

BOARD PAPER - NHS ENGLAND

Title: Compassion in Practice - One year on

Clearance: Jane Cummings, Chief Nursing Officer

Purpose of paper:

- This paper informs the Board on the publication of *Compassion in Practice - One year on* and provides: an update on governance arrangements for delivery of Compassion in Practice; feedback from the recent CNO Summit 2013; and information on priorities for Compassion in Practice in 2014/2015.
- An update is also provided on the publication of a 'How to' guide on nursing, midwifery and care staffing capacity and capability.

Key issues and recommendations:

- The report provides an update on progress in delivering Compassion in Practice, with further details available in the recently-published report *Compassion in Practice – One Year On*.
- It draws attention to the links between patient outcomes and levels of staff available to care for them, highlighting key issues from the recently-published "How to" guide by the National Quality Board. Action is required from providers, commissioners (both local and national), regulators and NHS England in order to underpin the expectations outlined in this guide.
- The report describes 2014/2015 priorities for inclusion in the NHS England planning guidance, and provides information on work to help spread good practice, including further population of the 6CsLive! Communications Hub.
- The Board is asked to note the progress made, agree priorities for 2014/2015, consider the role of NHS England in providing leadership for this important work, and consider ways in which they can personally support and champion Compassion in Practice.

Actions required by Board Members:**The Board is asked to:**

- Note the progress made with Compassion in Practice and the publication of the staffing guidance;
- Agree the 2014/2015 priorities for Compassion in Practice;
- Agree the role of NHS England in gaining assurance that commissioners (both CCGs and NHS England) are referring to the 'how to' guide in discussions with their Providers; and
- Consider how they can support the implementation of Compassion in Practice and the 6Cs.

Compassion in Practice – One Year on

Background

1. The Chief Nursing Officer (CNO), England, published Compassion in Practice, the vision and strategy for nursing, midwifery and care staff, in December 2012 at the first CNO's Conference.
2. Compassion in Practice sets out the shared purpose for nursing, midwifery and care staff to deliver high quality, compassionate care and to achieve excellent health and wellbeing outcomes. The three-year strategy is built on the enduring values that underpin care wherever it takes place; to allow each nurse, midwife and care worker to deliver the high quality care that patients expect and that nurses, midwives and care staff want to deliver.
3. The strategy centres on core values and behaviours, recognised by patients and carers alike, which are encapsulated in the 6Cs: Care, Compassion, Competence, Communication, Courage and Commitment. Each of these key concepts has been defined through extensive consultation with patients, nurses, midwives and care staff.
4. The implementation plans of Compassion in Practice have national, local and individual actions. This is a nursing, midwifery and care staff strategy which is being delivered by the health and care system with national bodies and regulators leading on a range of initiatives.

Progress on the delivery of Compassion in Practice

5. Since the publication of Compassion in Practice there have been several other publications such as the Robert Francis Inquiry Report, the Berwick Report and Keogh review which all support and reinforce the actions set out in Compassion in Practice last December.
6. The 6 areas of action for Compassion in Practice are:
 - Helping people to stay independent, maximising wellbeing and improving health outcomes
 - Working with people to provide a positive experience of care
 - Delivering high quality care and measuring impact
 - Building and strengthening leadership
 - Ensuring that we have the right staff, with the right skills in the right place
 - Supporting positive staff experience
7. These are led by a senior responsible officer to ensure the timely delivery of the implementation plans. The work being done and an update on progress can be

seen in the Compassion in Practice – One year on publication at:

<http://www.england.nhs.uk/2013/11/26/transparency/>

8. The 6Cs now has wide acceptance and reach throughout the nursing, midwifery and care staff workforce in the NHS across England. The 6Cs are also now accepted by other clinicians and non-clinical staff, and this wider roll-out is being actively promoted.
9. The need to improve staffing capacity and capability has been raised consistently over the past 12 months. The National Quality Board, met on 1st October 2013 and agreed to the publication of a 'how to' guide, with endorsement from the Chief Nursing Officer, England. There are established and evidenced links between patient outcomes and the levels of staff available to care for them. The guidance sets out 10 "expectations" to assist providers and commissioners to ensure they have the right staff but also the right environment and culture to deliver compassionate care. Key facts to note include:
 - a. The document was published on 19 November 2013, to coincide with the Department of Health's response to the Francis Inquiry – Hard Truths <http://www.england.nhs.uk/2013/11/19/staff-guidance/>
The proposals outlined in the guide were generally well received, received significant media attentions and support from major stakeholders;
 - b. The guide was included in the staff bulletin, the CCG Bulletin, the CNO Bulletin, NHS News, GP Practice and the Area Team Bulletin;
 - c. The requirement for providers to provide monthly workforce information updates to their organisations or Boards, and to make this public. This includes details of the actual staff available on a shift-to-shift basis versus planned staffing levels, and the impact on key quality and outcome measures;
 - d. This data will be collated alongside an integrated safety dataset that will provide information down to a ward or service level where appropriate. This will be available via a single website covering the key aspects of patient safety and in a form accessible to patients and the public. The website should be in place by April 2014 with data published from July 2014;
 - e. The requirement for providers to review evidence-based staffing levels at least once every six months, taking into account the available evidence, local patient needs and local circumstances. The rationale and decisions about staffing levels should be discussed in public;
 - f. The role of commissioners in seeking assurance that the providers with whom they contract have sufficient nursing, midwifery and care staffing capacity and capability to provide high quality care to patients. Providers should report regularly to commissioners on their staffing levels – the NHS Standard Contract for 2014/15 is expected to set out these new requirements on providers;

g.Commissioners to seek assurance that providers are meeting the expectations outlined in the 'How to' guide, an expected requirement in the 2014/15 Planning Guidance, which will then be reflected in the CCG Assurance process for 2014/15;

h.In respect of directly commissioned services, the guide is predominantly relevant to specialised services. NHS England will require the providers with which they contract to report to them on staffing levels, and to demonstrate that they are using the guide, through the requirements that will be included in the 2014/15 Standard Contract ; and

i.When commissioning specialised services, NHS England should actively assure itself through the assurance process for directly commissioned services of the staffing capacity and capability within provider organisations with whom we contract. NHS England should maintain a close dialogue with providers on issues related to quality and staffing levels, specify clear standards for quality and outcomes in their contracts, monitor quality and outcomes, and where problems arise, use the levers set out in the NHS Standard Contract to address these problems.

10. The regulators have also outlined how they will underpin the 'how to' guide going forward. The Care Quality Commission (CQC) is currently developing a new approach to monitoring, inspecting and rating providers. The expectations outlined in the guide will be used to inform the development of their new approach to inspections, and subsequently, to inform their judgments and ratings for providers. Monitor has confirmed that where CQC identifies deficiencies in staffing levels, they will take action. The NHS Trust Development Authority (NHS TDA) will support trusts to develop a constructive approach towards meeting the expectations set out in the guide.
11. In the longer term, the guide will be built upon by the work of the National Institute for Health and Care Excellence (NICE). NICE has been commissioned to develop evidence-based guidance that sets out safe staffing capacity and capability for the NHS. It will review the evidence-base underpinning existing products, plus any new or additional relevant evidence, to develop staffing guidance and accredit tools.
12. By June 2014, NICE will have produced guidance on safe staffing in adult in-patient settings, including its view of existing staffing tools. This initial phase of work will be followed by further work to develop full accreditation of staffing tools against the evidence based guidance, and work on safe staffing in other settings, including maternity, A&E, non-acute settings such as mental health, community services and learning disabilities settings.

Governance Arrangements for Compassion in Practice

13. NHS England and the National Federation of Nurse Leaders oversees the delivery of the Compassion in Practice implementation plans, with the Department of Health leading on Action Area 1, NHS England leading on Action Areas 2 to 5 and NHS Employers leading on Action Area 6.

14. The Compassion in Practice Programme Board meets quarterly, and all members report on the progress of these plans to their organisations.
15. Each action area has an implementation group which works closely with national bodies and regulators, such as the Department of Health, Public Health England, Health Education England, the Care Quality Commission, the Nursing and Midwifery Council, the National Trust Development Agency, NHS Employers, Monitor and NICE. These all lead on a range of initiatives. The implementation groups draw their membership from these bodies as appropriate.
16. Compassion in Practice supports the work of all the Domains and the senior responsible officer for Compassion in Practice attends the Domain Programme Board.

Chief Nursing Officer's Conference 2013

17. The CNO presented the Compassion in Practice – One year on report at the CNO's Conference on 26 November 2013. This provides an update on the progress made since the strategy was launched last December. It contains many examples of how Compassion in Practice and the 6Cs have been implemented at a local level and a film was also commissioned with staff providing their personal reflections.
18. The CNO conference was attended by over 450 of England's most senior nurses and midwives from both commissioning and providers organisations. These included Directors of Nursing from acute, mental health, learning disability, community providers, senior nurses from NHS England, CCGs, representatives from Local Supervising Authority Midwifery Officers, primary care, social care and the independent sector.
19. Speakers at the conference included:
 - Robert Francis QC and Professor Tricia Hart (CEO of South Tees NHS FT) who spoke about learning from patients, patients complaints, what could be done differently in the future and gave examples of good practice. Robert Francis QC acknowledged the progress that had been made as a result of Compassion in Practice.
 - Professor Sir Bruce Keogh and the new CQC Chief Inspectors of Hospitals, General Practice and Social Care discussed improving quality through regulation.
 - Elaine Inglesby-Burke (Director of Nursing from Salford NHS FT) presented and discussed the Berwick Review and her experiences of improving patient safety.
 - Liz Redfern (Deputy CNO) spoke about her personal journey and Compassion in Leadership.
 - A patient's panel session was facilitated by Neil Churchill (Director of Patient Experience)
 - Ruth May (Chief Nurse, NHS England, Midlands and East) presented the "how to" guide to establishing nursing, midwifery and care staffing

capacity and capability. This was followed by a panel discussion of leaders who had worked on this report.

- Rt. Hon Jeremy Hunt – Secretary of State for Health acknowledged and supported the work being done on Compassion in Practice. The Secretary of State spoke about several examples of good nursing practice that he had seen during his ‘back to floor’ hospital visits.
20. The conference also had 25 seminars and master classes for delegates to choose from, including cultural change, investing in behaviours workshops, embedding the 6Cs in mental health and learning disabilities, older people’s care, children’s care, dementia, supporting health care assistants, using social media and the 6CsLive website to spread good practice.
 21. Over 50 Caremakers also attended the conference over the two days. The Caremakers helped the conference run smoothly and were given the opportunity to attend the plenary sessions. The Caremakers also had their own programme of learning, and were given the opportunity to speak to Secretary of State.
 22. Social media was used to support the conference. A Twitter thunderclap was set up on the first day with 195 participants and a social reach of 215,036. During the conference there were 10,201 Tweets with 24,899,035 Impressions.

Priorities for 2014/2015

23. The delivery of Compassion in Practice will be included in the NHS England planning guidance.
24. The new standard national contract 2014/2015 contains requirements for providers on setting and reporting of staffing levels and leadership and training needs. The contract already sets out a requirement to support integrated care and organisational culture.
25. There is now considerable qualitative evidence of how Compassion in Practice is making a difference to patients and the people we care for. During the second year of implementation there will be work done with NHS Improving Quality to develop the quantitative evidence.
26. The Compassion in Practice implementation plans will build on the work done this year and continue to ensure the delivery of the nursing recommendations in national policy reports over the next year as outlined earlier in this paper. This is set out in the Compassion in Practice – One year on report.
27. Further work will be done with the Department of Health to improve the reach of Compassion in Practice into social care. Each area of action will now have a senior representative from social care to lead this work.
28. Weeks of action are planned for all the Compassion in Practice action areas and will continue alongside webinars, use of social media, national presentations and organisational visits to promote Compassion in Practice and spread good practice.

29. The 6CsLive! Communications Hub was launched on 5th July 2013 alongside 'Story of the Month', which is a monthly competition to promote the 6Cs and Compassion in Practice. Work to develop the website, promote sign up and the communities of practice will continue during 2014/15. The website is an important tool to help promote and spread good practice. During the next year it will be populated with tools to help spread good practice. The link to the 6Cs Communications Hub is <http://www.6cs.england.nhs.uk/pg/dashboard>

Conclusion

30. The Board is asked to:
- Note the progress made with Compassion in Practice and the publication of the staffing guidance;
 - Agree the 2014/2015 priorities for Compassion in Practice;
 - Agree the role of NHS England in gaining assurance that commissioners (both CCGs and NHS England) are referring to the 'how to' guide in discussions with their Providers; and
 - Consider how they can support the implementation of Compassion in Practice and the 6Cs.

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December 2013