

Harnessing the power of experience

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https://www.england.nhs.uk/ourwork/insight/insight-resources/

Insight resources

We want to help providers and commissioners to understand the use of patient insight better and to use it effectively in delivering local services. Publications on this page are designed to help build understanding and skills in this area and we will add new topics over time.

Bite-size guides

Our series of short guides are produced regularly as a quick reference to a particular topic. If you want to suggest future topics for inclusion, please email: england.insight-queries@nhs.net.

- Bite-size guide to 'seeking feedback in distressing or highly emotional situations'
- · Bite-size guide to 'writing an effective guestionnaire'
- · Bite-size guide to 'building greater insight through qualitative research'
- Bite-size guide to 'helping people with a learning disability to give feedback'. An easy read companion
 to this guide is available.
- · Bite-size guide to 'how and when to commission new insight and feedback'
- Bite-size guide to 'what's already available'
- Bite-size guide to 'Patient Reported Outcome Measures (PROMS)'









Experience as a key part of understanding quality





- The "experience economy"
- Experience gap the difference between what you think you're delivering and what the customer thinks
- Organisations that are not managing their experiences, are unknowingly racing to the bottom

My chemotherapy has left me vulnerable to walk far or stand for long periods of time so I have been having transport to hospital and use of a wheelchair on arrival. My consultant said "Do you really need that wheelchair" I was so upset my daughter made a complaint about him. He doesn't know the pain I'm in once I leave his office after a 10 minute appointment.

- If we are not competing on experience, we will not survive, we are on a race to the bottom
- Either intentionally racing to the top, on unknowingly racing to the bottom
- Customers will pay the "experience premium"





A range of research reports have demonstrated clear links between levels of *engagement*

- how motivated staff are,
- how much they are able to suggest and implement improvements, and
- how prepared they are to speak positively about their organisation,

and a range of outcomes for trusts including:

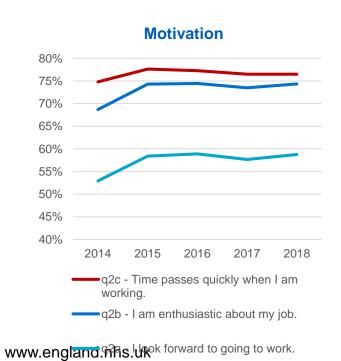
- patient satisfaction,
- patient mortality,
- trust performance ratings,
- staff absenteeism
- and turnover.

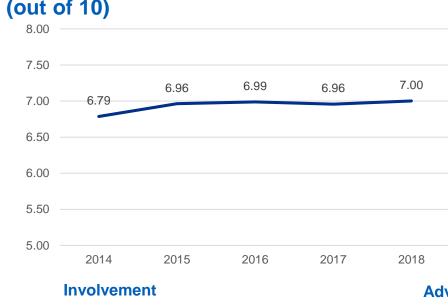
The more engaged a workforce is, the better the outcomes for patients; the difference between an average and good trust as measured by engagement scores in the staff survey is equivalent to around a 5% decrease in absenteeism or turnover, or about a 4% decrease in mortality.

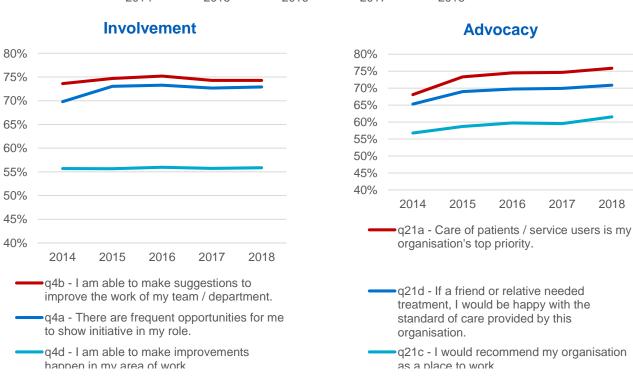


Staff Engagement Score (out of 10)

Staff engagement was one of the areas of the 2018 NHS Staff Survey where the overall indicator remained broadly stable (at seven out of ten).











- The most frequent three word comment over the last three years is "not enough staff"
- Other common frequencies, and becoming more common in 2017 and 2018 are "support each other", "work life balance" and "not fit purpose"
- The most common four words in comments over the last three years are "morale all time low" and "if your face fit". "Over last few year" was the highest in 2018. "line manag very support" and "not what you know" have become more common in 2017 and 2018.



Comments linked to higher engagement scores (2018)

- Staff with an engagement score of 9 or above (out of 10) were more than four times as likely to use
 the word "proud" in their comments as staff with a lower engagement score.
- They were more than twice as likely to use the word "enjoy" (or its derivatives, such as enjoying, enjoyment).
- They were more likely to talk about "support", and around twice as likely to talk about support from line managers or supporting each other.
- Staff with a high engagement score were around one third as likely to talk about staff morale than staff with a lower engagement score, and around half as likely to say there was not enough of something, or that they needed more of something.
- They were one third as likely to mention bullying, and also less likely to mention stress, pressure and pay.



Comments linked to lower engagement scores (2018)

- Staff with an engagement score of 2 or lower (out of 10) were more than four times as likely
 to mention bullying and over three times as likely to mention discrimination in their comments
 than staff with a higher engagement score
- They were more than twice as likely to use the word blame and were more likely to include "staff not", "does not" and "manager not" (including derivatives like management, managing) in their comments
- They were also more likely to mention mental health and morale
- Staff with a low engagement score were less likely to talk about support and less likely to use the word "improve" (including derivatives like improvement, improving)



Shared responsibility – experience along a pathway

My original diagnosis was delayed by my GP as he mistook a 60-year-old, post-menopausal woman showing blood in her urine for a urine infection, giving antibiotics over a 5-month period, before hospital referral.

Now I am palliative and have a limited time with my 26-year-old son who is a talented musician/composer. I will not see any future grandchildren, go to his wedding, etc. Angry is not the word. Educate GPs who prefer staring at computer screens than the whole person. First, do no harm.

I had breast cancer for the first time 10 years ago. When I asked about the risk to my daughter, the oncologist recommended that she see GP at age 30 and request to go on breast screening programme. He laughed and dismissed the idea. Two years later (the day I finished radiotherapy) she was diagnosed with a grade 3 aggressive breast tumour which didn't respond to chemotherapy, and now needs a mastectomy. I think an oncologist's view such as this should be put in writing to relevant GPs to avoid such dismissal of young people who are at risk to help avoid this. If my daughter had a mammogram two years ago, maybe this large tumour may have been caught before this end result for a young woman.

Community vulnerability; community trust



It taught us that when you rely on systems and keep replying on systems, there is a danger the minute you remove that element of "let's think about the individual rather than a system" – you know that there's potentially danger of miscommunication



https://www.kingsfund.org.uk/audio-video/fatima-elguenuni-grenfell

"that's the biggest lesson: unless we understand the individual we will not be able to deliver anything effective, and Grenfell has taught me that because individuals were saying things many, many years ago but they weren't listened to, and then we ended up with 72 people losing their lives because people weren't listened to"

"I don't care what you call it as long as you act on what you hear"



Thank you

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