Cultures, Leadership and Teamwork for High Quality Care in NHS Scotland

Education and Research Forum
NHS Education for Scotland

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And
The Work Foundation

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Cultures of quality and safety in NHS

- Prioritising high quality patient care
- Clear aligned goals and objectives at every level
- Good people management
- Employee engagement
  - Positive emotional environments and relationships
- Real team working
- Values based leadership at every level

Lancaster University Management School
HRM systems measure

- **Appraisal**
  - Frequency, extent, training, use of PDPs
- **Training**
  - Assessment of training needs
  - Sophistication of training policy
- **Extent of team working**
- **Staff involvement**
  - Priority of involvement in decision making
  - Contribution of staff views
- **Decentralisation**
- **Employment security**
- **Investor in People (IiP) status**
Patient mortality measure

- Standardised Mortality Ratio (SMR) (Jarman et al., 1999)
- Data on all inpatient admissions coded for:
  - Age
  - Sex
  - Length of stay
  - Primary diagnosis
  - Planned or emergency admission
  - Number of bodily systems affected by disease
- Ratio of Actual number of deaths to Expected number of deaths (based on above coding) calculated for each NHS year
Results

• The HR system variable explains 16.9% of the variance in subsequent mortality (p < .01)
• Even taking prior mortality into account, the HR systems variable explains a further 7.8% on top of this (p < .01)
HR systems is significantly more highly correlated with subsequent mortality ($r = -0.45^{**}$) than with prior mortality ($r = -0.25$) ($p = 0.036$)

Although this does not prove a causal effect of HRM on mortality, it effectively rules out a reverse causality argument.

NHS National Staff Survey

- National staff survey running since 2004 for seven years at Aston University [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com)
- Between 350 and 400 organizations surveyed each year
- Responses from 150,000-200,000 staff members each year. Response rate varying from 55% to 60% each year
- Linked to Patient Satisfaction Surveys, standardised Hospital Mortality data (hospital trusts only), infection rates, Care Quality Commission ratings of quality of care and financial performance (use of resources), absenteeism, turnover

Quality and safety in the NHS

Evaluating progress, problems and promise, from the sharp end to the blunt end and in between
Culture and behaviour

- Analysis of Board minutes
- Team performance surveys
- Case studies
- Interviews with senior stakeholders
- Patient and carer groups
- NHS staff survey
Data in brief

• 299 interviews
• Over 650 hours ethnographic observations
• 715 survey responses from patient and carer organisations
• Team performance data on 651 teams
• 793 sets of minutes of 71 Boards for 18 months
• Staff survey responses from 2007, 2009 and 2011
• Data from acute, ambulance, mental health, primary care sectors and cross-NHS structures
Patient Satisfaction

- Patient satisfaction highest in trusts that have clear goals at every level - communication between patients and staff is good; patients feel involved in decisions about their care
- Staff views of their leaders strongly related to patients’ perceptions of the quality of care
- Staff satisfaction and commitment predict patient satisfaction
- Supportiveness of immediate managers and extent of staff positive feeling predicts patient satisfaction
- Discrimination against BME staff background predicts low patient satisfaction

Patient Satisfaction

• High work pressure - patients report too few nurses, insufficient support, information, privacy and respect.
• Poor staff health and well-being, high injury rates, turnover- patients less satisfied, poorer care, perform badly financially
• Good HR and support from line managers - low and decreasing levels of patient mortality, and good care
• A well structured appraisal leads to high staff engagement, better health and well-being and less ‘presenteeism’
• Poorly structured appraisals have no effect on engagement.

Patient Mortality

- The best predictor of patient mortality is percentage of staff working in well structured teams
- Those working in teams have better health and well being
- Lower mortality in trusts whose staff have opportunities to influence and contribute to improvements at work.
- The percentage of staff receiving well structured appraisals is also related to patient mortality.
- A positive organisational climate is associated with low and declining levels of patient mortality

Turnover

- Staff plan to leave when they experience harassment, bullying or abuse from their colleagues or managers.
- When they witness errors that could harm patients or staff when they do not see effective action by managers towards violence or harassment from patients etc.
- They are less likely to leave if they have flexible working options.
- Those working in effective and supportive teams are much less likely to leave the service.

NHS Health and Well Being – the Boorman Report
Work Foundation, RAND, Aston Business School
Boorman Report - Absenteeism

- 10.3 million working days per year
- 45,000 whole time equivalents (WTEs)
- 4.5% of workforce; £1.75 billion
- BT and Royal Mail achieved 30-40% reductions saving £555 million
NHS stress, health and well-being

- ‘Presenteeism’ Pressure to attend when unwell – 22%
- NHS as exemplar e.g., smoking, drinking, diet
- Bullying and harassment (14% report bullying by managers and colleagues in 2010)
- A move from average to good staff health well being would save 840,000 staff days per year (£13.7 million)
- Use of agency staff to cover absence costs £1.45 billion; recruitment costs to cover turnover £4.5k; ill health retirement £150 million
Absenteeism

• Key factors are whether staff feel dissatisfied with the quality of work and patient care they are able to deliver
• Not having an appraisal in the last 12 months
• Suffering work-related stress, physical violence from staff, patients or members of the public in the last 12 months
• Trusts with more engaged employees have much lower absenteeism.

Only 40% of staff say employers listen to their concerns about the working environment.
Only 36% say they are able to contribute towards improvements at work.
Financial Performance

- Financial performance is in decline in trusts where more staff witness potentially harmful errors, near misses or incidents.
- Where staff feel stressed, under pressure and are keen to leave their jobs.
- Where there is little scope for learning and development such as equality and diversity training.
- Good appraisals and good financial management are highly correlated.
Infection Rates

• In trusts where a large percentage of staff feel they can contribute towards improvements at work, infection rates are decreasing.
• Infection rates are also falling in trusts that invest in staff training.
• Where staff report errors, near misses and incidents, the quality of services improves.
• A culture of learning rather than blame leads to service improvement for patients.
• An increased focus on and support for incident reporting leads to improvements in the quality of patient care.
Employee Engagement in National Staff Survey

Performance Appraisal
Team Working
Job Design
Supervisors’ Support
Work Pressure
Having an interesting job
Feeling valued by colleagues

Overall Engagement
Advocacy
Intrinsic Engagement
Involvement

Employee Reactions
Health and Well-being
Stress
Presenteeism

Hospital Performance
Quality of Services
Financial Performance
Absenteeism
Patient Mortality Rate
Patient Satisfaction
Positivity builds health and well being

- Barbara Fredrickson [www.positiveemotions.org](http://www.positiveemotions.org)
- Positivity ratio > 3:1; Maximum 11>1
- (... and negativity is necessary)
Positive affect in the Workplace

- Job satisfaction is associated with better performance – individual and organizational levels
- CEO positive affect, climate and company performance
- Relationships and disruptive behaviour

West, Dawson, Hebl, Foster (Submitted)
"It's Monday morning, Miss Berstresser. Let the merriment commence."
What else enables staff engagement?

Employees have:

- the information they need to do their jobs well (use health care intelligence intelligently)
- learning opportunities
- feedback which builds confidence in performance
- support and safety to innovate
- leaders who value, respect and support them civility - trust in their leaders
- A caring, compassionate ethos
A culture and all leaders focused on patient needs

> A culture of trust - in leaders, managers and system
> What leaders pay attention to, monitor, model and resource
> The criteria for recruitment, selection, promotion and disciplinary action
> Flat hierarchies, rituals and rites; celebrations of accomplishment and innovation - spread successful Q and S stories/ innovations and reward proactive teams and exceptional individuals at all levels
> The focus of the organisation’s systems and procedures on meeting patients’ needs
Team working in organizations promotes productivity, innovation and staff well being
Benefits of Team Based Working in Healthcare

• Reduced hospitalisation and costs
• Increased effectiveness and innovation
• Increased well-being of team members
• Multi-disciplinary teams deliver high quality patient care and implement more innovations
• Lower patient mortality
• Reduced error rates
• Reduced turnover
• Lower and sickness absence
• Increased organisational commitment and engagement

Employee Involvement Programme

- The extent of team working in hospitals predicts:
  - job satisfaction
  - organisational commitment
  - adherence to organisational rules and procedures
  - individual and organisational innovation
  - cooperation with co-workers
  - patient mortality

West et al., 2005. Working together: Staff involvement and Organizational Performance in the NHS. Final Report
Working in Teams in the NHS

‘Do you work in a team?’
If yes …

> Does your team have clear objectives?
> Do you have to work closely together to achieve these objectives?
> Do you meet regularly to review your team effectiveness and how it could be improved?
### Team working in Primary Care

<table>
<thead>
<tr>
<th>300 PCTs</th>
<th>50,000 respondents</th>
<th>% working in real teams</th>
<th>% working in pseudo teams</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organizational health and safety overall</strong></td>
<td></td>
<td>.41</td>
<td>-.43</td>
</tr>
<tr>
<td>% staff suffering injury at work in previous year</td>
<td></td>
<td>-.30</td>
<td>.36</td>
</tr>
<tr>
<td>% staff witnessing potentially harmful errors/near misses in previous month</td>
<td></td>
<td>-.32</td>
<td>.30</td>
</tr>
<tr>
<td>% staff experiencing physical violence in previous year</td>
<td></td>
<td>-.36</td>
<td>.34</td>
</tr>
<tr>
<td>% staff experiencing bullying, harassment or abuse in previous year</td>
<td></td>
<td>-.29</td>
<td>.30</td>
</tr>
</tbody>
</table>
Working in Team and Errors, Stress and Injury
(170 acute trusts, 120,000 respondents)

Odds Ratio

- Errors
- Stress
- Injury

Types of Team Working Patterns

www.nhsstaffsurveys.com
Patient mortality

- 5% more staff working in real teams associated with 3.3% drop in mortality rate ($p = .006$)
- For an “average” acute hospital, this represents around 40 deaths per year
Four conditions for effective teams:

- Having a real team - bounded, stable, interdependent with a real team task
- Having a clear team purpose, challenging and consequential with clear objectives
- Making the right choices about who should be on the team - skills and roles, enablers not derailers
- Developing through regular coaching and self-coaching
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Team Work
Four conditions for effective teams:

- Having a real team - bounded, stable, interdependent with a real team task
- Having a clear team purpose, challenging and consequential with clear objectives
- Making the right choices about who should be on the team - skills and roles, enablers not ‘derailers’
- Developing through reflexivity and regular self-coaching
  - www.astonod.com
LEADERSHIP VALUES - How can you promote these values

WISDOM & KNOWLEDGE
- Curiosity, Interest
- Love of Learning
- Judgment, critical thinking, open-mindedness
- Practical Intelligence, creativity, originality, ingenuity
- A broad & long perspective

COURAGE
- Valour of a vision
- Industry
- Perseverance to carry it through
- Integrity
- Authenticity
- Honesty
- Zest
- Enthusiasm

HUMANITY
- Reciprocal attachment
- Kindness, Generosity
- Nurturance
- Social Intelligence
- Emotional Intelligence

SPIRITUALITY & GRATITUDE
- Wonder, Delight
- Appreciation of excellence
- Gratitude
- Hope, Optimism, Future mindedness
- Humour

TEMPERANCE
- Forgiveness, Mercy
- Modesty, Humility
- Prudence, Caution
- Self-control
- Self-regulation

JUSTICE
- Citizenship, Duty, Loyalty, Teamwork
- Equity
- Fairness
- Leadership
Additional web sites

Web site with our DOH reports

Engagement -
http://www.kingsfund.org.uk/publications/leadership_review_12.html

Positivity

Teamworking – developing teamworking in NHS
http://astonod.com