Health and Care Professions Council – 11 February 2015

Reports from Council representatives at external meetings

Executive Summary and Recommendations

Introduction

The following feedback has been received from the Chair of Council, Anna van der Gaag, reporting back from meetings at which she represented the HCPC:

- Leadership, stress and hubris – RSM, London on 17 November 2014; and
- Institute of Health Improvement Conference - Florida, USA on 7-11 December 2014.

Decision
The Council is requested to note the reports.

Background information
None

Resource implications
None

Financial implications
The cost for attendance at conferences/meetings has been incorporated into the Council annual budget.

Background papers
None

Appendices
Copies of feedback forms

Date of paper
2 February 2015

Name of Council Member	Anna van der Gaag
Title of Conference/Meeting	Leadership, stress and hubris RSM, London
Date of Conference	17 November 2014
Approximate number of people at the conference/meetings	600

An interesting programme of speakers including economists, bankers, psychologists and journalists.

Themes

Limited terms of office

Lord David Owen described how the symptoms of hubris syndrome were now well documented. A syndrome with a narrow range of symptoms but different from hubristic tendencies. A personality change in people who exercise power. Business schools are reluctant to teach it because they are often promoting a particular view of leadership which provides the seed bed for hubris. He advocated a change in the law as well as a change in the practice of corporate boards to ensure that no political leaders can serve more than two terms. He described this as a way of mitigating the risk of hubristic tendencies developing in leaders.

Use of independent research

The Chief Economist at the Bank of England proposed a new strategy at the bank which may mitigate the risk of institutional hubris developing in the future. He said the bank needed a cultural revolution in which research was independent of policy. "To date research has been used to nourish prevailing policy. In future we will have a stricter separation between our policy position and the research activity"

Use of influential partnerships

Gillian Hyde talked about the need for more influential partnerships, ones in which leaders were challenged by trusted colleagues who did not pose any threat to their position. She cited examples from history, where political leaders have been challenged by their wives and from literature, where King Lear was chastised by his trusted jester.

Do we get the Leaders we deserve?

Several speakers talked about the expectations which society, business and public life place upon leaders - confident, decisive, bold but not good listeners and intolerant of criticism, feedback. The kinds of leaders the media most want to hear from are those with big personalities, controversial, unpredictable, rather than people who are quietly getting on with the job. The media feeds the stereotype and is very good at "stoking hubris"

What are the characteristics of hubris?

Several speakers talked about the dark side, or the toxic consequences of de-railment. Leaders often start well and then become hubristic. Root causes of derailment - this is often the result of personality traits such as;

- Troubled relationships, unable to establish and maintain healthy functional relationships in a full 360 arena

- Self image issues eg an unstable sense of self (self-awareness)
- Major changes that require adaptation. Versatile leaders rise to the challenge but de-railers get stressed, become defensive and behave inappropriately. 50% of managers fail and de-rail. The managers most likely to fail are antisocial, narcissistic and histrionic with a disregard for the rights of others and no conscience.

The selection process
People are Always "selected in" and not "selected out"
There is an assumed linearity between competencies and success
We are good at not seeing the dark side of bright side traits and the bright side of dark side traits. Do a careful check...
Can the candidate do relationships? Are they self-aware?
Beware excessive charm!

Implications for HCPC
Useful to explore this construct of hubris periodically - particularly at our awayday sessions - a sense check on our own blind spots as individuals and as a board. The importance of peer feedback, encouraging self-awareness, and exploring our own cognitive blind spots, and where we might be "looking for the keys under the wrong lamp post".

Name of Council Member	Anna van der Gaag
Title of Conference/Meeting	Institute of Health Improvement Conference Florida, USA
Date of Conference	7-11 December 2014
Approximate number of people at the conference/meetings	5,300

This was the 26th IHI conference, The first conference was attended by 250. Don Berwick, one of the founders of the IHI gave the closing keynote and Maureen Bosognano, the current CE, and Derrick Feeney (formerly CE at NHS Scotland) the opening address. Atul Gawande and Robin Roberts were the other keynote speakers.

The ambition of the IHI is to see 100 million healthier lives by 2020, through better safety, optimised access and flow for right care at the right place and the right time. The patient safety movement has, up to now, focused on reducing harm and error on the technical side of care, but its emphasis is changing.

There was for example a big emphasis on looking a new ways to reduce burnout and work on the human aspects of care. One example of this was to regularly ask colleagues as well as patients "what matters to you?" Having strong and resilient relationships at work was seen as key. Kindness and compassion were seen as just as important to good care as technical skills and knowledge. Research on kindness at Stanford University showed that kindness can be more effective than an aspirin in preventing a heart attack. Addressing these aspects of care, both for patients and for health professionals, was given great emphasis (aligns with our professionalism and disengagement work). Good to see Gerald Hickson at the conference, with his model of "the power of an honest conversation"

Perhaps the biggest shift was in thinking about how to improve health as well as health care. Inequality, Loneliness, poverty, lack of education, family discord, corruption amongst other social determinants were referred to frequently. Health professionals collectively can help to tackle these. Many countries have spent too much time and resource on acute care, neglecting the bigger issues of population health. There needs to be much less waste, and much more of a focus on social determinants of health in the future.

The second big shift lies in the power base of medicine. IHI is strong on the need for healthcare to be delivered in teams, with the patient at the centre. "Doctors as partners - we are no longer operating industrialised medicine, Where doctors had all the control and power, are gone. Now who is the centre of the team? Not the doctor but the patient" This came from a leading doctor at Kaiser Permenante, who, together with the author Charles Kenney has written a book about the changes in the medical profession. Kenney talked about "Dirty little secrets" in American medicine, and the Common knowledge that doctors will not refer their family or friends to these doctors. Patients don't know about this. Around 5% of doctors are bad doctors, for a complex range of reasons - addictions, family problems, some who shouldn't have been doctors in the first place, and others for whom the pressures become too much. The future of health care lies in teams, not individuals, was a strong message from many speakers.

Atul Gawande added to this theme, exploring the ways in which doctors deal with death and dying. Badly. "Medical school didn't teach me about mortality. People with frailty, chronic illness, terminal illness. I didn't know what it meant to be competent to fix these problems. I interviewed families, clinicians, nursing home workers, geriatricians. A group who felt comfortable working with these patients. People have priorities in their lives besides living longer. For example, to be pain free, to be able to live at home, walk the dog. The most reliable way to find out - is to ASK them! We don't do that! We sacrifice people's priorities in the name of living longer. We need to have those conversations, and to walk through the processes, and serve those different priorities"

There was a particularly powerful presentation by members of the Danish Society for Patient Safety. They described four essential elements - patient empowerment, having no blame culture, building improvement capability at every level, and having the right leaders in place to support improvement. Denmark has a no blame legal framework, which allows staff to raise issues without fear of recrimination. This has led to greater transparency in the system and better outcomes for patients.

Key lessons:
The movement towards team based care, and doctors giving up power is alive and well in the IHI!
We need a focus on promoting health not just improving health care
We need a focus on kindness and compassion, as well as technical skills
Can we learn more from the Danish model of no blame?
Danish app - with examples of the kinds of questions to ask doctors - written by patients and other professionals, each about specific diagnoses.
Could all staff be trained in quality improvement? (Scotland already leading the way in this)
Could staff be encouraged to display safety information on whiteboards eg number of days since last adverse event...focus on who the person was, rather than the data and the numbers. (Salford an exemplar in the UK)

Key lessons for HCPC

Reinforces our focus on professionalism and ethics as key to good practise.
Reducing burnout. Ask colleagues - what matters to you? On a regular basis as a way of externalizing anxieties
Team based care - could we do more to stimulate debate on this in the UK? Reinforce its value? As a multi professional regulator, is this a role we can or should play?
Is there more that we could add to the SoPs or SETS on quality improvement?