

## Senior PWP Network

### Table Top Discussions 04.06.2019

## Summary Feedback on Compassionate Leadership

### Key points fed back:

#### Q1. In what ways can work contribute to our or staff's ill health? How do we currently acknowledge our own or staff's compassionate behaviour at work?

- "In the moment" real time recognition and acknowledgement/feedback
- Positive affirmations jar (how person made self feel in a difficult moment) to be read out at team meeting. Just somebody saying thank you. Role models the behaviour for others.
- Naturally in supervision.
- Need to be compassionate to self (lone working creates additional needs)
- Contribute to ill health – communication (how to talk to one another) – not being listened to – not doing it that way
- Acknowledge
  - star wall (patient feedback and thank you feedback)
  - thank you's and acknowledging good work at team meetings
  - thank you jar
- High demands
- KPI – that are increasing
- Staffing pressures (locums)
- How do we know? They tell us
- How do we acknowledge? Individual praise – one to one/in team meeting/mirror their behaviour/share best practice
- Supervision – feedback – conversation
- No set bases – contact
- Time at team meetings – staff isolated
- 1:1 supervision/group supervision
- Acknowledge effort – quality/quantity
- Support staff/targets – look at ways of working
- Plate spinning/workload/recruitment/retention
- Knowing team dynamics/teamwork

#### Q2. How do we currently model the components of compassionate leadership? What are the barriers (internal and external)

- Be aware
- Model the behaviours
- Control emotional intelligence in an appropriate way. Open conversation. Feedback in appropriate way so it's supportive and constructive.
- Showing you are still a PWP – "walking the walk" as well as "talking the talk". If that's not there then you can lose respect. Authenticity is key.
- Barriers – trust – staff don't feel safe in receiving the feedback
- Model leadership and barriers
  - checking in with staff and encouraging lunch breaks
  - opportunities to speak with leadership
  - supervision – checking in/debriefing/encouraging clinical decision making
  - asking team for input and feedback
- Helping: solution focussed
- Time to check in on well being before commencing CMS/meeting etc
- Share good news in clinical skills

- Praise via CMS
- Adapt to individual needs
- Giving genuine feedback
- Team days
- Barriers – time challenge/their willingness to change/KPIs
- Not power
- How do we do this? Open management team
- Language use
- Action what we say
- Accountability
- Time – listening
- Personal life of staff
- Taking interest as a person
- Modelling wellbeing/wellbeing activities
- Wellbeing ambassador

### Q3. How could we support each other to lead more compassionately?

- Allowing more time for reflection for self and teams.
- Difficult to maintain compassion when have other external factors eg. IT problems.
- Can support each other – have a conversation with others; recover any situation where haven't modelled the behaviour self eg. by thinking about behaviour and recognise it and speaking to others acknowledging how it came across and not intended. Recover your mistakes. Ask for feedback.
- Feedback is a gift.
- Support one another
  - creating time and space to check in and learn
  - using tools to check team's views and ideas – using this to reflect/learn
  - working groups – having opportunity to be part then they can choose to engage
  - looking about how we speak with them
- Share good practice
- Be flexible
- Its ok not be ok
- Link KPI to patient journey
- Protected time – away days
- Consensus with management
- Trust of staff/management
- Trust leadership team
- Engage staff