

What does a failing organisation look like?

I work in Betsi Cadwaladr University Health Board (BCU) in North Wales.

The largest health board in Wales, serving 700000 people and employing nearly 17000.

The Welsh health minister recently put BCU into special measures for the 2<sup>nd</sup> time in the last 10 years, underlining serious concerns about the governance, leadership, and culture.

For us, special measures involves more direct control and scrutiny by our government.

As someone who has invested nearly a third of his life working here, it is hard to stomach, even if I do share concerns. It certainly doesn't feel like the brilliant, happy organisation I joined in 2007.

So - Is BCU a failing organisation?

To an outsider – maybe it is. But I work with lots of amazing, talented, inspiring people that any organisation would welcome with open arms. It is hard to understand how we came to be in this state.

Where has it gone wrong?

More importantly. How do we fix it? What does success look like? What kind of organisation do I want to work for?

I want to tell you the story of one BCUHB employee.

Mark works as a consultant and has very specialist skills. He is passionate about being a doctor because in his words, there are fewer privileges greater than being paid to take care of people and make them better. To have people trust you when they are at their most vulnerable.

He believed passionately in the NHS, and providing world class care for his patients. He has worked over a dozen hospitals across 4 different countries and could have chosen to emigrate and work in any of them.

But Wales was his tribe and his home, and he got his perfect job in North Wales.

Over the last few years, however, Mark has become Disillusioned. Despondent. Disengaged.

He lost joy in his work. Disillusioned by an over-strained system that has been left behind while the world around it has changed so much and is struggling with the demands being put on it.

Disillusioned by a system and an organisation that is so resistant to modernisation and change.

Disillusioned by the increasing levels of bureaucracy and the reducing levels of autonomy and independence. Disillusioned. Despondent. Disengaged.

Just turning up to work every day for an organisation that he no longer feels any real connection to. Knowing that he is not providing the best care for his patients but feeling that it is futile to try and improve things.

A year ago, Mark started looking for another job, maybe even another career. Maybe it was a mid-life crisis. Or maybe there is something wrong with a system that takes hard working people who are passionate about what they do and leaves them disillusioned, despondent, disengaged.

How many of you have felt like Mark? How many within BCUHB are like Mark? How many staff within the NHS are like Mark?

As you have probably worked out, I am Mark and this is my story. But only part of it. And sadly, my story is far from unique.

The NHS employs 1.4 million people. From recent national studies it is estimated that 47% of them are experiencing significant work stress and 1 in 3 staff report feeling burn out either all the time or most of the time.

1 in 4 nurses leave the profession within 3 years of qualifying.

85% of staff feel disengaged from their organisation.

The NHS has record levels of staff vacancies. In BCUHB alone there are 850 vacancies for nurses.

To make things worse we have record levels of absenteeism, with many staff off on long term stress.

Doctors who have burnout are significantly more likely to make a major medical error in the next month. Chronic stress and excess workload are associated with higher rates of death on intensive care.

High levels of staff stress are associated with less compassion for patients, poorer levels of care, worse patient satisfaction, and waste of financial resources.

We are breaking our staff. And patients are coming to harm as a result. This is what failure looks like.

We must accept this and accept that what we are doing is not working. It's not working for us and it's not working for the people we provide care for. We need to change.

So - Back to my story. In the end I chose not to quit. Instead, I chose to apply for the Climb leadership programme. I'd like to say it was because I wanted to take on a senior leadership position and become a champion for change. But to be honest, that was not on my agenda and still isn't. I mainly wanted to take time out and do something for me.

And over the last year, through Climb I have met some amazing people, both faculty and friends I have made on the course. And I have been inspired.

And somewhere along the way I regained a portion of that most precious of all things – hope.

And earlier this year, together with one of my colleagues Linda I found some more inspiration from Professor Michael West, an organisation psychologist, who wrote a book on Compassionate Leadership in healthcare.

So, we decided to create a study day on compassionate leadership and invited Michael West to our hospital to talk. That talk inspired this one.

Compassionate Leadership....

“Is that like a welfare day? Good for you – our nurses will appreciate some of that.”

That was quite a typical response. And I know some of you listening may be a bit cynical about it:

What does it even mean? I cannot do it justice in a short talk, but broken down to its most simple form – it's simple. Be compassionate. Attend and listen. Really listen. Understand. Empathise. Help. Compassion to your patients. To your colleagues. To yourself. Such a simple message.

It does sound a bit flaky, doesn't it? Compassion. "Being sensitive to suffering and wanting to alleviate it" – Sure it sounds a bit soft and fluffy. Being nice to people and all that. It's hardly something we need to learn – surely you either have it or you don't. Or maybe you think it is just the new fad, but with scented candles. Not as important as the hard leadership stuff.

OK. It's good to be cynical. I was cynical. So for all you cynics – here are some facts.

Being Compassionate - not only for those we care for, but for our colleagues, and for ourselves - improves staff satisfaction and staff engagement.

Berkshire health trust trained all their staff in compassionate leadership over 5 years and are now the Mental Health and Disability trust with the lowest level of staff stress and highest level of staff engagement.

OK. So what? Not only that, but this leads to better patient satisfaction, better quality of care and better use of financial resources. Wait. That doesn't sound soft and fluffy.

It is tried and tested. If you are sceptical, Read about Northumbria NHS trust and how it helped them become one of the highest performing NHS trusts in England.

Or the Isle of Wight who transformed their leadership culture and adopted compassionate leadership and then succeeded in turning themselves around from being in special measures to being rated as good within only 3 years.

That doesn't sound flaky. That sounds awesome.

And it's not a fad. Leadership programmes have been teaching these messages in different forms for decades.

And not only in the UK – The international Institute for Healthcare Improvement has a programme and a published framework for Improving Joy in Work.

And not only healthcare – but every industry. Some of the biggest and most successful companies such as Apple and Google promote a culture of compassionate leadership.

And you know, I thought - there is really something in this. And I thought - What if?

What if this is how we fix it?

What if we rebuilt BCU into an organisation with compassionate leadership as its core tenet? With clear values and purpose that all of us are invested in.

What if we made our workforce our priority.

What if we properly trained all our staff in compassionate leadership? Like they did in Berkshire.

What if we all supported each other to practice self-compassion. And take proper breaks.

What if we focused on Core needs at work, – Like having autonomy. A sense of belonging, feeling valued for your Contribution.

What if we looked at the root causes of staff stress and burnout. Like chronic excess workload. And what if we invested in technology intelligently to offload admin work from our staff. And what if we asked our staff what they would like to stop doing because it adds little value? - like Northeast London NHS trust, who eliminated 85% of their clinical audit work, and are rated outstanding by the Care and Quality Commission?

And what if we focused on retention of staff so we could have safe and sustainable levels of staffing?

What if we adopted a more compassionate approach to adverse incidents, focusing on learning and supporting our staff rather than blame and discipline?

What if we asked our staff – What would make this job brilliant? And then did something to make it happen?

An organisation that puts its staff first. Investing in their training. Not just clinical training, but leadership training. An organisation where staff are engaged and want to come to work, to learn and strive to improve things – and are trusted and given the autonomy to do so. Where our staff want more accountability. Where staff want to report their adverse incidents and want to learn from them. An organisation that takes in the disillusioned, despondent, disengaged, and turns them in to a happy, motivated, compassionate workforce. An organisation that we all feel a deep sense of belonging to.

That is an organisation that I want to work for.

And that is what success looks like.

I had a choice. I could stay disillusioned, despondent, disengaged. Just turning up to work, but not really caring. Or I could Change. Be part of the solution.

Change is uncomfortable. It took effort. It took inspiration. It took others to be compassionate to me. And for me to be compassionate to me. But I'm glad I made that choice.

If you feel disillusioned. Despondent or disengaged. You have a choice.

I would like to end now with three simple requests. All of you now have a choice. You could choose to do nothing. Or you could do three things to help be part of the solution.

First - watch the recorded lecture from Professor West. And if that inspires you, read his book – and then go on to spread the word.

Especially spread the word to those who are in leadership positions.

Let us start a movement to say to those who lead us – our managers, our executives, our politicians – this is how we want to be led. With compassion. This is the organisation we want to belong to.

Second - Ask yourself and your teams – What would make this job brilliant for you? And then act. Go on to help make it happen.

Finally. Above all else. Be compassionate – not just to your patients, but to your colleagues and most importantly to yourselves.

Really listen. Understand. Show empathy. And do what you can to help people be happy.

And I hope it gives you the happiness it has given me.

Thank you for listening.