

Patient safety and race discrimination: litmus tests of (London's) NHS cultures

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NHS cultures

(at a time of immense pressure)

Sheila Marsh and Bronwen



•
“The common culture of caring requires a displacement of a culture of fear with a culture of openness, honesty and transparency, where the only fear is the failure to uphold the fundamental standards and the caring culture.

Francis.1.180



London pressures?

- “the overwhelmingly prevalent factors were a lack of staff, both in terms of absolute numbers and appropriate skills, and a lack of good leadership”.

P.186 Vol 1 2010

- “One thing that worries me more than anything else in the NHS is bullying... permeating the delivery of care in the NHS... caused by the NHS’s “hierarchical” culture”

Ian Kennedy 01.04.2009



It's common sense:

Staff cared for, care better

- West et al found that bullying, discrimination, and overwork lead to disengagement and “are likely to deprive staff of the emotional resources to deliver compassionate care,” reporting “a strong negative correlation between harassment, bullying or abuse from other staff and overall patient experience”

NHS Staff Management and Health Service Quality
Results from the NHS Staff Survey and Related Data
West, M et al,(2012)

Staff race equality and patient care

A new narrative?

“The Snowy White Peaks of the NHS” found...

- 1 in 40 chairs and no CEO in London was BME
- 17 of 40 Trusts had all white Boards but over 40% of workforce and patients are BME
- Decrease in BME Board members
- Disproportionately white and male
- Some Trust FOI responses symptomatic of denial and avoidance

A typical Camden bus queue?



And nationally....

- No BME exec directors in Monitor, CQC, NHSTDA, NHS England, NHSLA, HEE
- Decrease in BME senior managers and nurse managers in recent years
- CCG CEOs no better

The treatment of staff.

- White staff 1.74 times more likely to be appointed once shortlisted than are shortlisted BME staff (Kline 2013)
- BME staff twice as likely to enter disciplinary process and more likely to be disciplined for similar offences (Archibong et al 2010)
- Black nurses take longer to get first job, 50% longer to be promoted (RCN) and are less likely to access national training courses (NHSLA)

Triangulate workforce and staff survey data.....

	W%	BME %
• Key Finding 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	• 28	29
• Key Finding 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	• 21	26
• Key Finding 27. Percentage believing that trust provides equal opportunities for career progression or promotion	• 90	77
• Key Finding 28. Percentage of staff experiencing discrimination at work in the last 12 months	• 9	25

The good and the rest

- Oxleas, Kingston and NELFT
- Barts, Guys and Imperial

Six reasons why workforce race discrimination is bad for all patients

- Prevents patients getting best staff
- Impact diverts resources from patient care
- Discrimination makes staff ill
- **How staff are cared for impacts on care they provide**
- **Diversity improves innovation + teamwork**
- **Unrepresentative Boards less likely to provide patient focussed care**

Staff treatment and patient care (1)

- “The staff survey item that was most consistently strongly linked to patient survey scores was discrimination, in particular discrimination on the basis of ethnic background.
- Dawson (2009) Does the experience of staff working in the NHS link to the patient experience of care?

Staff treatment and patient care (2)

- “Research suggests that the experience of black and minority ethnic (BME) NHS staff is a good barometer of the climate of respect and care for all within the NHS. Put simply, if BME staff feel engaged, motivated, valued and part of a team with a sense of belonging, patients were more likely to be satisfied with the service they received”.

NHS Staff Management and Health Service Quality. Results from the NHS Staff Survey and Related Data West, M et al,(2012)

Patient safety and whistleblowing

Gold dust or troublemakers?

Bristol 2001 report

Para 84 “A culture of safety crucially requires the creation of an open, free, non-punitive environment in which healthcare professionals can feel safe to report adverse events and near misses (sentinel events)”



The report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995: learning from Bristol.

Are things improving? (1)

- 28% staff unable to say they feel safe raising concerns
- Staff witnessing incidents stable but 6% decrease (100,000) in incident reports over last five years
- 44% staff did not receive a response when they did raise a concern

NHS staff survey 2013

Are things improving? (2)

- “Asked whether the culture of their organisation had changed over the last 12 months, 37% (29%) said it had improved “significantly” or “a bit”. However, half (52%) reported no change and, worryingly, 13% (19%) said things had “deteriorated”.
- 47% of nurses who did raise a concern said it had resulted in “negative consequence” for them personally

Nursing Times 6 March 2014

A parallel discourse?

- “The most notable feature of this year’s survey results was a consistent discrepancy between the views of executive directors and those of other NHS staff especially nurses and doctors”**
- When asked whether their organisation was characterised by openness, honesty and challenge, 84% Board members agreed but only 37% doctors and 31% nurses
 - 90% Board members felt concerns they raised would be dealt with appropriately but only 55% senior managers, 36% doctors and 26% nurses.

So what is happening?

“the distance appears to be widening, with those providers with lower levels of staff engagement falling further behind the leaders.”



- *Improving NHS Care by Engaging Staff and Devolving Decision-Making Kings Fund. Report of the Review of Staff Engagement and Empowerment in the NHS (2014).*



Bullying: the glue holding toxic cultures together

- 22% of staff reported bullying by colleagues and managers – significantly higher for BME staff
- Less than half of cases of bullying, harassment or abuse cases were reported.
- The proportion of cases being reported is also falling, down from 54% in 2004 to 44% last year. *2013*

NHS staff survey 2013

Bullied staff in healthcare:

- Less likely to raise concerns
- Less likely to admit errors
- Less likely to work in effective teams
- Less likely to show compassion to patients
- Less likely to make discretionary effort
- **The US Joint Commission standards on bullying?**

Data and discourse

- In other NHS challenges we
 - **collect and analyse the data,**
 - **listen to patients and staff,**
 - **find good practice,**
 - **take action, monitor and learn**
 - **transparency and accountability**
- The best employers accept there is a problem but too many have not yet done so
- The business case for treating staff fairly, and being open, just and learning, is now overwhelming

Robert Francis on Culture

“There lurks within the system an institutional instinct which, under pressure, will prefer concealment, formulaic responses and avoidance of public criticism.”



Those agencies who should help change NHS culture have largely failed to

- Boards
- HR
- Professional regulators
- Trade unions
- Professional bodies
- DH
- Lawyers

London may well lag behind the rest of the country