

# Wessex Maternity & Neonatal Local Learning System

Wessex

**Patient  
Safety  
Collaborative**

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# Resilience and well-being

## 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>

# National SCORE Culture Survey – summary report published 2019

**87 trusts (91 sites)**

**16,265 people responded**

**1331 consultants**  
(all specialities)

**922 junior doctors**  
(all specialities)

**8149 midwives**  
(all bands)

**2021 nurses**  
(all specialities)

**61% median response rate**

# 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 4<sup>th</sup> 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."

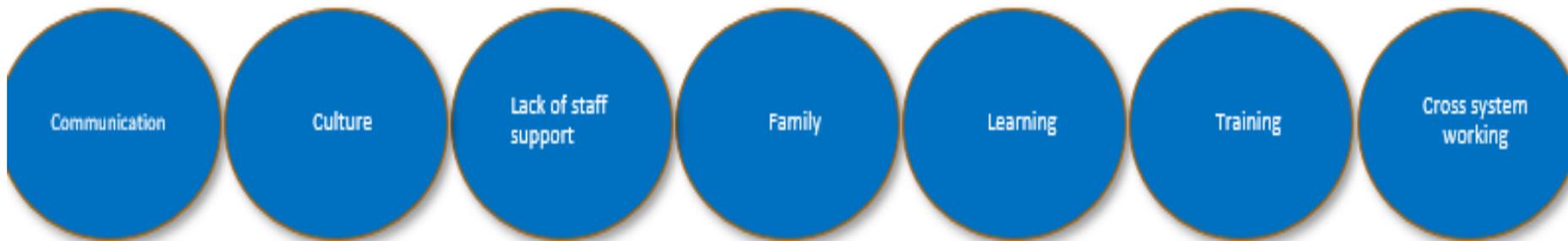
In the introduction to the Gosport Independent Panel Report (2018) Rev James Jones states that "they (families) were failed by the professional bodies and by others in authority charged with responsibility for regulating the practice of professionals in the interests of patient safety "

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



Internal provider (staff support)	How to create a learning environment?	Lack of forums for support	Communication	High reporting, low learning	Staff unaware of training available	Benefits of role of medical examiner
Cross System	Blame culture still exists	Variance across provider	Inconsistency in information given post death	DNARs / TEP processes and sharing of these	Difficult conversations	Limited sharing of learning cross provider
Staff to patient/family	Top down hierarchy inhibiting learning		Disparity in family involvement in investigations post death	Few examples of how learning is shared	Staff reporting no training available	
					Effectiveness of E learning/simulation	
					Some examples of good EOL provider training	

# 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



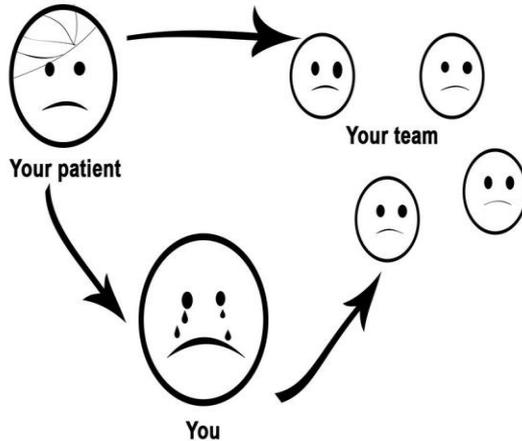
# Building resilience

- 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!



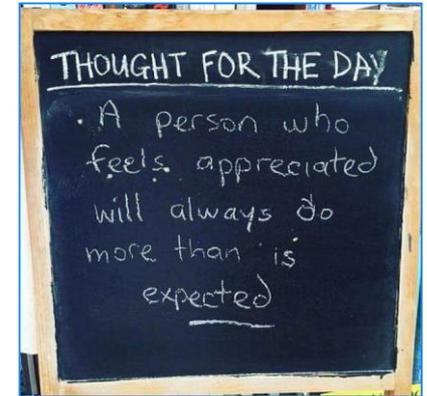
## Work as a team!

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!



# Supporting



Others

# 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/>

## 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.ihl.org/communities/blogs/joy-in-work-more-than-the-absence-of-burnout>

## 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>

## 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>

@MatNeoQI

I am **C** ONCERNED!  
I am **U** NCOMFORTABLE!  
This is a **S** AFETY ISSUE!  
*“Stop the Line”*

# 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



## Appreciative Inquiry

soniasparkles.com

<b>Why Appreciative Inquiry (AI) is good</b> <ul style="list-style-type: none"> <li>• Search for the best in people + organisations</li> <li>• Encourages trust + reduces defensiveness</li> <li>• Use success to motivate + create "win-win" situations</li> <li>• Problems + what to fix while AI - what to grow</li> <li>• Focus on doing more of what is already working</li> <li>• Discover what could be rather than fix what is</li> <li>• The best of our past is what we carry forward</li> </ul>	<b>Principles of Appreciative Inquiry (AI)</b> <ul style="list-style-type: none"> <li>• <b>Constructivism:</b> what we believe to be true determines what we do. Words create worlds</li> <li>• <b>Simultaneity:</b> if we inquire in to human systems we can change them for the better. Go, or, else</li> <li>• <b>Poetic:</b> Life is expressed through the stories people tell. The organisation is co-authored</li> <li>• <b>Anticipation:</b> what we do today is guided by our image of the future. Imagination inspires action</li> <li>• <b>Positive:</b> Affect + Social bonding + momentum and sustainable change. "we questions" + "we change"</li> </ul>	<b>4D model of appreciative inquiry</b> <ul style="list-style-type: none"> <li>• <b>Discovery:</b> tell, discuss and reflect on "best of" Stories, Experiences, strengths + capabilities</li> <li>• <b>Dream:</b> Nurture will of Action Collectively envisage what is possible</li> <li>• <b>Design:</b> Develop new "dream" space for the Organisation. co-construct morally + practically</li> <li>• <b>Destiny:</b> innovating what will be. encourage to take action for dream + reality</li> </ul>
<b>Appreciation points</b> <ul style="list-style-type: none"> <li>• see the world through an appreciative + valuing eye</li> <li>• invest time, money and energy in strengths not weaknesses</li> <li>• successes should attract more attention than weaknesses</li> <li>• when you believe it, you see it (dream that inspires)</li> <li>• when you feel good, you do good and reality becomes good</li> <li>• creative imagination INSPIRES action (not assigns)</li> </ul>	<b>Questions for Appreciative Inquiry</b> <ul style="list-style-type: none"> <li>• what have been your best experiences at work?</li> <li>• what achievements have you been most proud of?</li> <li>• money aside what motivates you to come to work?</li> <li>• what inspires you? what makes you smile?</li> <li>• if you had 3 wishes for your organisation, what would they be?</li> </ul>	

## VICTIMS OF INCIVILITY

- 1) the recipient average 61% reduction in cognitive ability
- 2) bystanders average 20% reduction in cognitive ability and 50% less likely to help others
- 3) patients and relatives 75% reduction in net promoters of your organisation
- 4) the team Overall reduction in cognitive capacity and creativity. On average, worse outcomes across all clinically significant measures

**Incivility is a crime against good healthcare. civility saves lives.**

**Psychological safety-Amy Edmondson**  
<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](http://www.wessexmaternityacademy.org)