Conversations for Kindness

Regulation in Healthcare – Exploring *if* and *how* this can be done with kindness

16 February 2023



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Context - Conversations for Kindness

About the movement

Conversations for Kindness is a monthly virtual meeting that was set up in the summer of 2020 by eight colleagues and friends working in healthcare across Sweden, the UK and the USA: Bob Klaber, Dominique Allwood, Maureen Bisognano, Goran Henriks, Suzie Bailey, Anette Nilsson, Gabby Matthews and James Mountford. The purpose of the meeting was to have some time together to continue some initial conversations around kindness, and its role at the 'business end' of healthcare, and to plan interactive workshops on this topic.

Conversations for Kindness

- Monthly Zoom call on the third Thursday of every month (6-7pm GMT)
- A focus on listening, learning, thinking differently and mobilising for action
- An open culture of sharing of resources, energy and ideas

If you would like to join the conversation for kindness, please complete this <u>contact form</u>



Joining the conversation from across the world

More than **70** Kindness in Healthcare community members came together from all over the world for this Conversation for Kindness. Once again, we had many new faces join us for the first time!



Rita Fernholm 18:02
Rita Fernholm, GP from
Sweden, glad to be able to
join!

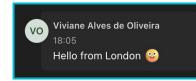


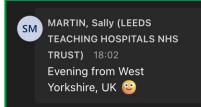


CS Claire Snyman (Guest) 18:06
Good morning, Claire
calling in from Vancouver.
Love attending this call as a
patient, TY for all your are
doing.

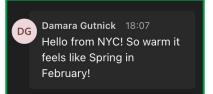
Ming-Ka Chan 18:02
Hello all - I am here at the
U of Manitoba on Treaty 1
Territory and homeland of
the Metis People. I am in
Pediatrics and work in the
spaces of leadership and
social justice







A few of the hellos from around the world...







Who did we hear from?

Our topic today covered the role of regulation in healthcare, whether kindness can and should be regulated for, and whether the process of regulation itself can be done with kindness. We heard from three speakers and spent time in small breakout groups and whole group plenary.



Our speakers

Victoria O'Brien

Victoria is a geriatrics registrar from the Thames Valley in the UK. She is undertaking a year-long national clinical director fellowship secondment to the Care Quality Commission.

Astrid Etherington

Astrid has a background in haematological medicine from Wales. She is completing a year-long clinical leadership fellowship with the General Medical Council (GMC) and has a keen interest in medical education.

Nigel Acheson

Nigel is the Regional Medical
Officer for the South Region of
the NHS England. He has
previously been the Deputy
Chief Inspector for the Care
Quality Commission.

This insights pack summarises the session, but you can also watch the event on YouTube

Insights from Victoria O'Brien

We first heard from Victoria, who is currently completing a fellowship secondment to the Care Quality Commission (CQC), a large regulatory body in the UK.

Why do we regulate care?

Victoria emphasised that the role of regulation is to hold services to account for the quality of care that is being delivered to patients, at a time of heightened vulnerability for patients and families. The provision of good care is not just viewed at the level of the individual providing care, but more importantly at a team and organisational level – how the team and organisation functions as a unit to provide the best and safest care to patients and families.

Teamwork and kindness enables outstanding care...

Outstanding care requires a positive working culture imbued with kindness that in turn helps health professionals come together to deliver a high standard of care.





Further insights from Victoria O'Brien

Victoria identified the categories the CQC look at when inspecting services:

Safe
Effective
Caring
Responsive
Well led

We also saw how kindness has been written into the regulation itself:

Caring: quality statements we will use to assess quality

Kindness, compassion and dignity
 We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

Victoria also highlighted how the CQC utilises the following approaches to facilitate kindness in care:

- looking at wider messaging and language use
- finding ways to amplify the patient voice through feedback, patient stories and via videos/publications.

We also heard more about Victoria's ongoing CQC work.





Insights from Astrid Etherington

Next, we heard from Astrid, who is completing a fellowship with another regulatory body, the General Medical Council in Wales. She shared thoughts regarding what kindness and compassion in healthcare look like from a regulatory perspective.

What does a regulator do?

Sets standards for good medical practice, investigates when things go wrong with care, ensures fitness to practice and that medical education supports the provision of a high standard of care, and maintains the medical register and revalidation process in the UK.

Astrid informed us that currently, kindness does not explicitly feature in GMC policies or documentation. Interestingly, a survey about whether to include kindness in regulatory work revealed responses were polarised as to the appropriateness and demand for this.





Further insights from Astrid Etherington

Data and kindness

Despite seeming like an abstract link, Astrid explained how as the GMC maintains the medical register, it means they can survey doctors and gauge workforce wellbeing. The GMC is then in a position to share these findings to highlight how important workforce wellbeing is in the UK and make necessary changes.

Astrid also featured some of the publications and ways that the GMC engages with their health care workforce.











Considerate Dignity Partnership

Reflections from Nigel Acheson



Nigel opened his reflections by sharing this message he encountered on a ward he visited recently. Nigel shared with us a formula for delivering outstanding care...

Focus on: ([patients + staff] X kindness) + curiosity = outstanding care

Nigel also explored the idea that outstanding care happens when you focus on staff – on the environment they work within, on training and teamwork, on the culture of the teams, organisations and leadership. When these conditions align, staff are able to be the best that they can be and this flows on to the patients and families in terms of the quality of care provided.



Reflections from Nigel Acheson

Nigel acknowledged the challenges of regulators coming on site and that often it makes people anxious. However, he explained that regulators are not looking for perfection, they are looking for organisations that are **SENSING** – an organisation/team's ability to sense need for changes or improvements and their ability to be responsive and make the changes they sense are required – this demands psychological safety which is very closely linked to team culture. Thus, team, organisational and leadership culture plays a huge role in the outcomes of care.

Nigel spoke of his own family's experience with care and highlighted Aidan Fowler's Patient Safety Strategy which identified **kindness** and **civility** as preconditions for high quality care.

The CQC is currently working to develop a model to identify the conditions for outstanding care which includes **team culture**, **leadership**, **sensing** and **responding**.





From the chat...

While we were hearing from Victoria, Astrid and Nigel, the wider group offered great reflections and insights into the discussion. A selection has been captured below:



Gill Phillips @WhoseShoes 16/02 18:13

That was really interesting, Victoria. They say that if you can get things right for people living with dementia, you get it right for everyone.

I loved the 'Mum test' introduced by Andrea Sutcliffe when she was CEO of CQC. Is it good enough for YOUR Mum? Simple things work best!







Hester Wain 16/02 18:22

My 79yo godmother is in Gloucester hospital after #NOF. She is missing her cat and someone on the ward has bought her a soft toy cat - that was unbelievably kind of them 😜







From the chat...



Thomas Lee 16/02 18:20

I like that equation for kindness for individual patients, but how to sustain kindness as a high reliability function -- not just for the patients we identify with, but for every patient? That's where I think transparency with patient ratings/comments is a lever regulators could press.



Dominique Allwood 16/02 18:24

'Kindness: It matters not just at the time or on the day, but leaves a lasting legacy and memory to families and patients' Thank you @nigel





Harvir (Guest) 16/02 18:26

I always wonder re the kindness culture, chicken/egg scenario- does an unkind culture promote the recruitment of likeminded people? I'd then extend that then that should compassion and kindness be emphasised on initial recruitment of potential healthcare students - thus recruiting likeminded folks





Breakout group discussion

We separated into small breakout groups, where we discussed our views and experiences with regulation, and how kindness fits into this as both a process and a measure. We then heard what arose from each group discussion, including:

Need to continue work to reinforce that kindness is a necessary tenet of quality improvement and activities, rather than the soft and fluffy. Regulation continues to be stuck in an adversarial space for patients and healthcare professionals, and this is an unkind space to be in. More effort and value needs to be placed on mediation, restorative justice processes etc.

Needing to create a just culture rather than a blame culture in regulation activities, with value placed on civility. Education and support is important to consider for regulators as well as healthcare professionals in order to improve the process and experience of regulatory activities.





Breakout group discussion

Need to gather evidence to show the impact of kindness on patients and families as well as workforce experience, healthcare team and organisational performance, and leadership impact.







HUGHES, Henrietta (LIBERTY BRIDGE ROAD PRACTICE) 16/02 18:50

So we talked about smiling and how important it is to celebrate patient's experience, stop'n'celebrate, the 10-5 rule and how people wait for permission to do the right thing. I've designated myself as the Chief Permission Officer for the NHS, to give people the permission they need. But this all needs to be within a just culture...







Nicki Macklin 16/02 18:53

Suzie Bailey we talked of the same issue - the process of regulation in the workplace can often feel stressful and unkind - the lens needs to turned back on itself as well to see the process from both the perspective of the workforce/team experience as well as the regulators experience.







Further resources

A number of recommended readings and resources were shared in the chat during the Conversation. These have been collated below:

These **regulatory resources** were shared:

- Care Quality Commission guidance for providers https://www.cqc.org.uk/guidance-providers/healthcare/kindness-respect-compassion-outstanding
- Caring for Doctors, Caring for Patients (General Medical Council resource)

 https://www.gmc-uk.org/-/media/documents/caring-for-doctors-caring-for-patients pdf-80706341.

 pdf

A **podcast** about the kindness movement in healthcare and health regulation was shared:

https://podcasts.apple.com/au/podcast/the-kindness-movement-in-healthcare-and-health-regulation/id1491991831?i=1000569149634



Further resources

A link to a **blog** about professional regulation and kindness was shared:

https://www.nmc.org.uk/news/news-and-updates/blog-professional-regulation-and-kindness/

A **infographic** of 'Why Kindness Matters' was linked:

https://www.england.nhs.uk/signuptosafety/wp-content/uploads/sites/16/2017/11/picture-of-kindness.pdf

A King's Fund **review** on The Courage of Compassion was recommended:

https://www.kingsfund.org.uk/publications/courage-compassion-supporting-nurses-midwives

