

Wellbeing

the Clinical Directors Perspective



Dr Hamish McLure
Leeds NHS Teaching Hospitals Trust

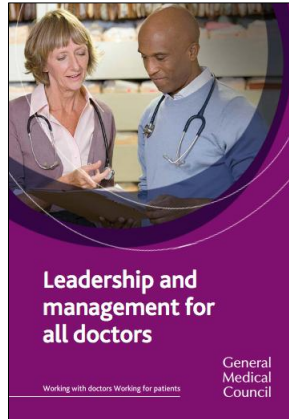
Profile

- Lead Clinician SJUH 2006-2010
- Clinical Director LTHT 2010-2017
- Deputy Chair, RCoA CD Network 2015-19
- Chair, RCoA CD Network 2019 –
- Medical Appraisal Lead LTHT 2018 –
- Regional Medical Appraiser 2018 -

Theatres & Anaesthesia

- 215 anaesthetists
- 700+ theatre staff
- 70 theatres
- 31,000 elective sessions per year
- 69,000 elective procedures per year
- Budget £81m per year

“You have blood on your hands”



Doctors with extra responsibilities

73 You must promote the health and wellbeing of staff you manage.



to provide support and opportunities for staff to maintain their health, wellbeing and safety



Department
of Health

Wellbeing Why it matters to health policy

Health is the top thing people say matters to their wellbeing

Why wellbeing matters to health


Wellbeing:

- Adds years to life
- Improves recovery from illness
- Is associated with positive health behaviours in adults and children
- Is associated with broader positive outcomes
- Influences the wellbeing and mental health of those close to us
- Affects how staff and health care providers work
- Has implications for decisions for patient care practises and services
- Has implications for treatment decisions and costs
- Affects decisions about local services
- Has implication for treatment decisions and costs
- May ultimately reduce the healthcare burden

The annual cost of **staff absences** in the NHS in England is estimated at

£2.4 billion per annum

this represents 2.5% of the entire budget



A Compendium of Factsheets: Wellbeing Across the Lifecourse



**HEALTHCARE SECTOR STAFF WELLBEING,
SERVICE DELIVERY AND HEALTH OUTCOMES**

There is a **strong relationship** between healthcare staff **wellbeing** and **performance outcomes**

RESEARCH ARTICLE

Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review

Louise H. Hall^{1,2*}, Judith Johnson^{1,2}, Ian Watt³, Anastasia Tsipa^{1,4}, Daryl B. O'Connor¹

1 School of Psychology, University of Leeds, Leeds, West Yorkshire, England, 2 Yorkshire Quality and Safety Research Group, Bradford Institute for Health Research, Bradford, West Yorkshire, England, 3 Department of Health Sciences, University of York, York, North Yorkshire, England, 4 Leeds City Council, Leeds, West Yorkshire, England

Significant association between burnout and patient safety

Review Article

Incidence and Factors Associated with Burnout in Anesthesiology: A Systematic Review

Filippo Sanfilippo,¹ Alberto Noto,² Grazia Foresta,³ Cristina Santonocito,¹ Gaetano J. Palumbo,⁴ Antonio Arcadipane,¹ Dirk M. Maybauer,^{5,6} and Marc O. Maybauer^{5,6,7}

-
- Factors associated with burnout were
 - strained working pattern
 - working as younger consultant
 - Children
 - Burnout prevalence among anesthesiologists is relatively high across career stages

Original Article**Stress, burnout, depression and work satisfaction among UK anaesthetic trainees; a quantitative analysis of the Satisfaction and Wellbeing in Anaesthetic Training study****A. Looseley,¹ E. Wainwright,² T.M. Cook,^{3,4} V. Bell,¹ S. Hoskins,¹ M. O'Connor,^{5,6} G. Taylor⁷ and R. Mouton⁸ for the SWeAT Study investigator group**

Benefits

Individual

Productivity

Patient
safety

Finance

Challenges

- What exactly is wellbeing?
- How do I improve it
- Limited resources
- Cynicism

LIFE SATISFACTION



Wellbeing

Freedom from

Frustration

Stress

Anxiety

Anger

Burnout

Depression

Misery

Irritation

Wellbeing

Feeling good and
functioning well

Lancet. 2009 Nov 14;374(9702):1714-21. doi: 10.1016/S0140-6736(09)61424-0.

Physician wellness: a missing quality indicator.

Wallace JE¹, Lemaire JB, Ghali WA.

Ⓒ Author information

Abstract

When physicians are unwell, the performance of health-care systems can be suboptimum. Physician wellness might not only benefit the individual physician, it could also be vital to the delivery of high-quality health care. We review the work stresses faced by physicians, the barriers to attending to wellness, and the consequences of unwell physicians to the individual and to health-care systems. We show that health systems should routinely measure physician wellness, and discuss the challenges associated with implementation.

Health systems should **routinely measure physician wellness** and discuss the challenges associated with implementation

Wellbeing Survey

- Director of OH, Psychologist and myself
- Questionnaire for distribution to the department
- 2 parts:
 - General Health Questionnaire – GHQ 28
 - Questionnaire about workplace based sources of stress

GHQ 28

- 28 question **screening device**
- Widely used in occupational research
- Assesses somatic symptoms
 - **Anxiety**
 - **Sleep disturbance**
 - **Social dysfunction**
 - **Depression**
- Identify those **at risk** of psychiatric illness

GHQ 28

‘Everything getting on top of you?’

‘Scared or panicky for no reason?’

‘Getting edgy & bad tempered?’

Responses:

- **Not at all**
- **No more than usual**
- **Rather more than usual**
- **Much more than usual**

GHQ 28

- Total score 0-84
- Score > 6 described as showing **caseness**
- Doesn't equate to mental health problems
- Indicator of **potential difficulties**
- Advised to undertake further assessment

Wellbeing Survey

- Questionnaires sent to the department
- Completed questionnaires returned to OH
- **Anonymised**
- Anonymised questionnaires sent to Psychology
- **Analysed**
- Analysed questionnaires returned to OH
- **Individual results** sent to **colleagues**
- **Department results** sent to **Clinical Director**

Wellbeing Survey

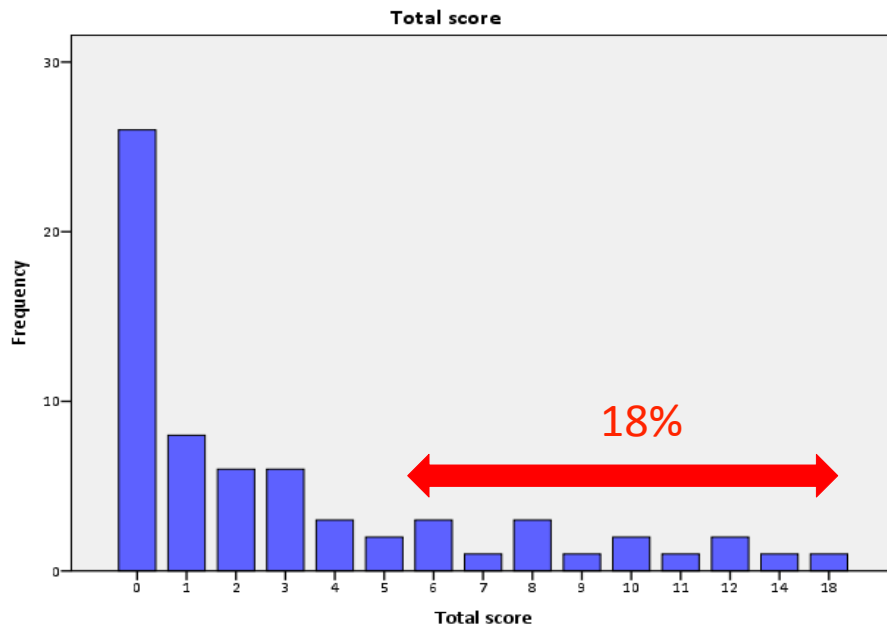
- Only forms with **identifying data** were processed
- For those individuals who didn't want to participate, we released a GHQ scoring system along with departmental scores so they know where they fit in
- Data from the second part of the survey used to **identify problem areas**

The collage consists of three overlapping screenshots:

- Top Left:** A banner for "Support and Wellbeing" with the text "Do you need help? Click here for welfare and support schemes that could help address your problem". It features a close-up of a doctor's face wearing a blue surgical cap.
- Top Right:** A screenshot of the "Sick Doctors Trust" website. It includes a navigation menu (Helplines, About Us, Addiction, Personal Stories, Contact Us, Donations), a helpline number (0370 444 5163), and a "What we do" section.
- Bottom Left:** A screenshot of the "The Royal College of Anaesthetists" website. It features a navigation menu (Home, Clinical Quality, Standards and Safety, Support for Doctors and FAcS) and a "Support for Doctors and FAcS" section with various links like "Return to practice" and "Need urgent assistance?".
- Bottom Right:** A screenshot of the "Doctors Support Network" website. It features a "Need urgent assistance?" section with a phone number (08459 200 169) and a "Welcome to the Doctors Support Network" section.

Wellbeing Survey Results

- 211 questionnaires distributed
- 68 (32%) colleagues responded



Comparable GHQ-12 data

- Ramirez 1996
 - survey of UK hospital consultants
 - **27%** met criteria for caseness
- Taylor 2005
 - large sample of UK consultants
 - **32%** met criteria for caseness
- Scottish Health Survey 2010
 - **15%** of all adults met criteria for caseness

Top 10 Stressors

- Conflict over standards
- Lack of communication
- Lack of available manpower
- Time pressure
- Isolation
- Ill patients
- Lack of appreciation by others
- Level of responsibility
- Medico-legal threat
- Relationships with surgeons

Stressors

- Managers lack appreciation of clinical issues
- Patronising rules and paperwork
- Mandatory training
- Lack of nursing support on wards
- Lack of beds
- Colleagues from other specialties criticising
- Inability to deliver high quality care
- Family/marital difficulties
- Car parking

Themes

- Poor communication
- Lack of control
- Lack of engagement
- Workload
- Not feeling valued

Survey Outcomes

- Mental health similar to general population and **lower than similar professional groups**
- Individuals 'at risk' contacted and given information on sources of help
- Areas for **improvement** highlighted
- Raised awareness of **wellbeing**

How do we improve wellbeing?

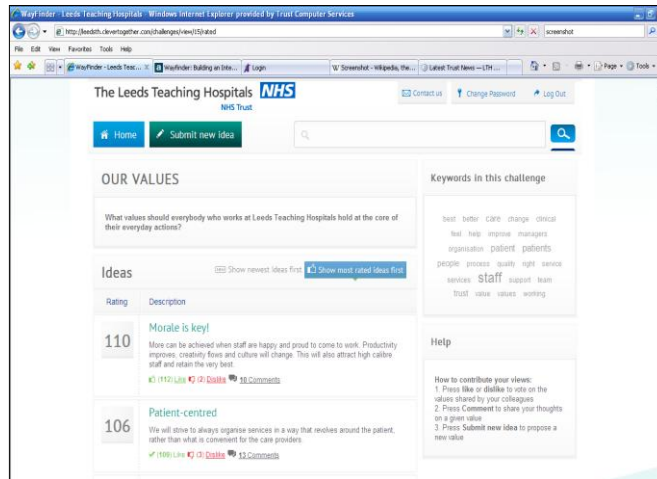


NHS The Leeds Teaching Hospitals NHS Trust



Julian Hartley
Chief Executive

“The Leeds Way”



Our values

Our values, known as The Leeds Way, are to be:

patient-centred

fair

accountable

collaborative

empowered



	2014/15	2017/18
Respondents	750	
Headcount	14986	



	2014/15	2017/18
Respondents	750	2794
Headcount	14986	16554



	2014/15	2017/18
% recommend work	57	
% NOT recommend work	24	



	2014/15	2017/18
% recommend work	57	70
% NOT recommend work	24	14



	2014/15	2017/18
% recommend care	73	
% NOT recommend care	12	



	2014/15	2017/18
% recommend care	73	87
% NOT recommend care	12	4



Themes

- **Poor communication**
- Lack of control
- Lack of engagement
- Workload
- Not feeling valued

The Leeds Teaching Hospitals 
NHS

Business Planning

What do we need to stop, start or do differently in theatres in order to reduce waste ?


LTHT is GOOD

- Only 'Good' acute Trust in West Yorkshire
- Stand alongside UCH, Sheffield
- Good – effective, responsive, well led, caring
- Requires improvement – Safety



TASK AND FINISH GROUP OUTCOMES

Paediatrics
Pagers for parents have proved to be a huge success in children's theatres. Parents are able to go for a coffee or a walk while their child is in surgery knowing that they can be easily contacted when they are needed. The project is being presented at the Yorkshire Quality Improvement conference in June and has been featured in the Evening Post.




Admission Lounge SJUH
The admission lounge now takes post-operative day case patients. This has reduced the number of patients being cancelled due to the unavailability of beds and has improved the patient experience. Communication between theatre and admission lounge teams has been pivotal in ensuring potential cancellations are reviewed and where possible prevented.

Trauma
Trial of a support worker to escort patients to theatre has shown to reduce late starts and turnaround.
Late starts reduced by 29.6%
Turnaround reduced by 4.3%

Acutes
The Acute team at SJ have been working closely with AMS and are now identifying a "Golden Patient" to start the list in the absence of a patient from the bunker. This has been running for 3 weeks and is proving to be effective.

Hand Unit
The introduction of the new CoguCheck device in the hand unit has meant that INR's can now be checked on the unit within 2 minutes rather than 2 hours. This now allows greater flexibility with scheduling patients.



Quality Improvement Practitioners (QIPs)
Matthew Armstrong - QIP Lead - 22333
Alicia Guest - Paediatrics & Plastics - 22333
Lisa Fisher - Jubilee Theatres & Obstetrics - 25144
Caleb Agbeshie - GIGs, Chancellor and Bealey - 65139
Peter Cooper - Acutes, O&U & WH - 65139

tpot

Regular trainee meetings



Themes

- Poor communication
- Lack of control
- Lack of engagement
- Workload
- Not feeling valued

Programme Report																				
Programme: Corporate Support										Updated: 15/06/2019										
Executive Lead: Neil Chapman				Programme board members: Neil Chapman, Darrin Keir, Chris Slater, Helen Gilbert, Louise Hampson, Ian Clarkson, Michael Shaw						Overall RAG: Green										
1. Project updates: Progress (0 - Activity complete (green) 1 - Activity in progress (amber) 2 - Scheduled but not started (red) Status: 0 - To planned schedule (green) 1 - Up to 2 weeks behind planned schedule (amber) 2 - More than 2 weeks behind planned schedule																				
Project	Phase	Phase & Status	Starting & End	Deliverables & CI	Status	Headline														
Project Title	Progress	Status	Progress	Status	Progress	Status														
Processment	0	1	2	3	4	5	At the end of AP19 cash rebates totaling of £123,504 have been made, these have been submitted and audited by Finance.													
Logistic Placement	0	1	2	3	4	5														
E. Finetuning																				
Validation																				
Modernisation																				
2. Programme update																				
Achievements (since previous report)						Non-financial Benefits Realisation status														
At the end of AP19 cash rebates totaling of £123,504 have been made, these have been submitted and audited by Finance.																				
KPI Measure						Benefit Description														
Risk (show risk log)						Financial Benefits Realisation status														
Risk		Mitigating Action		Escalate	Who	When	Status	Project	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual	Total Plan	Total Actual	Status	
Monitor Markets				N				Processment	0	0	0	0	0	0	0	0	0	0	0	0
Issue						Constraint issues						New Steps								
Request for Project Manager vacancy approval						Request for Project Manager vacancy approval						Request for V&P approval								
Several government projects have not been started as a result of not having staff within the department.						Approval been given to recruit 3 new bugera														



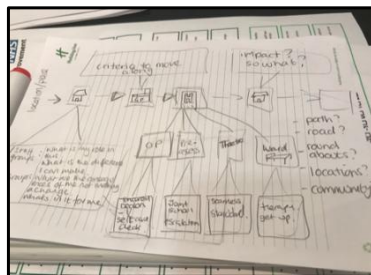
The Productive Operating Theatre

Main Focus

- Increase **safety** and **reliability** of care
- Improve **team performance** & **efficiency**
- Improve team **wellbeing**



*Our vision is for **theatre teams** to
direct their performance*



Visioning Event

- What does a **perfect day** look like?
- What are the **obstacles** to achieving this?
- How could we **overcome** these barriers?



Targets

KPI	Trust Performance YTD	Target
% of late starts	51%	10%
% of early finishes	39%	10%
Turnaround time	11%	8%
Average cases per list	2	3
Number of cancelled patients	10%	3%
Number of cancelled sessions	5%	3%
Staff satisfaction	Dissatisfaction from staff survey	Improve

Themes

- Poor communication
- Lack of control
- Lack of engagement
- **Workload**
- Not feeling valued

Job Plan**Will this day be possible ?**

Day	Time	Location	Work	PAs	Type
Monday	08.00-13.00	BW SJUH	Thoracics	1.25	DCC
	13.00-18.00	JW LGI	Vascular	1.25	DCC
Tuesday	13.00-18.00	SJUH /LGI	Flexible	1.25	DCC
Wednesday	09.00-12.00	SJUH	Acute pain round	0.75	DCC
	13.00-17.00	WGH	Day case - General Surgery	1	DCC
Thursday	08.00-13.00	BW SJUH	Thoracics	1.25	DCC
	13.00-18.00	BW SJUH	Thoracics	1.25	DCC
Friday	13.00-17.00	SJUH	SPA	1	SPA

Themes

- Poor communication
- Lack of control
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Wellbeing Group

- Representatives from
 - Theatre staff
 - Trade unions
 - Anaesthetic trainees
 - Consultant body

My Personal Strategies

- Acknowledge the risks
- Sleep
- Exercise
- Cautious with alcohol
- **Seek help**
- Don't worry about what people say/think
- **Cherish your friends**

Wellbeing Themes

- Better communication
- Listening – encourage feedback
- Supportive culture
- Engagement- be seen to value staff
- Talk about wellbeing
- Celebrate successes
- Fun

