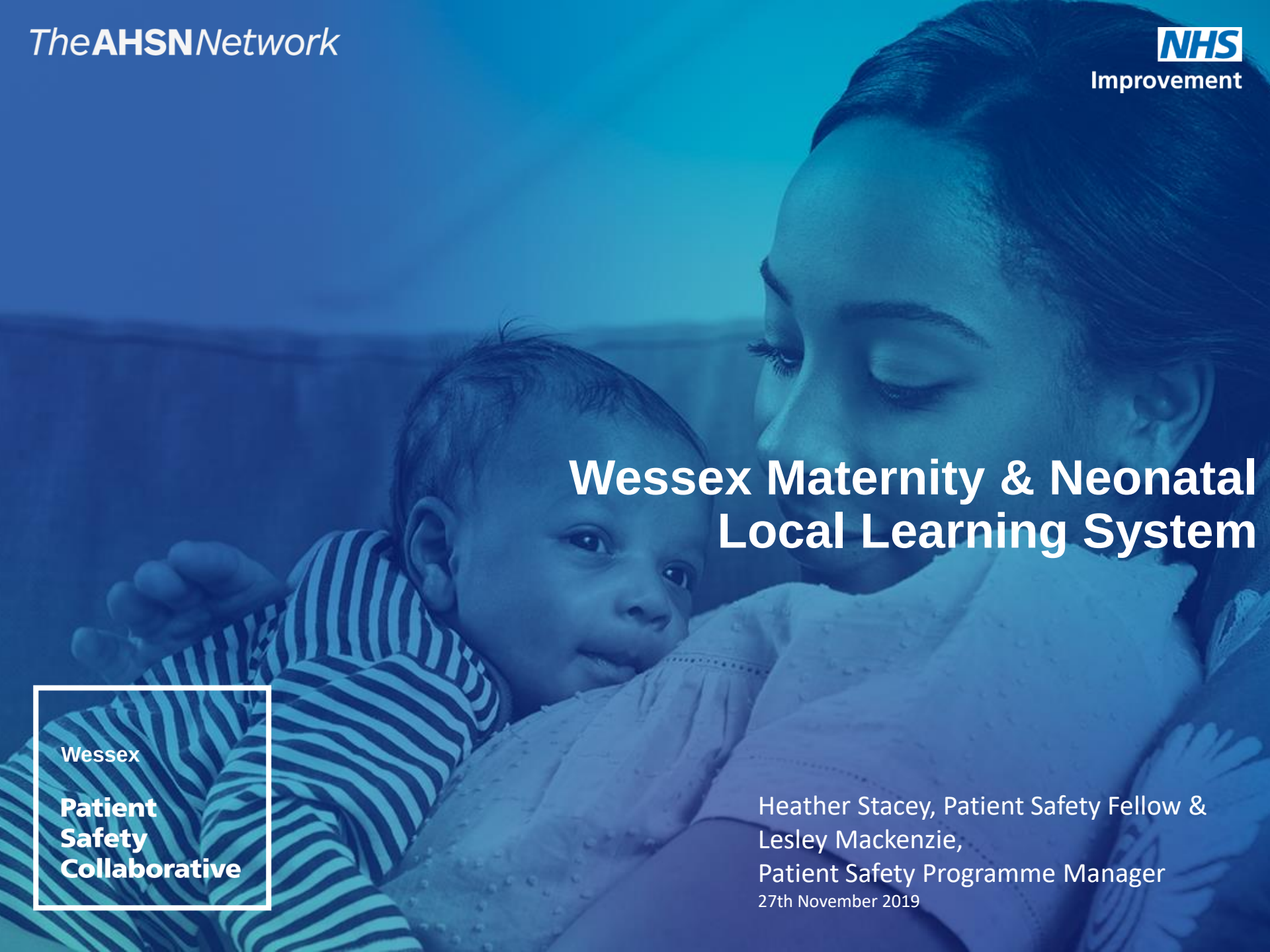


The AHSN Network

NHS Improvement

Wessex Maternity & Neonatal Local Learning System

Wessex Patient Safety Collaborative

Heather Stacey, Patient Safety Fellow &
Lesley Mackenzie,
Patient Safety Programme Manager

27th November 2019

Resilience and well-being

NHS Improvement

Emotional resilience
An individual's ability to adapt to various adverse conditions while maintaining a sense of purpose, balance and positive mental and physical wellbeing.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4449529/

Resilience is the capacity to not only survive life's challenges, but to learn and grow from them, and become stronger as a result of such challenges.

Resilience can have an impact on your emotional and psychological wellbeing, as well as your work and home life. It helps to reduce burnout, increase empathy and compassion, reconnect with the joy and purpose of practice, and improve your physical and mental health.

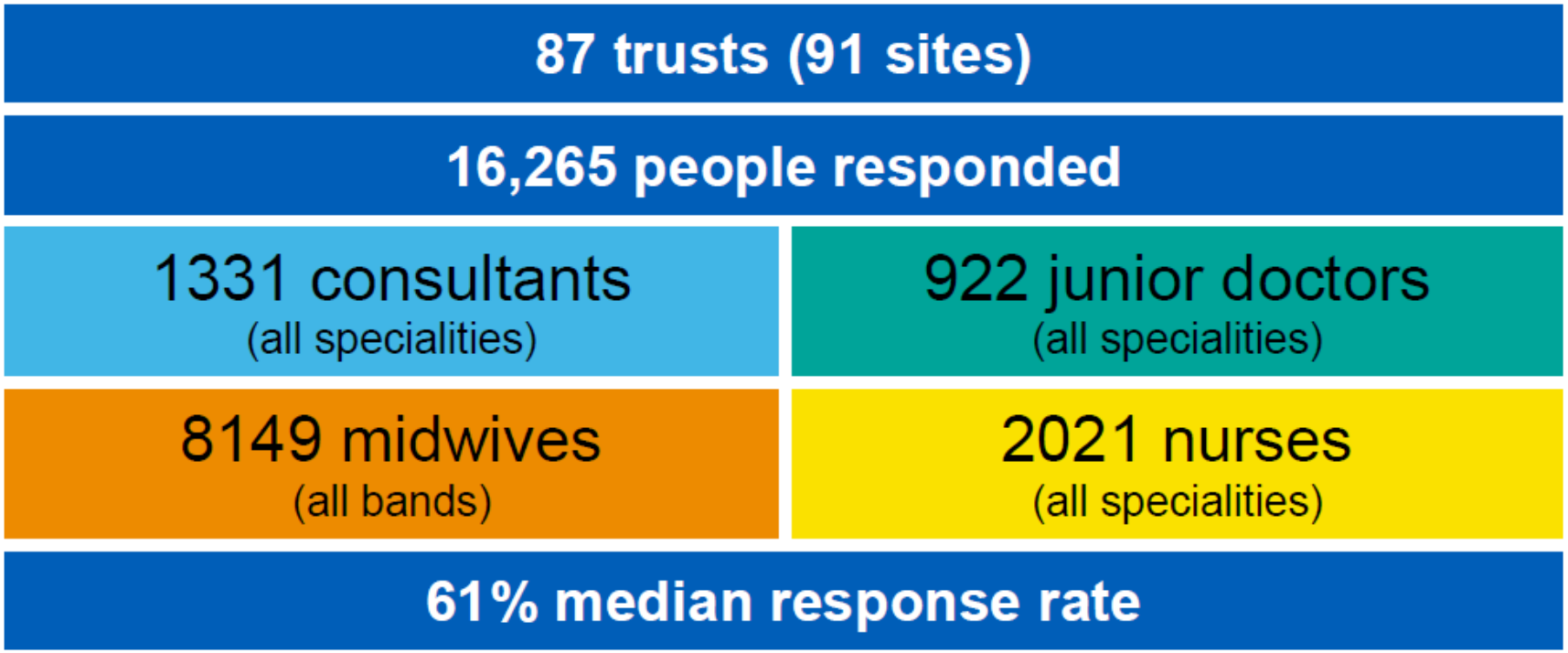
Wellbeing
The state of being comfortable, healthy or happy. ... Even though happiness is an integral part of your personal **wellbeing** it includes other things such as the fulfilment of long-term goals, your sense of purpose and how in control you feel in life.

Characteristics of a resilient nurse

https://www.sciencedirect.com/science/article/pii/S2095771817300075

NHS Improvement

National SCORE Culture Survey – summary report published 2019



Key findings from across all trusts

- Antenatal staff have the most consistently **positive perception of culture.**
- Neonatal unit staff perception is **positive of their ability to improve** but with a **more negative view of leadership.**
- Midwifery **managers have a more positive view of culture** than midwives who aren't managers.
- Midwives who are **band 6 and below** have among the lowest perception of safety culture but a more **positive perception of teamwork.**
- **There are high rates of personal burnout within all staff**.

Burnout- a human response to chronic emotional and interpersonal stress at work, defined by exhaustion, cynicism, and inefficacy.

Key insights

- How culture is perceived varies widely in maternal and neonatal work settings and roles, reflecting the variable nature of culture.
- **Leadership is key to improving culture**. Leaders need to understand the culture of their organisation to be effective in facilitating improvement.
- Culture will only improve if **everybody supports the changes required.**
- **When quality improvement is linked to improvements in safety culture, both the quality of care and culture improve.**

Exercise

What did your SCORE culture survey and debriefing identify?

Was resilience and well being something that was raised as an issue?

5 minutes

Gosport Memorial Hospital - timeline

1991 RGN raised concerns to the RCN about prescribing of diamorphine

1998 Family raise concerns

Concerns around care between 1989 and 2000

1998-2002 Three Police Investigations

2002 CHI report published

2007 GMC decides to hold hearing ref Dr JB (later found guilty of prof serious misconduct but not struck off)

2009 Coroner hold inquests into 10 deaths

2014 Gosport Independent Investigation launched

2018 Gosport Independent Panel report produced

2019 4th criminal investigation launched - Operation Magenta

"1. Not all patients given diamorphine have pain.

2. No other forms of analgesia are considered, and the 'sliding scale' for analgesia is never used.

3. The drug regime is used indiscriminately, each patients individual needs are not considered, that oral and rectal treatment is never considered.

4. That patients deaths are sometimes hastened unnecessarily.

5. The use of syringe driver on commencing diamorphine prohibits trained staff from adjusting dose to suit patients needs.

6. That too high a degree of unresponsiveness from the patients was sought at times.

7. That sedative drugs such as Thioridazine would sometimes be more appropriate.

8. That diamorphine was prescribed prior to such procedures such as catheterization – where dizepam would be just as effective.

9. That not all staffs views were considered before a decision was made to start patients on diamorphine – it was suggested that weekly 'case conference' sessions could be held to decide on patients complete care.

10. That other similar units did not use diamorphine as extensively."

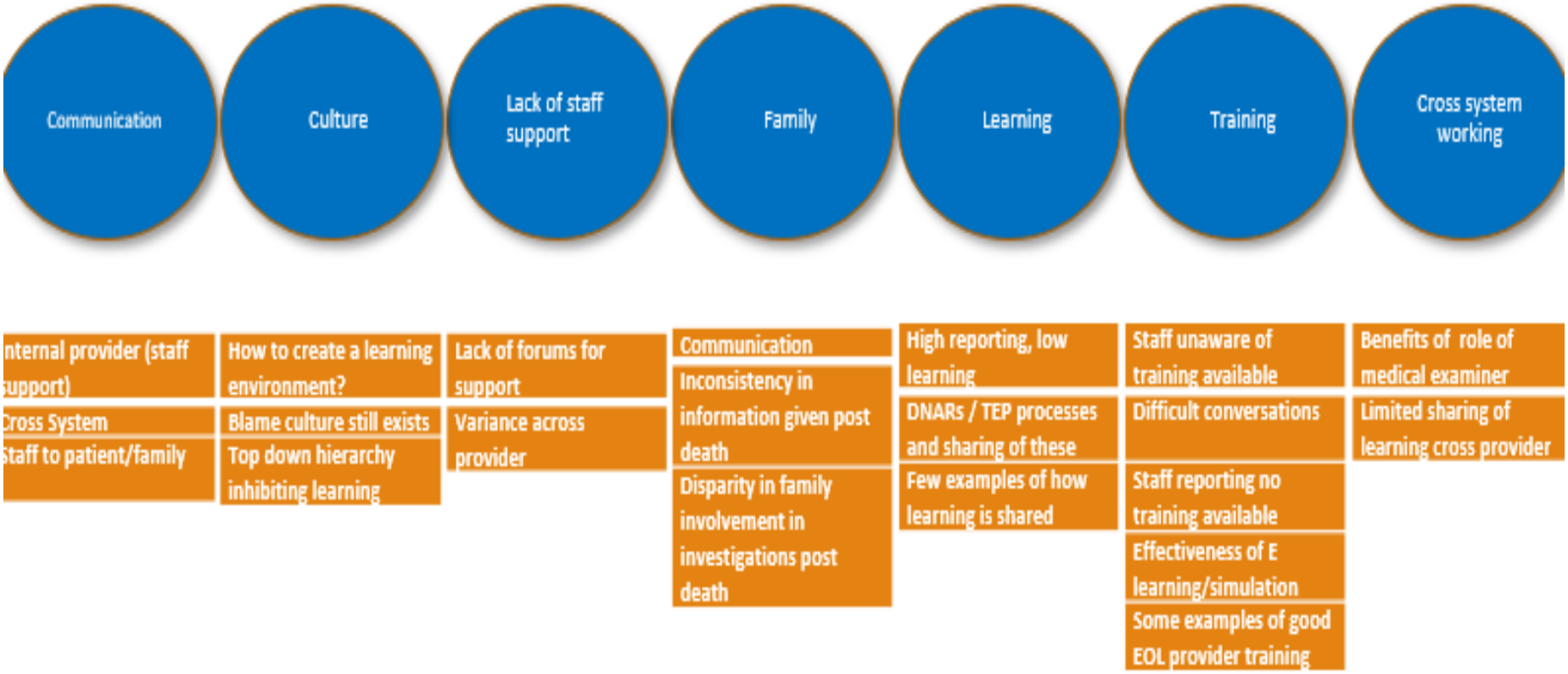
In the introduction to the Gosport Independent Panel Report (2018) Rev James Jones states that "they (families) were failed by the professional bodies and by others in authority charged with responsibility for regulating the practice of professionals in the interests of patient safety "

The Gosport Independent Panel Review highlighted problems that are still present within clinical practice

As many as 650 people had their lives shortened due to excessive opiate usage

- Lack of robust prescribing guidelines with pattern of anticipatory prescribing that became the norm at the hospital
- Judgements/decisions were often not justified clinically and did not take into account patients' or families' views
- Family voice not heard – seen as "trouble makers"
- Cross system working a challenge - disparate organisations involved and not communicating
- Staff training / supervision not in place
- Culture of blame / defensiveness / denial
- Frontline staff not listened to
- Systemic problems not recognised.

Emerging themes



Exercise

1. How do you recognise in yourself and others when your resilience is low and what impact does it have on your practice?
2. What systems do we have in place to support staff?
3. How do we learn best when things do not go well?
4. What helps develop a culture of openness and learning to support patient safety?
5. How do we celebrate successes?

5 minutes then feedback

Building resilience

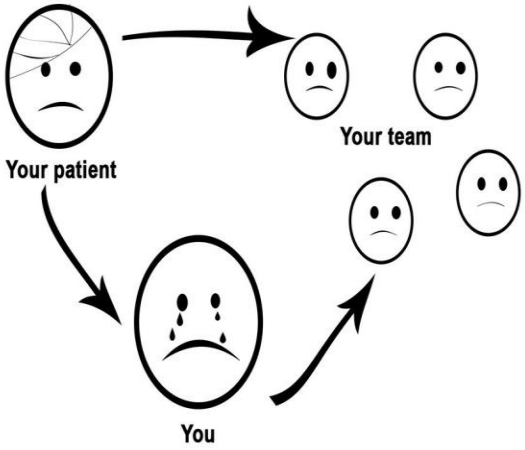
NHS Improvement

- Building positive relationships
- Preparing environments for staff to share their experiences
- Using strategies such as debriefing and self-reflection
- Having support from colleagues and mentors
- Having knowledge and skills in time management and crisis intervention
- Improving job satisfaction
- Building the belief that staff are making a difference

https://www.sciencedirect.com/science/article/pii/S2095771817300075#bbib31

Why?

It affects Yourself, your Patients and your Team.



You:

- **are more likely to make mistakes**
- **are less productive**
- **make decisions less effectively**

How?

Plan your time and breaks

try to have a break if you are Hungry, Angry, Late/Lonely, or Tired, or at least every 5 hours

You can divide your break into multiple small breaks if needed!

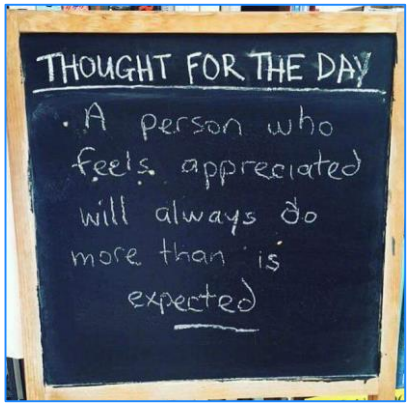
Work as a team!

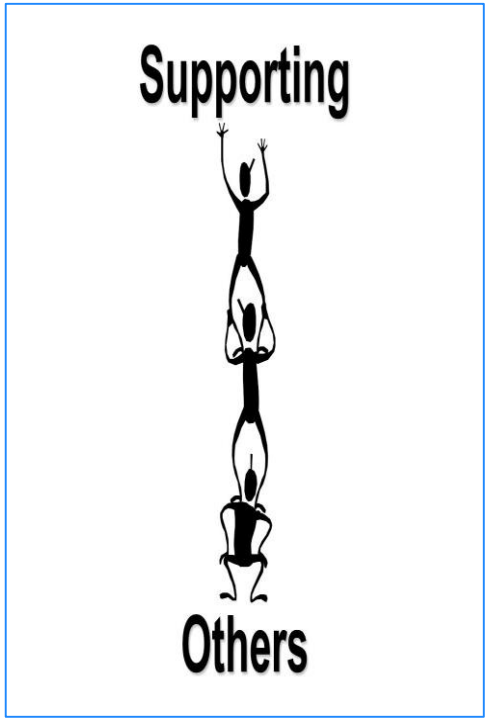
Look after each other!

"Take a break!" culture

You matter! You are an essential link in the chain of patient care! Without you, the chain malfunctions or breaks! Think about it!

NHS Improvement





Resources

Schwartz rounds
A multidisciplinary forum designed for staff to come together once a month to discuss and reflect on the non-clinical aspects of caring for patients
https://www.pointofcarefoundation.org.uk/news/new-research-reports-attending-schwartz-rounds-reduces-psychological-distress/

Finding and fostering resilience presentation
https://s16682.pcdn.co/wp-content/uploads/2017/08/HOPE-Resilience-Kathleen-Sullivan-19-July-2017-2.pdf

Debrief template
https://www.england.nhs.uk/wp-content/uploads/2016/03/prt4-act-resrc-a-debrief-temp.pdf

Joy in Work: More Than the Absence of Burnout – Institute for Healthcare Improvement
Why does IHI frame the issue this way — finding joy instead of just battling burnout? Because addressing burnout is necessary, but not sufficient.
http://www.ihi.org/communities/blogs/joy-in-work-more-than-the-absence-of-burnout

NHS employers retention and staff experience resources
https://www.nhsemployers.org/retention-and-staff-experience/health-and-wellbeing/the-way-to-health-and-wellbeing/eight-elements-of-workplace-wellbeing

How are you feeling? NHS toolkit
This easy to use resource has been developed with NHS staff to:
- help bridge a gap in understanding and enable us to talk openly and regularly about emotional health
- assess the impact emotional wellbeing has on ourselves, our colleagues and on our patients
- enable us to action plan to enable more good days than bad.

http://www.nhsemployers.org/howareyoufeelingnhs

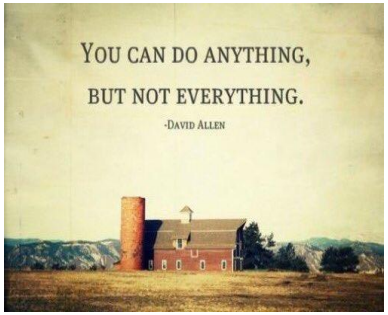
EXERCISE

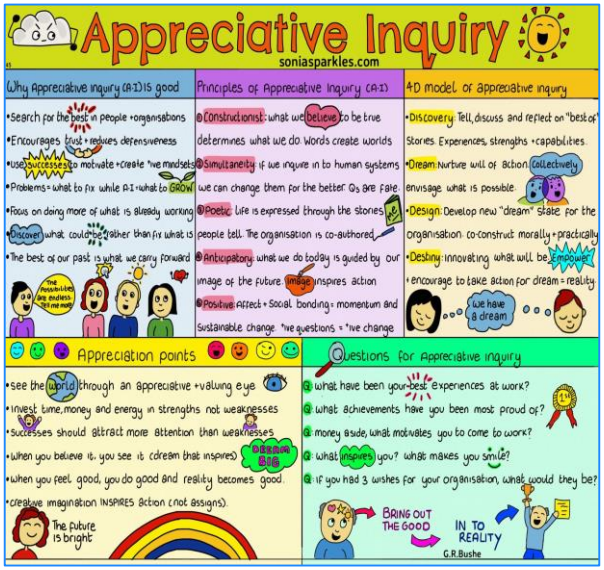
At your table discuss how as a department, unit or team you can work towards building staff resilience and well being?

Capture key themes and actions taken on a flip chart

10 minutes then feedback

Final thoughts





Psychological safety-Amy Edmundson
https://www.youtube.com/watch?v=LF1253YhEc8
https://www.youtube.com/watch?v=fBHMCOQXQVQ

Psychological safety isn't about being nice. It's about giving candid feedback, openly admitting mistakes, and learning from each other.

Chris Turner-when rudeness in teams turns deadly
https://www.civilitysaveslives.com/

Almost all excellence in healthcare is dependent on teams, and teams work best when all members feel safe and have a voice.

Civility between team members creates that sense of safety and is a key ingredient of great teams. Incivility robs teams of their potential.

Stop, Notice, Breathe

Information courtesy of Holly Green, Wessex Maternity Academy Project Lead

- Free staff resilience programme using ACT, aimed at keeping mentally well staff well.
- Not suitable for addressing poor mental health
- Regional trained trainers
- Programme starting Jan 2020 (UHS)
- Training available through the academy every month across different wessex sites
- Bookable at www.wessexmaternityacademy.org