



globis
MEDIATION GROUP

Clive Lewis OBE DL

The cost of conflict in the NHS

What finance departments need to know

Clive Lewis OBE DL
Business Psychologist



WORKPLACE MEDIATION



Is it helpful for
evidence-based
organisation diagnosis
in the NHS?


ALTERNATIVE DISPUTE RESOLUTION
**MEDIATION
IN THE
NHS**

CLIVE LEWIS OBE DL
BUSINESS PSYCHOLOGIST



**THE
ESSENTIAL
EIGHT**


RECOMMENDATIONS

QUALITATIVE RESEARCH



- 40 cases
- 2-year period
- Clinicians and non-clinicians



CONFLICT IN THE NHS

- 2.6% increase in absence
- £0.5bn cost to taxpayers
- 34,000 deaths





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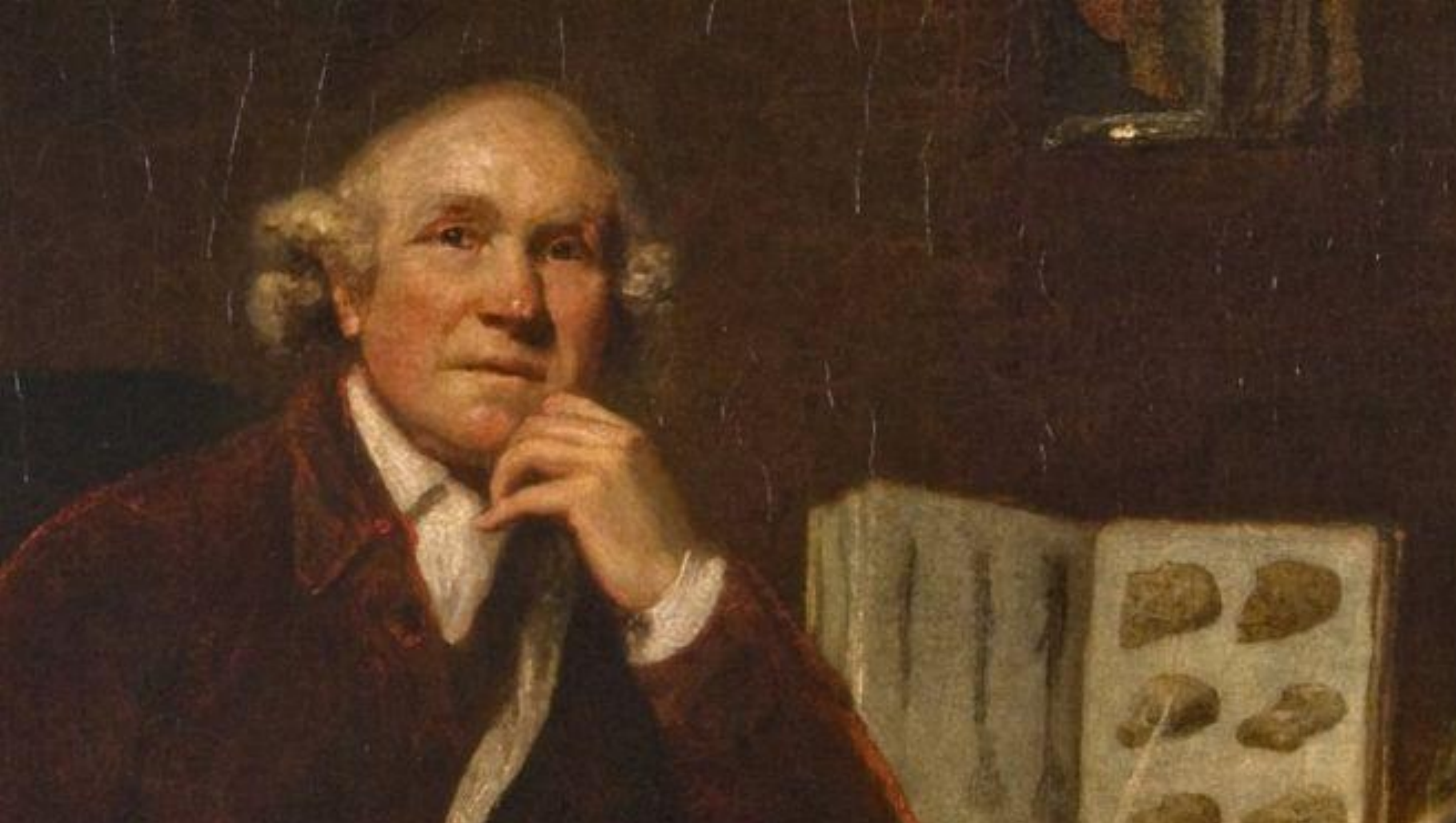
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THE NHS

OVERVIEW

IMPORTANT HISTORY

UK HEALTHCARE HEALTHCARE SERVICE

**FOUNDED
70 YEARS
AGO**

HIGH CAPACITY



**1m patients
every 36 hours**

**22m A&E visitors
every year**



QUALITY HEALTHCARE



Free at point of use

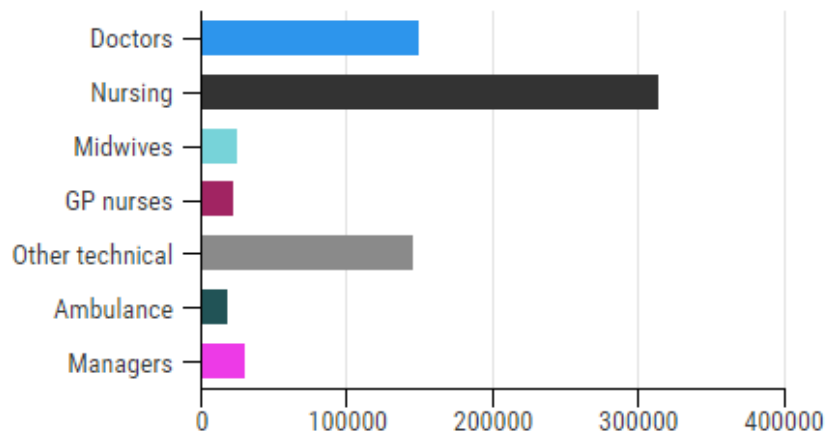
EMPLOYS 1.5 MILLION STAFF



ANNUAL BUDGET

£116bn

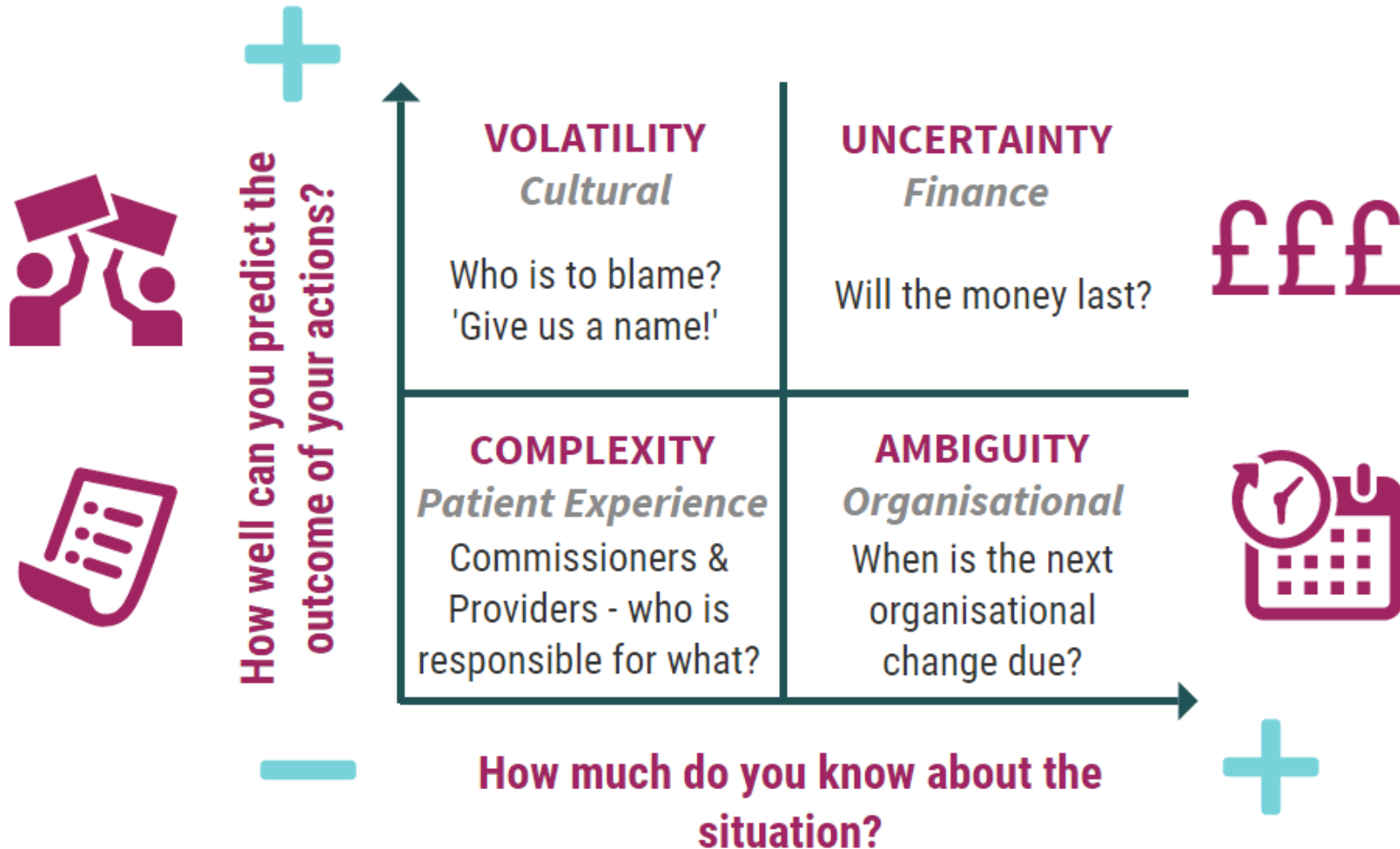
HIGHLY REGARDED WORLDWIDE





THE VUCA MODEL

FOR HEALTH





HEALTH SNAPSHOT MAY 2017

STAFFING



Refusal to guarantee the rights of NHS staff and care workers have led to record vacancies



Hospital CEOs being encouraged (bullied) to sign up to cost control measures

Record levels of stress in General Practice

40,000
nursing vacancies



Increase in suicide rates including female nurses



50% of Junior Doctors refuse to go straight into specialist training = Rota gaps in specialties (e.g. paediatrics)



HEALTH SNAPSHOT MAY 2017

PATIENTS



Admissions for malnutrition have trebled since 2007

30,000

extra deaths in 2015 - due to Austerity



>200,000
people waited >4 hours in A&E in February 2017



Number of people waiting >12 hours on a trolley doubled



Nearly 4 million people are waiting for operations

30 hours

The amount of time some patients had to wait on a trolley





CONFLICT IN THE NHS

REVIEW

34,000 PEOPLE KILLED DUE TO HUMAN ERROR



1 IN 10 ACUTE CARE PATIENTS
KILLED/INJURED DUE TO
MEDICAL ERROR OR MISTAKES

POTENTIAL NHS SHORTFALL
BY 2020/2021

£30bn

EFFECTS OF CONFLICT



Mistakes and conflict are often linked



Enhancing quality



Reducing costs



Increased levels of conflict



A COST EFFECTIVE METHOD
OF ALTERNATIVE DISPUTE
RESOLUTION IS REQUIRED



WORKPLACE MEDIATION

OVERVIEW

MEDIATION



A FORM OF

ALTERNATIVE DISPUTE RESOLUTION



DISPUTE RESOLUTION

Power



Rights

Interests



ADVANTAGES



1-day process

Cost effective



Accounts and explanations

USE IN THE NHS



NHS Litigation Authority Pilot Scheme

INCREASING, BUT NEEDS WORK





APPLYING MEDIATION

IN THE NHS

A form of
palliative care



A type of
accident and emergency department



Helping to
diagnose problems

Providing
ongoing treatment



Analogous to the
role of public health for the prevention of future diseases



Psychological trauma



A
heuristic process



RESEARCH

OVERVIEW

What could be learned from conflict situations and outputs of mediation sessions?



What preventative measures should be considered to:

- o Nip conflict situations in the bud
- o Avert conflict situations from escalating
- o Improve organisation effectiveness



Convenience sampling with qualitative data

Quantitative

- Based on meanings derived from numbers
- Collection results in numerical and standardised data
- Analysis conducted through the use of diagrams and statistics

Qualitative

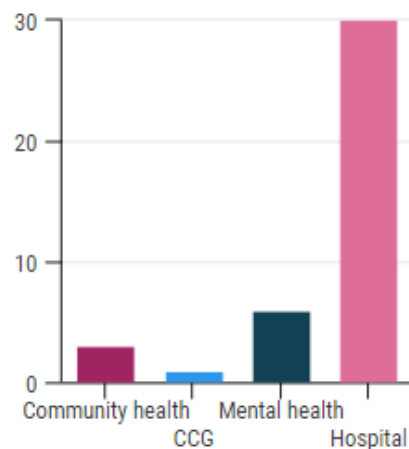
- Based on meanings expressed through words
- Collection results in non-standardised data requiring classification into categories
- Analysis conducted through the use of conceptualisation

40
mediation sessions

2014 - 2016



83%
parties involved were clinicians



83.5% of cases led to output documents



The **Essential Eight** themes

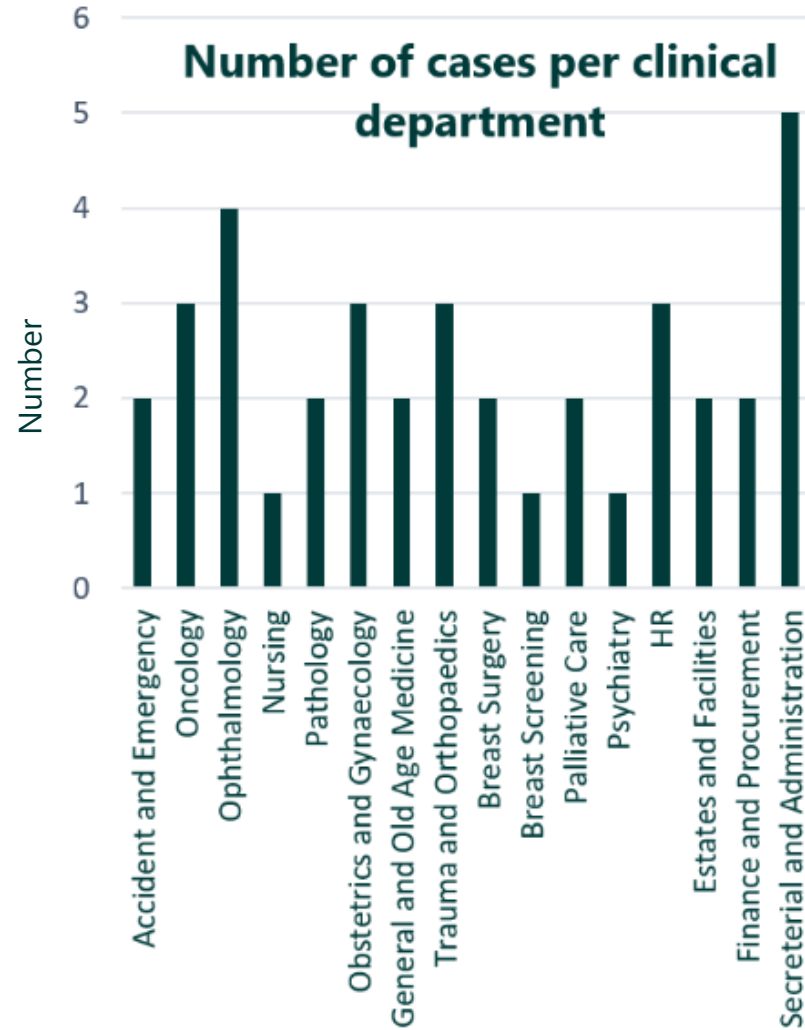


(plus outliers)





RESEARCH





THE ESSENTIAL EIGHT

OVERVIEW



Clinical and non-clinical staff inability, reluctance or fear to have a **DIFFICULT CONVERSATION** with a colleague

A lack of awareness with regard to current **DIVERSITY AND EQUALITY** best practice



Organisation **INTERNAL PROCESSES** such as the grievance and disciplinary process taking place of adult to adult conversations

A perception that the way some people had been treated amounted to **BULLYING AND/OR HARASSMENT**

Consultants being promoted to **CLINICAL LEADS** without subsequent basic people management training

A lack of understanding about the power of an **APOLOGY**



Difficulties in completing the **JOB PLANNING** process for clinicians

Line managers lacking experience in carrying out **RETURN TO WORK INTERVIEWS**



1. DIFFICULT CONVERSATIONS

What could be learned from conflict situations and outputs of mediation sessions?



19 months + 2 weeks

the average amount of time it took for a conflict case to go to mediation



80% of output sessions listed face-to-face conversations as an action point



8 years

the longest time it took for a conflict case to go to mediation



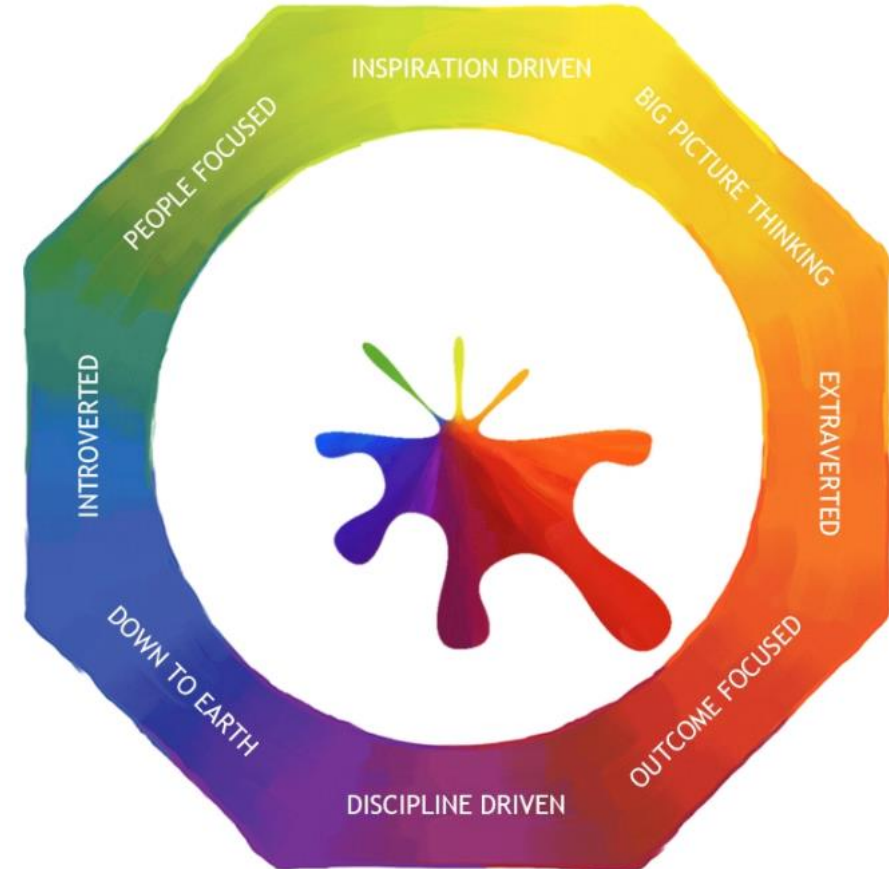
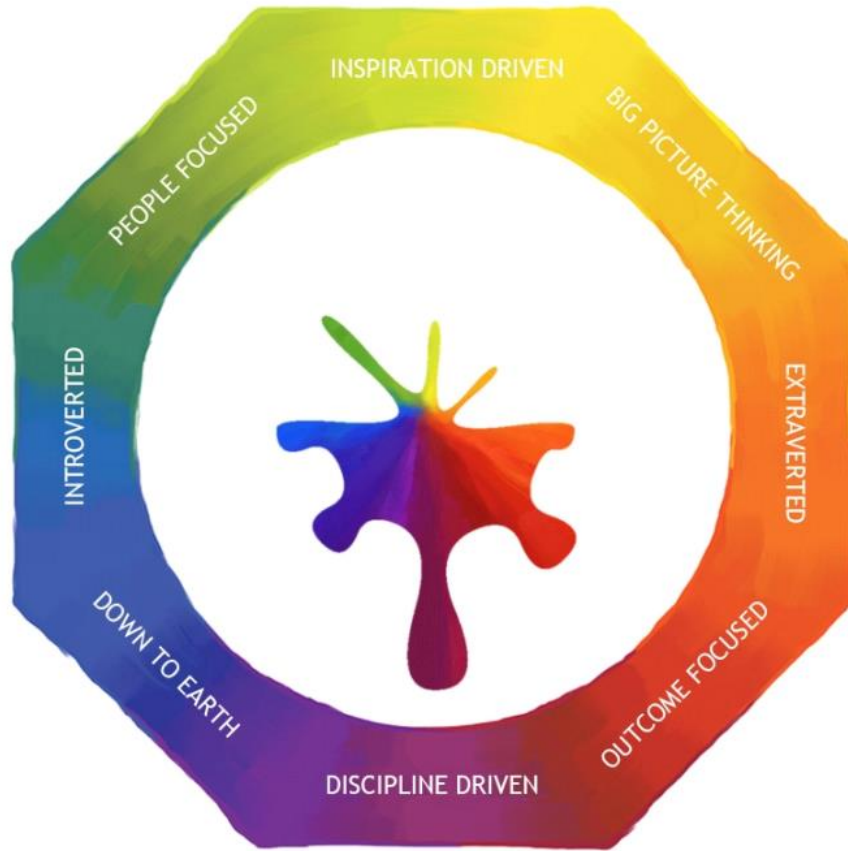
constructive controversy did not appear to be part of NHS culture



RESEARCH

OVERVIEW

What could be learned from conflict situations and outputs of mediation sessions?



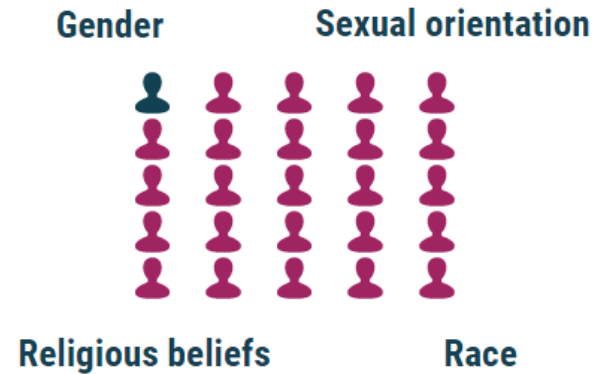


2. EQUALITY AND DIVERSITY AWARENESS

What could be learned from conflict situations and outputs of mediation sessions?

32.5%

of cases featured a breach of an equality and diversity issue



Of these cases **46%** explicitly stated that **Equality and Diversity training and briefing** should be undertaken either by the parties themselves or other colleagues **across the organisation.**





3. INTERNAL PROCESSES

What could be learned from conflict situations and outputs of mediation sessions?



In 80% of cases the internal grievance process prohibited the parties from having adult to adult conversations



4. BULLYING AND HARASSMENT

What could be learned from conflict situations and outputs of mediation sessions?



65%

of cases featured
some element of
**bullying and
harassment**





5. CLINICAL LEAD TRAINING

What could be learned from conflict situations and outputs of mediation sessions?

In seven (17.5%) cases, the line management capability of the Clinical Lead came into question.



In all these cases the clinical lead had been promoted from their Consultant role and was required to manage a team.



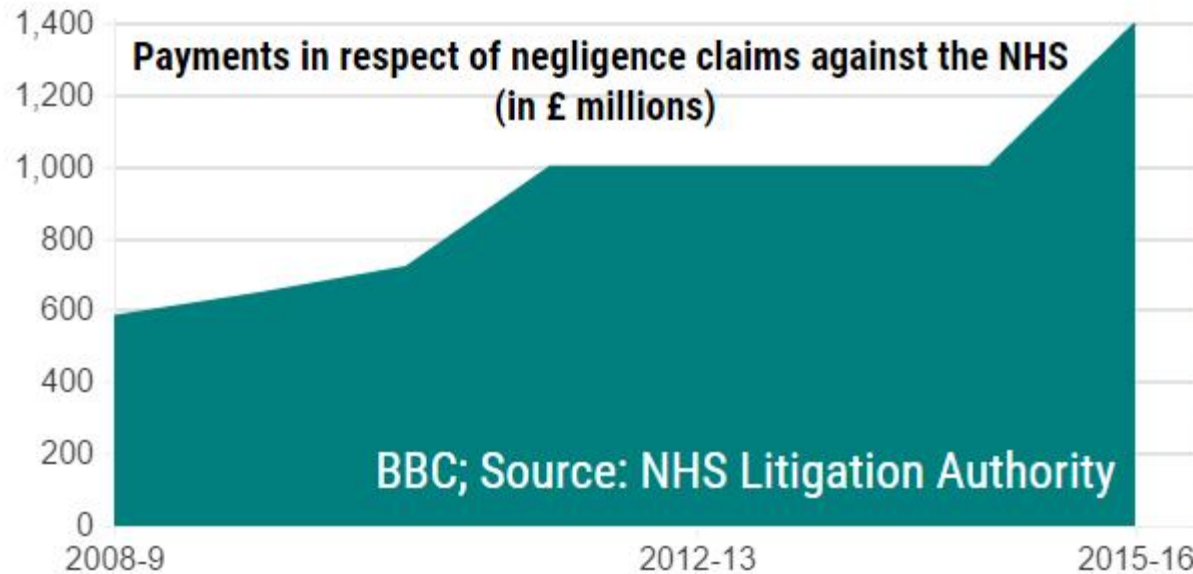
In just one of these cases was the clinical lead provided with training on appointment.





6. AN APOLOGY

What could be learned from conflict situations and outputs of mediation sessions?



In **67%** of cases giving/receiving **an apology** was **crucial** to reaching settlement.



7. JOB PLANNING

What could be learned from conflict situations and outputs of mediation sessions?

In 22% of cases

**a failure to complete the job
planning process contributed
significantly to the conflict**



**Senior personnel need to be
better equipped to conduct
the job planning process
fairly and consistently with
all clinicians.**



8. RETURN TO WORK CONVERSATIONS

What could be learned from conflict situations and outputs of mediation sessions?



In cases which involved a period of **sickness and absence**, line managers were **overwhelmingly unwilling or unable** to have a **return to work conversation** with the said member of staff.



In the two cases where the line manager carried out the return to work conversation, this **speeded up the process of flushing out conflict issues**.





OUTLIERS

What could be learned from conflict situations and outputs of mediation sessions?

Cancelled operations on day of surgery

176%

Increase in the number of operations cancelled on the day of surgery in a 3-month period in one team

Significant backlog in breast screening

6 months

Time it took to clear backlog of breast screening caused by breakdown in communication in one case

Cost of replacement staff

£895

Average cost per day for locum staff to cover absence during one case in an Emergency Care team

Serious untoward incidents

- Death, serious injury or was life threatening
- Contributed to a pattern of reduced standard of care
- Involved a hazard to public health
- Caused serious disruption to services
- Involved the absconding of a patient detained under The Mental Health Act
- Caused significant damage to NHS assets

Increase in the number of sick days being taken

Of 17 cases with 176 people, 39% took an average of 3 months and 1 week sick.



Highest = 9 months
Lowest = a few days



3020

Total number of days sick



7.9%

Absence rate



2.6%

Increase caused by conflict



This sickness level could cost an extra £2million per organisation



ANALYSIS AND DISCUSSION

FINANCIAL COST

For every **1% reduction in sickness and absence levels**, there is a **knock on benefit of at least £1m** to the bottom line for the hospital



EFFECT OF GRADING

The **12 grading levels** in the NHS, exacerbated by the sheer numbers of staff, can **work against the resolution of conflict**



BUSINESS CASE

Grievance cases take an average of **7 days of line manager and 7 days of HR time**.
Mediation takes an average of **7 hours**.

IMPACTS OF TRAINING

63%

The reduction in contentious issues reported following 12 months of a series of development programmes



58%

Reduction in grievance cases after Difficult Conversations training

5.8% -> 4.6%

Associated reduction in sickness and absence rate

COSTS TO THE NHS

24% of line managers' time spent on conflict

Cost of conflict: £0.5bn

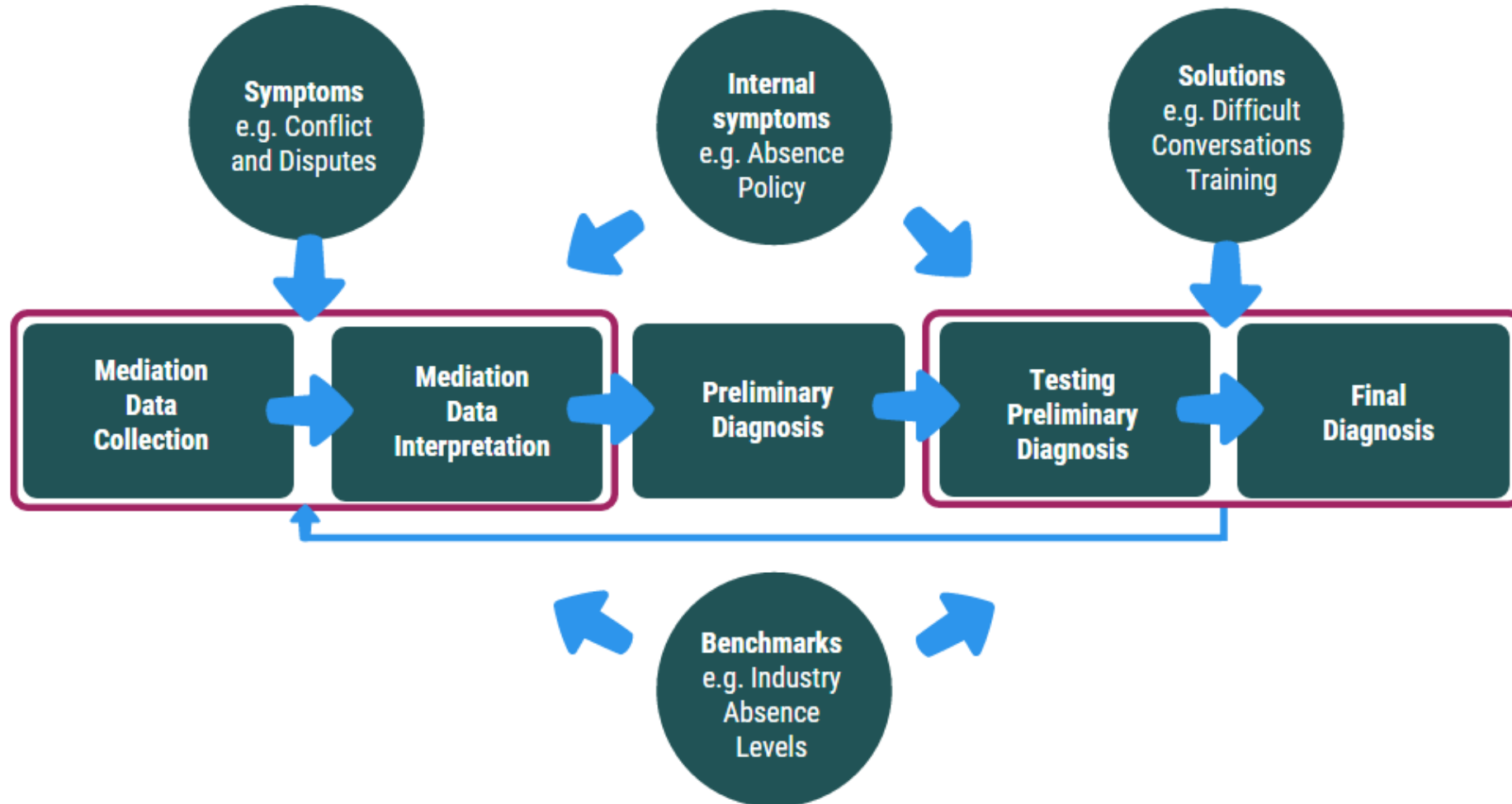
Costs from:

- Sickness & absence
- Productivity reduction
- Mistakes
- Temporary staff cover





MEDIATION-BASED DIAGNOSTIC PROCESS





MODELLING



- Robust process to identify how methods and practices can be improved
- Specialise in the detection of disease through the use of a variety of investigative techniques
- To draw a comparison, **untreated conflict can become a disease in organisations** which untreated, has the potential to harm, fester and lead to long term damage

Precise, meticulous, evidence-based diagnostic process takes time

Knowledge of symptoms, standards and solutions must grow and become integrated



McFillen et al (2013)

Understanding of causal relationships among symptoms, causes and solutions must develop

A systematic process for disseminating relevant knowledge must be established

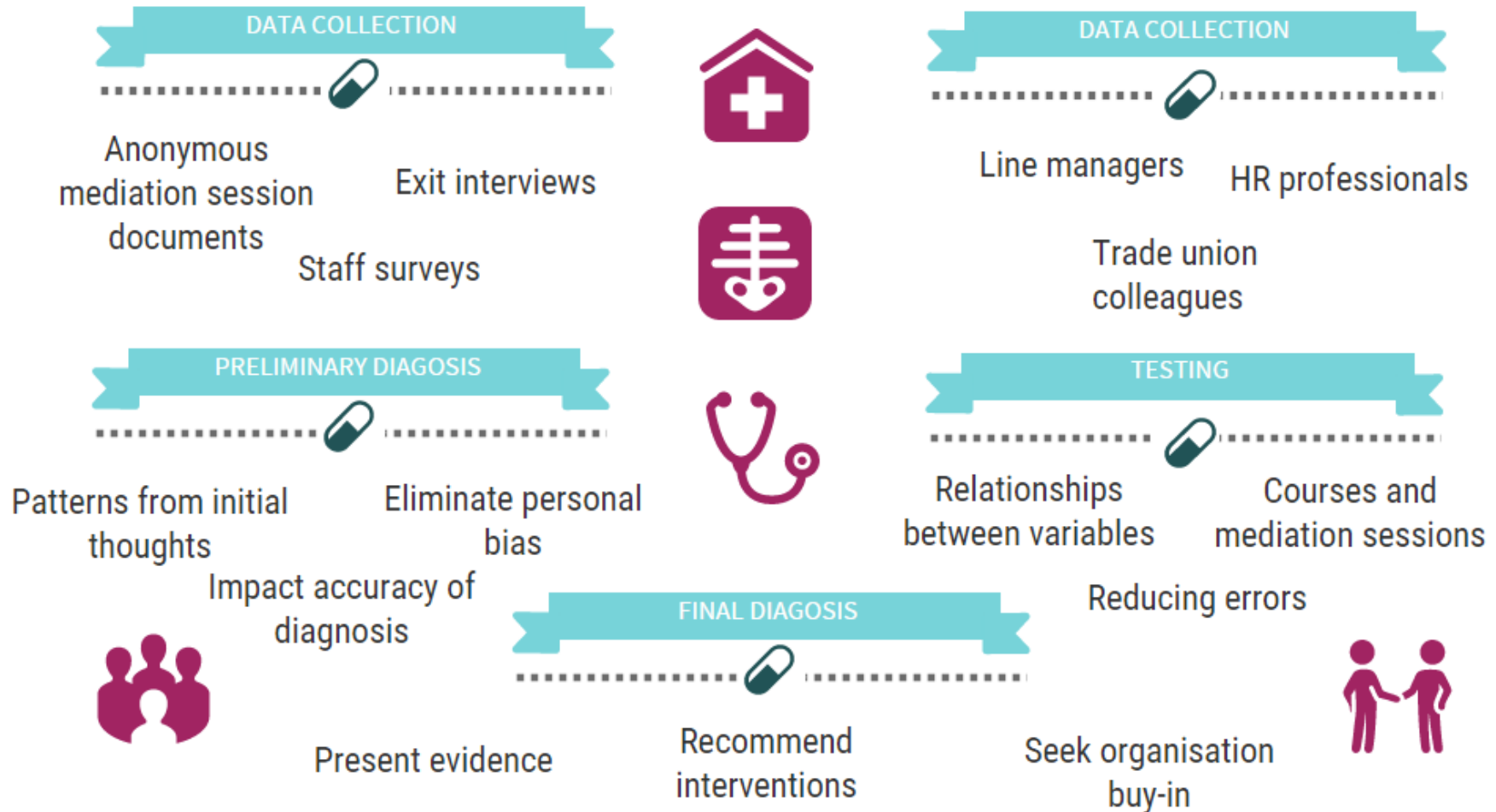
Researchers and practitioners must collaborate to establish evidence-based practice



Implementing and testing actions will confirm whether diagnosis has been correct or not



MEDIATION-BASED DIAGNOSTIC PROCESS





RECOMMENDATIONS



- Implement training and implementation plans from 'The Essential Eight' areas identified



- Extend the Mandatory Training framework to incorporate 'The Essential Eight' (link to accredited learning in line with The Rose Report)



- Establish a Mediation Protocol for every health organisation



- Implement measures to track time and financial savings success



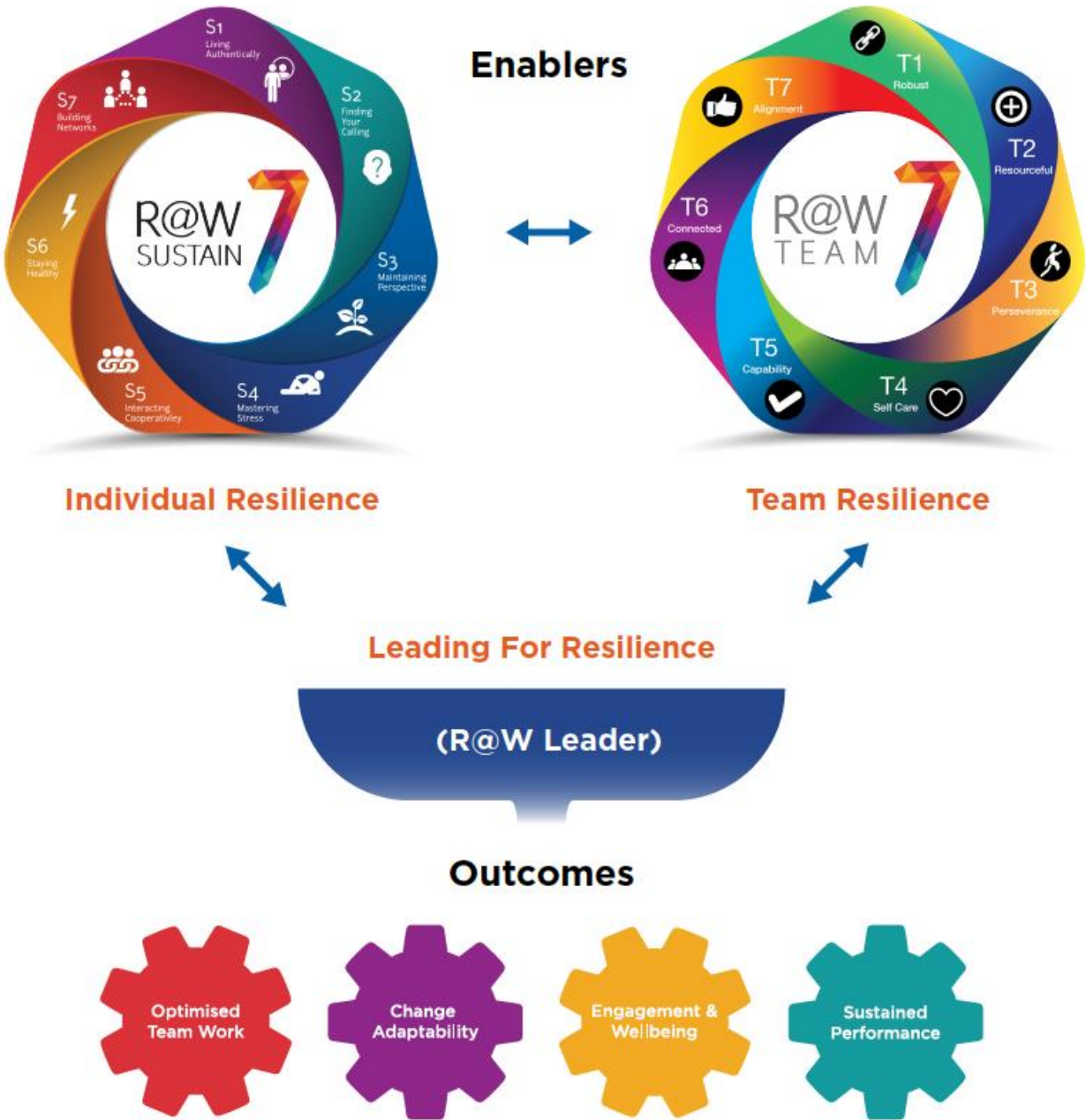
- Identify conflict as a risk to be captured within the Risk Management Framework

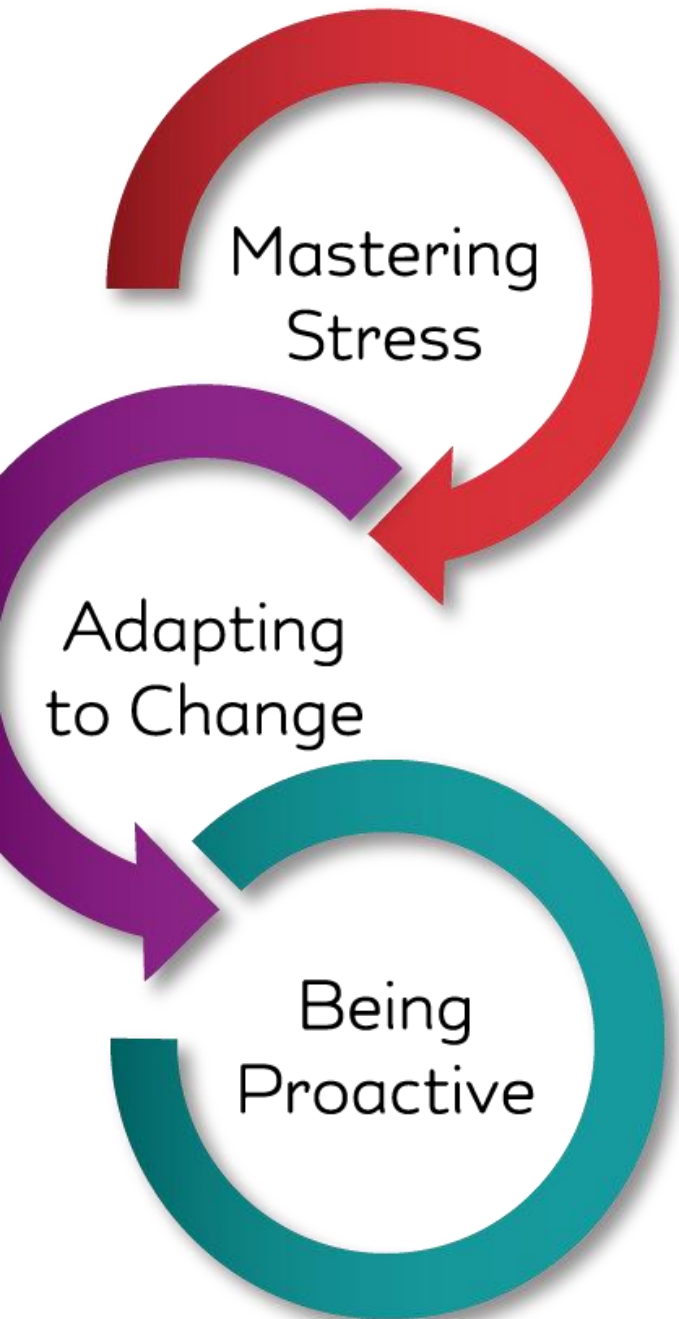


- Ensure cultural change to initiatives include training line managers in basic mediation skills



Resilience Toolkit Overview





Our Definition of Resilience

An individual's capacity to manage the everyday stress of work and remain healthy, adapt and learn from unexpected setbacks and prepare for future challenges proactively.



THANK YOU

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