Patient and Family Centred Care Programme

Beyond Silence

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Workshop aims

Today aims to:

- Support healthcare staff and organisations to speak out for patients
- Ensure we understand the dynamics of silence
- Consider how healthcare organisations can best create the conditions to support individuals to challenge for improvement
- Enable you to plan your next steps to move beyond silence





Our working approach

- Who we are and why we're here
- How we'll approach today
- Housekeeping
- Creating home groups





The impact of silence









Ideas that change health care



The impact of silence



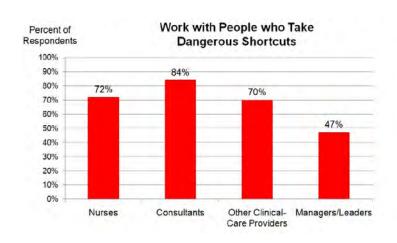
Shared silence

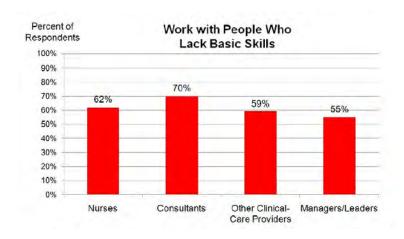
In home groups, please compare notes on the kinds of current or historic practices/omissions — those that tend not to be raised/dealt with in your organisation — and that have a potentially negative impact on patient experience.

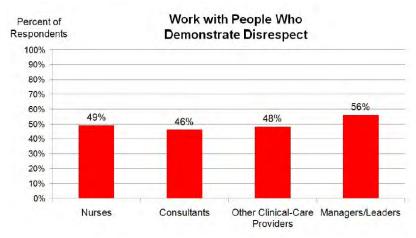




The most common areas of silence







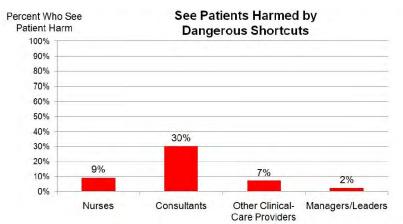


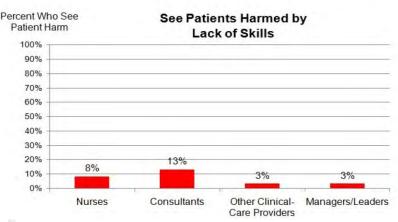
Ideas that change health care Source: Silence Kills UK: How Speaking Unsales Lives in UK Healthcare Organisations.

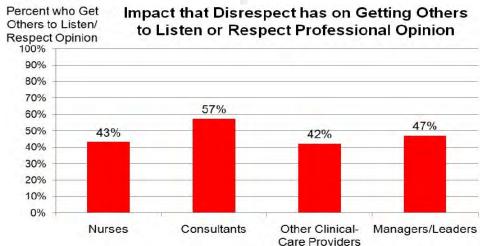
David Maxfield and Richard Pound

The

The impact of silence on patient experience









Ideas that change health care

Source: Silence Kills UK: How Speaking Up Saves Lives in UK Healthcare Organisations. David Maxfield and Richard Pound



Finding our voice

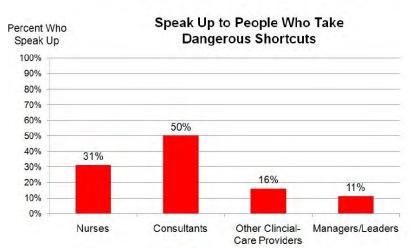
In home groups, please choose a real and current concern you have about another person's practice, which you haven't yet dealt with, describing:

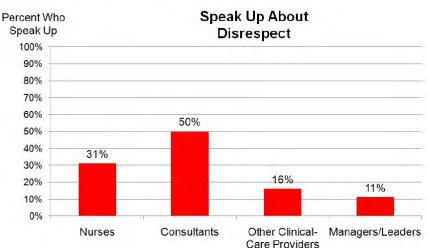
- ☐ The practice/omission
- The person and their relationship to you
- ☐ The impact of this on patient experience
- What you've done about it
- ☐ How you feel about discussing it here

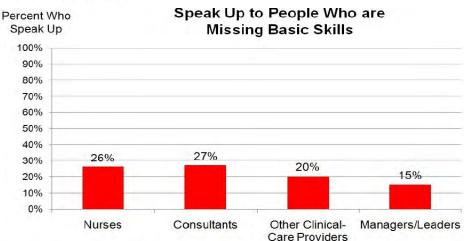




Do we speak up?







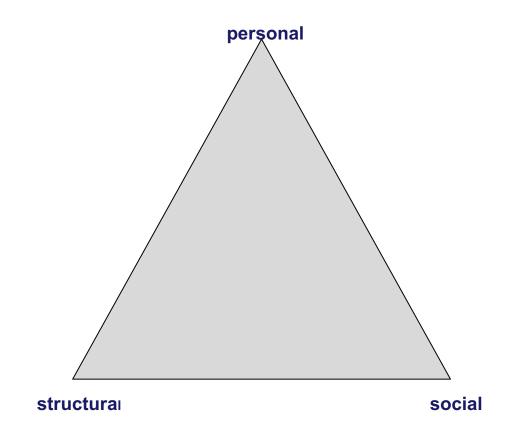


Ideas that change health care

Source: Silence Kills UK: How Speaking Up Saves Lives in UK Healthcare Organisations. David Maxfield and Richard Pound



What stops us speaking up?







What stops us personally?

How I see myself

I know I don't know

They know

How others see me

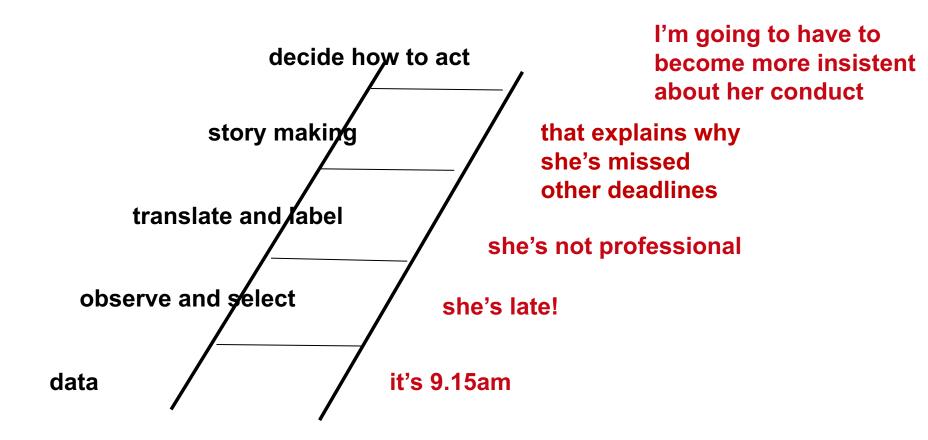
They don't know

OPEN	BLIND SPOT
FAÇADE	UNKNOWN





The ladder of inference







What stops us socially and structurally?

- ☐ Groupthink, power and risk
- Defensive routines
- Socialisation, dulled perception
- □ Lack of role modelling and social support
- □ Lack of reward and integrated encouragement
- Lack of established time, places and tools





The power of group norms

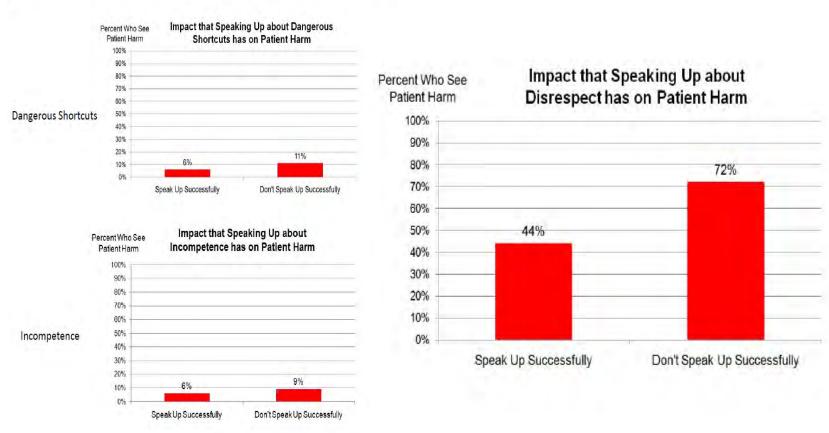
"There was an acceptance of standards of care, probably through habituation, that should not have been tolerated".

Francis, 2010, page 86





Speaking up effectively to benefit patient experience









What works?

What have you done that's been effective, where you have raised issues?





Improving patient care one conversation at a time

"Very great change starts from very small conversations among people who care"

Margaret Wheatley





Developing personal ability

In home groups, please choose one of the three real and current concerns identified earlier to hold a practice conversation about:

- The issue 'owner' being the observer
- Colleagues playing the issue 'owner' and person to raise the issue with.

Run the mock conversation for 5 minutes, debriefing to identify what's working best to foster a constructive conversation.





Turning our volume up

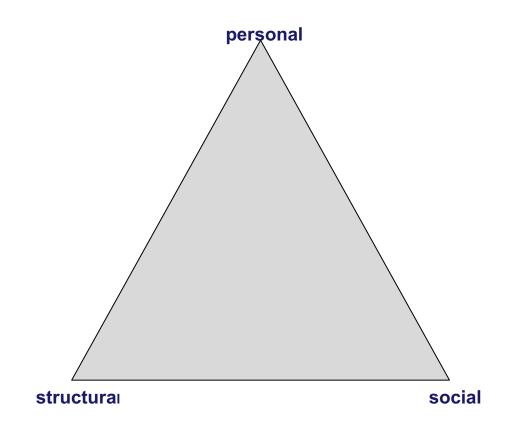
In new groups, please compare notes on:

- ■What you know about best practice/what would help you to speak up:
 - Personally
 - Socially
 - Structurally





Beyond silence: the way forward







Passionate observation

"The person who most accurately describes reality without laying blame will emerge in this conversation as the leader".

Susan Scott: Fierce Conversations





Key attitudes and approaches

Handle the conversation OPENly:

- O Open minded, assuming best
- Positive intention stressed
- E <u>Effort to make safe and avoid</u> defensiveness, <u>e</u>motion diffused, <u>e</u>ffects explained with facts and data
- N No negative stories or accusations





Personal motivation

- Share personal experiences that link speaking up to keeping patients safe:
- □Cite examples of when speaking up saved a patient from harm
- □Tell stories of injuries that could have been avoided
- ☐ Meet with patients injured whilst receiving care





Social motivation and ability

Ensure staff have the support they need through	
	Departmental/Unit champions
	Mystery shopping
	Talk frequently about speaking up
	Build new networks
	Offer advice/coaching
	Others step in to help
	Support afterwards to manage risk

Ideas that change health care

The Kings Fund>



Structural motivation and ability

Ensure speaking up becomes the norm through:

- Rewarding those who speak up
- Include in performance reviews
- Hold managers accountable for encouraging
- Establish times and places like handoff protocols
- Measure the frequency of such conversations
- Build safe practices into contracts
- Consider the implications of physical space





Putting today into practice

In organisational groups, please reflect on:

- a) What of our discussion would help you most to raise your issue/s?
- b) What you intend to do to ensure you and colleagues move beyond silence?





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