Developing a climate for high quality, continually improving compassionate care

Annie Laverty
Number of staff believing high quality patient care is the No1 priority of the trust.

“You cannot make things happen, but you can create a space in which what you want is more likely to happen.”

– Chinese proverb
Why I fear becoming a patient.

“......to be made helpless before my time, to be made ignorant when I want to know, to be made to sit when I wish to stand, to be alone when I need to hold my wife’s hand, to eat what I do not wish to eat, to be named what I do not wish to be named, to be told when I wish to be asked, to be awoken when I wish to sleep.”

Don Berwick  2009
2013 Systematic review.

“patient experience is consistently positively associated with patient safety and clinical effectiveness across a wide range of disease areas, study designs, settings, population groups and outcome measures”

“clinicians should resist side-lining patient experience as too subjective or mood orientated, divorced form “real” clinical work of measuring safety and effectiveness”
Important lesson no 1
Shine a spotlight on interactions.

“At times in medicine you feel you are inside a colossal and impossibly complex machine whose gears will turn according to their own arbitrary rhythm. The notion that human caring, the effort to do better for people, might make a difference can seem hopelessly naive. But it isn’t...”

(Gwande 2008)
Important lesson no 2

YOU DON'T LOOK SO GOOD. SHOULD I CALL THE NURSE?

I AM THE NURSE!
Make staff experience your priority too.

- Improving HR processes alone is associated with an 8% improvement in mortality rates (West, 2006)
- The link between staff satisfaction and mortality holds true for both clinical and non clinical staff, strongest correlation with nursing staff (Pinder 2013)
- The NHS could release as many as 3.4m additional working days each year if it reduced its sickness absence record by a third – a potential saving of £555 million (Boorman review 2011)
- A 5% increase in staff working in real teams is associated with a 3.3% improvement in mortality rates – that would equate with about 40 lives saved in an average acute hospital. (West, 2013)
Hardwired to care?
Recent evidence on compassion

• Deeply rooted in human nature
• With a biological basis in the brain and body
• Humans can communicate compassion through facial gesture and touch
• Strongly suggests an evolutionary basis of compassion
• May be self perpetuating
• Appears to motivate altruistic behaviour
Compassion

A three part human experience of:

- noticing
- feeling
- responding
Northumbria Healthcare

• Employing nearly 10,000 staff.
• Largest area of any health trust in England
• Providing integrated health and social care
• Three general hospitals and seven community hospitals.
#1. Leadership at all levels focused on compassionate care and service improvement
• Patients, staff and other key stakeholders actively engaged in quality
• Performance reviewed at every level
• Transparency, a cornerstone of our improvement
• Clinically lead, frontline change
OUR VALUES

1. PATIENTS FIRST
   • Patient care will be the best we can deliver
   • We show compassion, empathy and respect
   • We respond to the needs of all patients
   • We provide excellent services
   • We ensure physical comfort and emotional support
   • We provide the right information at the right time for patients and their families

2. SAFE AND HIGH QUALITY CARE
   • Quality and safety is at the heart of everything we do
   • We set clear standards and report against them
   • We will encourage new ideas and innovation
   • We will continuously improve to ensure our standard is the highest it possibly can be

3. RESPONSIBILITY AND ACCOUNTABILITY
   • We take personal responsibility for our actions
   • We actively build relationships within and across teams
   • We measure performance and act on facts

4. EVERYONE’S CONTRIBUTION COUNTS
   • We all have a part to play in delivering excellence
   • We encourage education and personal development
   • We all take responsibility for developing others

5. RESPECT
   • We lead by example
   • We aim to be good role models
   • We respect everyone’s contribution
   • We support individuals to succeed

OUR VISION

“We provide person centred, best in class, quality healthcare services”
QUALITY STRATEGY 2014-2019
The Northumbria Improvement Way

‘The Northumbria Improvement Way’ has been designed to deliver the best possible quality improvement process. It helps us to meet our objectives and has become our standard way for teams to deliver quality improvement projects.

Our context
- Our values
- Our resources
- Our culture
- Our readiness

The Northumbria Improvement Way aimed at
- Our staff
- Our teams
- Our leaders
- Our pathways
- Our improvement capability

Our outcomes
- High quality, safe and caring, health and care services
- Safe
- High quality
- Caring
A favourite slide.
Values in action.

Value Based Recruitment: “The nurses are wonderful. You cannot make a nurse, they are a certain kind of person. They do wonders.”

The importance of ‘being held in mind.’ (PAWL, 1995)

“I think this Trust chooses it’s nurses because of how friendly they are.”
#2. Use insights from patients and families to improve care
Responding to patient feedback

• Feedback from more than 50,000 people every year

• Measuring what matters most to patients in a variety of ways and at different points of care

• Right time’ data giving site, specialty, and individual consultant data, externally validated to feed through appraisal system

• Real time measurement fed back to clinical teams within 24 hours
Inviting Age UK onto our wards

“Compassion is the ability to see what needs doing right now and the willingness to do it right now “ – Brad Warner
#3. Be open and honest with patients, families, and the public
Our Quality Strategy 2014 – 2019

Our key objectives are:

- To ensure quality of care underpins every decision
- To attract, retain, support and train the best staff
- To develop as an internationally recognised brand and build strong local and national relationships
- Maintain our Monitor financial risk rating of at least 3
- Work with patients and families to revise our complaints strategy 2014/2015
- Ensure levels of preventable harm remain below the 5% national average
- Deliver a 20% reduction in harm from pressure ulcers and falls in 2018/19
- Deliver a 30% improvement in cancer patients' waits for treatment by 2016

IF IT MATTERS TO YOU, IT MATTERS TO US.

Please tell us if you have concerns so we can improve and make our care better for you, and others.

You can talk to the person in charge of your care.

OR

Call the Patient Advice and Liaison Service (PALIS) on: 0800 033 0330 or email: northofnymeps@nhs.uk

OR

Contact the manager on: 0148 813 8111 if it is out of hours

OR

Make a complaint on 0191 203 1348 or email: patient.services@nhs.uk

IT MATTERS
“Being addressed the way I want to be addressed. Being asked, not told.

Having people work with me. Respecting my choices, my decisions.

And if I’m able to control my situation, being allowed to do that without being judged and being seen as difficult – that is dignity.”
#4. Measurable improvement and sustained staff engagement
Strong staff engagement as our foundation.

Our Staff Survey Performance

• Best response 3 years in a row.
  2014 - 81%
  2013 - 78%
  2012 - 71%

• Engagement scores
  2014 – 3.93
  2013 - 3.88
  2012 - 3.79

Medical Engagement at the heart of our organisation
## 2014 staff survey results

<table>
<thead>
<tr>
<th>Trust Name</th>
<th>Score</th>
<th>Type</th>
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<tbody>
<tr>
<td>Cambridgeshire Community Services NHS Trust</td>
<td>26.26</td>
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<tr>
<td>Royal National Hospital for Rheumatic Diseases NHS FT</td>
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<td>The Royal Marsden NHS Foundation Trust</td>
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<tr>
<td>The Clatterbridge Cancer Centre NHS FT</td>
<td>63.81</td>
<td>ACUTE (SPECIALIST)</td>
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</table>
Real time improvements (n= 12,000)
Commissioning for quality.
3839 inpatients gave an average score of 98.5% for being treated with kindness and compassion by all staff caring for them.
Safer care.

3 year programme delivering a 50% reduction in patient harm – HSJ patient safety finalist.

95% mrsa reduction over 6 years and 81% reduction in trust apportioned c-difficile rates over 5 years.

National and regional award for an 80% reduction in orthopaedic surgical site infection.

51% reduction in hip fracture mortality since programme instigated by Trust Board in 2010.
Better patient experience

• Inpatients in 2013 – best in North East region and within top 10% nationally.
• 2011 outpatient survey – 5th best in the country.
• 2013 national cancer survey – 6th best in the country. Within top 10 for 4 years in a row.
• 2014 A&E experience results – top decile (11th).
• 2012 King’s Fund study identifying Northumbria as one of 30 Trusts who provide consistently good patient experience in acute, outpatient and A&E.
Learning from stories.

Emotion bonded with information becomes memorable, resonant and actionable.

—Power of Stories, 2011—
#5. Take opportunities to share best practice beyond organisations
Improving patient experience in Cumbria

Statistically significant shifts: $p=0.02$.

- Improved co-ordination and consistency in care.
- Better team working
- Improved involvement in decisions about their care.
- Improved relationships and confidence and trust in the doctors they saw.
- Observing more nurses washing their hands.
- Better communication of medicine and side effects.
Development of a laparoscopic surgery service at Kilimanjaro Christian Medical Centre, Tanzania

Mr Liam Horgan, Consultant Surgeon
Dr Chilonga Kondo, Head of Surgery

Northumbria Healthcare’s partnership with Kilimanjaro Christian Medical Centre began in 1999 when Professor Richard Walker spearheaded a delegation from the trust to meet with the Directors of KCMC. From that point key objectives for training were agreed and the first projects started in 2001. Sister Lilian Broatch, the trust’s lead theatre nurse trainer began to visit KCMC to train theatre nurses and central sterile supplies staff. She recognised that the establishment of laparoscopic surgery at the hospital could benefit KCMC.

Preparations were made for the shipment of high tech and very delicate laparoscopic surgical equipment from the UK to support the establishment of the keyhole surgery service at KCMC. Dr Chilonga Kondo visited Northumbria Healthcare in 2002 to observe KCMC’s laparoscopic service. Mr Horgan performed the first laparoscopic removal of an appendix at KCMC in 2005.

Donation of a laparoscopic simulator enabled surgeons to practice their skills to undertake routine keyhole surgery procedures. However, surgeons from the UK became aware that it would be useful to have more regular contact with their Tanzanian colleagues and they established a link. This turned their thoughts to the possibility of a distance learning option.

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The UK Minister for International Development visits Hexham to talk to the KCMC team via the two way audio visual link. Dr David Mwaysi

Mr Liam Horgan, Consultant Surgeon

The second laparoscopic surgery course was held at KCMC. The course comprised lectures and tutorials with practice on simulators and laparoscopic equipment. It was attended by surgeons and theatre nurses from across Tanzania.

Dr Chilonga Kondo returned to the UK to attend a Northumbria Upper Gastro-Intestinal Surgery Course (NUGITS) course at Hexham General Hospital and observe more advanced laparoscopic procedures.

Mr Liam Horgan, Consultant Surgeon

The third laparoscopic surgery course was held at KCMC. The course comprised lectures and tutorials with practice on simulators and laparoscopic equipment. It was attended by surgeons and theatre nurses from across Tanzania.

Mr Liam Horgan, Consultant Surgeon

The fourth laparoscopic surgery course was held at KCMC in March 2012. During the course Mr Horgan performed a mesh hernia repair as a day case surgery. The patient walked out of the operating theatre unaided.

Laparoscopic data collected at KCMC is due to be presented at the Association of Gastro Intestinal Surgeons conference in Cork, Ireland in November 2013.
#6. Celebrate kindness and compassion
What we’ve learnt

• The soft stuff isn’t soft
• Frame the issues in ways that engage many - move them towards a shared purpose and new future
• Not a choice between stories or data but both
• Build internal systems that recognise values and behaviours
• Be realistic about change and prepare for the long haul
• Be flexible and keep refreshing the organisational story
• Protect the frontline – find the joy in improvement
Thanks for listening
Any questions ?